

TITLE 828 STATE BOARD OF DENTISTRY

NOTE: Under IC 25-14-1-1.5, the name of the board of dental examiners is changed to state board of dentistry, effective July 1, 1999.

ARTICLE 0.5. GENERAL PROVISIONS

Rule 1. Definitions

828 IAC 0.5-1-1 Definitions

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1

Sec. 1. The definitions in this rule apply throughout this title. (*State Board of Dentistry; 828 IAC 0.5-1-1; filed Apr 25, 1983, 8:52 a.m.: 6 IR 1085; filed Aug 29, 1986, 2:30 p.m.: 10 IR 19; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1285; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2235; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 0.5-1-2 “Advanced cardiac life support” defined

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1

Sec. 2. “Advanced cardiac life support” means the ability to apply the principles and protocols of cardiac and pulmonary resuscitation necessitated by pharmacologic agents and/or pathology. (*State Board of Dentistry; 828 IAC 0.5-1-2; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2235; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 0.5-1-3 “Advanced cardiac life support instructor” defined

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1

Sec. 3. “Advanced cardiac life support instructor” means one who has successfully completed a course in advanced cardiac life support and has been recommended for and successfully completed an instructor's course in advanced cardiac life support. (*State Board of Dentistry; 828 IAC 0.5-1-3; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2235; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 0.5-1-4 “Basic cardiac life support” defined

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1

Sec. 4. “Basic cardiac life support” means the successful completion of a course in artificial respiration and cardiac compression which enables the applicant to sustain life in an arrest state. (*State Board of Dentistry; 828 IAC 0.5-1-4; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2235; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 0.5-1-5 “Board” defined

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1-2

Sec. 5. “Board” means the state board of dental examiners established under IC 25-14-1-2. (*State Board of Dentistry; 828 IAC 0.5-1-5; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2235; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 0.5-1-6 “Candidate” defined

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1

Sec. 6. “Candidate” refers to any person who desires to obtain a license to practice dental hygiene or a license to practice

dentistry. (*State Board of Dentistry; 828 IAC 0.5-1-6; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2235; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 0.5-1-7 “Deep sedation” defined

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1

Sec. 7. “Deep sedation” means a controlled state of consciousness, accompanied by a partial loss of protective reflexes, including inability to respond purposefully to verbal command, produced by a pharmacologic method. (*State Board of Dentistry; 828 IAC 0.5-1-7; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2235; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 0.5-1-8 “General anesthesia” defined

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1

Sec. 8. “General anesthesia” means a controlled state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic method. (*State Board of Dentistry; 828 IAC 0.5-1-8; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2236; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 0.5-1-9 “Light parenteral conscious sedation” defined

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1

Sec. 9. “Light parenteral conscious sedation” means a minimally depressed level of consciousness, under which an individual retains the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command, produced by an intravenous pharmacological method. (*State Board of Dentistry; 828 IAC 0.5-1-9; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2236; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 0.5-1-9.5 “Resuscitation protocols” defined

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1

Sec. 9.5. “Resuscitation protocols” means procedures which can be utilized to support a patient experiencing life threatening cardiac or respiratory conditions, including complete cardiac and respiratory arrest which procedures include, but are not limited to, the following:

- (1) Establishment and management of an airway.
- (2) Establishment and management of intravenous access.
- (3) Basic cardiopulmonary resuscitation.
- (4) Administration of medication and intravenous fluids for enhanced cardiac and respiratory support.
- (5) Defibrillation.
- (6) Notification of emergency medical personnel outside the office.

(*State Board of Dentistry; 828 IAC 0.5-1-9.5; filed Oct 14, 1993, 5:00 p.m.: 17 IR 402; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 0.5-1-10 “Training in advanced cardiac life support” defined

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1

Sec. 10. “Training in advanced cardiac life support” means the successful completion of a course of study approved by the board which includes, at a minimum, the following:

- (1) Lecture and hands-on use of:
 - (A) airway maintenance devices;
 - (B) endotracheal intubation;
 - (C) establishment and maintenance of intravenous cannulization; and
 - (D) a cardiac defibrillator.
- (2) Lecture on:
 - (A) electrocardiogram interpretation;
 - (B) pharmacology of resuscitation;
 - (C) protocols for resuscitation of cardiac and respiratory arrest;
 - (D) cardiac physiology; and
 - (E) pulmonary physiology.
- (3) Testing on:
 - (A) the ability to perform endotracheal intubation and use of airway aids;
 - (B) the application of resuscitation protocols in scenarios where the applicant must be in charge of a team which diagnoses and resuscitates various arrest states; and
 - (C) electrocardiogram (EKG) interpretation, physiology, pharmacology, and pathology of the respiratory and cardiac systems by written examination.

(State Board of Dentistry; 828 IAC 0.5-1-10; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2236; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896)

Rule 2. Fees

828 IAC 0.5-2-1 Fees (Repealed)

Sec. 1. (Repealed by State Board of Dentistry; filed Dec 2, 2001, 12:35 p.m.: 25 IR 1181)

828 IAC 0.5-2-2 Fees for anesthesia and sedation permits (Repealed)

Sec. 2. (Repealed by State Board of Dentistry; filed Dec 2, 2001, 12:35 p.m.: 25 IR 1181)

828 IAC 0.5-2-3 Dental fees

Authority: IC 23-1.5-2-9; IC 23-1.5-2-10; IC 25-1-8-2; IC 25-13-1-5; IC 25-14-1-13

Affected: IC 25-13-1-8; IC 25-14-1-10

Sec. 3. The board shall charge and collect the following fees related to the practice of dentistry:

- | | |
|---|--|
| (1) Examination administration | \$250 plus the cost of supplies, models, and the use of the examination facility |
| (2) Reexamination administration | \$150 plus the cost of supplies, models, and the use of the examination facility |
| (3) Licensure by endorsement | \$250 |
| (4) License renewal | \$100 biennially |
| (5) Dental intern permit application | \$100 |
| (6) Dental intern permit renewal | \$ 50 |
| (7) Verification of dental licensure to another state | \$ 10 |
| (8) Duplicate wall license | \$ 10 |
| (9) Professional corporation registration application | \$ 25 |
| (10) Professional corporation registration renewal | \$ 20 biennially |
| (11) Application fees for the following permits: | \$ 50 |
| (A) General anesthesia-deep sedation | |

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- (B) Light parenteral conscious sedation
- (12) Renewal fees for the following permits: \$ 50 biennially
 - (A) General anesthesia-deep sedation
 - (B) Light parenteral conscious sedation
- (13) Registration of an additional office in which to administer general anesthesia, deep sedation, or light parenteral conscious sedation \$ 25

(State Board of Dentistry; 828 IAC 0.5-2-3; filed Dec 2, 2001, 12:35 p.m.: 25 IR 1180)

828 IAC 0.5-2-4 Dental hygiene fees

Authority: IC 23-1.5-2-9; IC 23-1.5-2-10; IC 25-1-8-2; IC 25-13-1-5; IC 25-14-1-13

Affected: IC 25-13-1-8; IC 25-14-1-10

Sec. 4. The board shall charge and collect the following fees related to the practice of dental hygiene:

- (1) Examination and/or reexamination \$100 plus the cost of supplies and the use of the examination facility
- (2) Law examination only \$ 25
- (3) Licensure by endorsement \$100
- (4) License renewal \$ 50 biennially
- (5) Dental hygiene intern permit application \$ 50
- (6) Dental hygiene intern permit renewal \$ 25
- (7) Verification of dental hygiene licensure to another state \$ 10
- (8) Duplicate wall license \$ 10

(State Board of Dentistry; 828 IAC 0.5-2-4; filed Dec 2, 2001, 12:35 p.m.: 25 IR 1181)

828 IAC 0.5-2-5 Registration of mobile dental facilities and portable dental operations

Authority: IC 25-14-1-13

Affected: IC 25-14

Sec. 5. The board shall charge and collect the following fees related to the registration of mobile dental facilities and portable dental operations:

- (1) Application \$200
- (2) Registration renewal \$100

(State Board of Dentistry; 828 IAC 0.5-2-5; filed May 2, 2002, 10:24 a.m.: 25 IR 2736)

ARTICLE 1. LICENSURE OF DENTISTS AND DENTAL HYGIENISTS

Rule 1. Dentists; Licensure by Examination

828 IAC 1-1-1 Qualifications of applicants; approved dental schools

Authority: IC 25-14-1-13

Affected: IC 25-14-1-16

Sec. 1. All applicants for licensure to practice dentistry must have graduated from an accredited and approved dental school and must submit certification of having completed, within the prior year, an American Red Cross or American Heart Association cardio-pulmonary resuscitation course or such course as may be approved by the board. An approved dental school is one which requires the following:

- (1) Graduation from high school, or equivalent training.
- (2) The successful completion of two (2) full academic years of work in a college of liberal arts or sciences. This college course must include at least one (1) year of college credit in English, biology, physics, and inorganic chemistry and one-half

(1/2) year of college credit in organic chemistry. All courses in science shall include both class and laboratory instruction. Formal credit in biology and physics, but not in English and chemistry, may be waived in the case of an exceptional student with three (3) years of college credit or a student holding a bachelor's or other degree from an accredited college.

(3) Four (4) academic years in a dental school which presents a curriculum, including at least the following subjects:

- (A) Anatomy, macroscopic and microscopic.
- (B) Oral surgery.
- (C) Bacteriology.
- (D) Pharmacology and materia medica.
- (E) Operative dentistry.
- (F) Physiology.
- (G) Oral anatomy.
- (H) Periodontia.
- (I) Endodontia.
- (J) Prosthodontia.
- (K) Anesthesia, general and local.
- (L) Preventive dentistry.
- (M) Pathology.
- (N) Medicine.
- (O) Diagnosis.
- (P) Radiology.
- (Q) Orthodontia.
- (R) Dentistry for children.
- (S) Dental materials.
- (T) Public health.
- (U) Hygiene.
- (V) History of dentistry.
- (W) Practice management.
- (X) Ethics.
- (Y) Jurisprudence.

(State Board of Dentistry; PT 1, Rule 1; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 48; filed May 16, 1977, 10:10 a.m.: Rules and Regs. 1978, p. 191; filed Nov 7, 1980, 12:45 p.m.: 3 IR 2189; filed Oct 12, 1993, 5:00 p.m.: 17 IR 399; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896)

828 IAC 1-1-2 Application forms; time for filing required documents

Authority: IC 25-14-1-13

Affected: IC 25-14-1-3; IC 25-14-1-16

Sec. 2. (a) The applicant for examination must complete the application on forms prescribed and provided by the board. All statements contained in the application must be verified by the applicant. The verified application, all examination fees, and other documents that the board may require must be submitted to the board office at least forty-five (45) days prior to the first day of the examination.

(b) Proof that the applicant is a graduate of a dental school that is recognized by the board must be submitted to the board at least seven (7) days prior to the examination. The following documents must be submitted:

- (1) An official transcript showing the date the degree was conferred.
- (2) An official diploma or a certificate of completion signed by the dean of the applicant's professional school and the registrar of the university or college.

(State Board of Dentistry; PT 1, Rule 2; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 49; filed May 16, 1977, 10:10 a.m.: Rules and Regs. 1978, p. 191; filed Oct 16, 1985, 3:57 p.m.: 9 IR 520; filed Oct 12, 1993, 5:00 p.m.: 17 IR 400; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2239)

828 IAC 1-1-3 Examinations required for licensure

Authority: IC 25-14-1-13
Affected: IC 25-14-1-3

Sec. 3. (a) In order to obtain an Indiana license to practice dentistry, each candidate must pass a three (3) part examination which includes the following:

- (1) All sections of the national dental board examination.
- (2) A clinical-practical examination, which may include a written section.
- (3) A written examination covering Indiana law relating to the practice of dentistry and dental hygiene.

(b) A passing score must be obtained on all sections of the national board dental examination before any candidate may take the clinical-practical or law examinations. (*State Board of Dentistry; PT 1, Rule 3; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 49; filed May 16, 1977, 10:10 a.m.: Rules and Regs. 1978, p. 192; filed Apr 19, 1991, 3:00 p.m.: 14 IR 1726; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2239*)

828 IAC 1-1-4 Supervision of examinations; candidate identification numbers (Repealed)

Sec. 4. (*Repealed by State Board of Dentistry; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2246*)

828 IAC 1-1-5 Written examination; scope (Repealed)

Sec. 5. (*Repealed by State Board of Dentistry; filed Nov 7, 1986, 9:00 am: 10 IR 432*)

828 IAC 1-1-6 National board examination; dental and dental hygiene law examinations

Authority: IC 25-14-1-13
Affected: IC 25-14-1-13

Sec. 6. (a) A passing score on a national board dental examination, as approved by the board, must be attained by the candidate before the candidate will be permitted to take the clinical-practical portion of the examination and the written examination covering Indiana law relating to the practice of dentistry and dental hygiene.

(b) Passage of the Indiana dental and dental hygiene law examination with a score of at least seventy-five (75) is mandatory before the candidate may be licensed. Candidates failing the law examination may retake the law examination at a time, date, and place to be set by the board not sooner than thirty (30) days from the time the law examination was last taken. (*State Board of Dentistry; PT 1, Rule 6; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 50; filed May 16, 1977, 10:10 a.m.: Rules and Regs. 1978, p. 192; filed Apr 12, 1984, 8:34 a.m.: 7 IR 1520; filed Nov 7, 1986, 9:00 a.m.: 10 IR 431; filed Apr 19, 1991, 3:00 p.m.: 14 IR 1726; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2240*)

828 IAC 1-1-7 Clinical practical examination; scope; passing score

Authority: IC 25-14-1-13
Affected: IC 25-14-1-3

Sec. 7. The clinical-practical examination shall consist of the following sections (or procedures):

- (1) Oral diagnosis and treatment planning, infection control, and periodontics.
- (2) Operative dentistry.
- (3) Prosthetic dentistry.

The procedure for administering this examination will be determined by the board. Each candidate shall be required to have a score of seventy-five (75) or more in each section to pass the clinical-practical examination. (*State Board of Dentistry; PT 1, Rule 7; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 50; filed May 16, 1977, 10:10 a.m.: Rules and Regs. 1978, p. 192; filed Oct 12, 1993, 5:00 p.m.: 17 IR 400; filed Sep 11, 2000, 2:23 p.m.: 24 IR 377; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-1-8 Supplies for examinations; duty to provide

Authority: IC 25-14-1-13
Affected: IC 25-14-1-3

Sec. 8. The candidate will provide all patients instruments and materials for the examinations. (*State Board of Dentistry; PT 1, Rule 8; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 50; filed May 16, 1977, 10:10 a.m.: Rules and Regs. 1978, p. 192; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2240*)

828 IAC 1-1-9 Conduct during written examinations

Authority: IC 25-14-1-13
Affected: IC 25-14-1-3

Sec. 9. The candidates are not allowed to leave the room nor move about in the room during a written examination without permission. No other paper or books, other than the written examination and answer sheet, shall be used in examination room for any purpose whatsoever. (*State Board of Dentistry; PT 1, Rule 9; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 50; filed May 16, 1977, 10:10 a.m.: Rules and Regs. 1978, p. 192; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2240*)

828 IAC 1-1-10 Dismissal of candidate for use of unfair assistance

Authority: IC 25-14-1-13
Affected: IC 25-14-1-3

Sec. 10. The board reserves the right to dismiss any candidate who may be detected in using, or attempting to use, any unfair assistance for himself or herself or another candidate. (*State Board of Dentistry; PT 1, Rule 10; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 50; filed May 16, 1977, 10:10 a.m.: Rules and Regs. 1978, p. 192; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2240*)

828 IAC 1-1-11 Other considerations in grading examinations (Repealed)

Sec. 11. (*Repealed by State Board of Dentistry; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2246*)

828 IAC 1-1-12 Failure; reexamination

Authority: IC 25-14-1-13
Affected: IC 25-14-1-3

Sec. 12. (a) If the candidate fails in securing a passing score in only one (1) section of the clinical-practical examination, the candidate will be required to retake that section only, provided that the candidate return for one (1) of the two (2) next succeeding examinations. If the candidate does not take and pass the failed section on one (1) of the next two (2) available examination dates, a new application must be filed and all sections of the clinical-practical examination must be retaken.

(b) If the candidate fails in two (2) or more parts of the clinical-practical examination, the candidate must take an entire new clinical-practical examination.

(c) If the candidate fails the same section of the clinical-practical examination three (3) times, the entire clinical-practical examination must be retaken. (*State Board of Dentistry; PT 1, Rule 12; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 50; filed May 16, 1977, 10:10 a.m.: Rules and Regs. 1978, p. 193; filed Apr 19, 1991, 3:00 p.m.: 14 IR 1726; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2240*)

828 IAC 1-1-12.1 Invalid license; reapplication (Repealed)

Sec. 12.1. (*Repealed by State Board of Dentistry; filed Oct 29, 1991, 3:00 p.m.: 15 IR 242*)

828 IAC 1-1-13 Registration of office addresses; notice of discontinuance; duplicate licenses

Authority: IC 25-14-1-12; IC 25-14-1-13
Affected: IC 25-14-1

Sec. 13. (a) Dentists licensed and practicing in the state of Indiana must register the address(es) of all their offices located within the state with the state board of dental examiners within thirty (30) days of the establishment of such office(s) and notify the board of the discontinuation of an office(s) within thirty (30) days.

(b) A duplicate license to practice dentistry or dental hygiene in Indiana will be issued upon written, verified request and payment of the required fee. The request shall state the address(es) at which the license will be used. (*State Board of Dentistry; 828 IAC 1-1-13; filed Nov 7, 1980, 12:45 pm: 3 IR 2190; filed Oct 16, 1985, 3:57 pm: 9 IR 521; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-1-14 Advertising

Authority: IC 25-14-1-12; IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-1; IC 25-14-4

Sec. 14. (a) Any advertisement for dental treatment shall include the names of the licensed dentists associated with such treatment or treatment facility or employed by the treatment facility or another dentist.

(b) Advertisements listed in telephone directories, or other such advertisements which are listed once a year, must include the names of the licensed dentists associated with the treatment or treatment facility or employed by the treatment facility or another dentist as of the date the contract is made to run the advertisement.

(c) A referral service shall not engage in false, misleading, or deceptive advertising as such may be determined by the board. (*State Board of Dentistry; 828 IAC 1-1-14; filed Nov 7, 1980, 12:45 p.m.: 3 IR 2190; filed Oct 16, 1985, 3:57 p.m.: 9 IR 521; filed Aug 9, 1994, 2:45 p.m.: 17 IR 2866; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-1-15 Professional conduct, competency; physical or mental examination

Authority: IC 25-14-1-13
Affected: IC 25-1-9-9

Sec. 15. (a) Dental incompetence or improper conduct of a dentist includes, but is not limited to, any one (1) or any combination of the following acts:

- (1) Practicing while under the influence of alcohol or other drugs which impair skill or judgment.
- (2) Practicing with a physical disability, mental disability, disease, or disorder which impairs skill or judgment for the dental procedure being performed.
- (3) Practicing while knowingly afflicted with a serious disease which could be transmitted to the patient.
- (4) Operating an office or treatment facility which is lacking the necessary equipment and generally prevailing standards of sanitary or sterilization procedures.
- (5) Providing drugs or access to drugs to someone for use other than in the proper course of dental diagnosis or treatment.
- (6) Performing a treatment or procedure which violates acceptable standards of practice and results in failure or is detrimental to the patient.
- (7) Engaging in conduct constituting gross negligence or repeatedly failing to meet minimum standards of performance in diagnosis or treatment as measured against generally prevailing professional standards.
- (8) Practicing or offering to practice beyond the scope permitted by law.
- (9) Permitting or delegating the performance of a procedure to one not qualified by education, training, or licensure to undertake such procedure.
- (10) Failing to inspect:
 - (A) dental services during the course of their performance;
 - (B) completed and delivered dental prosthetic appliances; or
 - (C) completed dental restorations.
- (11) Failing to be present in the dental facility to properly supervise treatment of patients, provided that such supervision has not been delegated to another dentist.

- (12) Failing to keep adequate dental records.
 - (13) Failing to submit a complete report to the board as required by section 22 of this rule.
 - (14) Performing professional services which have not been duly authorized by the patient or the patient's legal guardian.
 - (15) Providing treatment for a patient if the dentist is not prepared to handle any emergencies resulting from such treatment or failing to refer the patient to a practitioner willing to perform such emergency treatment.
 - (16) Failing to maintain records of an examination, diagnosis, or treatment performed. Such information must be entered in the patient's records within ten (10) days after the examination, diagnosis, or treatment is performed.
 - (17) Signing an incomplete prescription form.
 - (18) Entering a contract with a third party in which the dentist may not inform the patient about the diagnosis and the treatments possible.
- (b) Any dentist holding a general anesthesia-deep sedation or light parenteral conscious sedation permit:
- (1) who fails to comply with 828 IAC 3; or
 - (2) who lacks the ability, skill, or knowledge to competently use general anesthesia, deep sedation, or light parenteral conscious sedation;

is subject to disciplinary action under IC 25-1-9-9.

(c) Any dentist who utilizes general anesthesia-deep sedation or light parenteral conscious sedation without a permit is subject to disciplinary action by the board under IC 25-1-9-9. The fact that the patient was not injured by the use of general anesthesia, deep sedation, or light parenteral conscious sedation is not a defense to this subsection.

(d) The board may order a licensed dentist to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is at issue in a disciplinary proceeding. The choice of the practitioner is subject to approval by the board.

(e) Dentists shall exercise reasonable care and diligence in the conduct of research and shall utilize generally accepted scientific principles and current professional theory and practice. New or experimental procedures, techniques, and theories shall be utilized only with proper research safeguards, informed consent, and peer review of the procedures or techniques. (*State Board of Dentistry; 828 IAC 1-1-15; filed Apr 25, 1983, 8:52 a.m.: 6 IR 1085; errata, 7 IR 700; filed Oct 16, 1985, 3:57 p.m.: 9 IR 521; filed Aug 29, 1986, 2:30 p.m.: 10 IR 20; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1286; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2236; filed Oct 12, 1993, 5:00 p.m.: 17 IR 400; filed Oct 14, 1993, 5:00 p.m.: 17 IR 402; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-1-16 Advertising; definitions

Authority: IC 25-13-1-5; IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-1; IC 25-14-4

Sec. 16. (a) As used in this rule, "advertise" means the act of attempting to direct any communication to the public by any means for the purpose of inducing the public to obtain the services of a particular practitioner or group of practitioners.

(b) As used in this rule, "dental service" means any diagnostic or treatment material or procedure which involves oral or related supporting structures and is restricted to the use or performance by licensed personnel.

(c) As used in this rule, "person" means an individual, partnership, corporation, or other legal entity.

(d) As used in this rule, "referral service" means a person, firm, partnership, association, corporation, agent, or employee that engages in, for profit, any business or service that in whole or in part includes cooperative advertising on behalf of certain Indiana dentists and the subsequent referral or recommendation of interested consumers to certain dentists for any form of dental service or treatment.

(e) As used in this rule, "routine", or any other term conveying a similar concept, when used to describe any dental service, means any service which includes all of those procedures comprising the usual steps taken by a majority of Indiana dentists in the performance of that service. (*State Board of Dentistry; 828 IAC 1-1-16; filed Apr 14, 1983, 9:40 a.m.: 6 IR 1083; filed Aug 9, 1994, 2:45 p.m.: 17 IR 2866; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-1-17 Advertising; forms of media used

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9; IC 25-14-1; IC 25-14-4

Sec. 17. (a) Advertising of dental services is permitted by any media whatsoever, whether written, spoken, or pictorial, and

to cover any geographic area. Specific vehicles include, but are not limited to, the following:

- (1) Signs.
- (2) Newspapers.
- (3) Magazines.
- (4) Circulars.
- (5) Newsletters.
- (6) Television.
- (7) Radio.
- (8) Public appearance.
- (9) Public directories.

However, section 16 of this rule, this section, and sections 18 and 19 of this rule shall apply to all forms of advertising, including cooperative advertising provided by a referral service, whose audience or potential audience includes citizens of Indiana.

(b) The responsibility for an advertisement of a dental service shall be borne by:

- (1) any and all practitioners on whose behalf the advertising was conducted;
- (2) any dentist responsible for placing the advertisement; and
- (3) if placed by a referral service, the referral service shall also bear responsibility.

(State Board of Dentistry; 828 IAC 1-1-17; filed Apr 14, 1983, 9:40 a.m.: 6 IR 1083; filed Aug 9, 1994, 2:45 p.m.: 17 IR 2866; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896)

828 IAC 1-1-18 Advertising; content

Authority: IC 25-13-1-5; IC 25-14-1-13; IC 25-14-4-9

Affected: IC 25-1-9; IC 25-14-1; IC 25-14-4-4

Sec. 18. (a) Fees for any or all dental services may be advertised; however, violation of any of the provisions in this section may be construed as false, misleading, or deceptive.

(b) An advertisement of a fee for a dental service must include a specified period for which that fee shall be in effect, or that service must remain available at or below that fee for a minimum period of ninety (90) days following the final advertisement for that service, unless that service is found to be detrimental to the health of the public.

(c) A service advertised as routine or with a stated fee must include all components of providing that service without additional charges added thereto or without additional unstated restrictions.

(d) Discount offers for a dental service are permissible for advertising only when:

- (1) the nondiscounted or full price and the final discounted price are also disclosed in the advertisement; and
- (2) such discount is not contingent upon the procurement of additional patients, potential patients, or the purchase of additional services.

The dates a discount will be in force must be clearly identified.

(e) When an office charges a range of fees for a dental service, any advertisement of the fee for that service must disclose the range and include a listing of all of the factors which cause the fee to vary.

(f) A dentist may advertise as being a specialist in, or limiting practice to, a particular field of dentistry in:

- (1) dental public health;
- (2) endodontics;
- (3) oral and maxillofacial pathology;
- (4) oral and maxillofacial radiology;
- (5) oral and maxillofacial surgery;
- (6) orthodontics and dentofacial orthopedics;
- (7) pediatric dentistry;
- (8) periodontics; or
- (9) prosthodontics;

provided the dentist has graduated from an accredited advanced dental educational program.

(g) An accredited advanced dental educational program is one that meets the requirements and standards of:

- (1) The Commission on Dental Accreditation Standards for Advanced Specialty Education Programs in General Dentistry published in 2001.

- (2) The Commission on Dental Accreditation Standards for Advanced Specialty Education Programs in General Practice Residency published in 2001.
- (3) The Commission on Dental Accreditation Standards for Advanced Specialty Education Programs in Dental Public Health, published in 2001.
- (4) The Commission on Dental Accreditation Standards for Advanced Specialty Education Programs in Endodontics published in 2001.
- (5) The Commission on Dental Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology published in 2001.
- (6) The Commission on Dental Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Radiology published in 2001.
- (7) The Commission on Dental Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery published in 2001.
- (8) The Commission on Dental Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics published in 2001.
- (9) The Commission on Dental Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry published in 2001.
- (10) The Commission on Dental Accreditation Standards for Advanced Specialty Education Programs in Periodontics published in 2001.
- (11) The Commission on Dental Accreditation Standards for Advanced Specialty Education Programs in Prosthodontics published in 2001.

These standards are hereby incorporated by reference and made applicable to this section. Copies of the standards are available for public inspection at the offices of the Health Professions Bureau, 402 West Washington Street, Room W041, Indianapolis, Indiana 46204. Copies of the standards are available from the entity originally issuing the incorporated matter, the Commission on Dental Accreditation, American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611.

(h) As used in this section, "specialist" pertains to this section only for the purpose of defining advertising and must not be randomly applied to any other law or rule of IC 25-14.

(i) This section does not preclude or limit any dentist from offering and performing any treatment to any patient as prescribed by IC 25-14.

(j) All dentists who have claimed to be dental specialists, or hold themselves out to be engaged in a dental practice limited to any of the dental specialties in subsection (f), without regard to the matter incorporated by reference in subsection (f), and can document such claim to have acted as such prior to January 1, 1965, may continue to act as such under the protection of this rule.

(k) A dentist who is not considered a specialist by this section and who wishes to announce the services available in his or her practice may announce the availability of those services so long as he or she avoids any communications that express or imply specialization. The dentist shall also state that the services are being provided by a general dentist. No dentist shall announce available services in any way that would be false or misleading in any material respect.

(l) The factors of availability such as hours of practice and office locations may be advertised provided that any such advertisement must include the names of all practitioners providing dental services at each location.

(m) An advertisement indicating that superior services, better materials, or more skillful care are available in a particular office or by a group of practitioners may be deceptive.

(n) Guarantees or warranties, whether expressed or implied, regarding the successful outcome of treatment, length of service, or durability of materials may be deceptive if advertised. Any testimonials or endorsements such as character witness, benefits of treatment, or expressions of appreciation may be misleading when advertised.

(o) A referral service shall only advertise a dentist as a specialist if such dentist has complied with subsections (f) through (k) and has presented such referral service with verification of compliance. An advertisement for a dentist not complying with subsections (f) through (k) may only claim the dentist may provide routine dental services and other services and that the dentist is not to be considered a specialist.

(p) Referral services shall provide disclaimers in compliance with IC 25-14-4-4. A disclaimer shall be written for advertisements placed in written media, audio for radio advertisements, and both audio and visual for television advertisements.

(q) Advertising in any media by a referral service must not lead consumers to believe that they are receiving an impartial referral based on all dentists in the area instead of only those dentists participating in the referral service. (*State Board of Dentistry; 828 IAC 1-1-18; filed Apr 14, 1983, 9:40 a.m.: 6 IR 1084; filed Jan 16, 1986, 3:17 p.m.: 9 IR 1364; filed Aug 29, 1986, 2:30 p.m.:*

10 IR 21; filed Aug 9, 1994, 2:45 p.m.: 17 IR 2867; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2241)

828 IAC 1-1-19 Advertising; records

Authority: IC 25-13-1-5; IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-1; IC 25-14-4

Sec. 19. It shall be the responsibility of the dentist or group of practitioners on whose behalf an advertisement appears to keep records of any and all advertisements placed. Copies of written advertisements, scripts, or transcripts of radio and television announcements, and appropriate copies of any other forms of advertisements must be retained by the practitioner for a period of six (6) months following the last appearance of an advertisement. It shall further be the responsibility of a practitioner to submit to the board an appropriate copy of each advertisement used in the past six (6) months upon written request of the board. (*State Board of Dentistry; 828 IAC 1-1-19; filed Apr 14, 1983, 9:40 a.m.: 6 IR 1084; filed Aug 9, 1994, 2:45 p.m.: 17 IR 2868; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-1-19.1 Referral services; dental fees; services provided

Authority: IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-4

Sec. 19.1. (a) A dentist participating with a referral service shall not charge patients referred by such referral service any fee that exceeds the usual, customary, and reasonable fee charged patients of the participating dentist, but not referred by such referral service.

(b) A dentist participating with a referral service shall not reduce the amount of service or lower the quality of the service provided to patients referred by a referral service that the dentist would provide for the dentist's patients who were not referred by such referral service. (*State Board of Dentistry; 828 IAC 1-1-19.1; filed Aug 9, 1994, 2:45 p.m.: 17 IR 2868; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-1-19.2 Referral services; solicitation

Authority: IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-4

Sec. 19.2. (a) Any communication between a prospective patient and a referral service must be initiated by such prospective patient.

(b) A referral service shall not charge any individual contacting the referral service a fee for obtaining information from the referral service. (*State Board of Dentistry; 828 IAC 1-1-19.2; filed Aug 9, 1994, 2:45 p.m.: 17 IR 2868; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-1-19.3 Referral services; complaints

Authority: IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-4

Sec. 19.3. A referral service that receives a complaint with regard to a dentist participating in its service must notify the complaining party that such party has the right to notify the consumer protection division of the office of the attorney general and must be provided with the address and telephone number of the office of the attorney general. (*State Board of Dentistry; 828 IAC 1-1-19.3; filed Aug 9, 1994, 2:45 p.m.: 17 IR 2868; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-1-19.4 Referral service; patient referral

Authority: IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-4

Sec. 19.4. (a) A referral service may not refer to participating dentists who are specialists or participating dentists that purport

to provide special services unless the patient specifically requests a specialist or the special service. The fact that the patient purports to have a condition or necessity notwithstanding, unless a specific specialty or service is requested, without prompting by the referral service, the patient will be referred to a general dentist.

(b) Any fee paid to a referral service from a dentist shall not be dependent upon the number of referrals received by that dentist from such referral service.

(c) A referral service shall not designate an exclusive geographic area to a specific dentist from which all patients shall be referred.

(d) If requested, and where possible, the referral service will provide multiple names of participating dentists in the patient's geographic area as determined by the patient's need.

(e) A referral service shall not limit the number of participating dentists who can enroll in the referral service in a given geographic region. (*State Board of Dentistry; 828 IAC 1-1-19.4; filed Aug 9, 1994, 2:45 p.m.: 17 IR 2869; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-1-19.5 Referral services; compensation

Authority: IC 25-14-1-13; IC 25-14-4-9

Affected: IC 25-1-9; IC 25-14-4

Sec. 19.5. A referral service shall charge dentists participating in the same program within the same advertising market the same fee for such service provided. Varying charges may be charged upon the introduction of new advertising rates in an advertising market provided all dentists participating in the same program are charged the same rate within six (6) months of the initial change in rates. (*State Board of Dentistry; 828 IAC 1-1-19.5; filed Aug 9, 1994, 2:45 p.m.: 17 IR 2869; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-1-19.6 Referral services; verification of licensure

Authority: IC 25-14-1-13; IC 25-14-4-9

Affected: IC 25-1-9; IC 25-14-4

Sec. 19.6. (a) A referral service shall ascertain the credentials of all participating dentists with regard to the following:

(1) Licensure status.

(2) Compliance with the requirements of section 18(f) through 18(j) of this rule if the participating dentist claims to be a specialist.

(b) The referral service shall disclose to all participating dentists in all contracts, whether oral or written, that, in addition to the referral service, the participating dentist may also be held responsible for the violation if an advertisement is found to be in violation of IC 25-14-4 and this rule. (*State Board of Dentistry; 828 IAC 1-1-19.6; filed Aug 9, 1994, 2:45 p.m.: 17 IR 2869; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-1-20 Costs of disciplinary proceedings

Authority: IC 25-14-1-12; IC 25-14-1-13

Affected: IC 25-14-1-19.1

Sec. 20. Persons who have been subjected to disciplinary sanctions by the board of dental examiners shall be responsible for the payment of costs of such disciplinary proceedings including, but not limited to, costs for:

(1) court reporters;

(2) transcriptions;

(3) certifications; notarizations;

(4) photoduplication;

(5) witness attendance and mileage fees;

(6) postage for mailings required by law;

(7) expert witnesses;

(8) depositions.

(*State Board of Dentistry; 828 IAC 1-1-20; filed Oct 16, 1985, 3:57 pm: 9 IR 522; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR*)

2896)

828 IAC 1-1-21 Remedial education

Authority: IC 25-14-1-3; IC 25-14-1-13

Affected: IC 25-14-1-3

Sec. 21. A candidate for dental licensure shall complete remedial education following the failure of two (2) or more clinical examinations prior to being permitted to retake the examination. The assignment of remedial education, either academic and/or clinical, shall be in the subject or subjects previously failed. Courses to be taken shall be submitted to the board for prior approval by the board and certification that they were successfully completed shall be submitted to the board. The certification shall be signed by the dean or the dean's appointed representative of the dental school where the courses were taken. All courses shall be taken in board approved schools. All courses shall be completed and the certification shall be submitted at least seven (7) days prior to the next examination the candidate has applied to take. (*State Board of Dentistry; 828 IAC 1-1-21; filed Jan 16, 1986, 3:17 p.m.: 9 IR 1366; filed Feb 3, 1987, 12:30 p.m.: 10 IR 1273; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2242*)

828 IAC 1-1-22 Mandatory reporting

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-1-9; IC 25-14-1

Sec. 22. (a) A report must be submitted to the board when:

- (1) a mortality occurs in connection with dental procedures performed in a dentist's office;
 - (2) a procedure performed in the dentist's office results in permanent injury; or
 - (3) a procedure performed in a dentist's office results in hospitalization other than for the continuing treatment of infection that was the cause of the procedure or as a direct result of the patient's oral-facial pathology.
- (b) The report must be submitted to the board within seven (7) days after the incident occurs or the injury manifests itself.
- (c) The information provided to the board must include the following:
- (1) Name, age, and address of the patient.
 - (2) Name of the dentist and other personnel present during the incident.
 - (3) Address of the facility or office where the incident took place.
 - (4) Technique, if any, of general anesthesia or sedation being utilized at the time of the incident.
 - (5) Dosages, if any, of drugs administered to the patient.
 - (6) A narrative description of the incident, including approximate times and evolution of symptoms.

(d) Violation of this rule subjects the practitioner to disciplinary action under IC 25-1-9. (*State Board of Dentistry; 828 IAC 1-1-22; filed Sep 21, 1992, 9:00 a.m.: 16 IR 718; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-1-23 Illegal, unlawful, incompetent, or fraudulent conduct; reporting procedures

Authority: IC 25-14-1-13

Affected: IC 25-1-9; IC 25-14-1

Sec. 23. (a) A dentist who has a reasonable belief based upon personal knowledge that another dentist has engaged in illegal, unlawful, incompetent, or fraudulent conduct in the practice of dentistry shall promptly report such conduct to a peer review committee, as defined in IC 34-4-12.6-1(c) [*IC 34-4 was repealed by P.L.1-1998, SECTION 221, effective July 1, 1998.*], having jurisdiction over the offending dentist and the matter. This subsection does not prohibit a dentist from promptly reporting the conduct directly to the board or to the consumer protection division of the office of the attorney general of Indiana.

(b) A dentist who has personal knowledge of any person engaged in, or attempting to engage in, the unauthorized practice of dentistry shall promptly report such conduct to the board or to the consumer protection division of the office of the attorney general of Indiana.

(c) A dentist who voluntarily submits to, or is otherwise undergoing, a course of treatment for addiction, severe dependency upon alcohol, other drugs, or controlled substances, or psychiatric impairment, where such treatment is sponsored or supervised by an impaired practitioner's committee of a state, regional, or local organization of professional health care providers, or where such

treatment is sponsored or supervised by an impaired practitioner's committee of a hospital, shall be exempt from reporting to a peer review committee as set forth in subsection (a) or to the board or to the consumer protection division of the office of the attorney general of Indiana for so long as:

- (1) the dentist is complying with the course of treatment;
- (2) the dentist is making satisfactory progress; and
- (3) the dentist has not engaged in illegal, unlawful, incompetent, or fraudulent conduct in the practice of dentistry beyond the practitioner's addiction, severe dependency upon alcohol, other drugs, or controlled substances, or psychiatric impairment.

(d) If the dentist fails to comply with, or fails to make satisfactory progress in, the course of treatment, the chief administrative officer, the designee of the chief administrative officer, or any member of the impaired practitioner's committee shall promptly report such facts and circumstances to the board or to the consumer protection division of the office of the attorney general of Indiana.

(e) This section shall not, in any manner whatsoever, directly or indirectly, be deemed or construed to prohibit, restrict, limit, or otherwise preclude the board from taking such action as it deems appropriate or as may otherwise be provided by law. (*State Board of Dentistry; 828 IAC 1-1-23; filed Oct 5, 1993, 5:00 p.m.: 17 IR 199; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2242*)

828 IAC 1-1-24 Discontinuation of practice

Authority: IC 25-14-1-13

Affected: IC 16-39; IC 25-14

Sec. 24. (a) Upon retirement, discontinuation of practice, or leaving or moving from a community, a dentist shall:

(1) notify all of the dentist's active patients in writing, or by publication once a week for three (3) consecutive weeks in a newspaper of general circulation in the community, that the dentist intends to discontinue the dentist's practice of dentistry in the community; and

(2) encourage the dentist's patients to seek the services of another dentist.

(b) This section does not apply to dentists engaged solely in internship, residency, preceptorship, fellowship, teaching, or other postgraduate dental education or training programs.

(c) The dentist shall make reasonable arrangements with the dentist's active patients for the transfer of the dentist's records, or copies thereof, to the succeeding practitioner, or, at the written request of the patient, to the patient, in compliance with IC 16-39.

(d) As used in this section, "active patient" applies and refers to a person whom the dentist has examined, treated, cared for, or otherwise consulted with during the two (2) year period prior to retirement, discontinuation of practice, or moving from or leaving the community.

(e) Nothing in this section supersedes the requirements of IC 16-39. (*State Board of Dentistry; 828 IAC 1-1-24; filed May 21, 2001, 4:11 p.m.: 24 IR 3066*)

Rule 2. Dental Hygienists; Licensure by Examination

828 IAC 1-2-1 Qualifications of applicants; accredited and approved dental hygiene schools

Authority: IC 25-13-1-5

Affected: IC 25-13-1-6

Sec. 1. All applicants for licensure to practice dental hygiene must have graduated from an accredited and approved dental hygiene school and must submit certification of having completed within the prior year an American Red Cross or American Heart Association cardiopulmonary resuscitation course or such course as may be approved by the board. An accredited and approved dental hygiene school is one that requires the following:

(1) Graduation from high school or equivalent training.

(2) Two (2) academic years in a dental hygiene school that presents a curriculum, including, at least, the following subjects:

(A) Anatomy, general and oral.

(B) Pharmacology.

(C) Microbiology and immunology.

(D) Radiology.

(E) Physiology.

- (F) Preventive dentistry.
- (G) Dental hygiene science.
- (H) Histology.
- (I) Chemistry.
- (J) Dental materials.
- (K) Periodontology.
- (L) Nutrition.
- (M) Pathology, general and oral.
- (N) Oral and written communication.
- (O) Psychology.
- (P) Sociology.
- (Q) Community dental health.

(State Board of Dentistry; PT 2, Rule 1; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 51; filed Nov 7, 1980, 12:45 p.m.: 3 IR 2190; filed Oct 12, 1993, 5:00 p.m.: 17 IR 401; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2243)

828 IAC 1-2-2 Application forms; time for filing required documents

Authority: IC 25-13-1-5

Affected: IC 25-13-1-4

Sec. 2. (a) The applicant for examination must complete the application on forms prescribed and provided by the board. The applicant shall verify all statements contained in the application. The verified application, all examination fees, and other documents that the board may require must be submitted to the board office at least forty-five (45) days prior to the first day of the examination.

(b) Proof that the applicant is a graduate of a school of dental hygiene that is recognized by the board must be submitted to the board at least seven (7) days prior to the examination. The following documents must be submitted:

(1) An official transcript showing the date the degree was conferred.

(2) An official diploma or a certificate of completion signed by the dean and the registrar of the applicant's school.

(State Board of Dentistry; PT 2, Rule 2; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 52; filed Oct 16, 1985, 3:57 p.m.: 9 IR 522; filed Oct 12, 1993, 5:00 p.m.: 17 IR 401; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2243)

828 IAC 1-2-3 Examinations required for licensure

Authority: IC 25-13-1-5

Affected: IC 25-13-1-4; IC 25-13-1-7

Sec. 3. (a) In order to obtain an Indiana license to practice dental hygiene, each candidate must pass a three (3) part examination which includes the following:

(1) All sections of the national dental hygiene board examination.

(2) A clinical-practical examination, which may include a written portion.

(3) A written examination covering Indiana law relating to the practice of dentistry and dental hygiene.

(b) A passing score must be obtained on all sections of the national board dental hygiene examination before any candidate may take the clinical-practical or law examinations. *(State Board of Dentistry; PT 2, Rule 3; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 52; filed Apr 19, 1991, 3:00 p.m.: 14 IR 1727; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2244)*

828 IAC 1-2-4 Supervision of examinations; candidate identification numbers (Repealed)

Sec. 4. *(Repealed by State Board of Dentistry; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2246)*

828 IAC 1-2-5 Written examination; scope (Repealed)

Sec. 5. (Repealed by State Board of Dentistry; filed Nov 7, 1986, 9:00 am: 10 IR 432)

828 IAC 1-2-6 National board examination; dental and dental hygiene law examination

Authority: IC 25-13-1-5

Affected: IC 25-13-1-4; IC 25-13-1-7

Sec. 6. (a) A passing score on a national board dental hygiene examination, as approved by the board, must be attained by the candidate before the candidate will be permitted to take the clinical-practical portion of the examination and the written examination covering Indiana law relating to the practice of dentistry and dental hygiene.

(b) Passage of the Indiana dental and dental hygiene law examination with a score of at least seventy-five (75) is mandatory before the candidate may be licensed. Candidates failing the law examination may retake the law examination at a time, date, and place to be set by the board not sooner than thirty (30) days from the time the law examination was last taken.

(c) Candidates failing the written clinical practice examination only may retake the written clinical practice examination at a time, date, and place to be set by the board not sooner than thirty (30) days from the time the clinical-practical examination was last taken. (*State Board of Dentistry; PT 2, Rule 6; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 52; filed Apr 12, 1984, 8:34 a.m.: 7 IR 1521; filed Nov 7, 1986, 9:00 a.m.: 10 IR 431; filed Apr 19, 1991, 3:00 p.m.: 14 IR 1727; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1014; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2244*)

828 IAC 1-2-7 Clinical-practical examination; two sections; required score

Authority: IC 25-13-1-5; IC 25-14-1-13

Affected: IC 25-13-1-7

Sec. 7. (a) The clinical-practical examination shall consist of the following sections:

(1) Dental prophylaxis, periodontal scaling, and root planing.

(2) Clinical practice of dental hygiene and radiology.

(b) The procedures comprising the sections under subsection (a) and the administration of this examination will be determined by the board. Each candidate shall be required to have a score of seventy-five (75) or more in each section to pass the clinical-practical examination. (*State Board of Dentistry; PT 2, Rule 7; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 52; filed Nov 7, 1980, 12:45 p.m.: 3 IR 2190; filed Apr 25, 1983, 8:52 a.m.: 6 IR 1086; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1014; filed Sep 11, 2000, 2:23 p.m.: 24 IR 377; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-2-8 Supplies for examinations; duty to provide

Authority: IC 25-13-1-5

Affected: IC 25-13-1-7

Sec. 8. The candidates will provide all patients instruments and materials for the examinations. (*State Board of Dentistry; PT 2, Rule 8; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 52; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2244*)

828 IAC 1-2-9 Conduct during examinations

Authority: IC 25-13-1-5

Affected: IC 25-13-1-7

Sec. 9. Candidates are not allowed to leave the room nor move about in the room during a written examination without permission. No other paper or books, other than the written examination, shall be used in examination room for any purpose whatsoever. (*State Board of Dentistry; PT 2, Rule 9; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 53; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2244*)

828 IAC 1-2-10 Dismissal of candidate for use of unfair assistance

Authority: IC 25-13-1-5

Affected: IC 25-13-1-7

Sec. 10. The board reserves the right to dismiss any applicant who may be detected in using, or attempting to use, any unfair assistance for herself or himself or another candidate. (*State Board of Dentistry; PT 2, Rule 10; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 53; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2244*)

828 IAC 1-2-11 Other considerations in grading examinations (Repealed)

Sec. 11. (*Repealed by State Board of Dentistry; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2246*)

828 IAC 1-2-12 Failure; reexamination

Authority: IC 25-13-1-5; IC 25-14-1-13

Affected: IC 25-13-1-4; IC 25-13-1-7; IC 25-14-1-1; IC 25-14-1-3

Sec. 12. (a) If the candidate fails in securing a passing score in only one (1) section of the clinical-practical examination, the candidate will be required to retake that section only, provided that the candidate return for one (1) of the two (2) next succeeding examinations. If the candidate does not take and pass the failed section on one (1) of the next two (2) available examination dates, a new application must be filed and all sections of the clinical-practical examination must be retaken.

(b) If the candidate fails in two (2) or more parts of the clinical-practical examination, the candidate must take an entire new clinical-practical examination.

(c) If the candidate fails the same section of the clinical-practical examination three (3) times, the entire clinical-practical examination must be retaken. (*State Board of Dentistry; PT 2, Rule 12; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 53; filed Nov 7, 1980, 12:45 p.m.: 3 IR 2190; filed Apr 25, 1983, 8:52 a.m.: 6 IR 1086; filed Apr 19, 1991, 3:00 p.m.: 14 IR 1727; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2244*)

828 IAC 1-2-12.1 Invalid license; reapplication (Repealed)

Sec. 12.1. (*Repealed by State Board of Dentistry; filed Oct 29, 1991, 3:00 p.m.: 15 IR 242*)

828 IAC 1-2-13 Competency; physical or mental examination

Authority: IC 25-13-1-5; IC 25-14-1-13

Affected: IC 25-14-1-19.1

Sec. 13. (a) The board may determine "dental hygiene competency" on a case by case basis using comparable or equal standards as used in determining qualifications for initial licensure.

(b) "Dental hygiene incompetency or improper conduct of dental hygienists" includes but is not limited to any one (1) or any combination of the following acts:

- (1) Practicing while under the influence of alcohol or other drugs which impair skill or judgment.
- (2) Practicing with a physical disability, mental disability, disease, or disorder which impairs skill or judgment.
- (3) Practicing while knowingly [*sic.*] afflicted with a serious disease which could be transmitted to the patient.
- (4) Repeatedly performing a treatment or procedure which is beyond the skill or knowledge of the practitioner with the results being detrimental to the patient.
- (5) Repeatedly performing a treatment or procedure which violates acceptable standards of practice and results in failure or is detrimental to the patient.
- (6)(A) Engaging in conduct constituting gross negligence; or (B) repeatedly failing to meet standards of performance in treatment as measured against generally prevailing peer performance.
- (7) Practicing or offering to practice beyond the scope permitted by law.

(c) The Indiana state board of dental examiners may order a dental hygienist to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is at issue in a disciplinary proceeding. The choice of the practitioner to administer the examination is subject to approval by the board.

(d) As a condition of reinstatement of a suspended or revoked license the board may, at its discretion, require the applicant for reinstatement to submit to all or part of the examination for initial licensure or to a similar examination. (*State Board of Dentistry; 828 IAC 1-2-13; filed Apr 25, 1983, 8:52 am: 6 IR 1086; errata, 7 IR 700; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-2-14 Remedial education

Authority: IC 25-13-1-5
Affected: IC 25-13-1-5

Sec. 14. A candidate for dental hygiene licensure shall complete remedial education following the failure of two (2) or more clinical examinations prior to being permitted to retake the examination. The assignment of remedial education, either academic and/or clinical, shall be in the subject or subjects previously failed. Courses to be taken shall be submitted to the board for prior approval by the board and certification that they were successfully completed shall be submitted to the board. The certification shall be signed by the dean or the dean's appointed representative of the dental hygiene school where the courses were taken. All courses shall be taken in board approved schools. All courses shall be completed and the certification shall be submitted at least seven (7) days prior to the next examination the candidate has applied to take. (*State Board of Dentistry; 828 IAC 1-2-14; filed Jan 16, 1986, 3:17 p.m.: 9 IR 1366; filed Feb 3, 1987, 12:30 p.m.: 10 IR 1273; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2245*)

Rule 3. Dentists and Dental Hygienists; Licensure by Endorsement

828 IAC 1-3-1 Licensure by endorsement; credentials; examination and interview

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-13-1-7; IC 25-13-1-17; IC 25-14-1-16

Sec. 1. (a) Licensure by endorsement may be granted to an applicant who meets the licensure requirements of the board, only upon the basis of a valid license that has been obtained by regular state board examination, in any other state having and maintaining a standard of examination for licensure and of laws regulating such practice within the state, substantially equivalent to Indiana, of which fact the board shall be the sole judge.

(b) Any person holding a valid, unrevoked and unexpired license to practice dentistry and has maintained an active dental practice for not less than five (5) years out of the last nine (9) years immediately prior to submitting the application, and who is reputable as a dentist and deposits with the board the required credentials to be considered for endorsement.

(c) Any person holding a valid, unrevoked and unexpired license to practice dental hygiene and has maintained an active dental hygiene practice for not less than five (5) years out of the last seven (7) years immediately prior to submitting the application, and who is reputable as a dental hygienist and deposits with the board the required credentials to be considered for endorsement.

(d) Required credentials for dental and dental hygiene applicants must include:

(1) Completed application and fee (not returnable).

(2) A copy of the applicant's current cardiopulmonary resuscitation card, signed by the applicant.

(3) National board final score card or equivalent.

(4) Transcripts from dental or dental hygiene schools.

(5) Verification of license status from each state health care professional licensing board in which applicant is or has been licensed.

(6) Affidavits of at least three (3) practicing dentists verifying the applicant's active, moral, and ethical practice of dentistry for the past five (5) years or the ethical practice of dental hygiene for the past five (5) years.

(e) The same standard of educational requirements applies to applicants for licensure through endorsement as for licensure by examination.

(f) An applicant who has previously failed an examination for licensure administered by the board is not eligible to apply for endorsement, until such applicant has passed all portions of the examination in which he or she failed or provides the board with proof that additional training has been received in the subjects of the failure. (*State Board of Dentistry; Endorsement Certification; filed Oct 8, 1974, 9:15 a.m.: Rules and Regs. 1975, p. 233; filed Jan 12, 1984, 11:32 a.m.: 7 IR 698; filed Aug 29, 1986, 2:30 p.m.: 10 IR 22; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2245*)

828 IAC 1-3-2 "Practice of dentistry" defined

Authority: IC 25-14-1-13
Affected: IC 25-14-1-16

Sec. 2. (a) Under IC 25-14-1-16(b)(2), an applicant for licensure by endorsement must have practiced dentistry for at least five (5) out of the nine (9) years preceding the date of application.

(b) "Practice of dentistry" means that the applicant has actively engaged in clinical patient contact for at least an average of twenty (20) hours per week for five (5) years. A maximum of two (2) years of the five (5) year requirement may have been in post-doctoral training. (*State Board of Dentistry; 828 IAC 1-3-2; filed Apr 19, 1991, 3:00 p.m.: 14 IR 1728; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-3-3 "Satisfactory practice of dental hygiene" defined

Authority: IC 25-13-1-5

Affected: IC 25-13-1-17

Sec. 3. (a) An applicant for a dental hygiene license under IC 25-13-1-17(a) must have engaged in the satisfactory practice of dental hygiene for at least five (5) out of the preceding seven (7) years.

(b) As used in this section, "satisfactory practice of dental hygiene" means that the applicant has actively engaged in practicing dental hygiene for at least an average of twenty (20) hours per week for five (5) years. A maximum of two (2) years of the five (5) year requirement may have been in post associate degree training in dental hygiene. (*State Board of Dentistry; 828 IAC 1-3-3; filed Apr 19, 1991, 3:00 p.m.: 14 IR 1728; filed Feb 4, 1994, 5:00 p.m.: 17 IR 1094; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-3-4 Dental licensure by endorsement; failure to renew expired license

Authority: IC 25-14-1-13

Affected: IC 25-14-1-10; IC 25-14-1-16

Sec. 4. The holder of a license that has expired under IC 25-14-1-10 for failure to renew may not apply for licensure by endorsement under IC 25-14-1-16(b) and this rule if the holder of the license has practiced dentistry in Indiana during the period of time while the license was expired. (*State Board of Dentistry; 828 IAC 1-3-4; filed Feb 4, 1994, 5:00 p.m.: 17 IR 1094; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2246*)

828 IAC 1-3-5 Dental hygiene licensure by endorsement; failure to renew expired license

Authority: IC 25-13-1-5

Affected: IC 25-13-1-8; IC 25-13-1-17

Sec. 5. The holder of a license that has expired under IC 25-13-1-8 for failure to renew may not apply for licensure by endorsement under IC 25-13-1-17(a) and this rule if the holder of the license has practiced dental hygiene in Indiana during the period of time while the license was expired. (*State Board of Dentistry; 828 IAC 1-3-5; filed Feb 4, 1994, 5:00 p.m.: 17 IR 1094; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2246*)

Rule 4. Practice of Dentistry

828 IAC 1-4-1 Definitions

Authority: IC 25-14-1-13

Affected: IC 25-14-1

Sec. 1. Definitions. The following terms as used in this rule [828 IAC 1-4] only shall mean:

- (1) Dentists. Any person licensed to practice dentistry in any of the various states of the United States.
- (2) Unlicensed Person. Any person not holding a valid license to practice dentistry.
- (3) Dental Diagnostic Materials. Any device, models, impressions, or dental radiographs of a dental patient which are prepared and used by a dentist in the diagnosis or treatment of any lesion or disease of the human oral cavity, teeth, gums, maxillary or mandibular structures. Claim forms are not dental diagnostic materials.
- (4) Dental Treatment Plan. Any course of dental treatment prescribed by a dentist.
- (5) Dental Benefits. Any funds, money, or reimbursement, paid either to a dentist or to a dentist's patient by a third party, that compensates in-full or in part for the cost of dental treatment.

(State Board of Dentistry; 828 IAC 1-4-1; filed Apr 8, 1982, 11:00 am: 5 IR 992; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896)

828 IAC 1-4-2 Practice of dentistry; license

Authority: IC 25-14-1-13
Affected: IC 25-14-1-23

Sec. 2. Practice of Dentistry—License Required. Any person using dental diagnostic materials for the purpose of recommending changes in the treatment plan upon which benefits are based is practicing dentistry and must be a dentist. *(State Board of Dentistry; 828 IAC 1-4-2; filed Apr 8, 1982, 11:00 am: 5 IR 992; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896)*

828 IAC 1-4-3 Unauthorized practice of dentistry

Authority: IC 25-14-1-13
Affected: IC 25-14-1-19.1

Sec. 3. Assisting the Unauthorized Practice of Dentistry Prohibited. Indiana dentists shall not knowingly submit dental diagnostic materials to any party involved in the Unauthorized Practice of Dentistry. *(State Board of Dentistry; 828 IAC 1-4-3; filed Apr 8, 1982, 11:00 am: 5 IR 993; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896)*

828 IAC 1-4-4 Board members; duties

Authority: IC 25-14-1-13
Affected: IC 25-14-1-12

Sec. 4. (a) Board members who are not trained and licensed as dentists may not assume duties which require the expertise of a dentist.

(b) The president of the board or his representative shall assign duties to members of the board. If a board member objects to one of these assignments, a majority vote of the board members present shall be taken to resolve the issue. *(State Board of Dentistry; 828 IAC 1-4-4; filed Apr 25, 1983, 8:52 am: 6 IR 1084; errata, 7 IR 700; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896)*

Rule 5. Continuing Education for Renewal of License

828 IAC 1-5-1 Approval of study clubs

Authority: IC 25-13-2-10; IC 25-14-3-12
Affected: IC 25-13-2; IC 25-14-3

Sec. 1. (a) Study clubs must submit a written request for approval of the study club at least thirty (30) days prior to the date of the study club's presentation of a program for continuing education credit. Programs presented:

- (1) prior to the receipt of approval; or
- (2) after the withdrawal or termination of approval of the study club;

by the board shall not count toward continuing education requirements.

(b) The written request for approval shall include the following:

- (1) The name of the study club.
- (2) The address of the study club.
- (3) A statement that the study club is organized for the purpose of scientific study.
- (4) A statement that the study club operates under the direction of elected officers.
- (5) The names and addresses of each officer.
- (6) A copy of the study club's bylaws.
- (7) The names of at least five (5) members of the study club.
- (8) A statement that the study club will conduct regular meetings.
- (9) A statement that the study club will maintain written attendance records of all meetings which shall be submitted to the board upon request.

(10) A description of the types of programs or activities the study club intends to present.

(c) The written request for approval must be signed by an officer of the study club.

(d) Approval of a study club will be valid for a maximum period of two (2) years as long as the club remains in compliance with subsection (b). The study club is responsible for applying to the board for renewal of approval. (*State Board of Dentistry; 828 IAC 1-5-1; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1015; filed Mar 26, 1993, 5:00 p.m.: 16 IR 1952; filed Sep 1, 2000, 2:20 p.m.: 24 IR 22; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-5-2 Approval of organizations or individuals

Authority: IC 25-13-2-10; IC 25-14-3-12

Affected: IC 25-13-2-2; IC 25-14-3-2

Sec. 2. (a) This section applies to organizations or individuals referred to in IC 25-13-2-2(18) and IC 25-14-3-2(18).

(b) Individuals or organizations applying for approval must submit a written request for approval at least thirty (30) days prior to the date of the individual's or organization's presentation of a program for continuing education credit. Programs presented:

(1) prior to the receipt of approval; or

(2) after the withdrawal or termination of approval of the individual or organization;

by the board shall not count toward continuing education requirements.

(c) The written request for approval shall include the following:

(1) The name of the sponsoring individual or organization.

(2) The address and telephone number of the individual or organization.

(3) The following for organizations:

(A) A copy of all documents relating to the formation and continued existence of the organization.

(B) A description of the specific purposes for which the organization was formed.

(C) For each individual in the organization with direct responsibility for teaching and conducting an educational program of the organization, a vita or resume listing all educational and relevant work experience.

(4) For individuals, a vita or resume listing all educational and relevant work experience.

(5) A list of each educational program presented or sponsored by the individual or organization for five (5) years prior to the date of the request for approval.

(6) The following for each program listed under subdivision (5) given in the prior two (2) years:

(A) The date and location of the program.

(B) A brief summary of the content of the program.

(C) The name and the academic and professional background of the lecturer.

(D) The number of clock hours of continuing education credit granted by a state licensing or similar regulatory authority for the program.

(7) A description of the course evaluation technique utilized for all educational programs.

(8) A sample of the certificate awarded for the completion of all educational programs, if available.

(9) A list of all anticipated programs to be presented or sponsored during the requested approval period, if available.

(10) A description of the types of programs or activities the individual or organization intends to present.

(11) A description of the method to be used for monitoring attendance.

(d) The individual or organization is responsible for monitoring attendance in such a way that verification of attendance throughout the program can be reliably assured.

(e) Approval of the individual or organization will be valid for a maximum period of two (2) years. The individual or organization is responsible for applying to the board for renewal of approval. (*State Board of Dentistry; 828 IAC 1-5-2; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1015; filed Mar 26, 1993, 5:00 p.m.: 16 IR 1953; filed Sep 1, 2000, 2:20 p.m.: 24 IR 22; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 1-5-3 Verification of attendance

Authority: IC 25-13-2-10; IC 25-14-3-12

Affected: IC 25-13-2-2; IC 25-14-3-2

Sec. 3. Organizations, individuals, or study clubs approved under IC 25-13-2-2 or IC 25-14-3-2, shall provide each attendee

with verification of attendance which shall include the following:

- (1) A record of the number of hours spent in the continuing education course.
- (2) The name of the course or a description of the subject matter presented.
- (3) The name of the sponsoring approved organization, individual, or study club.
- (4) The date and location of the program.

(State Board of Dentistry; 828 IAC 1-5-3; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1016; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896)

828 IAC 1-5-4 Civil penalties for a dental hygienist

Authority: IC 25-13-2-10

Affected: IC 25-13-2-11; IC 25-13-2-12

Sec. 4. If a dental hygienist is not in compliance with IC 25-13-2 and is assessed a civil penalty under IC 25-13-2-11(b)(1) or IC 25-13-2-12(b)(1), the amount of the civil penalty shall be based on the number of continuing education credit hours needed per license period to be in compliance as follows:

Number of hours needed to be in compliance:	Civil penalty:
1–2 hours	\$50
3–5 hours	\$100
6–10 hours	\$250
11–14 hours	\$375

(State Board of Dentistry; 828 IAC 1-5-4; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1016; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1306)

828 IAC 1-5-5 Civil penalties for a dentist

Authority: IC 25-14-3-12

Affected: IC 25-14-3-13; IC 25-14-3-14

Sec. 5. If a dentist is not in compliance with IC 25-14-3 and is assessed a civil penalty under IC 25-14-3-13(b)(1) or IC 25-14-3-14(b)(1), the amount of the civil penalty shall be based on the number of continuing education credit hours needed per license period to be in compliance as follows:

Number of hours needed to be in compliance:	Civil penalty:
1–2 hours	\$100
3–5 hours	\$250
6–10 hours	\$500
11–15 hours	\$750
16–20 hours	\$1,000

(State Board of Dentistry; 828 IAC 1-5-5; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1016; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1307)

Rule 6. Dental Hygienists; License Renewal

828 IAC 1-6-1 Renewal requirements; basic life support certification

Authority: IC 25-13-1-5; IC 25-13-1-8; IC 25-14-1-13

Affected: IC 25-13-2-6; IC 25-13-2-9

Sec. 1. (a) Applicants for dental hygiene license renewal must be certified in or successfully complete a course in basic life support. A course in basic life support shall include lecture and hands-on use of the following:

- (1) Adult one-rescuer cardiopulmonary resuscitation.

- (2) Adult two-rescuer cardiopulmonary resuscitation.
- (3) Child one-rescuer cardiopulmonary resuscitation.
- (4) Airway obstruction and devices.

(b) Courses on health care provider cardiopulmonary resuscitation or cardiopulmonary resuscitation for the professional rescuer meet the requirements of this rule.

(c) At the time of renewal of the license, the applicant must submit, as a part of the renewal application, a sworn statement signed by the applicant attesting that the applicant has fulfilled the requirement to complete a course in basic life support. The board will conduct an audit for compliance in conjunction with the audit conducted under IC 25-13-2-9.

(d) In order to comply with IC 25-13-1-8(b)(3), a course in basic life support must be successfully completed during each two (2) year license period.

(e) If a dental hygienist is audited for compliance with the requirement for completion of a basic life support course, at the time of the audit the dental hygienist must submit either:

(1) a copy of the cardiopulmonary resuscitation card showing the date of issuance and the date of expiration or date it is due for renewal; or

(2) a copy of the attendance sheet for the course that has been signed by the instructor and includes the date the course was given and certifies that the applicant successfully completed the course.

(State Board of Dentistry; 828 IAC 1-6-1; filed Aug 29, 1997, 8:45 a.m.: 21 IR 107; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896)

Rule 7. Inactive Dental License

828 IAC 1-7-1 Inactive status

Authority: IC 25-14-1-10; IC 25-14-1-13

Affected: IC 25-14-1-27.1; IC 25-14-3-8

Sec. 1. (a) The board may issue a license to the holder of an inactive license under IC 25-14-1-27.1 if the applicant:

(1) pays the renewal fee established in 828 IAC 0.5-2-1(3); and

(2) meets the continuing education requirements established under this section.

(b) The applicant must complete fifty percent (50%) of the continuing education that would have been required for renewal under IC 25-14-3-8 during each license period or partial license period the license was inactive.

(c) Not more than twenty-five percent (25%) of the continuing education required under this section may be in the area of practice management.

(d) The continuing education submitted must include a certification program in basic life support. Not more than two (2) credit hours for certification programs in basic life support may be applied toward the credit hour requirement. The board may waive the basic life support requirement for applicants who show reasonable cause.

(e) Documentation verifying the completion of the continuing education must be submitted to the board prior to the reactivation of the applicant's license.

(f) If the applicant's license has been inactive for five (5) or more years, the applicant shall make a personal appearance before the board. *(State Board of Dentistry; 828 IAC 1-7-1; filed Sep 11, 2000, 2:20 p.m.: 24 IR 376; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896)*

ARTICLE 2. DENTAL PROFESSIONAL CORPORATIONS

Rule 1. Corporations; Dental

828 IAC 2-1-1 Name of corporation

Authority: IC 25-14-1-13

Affected: IC 23-1.5; IC 25-14

Sec. 1. (a) Any dental professional corporation whose name does not contain the words "professional services corporation"

or “professional corporation” or an abbreviation of those words so named before September 1, 1983, the effective date of IC 23-1.5, is hereby grandfathered and need not contain these words.

(b) The purpose of the name of a dental professional corporation is primarily to identify that corporation and should not be named as to be a means of false and misleading advertising.

(c) Only a professional corporation in which all shareholders are dentists licensed under IC 25-14 may use the term “dental” in its corporate name.

(d) Any dental professional corporation must prominently display its name at each place of business and/or professional practice. (*State Board of Dentistry; 828 IAC 2-1-1; filed Jan 12, 1984, 11:32 am: 7 IR 699; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 2-1-2 Applications and renewals

Authority: IC 25-14-1-13

Affected: IC 23-1.5

Sec. 2. Dental corporation applications and renewals shall contain:

(1) Name and home address of each incorporator.

(2) Professional license number of each incorporator.

(*State Board of Dentistry; 828 IAC 2-1-2; filed Jan 12, 1984, 11:32 am: 7 IR 699; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

ARTICLE 3. ANESTHESIA AND SEDATION

Rule 1. General Requirements

828 IAC 3-1-1 Application; general requirements

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-14-1

Sec. 1. (a) Prior to administering general anesthesia, deep sedation, or light parenteral conscious sedation, a dentist shall obtain from the board a permit that authorizes the dentist to utilize the form of anesthesia or sedation desired.

(b) The board shall issue a permit to utilize the anesthesia or sedation technique requested if the following requirements are met:

(1) Submission of an application form provided by the board.

(2) Current licensure by the board.

(3) Satisfactory evidence of completion of educational and training requirements as defined in section 3 or 5 of this rule.

(4) Payment of the required fees.

(5) Submission of satisfactory evidence that all requirements for equipment, personnel, and procedures have been met.

(6) Submission of an affidavit that the practitioner’s office meets the equipment requirements of section 10 or 11 of this rule.

(7) Submission of proof that:

(A) the dentist is trained in and has successfully completed a course in advanced cardiac life support; or

(B) the dentist is certified as an instructor in advanced cardiac life support.

(c) An applicant who is granted a general anesthesia-deep sedation permit may administer light parenteral conscious sedation without holding a separate light parenteral conscious sedation permit. (*State Board of Dentistry; 828 IAC 3-1-1; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1287; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2237; filed Oct 14, 1993, 5:00 p.m.: 17 IR 403; filed Aug 20, 1999, 1:50 p.m.: 23 IR 22; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 3-1-2 General anesthesia-deep sedation permit

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-1-9-9

Sec. 2. (a) An applicant for a permit to employ general anesthesia or deep sedation must provide satisfactory evidence of

completing a minimum of one (1) year of advanced (postdoctoral) training in anesthesiology and related academic subjects (postdoctoral) beyond the undergraduate dental school level in a residency in anesthesiology or oral surgery which meets the requirements stated in section 3 of this rule.

(b) Satisfactory evidence of completion of advanced training requirements means:

- (1) a certificate of completion of the educational or training program signed by the dean of the board approved dental school or director of the board approved anesthesiology residency from which the training was obtained; or
- (2) an official transcript from the board approved dental school which clearly designates completion of the education or training.

(State Board of Dentistry; 828 IAC 3-1-2; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1287; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2238; filed Sep 21, 1992, 9:00 a.m.: 16 IR 718; filed Oct 14, 1993, 5:00 p.m.: 17 IR 403; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896)

828 IAC 3-1-3 Training and education programs for general anesthesia and deep sedation

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-1-9-9

Sec. 3. (a) The same level of training is necessary for administration of both deep sedation and general anesthesia.

(b) For the purpose of obtaining a permit to administer general anesthesia or deep sedation, a residency in anesthesiology or a residency in oral and maxillofacial surgery shall meet the following requirements:

- (1) The training program must be full time and be a minimum of one (1) year in duration.
- (2) The program shall be a joint cooperative effort between the training institution's department of anesthesiology and department of dentistry.
- (3) Instruction in both didactic basic science and clinical procedures must be incorporated into the program. This instruction may be given in a seminar or conference format, or may include formal courses.
- (4) The program shall include preanesthetic patient evaluation, administration of anesthesia in the operating room on a daily scheduled basis, postanesthetic care and management, and emergency call.
- (5) Training must include anesthetic management for ambulatory outpatient procedures and the use of inhalation and intravenous sedation techniques.
- (6) The program shall include instruction in pain and pain mechanisms.
- (7) Beginning September 1, 1992, the program shall include training and successful completion of a course in advanced cardiac life support.

(State Board of Dentistry; 828 IAC 3-1-3; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1288; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2239; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896)

828 IAC 3-1-4 Light parenteral conscious sedation permit

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-1-9-9

Sec. 4. (a) Dentists holding permits to administer general anesthesia-deep sedation will not be required to obtain a separate permit to administer light parenteral conscious sedation.

(b) In order to obtain a permit to utilize light parenteral conscious sedation, an applicant must meet one (1) of the following educational and training criteria:

- (1) The applicant graduated from an approved dental school which included training in conscious sedation techniques at the predoctoral level. This training must meet the requirements of section 5 of this rule.
- (2) The applicant completed an intensive postdoctoral training program in the use of light parenteral conscious sedation which meets the requirements of section 5 of this rule.
- (c) Satisfactory evidence of completion of educational and training requirements means the following:
 - (1) A certificate of completion of the educational or training program signed by the dean of the board approved dental school or medical school or director of a board approved hospital program from which the training was obtained.
 - (2) An official transcript from a board approved dental school which clearly designates completion of the education or training.
 - (3) A certificate of completion of a continuing education program which meets the requirements of section 5 of this rule. The

certificate of completion shall be signed by the director of the continuing education program.

(State Board of Dentistry; 828 IAC 3-1-4; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1289; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2239; filed Sep 21, 1992, 9:00 a.m.: 16 IR 719; filed Oct 14, 1993, 5:00 p.m.: 17 IR 405; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896)

828 IAC 3-1-5 Training and education programs in light parenteral conscious sedation

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-14-1-3.1

Sec. 5. (a) A predoctoral training program in light parenteral conscious sedation shall meet the following requirements:

- (1) Be obtained in a board approved dental school.
- (2) Instruction shall include the following areas:
 - (A) Philosophy of pain control and patient management, including the nature and purpose of pain.
 - (B) Review of physiologic and psychological aspects of pain and apprehension.
 - (C) Physiologic monitoring.
 - (D) Organic pain problems and their management.
 - (E) Control of preoperative and operative pain and apprehension.
 - (F) Techniques of administration of light parenteral conscious sedation including intramuscular, intravenous, submucosal, and subcutaneous sedation.
 - (G) Prevention, recognition, and management of complications and emergencies, including the principles of advanced cardiac life support. Beginning September 1, 1992, instruction shall include training in and successful completion of a course in advanced cardiac life support.
 - (H) Interaction of pharmacological and psychological methods.
 - (I) Control of postoperative pain and apprehension.

(3) Each student must have experience in managing a minimum of ten (10) patients.

(b) A postdoctoral training program in light parenteral conscious sedation shall meet the following requirements:

- (1) Include a minimum of sixty (60) hours of instruction.
- (2) Include management of at least ten (10) patients.
- (3) Include the following in the course content:
 - (A) Historical, philosophical, and psychological aspects of pain and anxiety control.
 - (B) Patient evaluation and selection through review of medical history taking, physical diagnosis, and psychological profiling.
 - (C) Definitions and descriptions of physiological and psychological aspects of pain and anxiety.
 - (D) A description of the stages of drug-induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and the unconscious state.
 - (E) Review of respiratory and circulatory physiology and related anatomy.
 - (F) Pharmacology of agents used in the conscious sedation techniques being taught, including drug interaction and incompatibility.
 - (G) Indications and contraindications for the use of the conscious sedation modality under consideration.
 - (H) Review of dental procedures possible under conscious sedation.
 - (I) Patient monitoring, with particular attention to vital signs and reflexes related to consciousness.
 - (J) Importance of maintaining proper records with accurate chart entries recording medical history, physical examination, vital signs, drugs administered, and patient response.
 - (K) Prevention, recognition, and management of complications and life-threatening situations that may occur during use of conscious sedation techniques, including the principles of advanced cardiac life support. Beginning September 1, 1992, instruction shall include training in and successful completion of a course in advanced cardiac life support.
 - (L) The importance of using local anesthesia in conjunction with conscious sedation techniques.
 - (M) Venipuncture, including anatomy, armamentarium, and technique.
 - (N) Sterile techniques in intravenous therapy.
 - (O) Prevention, recognition, and management of local complications of venipuncture.
 - (P) Description and rationale for the technique to be employed.
 - (Q) Prevention, recognition, and management of systemic complications of intravenous sedation, with particular

attention to airway maintenance and support of the respiratory and cardiovascular systems.
(*State Board of Dentistry; 828 IAC 3-1-5; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1290; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2240; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 3-1-6 Required emergency equipment (Repealed)

Sec. 6. (*Repealed by State Board of Dentistry; filed Dec 24, 1997, 11:35 a.m.: 21 IR 1756*)

828 IAC 3-1-6.1 Standard of care; light parenteral conscious sedation

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-1-9-9; IC 25-14-1-23

Sec. 6.1. (a) The standard of care is a dynamic process impacted upon by technological advances and information gained by clinical and basic research. Therefore, any arbitrary list of equipment, protocols, and/or techniques may become outdated soon after being written. However, the administration of light parenteral conscious sedation carries with it significant risks that mandate basic minimum requirements for patient protection.

(b) The following are the minimum standards of care when light parenteral conscious sedation is utilized:

(1) An appropriate medical history form must be completed and dated for each patient.

(2) The medical history form must be reviewed by the dentist, and all significant responses must be evaluated and noted on the form.

(3) If medical consultation or additional laboratory testing is indicated, it must be obtained prior to initiation of treatment except in an extreme emergency situation.

(4) Physical evaluation and pretreatment vital signs must be taken and recorded on the patient's chart.

(5) In addition to the dentist who has obtained training in resuscitation protocols, there must be present during administration of light parenteral conscious sedation at least one (1) additional person who has successfully completed a course in basic cardiac life support.

(6) Personnel trained in basic cardiac life support shall provide direct supervision and monitoring of the patient during the procedure and until the patient is deemed ready to leave the facility by the dentist.

(7) The patient shall be monitored by the pulse oximeter throughout the procedure.

(8) A blood pressure must be taken periodically throughout the procedure.

(9) The skin color, movement of breathing bag, blood color, or other parameters of adequate blood oxygenation shall be monitored throughout the procedure.

(10) At or before the time of discharge, printed postoperative instructions must be provided to the patient and a responsible adult who will accompany the patient. Vital signs must be stable and the patient must be appropriately responsive before leaving the dentist's office. The patient must be instructed not to operate any vehicle or other potentially hazardous device or engage in a potentially hazardous activity for an appropriate period of time.

(11) It is strongly recommended that the dentist and trained staff hold drills on emergency procedures four (4) times per year. A record that the drills have taken place should be maintained in the office of the dentist. The record should include the date that the drill took place and the names of those persons who participated in the drill. The records may be destroyed after three (3) years.

(12) The dentist shall maintain a record that the dentist has training in resuscitation protocols and that the dentist's staff has maintained, on an annual basis, current training in basic cardiac life support.

(13) The equipment used during the procedure must be in good working order and serviced and certified as necessary.

(*State Board of Dentistry; 828 IAC 3-1-6.1; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2242; filed Sep 21, 1992, 9:00 a.m.: 16 IR 721; filed Oct 14, 1993, 5:00 p.m.: 17 IR 406; filed Jun 1, 1994, 5:00 p.m.: 17 IR 2332; filed Dec 24, 1997, 11:35 a.m.: 21 IR 1754; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 3-1-6.5 Standard of care; general anesthesia and deep sedation

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-13; IC 25-14-1-23

Sec. 6.5. (a) The standard of care is a dynamic process impacted upon by technological advances and information gained by clinical and basic research. Therefore, any arbitrary list of equipment, protocols, and/or techniques may become outdated soon after being written. However, the administration of general anesthesia or deep sedation carries with it significant risks that mandate basic minimum requirements for patient protection.

(b) As used in this section, "anesthetic team" means the following:

(1) At least one (1) dentist who holds a permit to administer general anesthesia or deep sedation. All dentists under this section shall be trained and currently competent in advanced cardiac life support.

(2) At least two (2) persons who are employed in the dental office under IC 25-14-1-23(c) or who are dental hygienists licensed under IC 25-13. All such persons who are members of the anesthetic team shall be trained and currently competent in basic life support.

(c) The following are the minimum standards of care when general anesthesia or deep sedation is utilized:

(1) An appropriate medical history form must be completed and dated for each patient.

(2) The medical history form must be reviewed by the dentist, and all significant responses must be evaluated and noted on the form.

(3) If medical consultation or additional laboratory testing is indicated, it must be obtained prior to initiation of treatment, except in an extreme emergency situation.

(4) Physical evaluation and pretreatment vital signs must be taken and recorded on the patient's chart.

(5) A separate anesthetic record must be kept for each anesthetic.

(6) Documentation of the presence and identity of each anesthetic team member throughout the administration of general anesthesia and deep sedation must be maintained.

(7) The anesthetic team must be present during the administration of general anesthesia or deep sedation, and one (1) assistant's sole responsibility is to monitor the patient's vital signs and/or maintain an airway. This section does not relieve the dentist of responsibility for monitoring the patient.

(8) Continuous supervision and monitoring of the patient includes, but is not limited to, oxygenation and ventilation, which must be continuously monitored during the administration of the anesthetic by the following:

(A) Palpation or observation of the reservoir breathing bag.

(B) Monitoring of skin color, mucosa, nail beds, and surgical site for color.

(C) Auscultation of breath and/or heart sounds is recommended.

(D) Pulse oximeter.

(E) Palpation of peripheral pulse.

(F) Blood pressure taken periodically throughout the procedure.

(G) Electrocardiogram (EKG) continuously displayed until the patient leaves the operating area.

(9) The anesthetic team must be clinically aware of any changes in the patient's body temperature. The equipment to take and record the patient's body temperature should be readily available at all times.

(10) At the completion of the anesthetic when continuous monitoring is no longer required, the patient must be transferred to a recovery facility for continual and direct supervision by a person trained in basic cardiac life support.

(11) At or before the time of discharge, printed postoperative instructions must be provided to the patient and a responsible adult who will accompany the patient. Vital signs must be stable and the patient must be appropriately responsive before leaving the dentist's office. The patient must be instructed not to operate any vehicle or other potentially hazardous device or engage in any potentially hazardous activity for an appropriate period of time.

(12) It is strongly recommended that the dentist and trained staff hold drills on emergency procedures four (4) times per year. A record that the drills have taken place should be maintained in the office of the dentist. The record should include the date that the drill took place and the names of those persons who participated in the drill. The records may be destroyed after three (3) years.

(13) The dentist shall maintain a record that the dentist has training in advanced cardiac life support and that the dentist's staff has maintained, on an annual basis, current training and successful completion of a course in basic life support.

(14) The equipment used during the procedure must be in good working order and serviced and certified as necessary.

(State Board of Dentistry; 828 IAC 3-1-6.5; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2242; filed Sep 21, 1992, 9:00 a.m.: 16 IR 721; filed Oct 14, 1993, 5:00 p.m.: 17 IR 406; filed Jun 1, 1994, 5:00 p.m.: 17 IR 2332; filed Dec 24, 1997, 11:35 a.m.: 21 IR 1755; filed Aug 20, 1999, 1:50 p.m.: 23 IR 23; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896)

828 IAC 3-1-7 Renewal and reinstatement

Authority: IC 25-14-1-3.1; IC 25-14-1-13
Affected: IC 25-14-1

Sec. 7. (a) All dentists holding a general anesthesia, deep sedation, or light parenteral conscious sedation permit shall renew the permit biennially at the same time the dental license is renewed by paying the fee required by the board under 828 IAC 0.5-2-2. If the holder of a permit does not renew the permit on or before the renewal date, the permit expires and becomes invalid without any action by the board.

(b) A permit thus invalidated may be reinstated by the board up to three (3) years after such invalidation upon payment to the board by the holder of the invalidated permit of a penalty fee set by the board under 828 IAC 0.5-2-2, plus all past due and current renewal fees. If the lapse of time in revalidating the permit continues beyond three (3) years, the holder of the invalid permit must submit an original application for a permit. (*State Board of Dentistry; 828 IAC 3-1-7; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1291; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2243; filed Oct 14, 1993, 5:00 p.m.: 17 IR 407; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 3-1-7.5 Renewal of permit; continuing education

Authority: IC 25-14-1-3.1; IC 25-14-1-13
Affected: IC 25-14-1; IC 25-14-3

Sec. 7.5. (a) In order to renew a permit to administer general anesthesia, deep sedation, or light parenteral conscious sedation, a dentist shall obtain five (5) hours of continuing education in every license period in the area of anesthesia. This continuing education may include, but is not limited to, a course in advanced cardiac resuscitation protocols. Courses in basic cardiac life support will not be accepted. The five (5) hours of continuing education required under this section counts toward the completion of continuing education requirements under IC 25-14-3.

(b) This section is effective for the renewal in March 2000 and every two (2) years thereafter. (*State Board of Dentistry; 828 IAC 3-1-7.5; filed Dec 24, 1997, 11:35 a.m.: 21 IR 1756; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 3-1-8 Mandatory reporting (Repealed)

Sec. 8. (*Repealed by State Board of Dentistry; filed Sep 21, 1992, 9:00 a.m.: 16 IR 721*)

828 IAC 3-1-9 Display of permit; additional locations; violations

Authority: IC 25-14-1-3.1; IC 25-14-1-13
Affected: IC 25-1-9-9

Sec. 9. (a) All holders of a permit shall not fail to post and keep conspicuously displayed in plain sight of patients in each dental office where the practitioner practices, the permit.

(b) Prior to practicing in any office, the practitioner must submit to the board an affidavit stating that the office complies with the requirements of section 6 [*828 IAC 3-1-6 was repealed filed Dec 24, 1997, 11:35 a.m.: 21 IR 1756.*] of this rule and which lists the emergency equipment available and in good working order in the office.

(c) Any violation of this or any other rule shall subject the practitioner to disciplinary sanctions.

(d) Administering general anesthesia, deep sedation, or light parenteral conscious sedation without the appropriate permit or with an expired, voided, revoked, or suspended permit shall subject the practitioner to severe disciplinary penalties. (*State Board of Dentistry; 828 IAC 3-1-9; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1291; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2244; filed Oct 14, 1993, 5:00 p.m.: 17 IR 408; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 3-1-10 Required emergency equipment; general anesthesia and deep sedation

Authority: IC 25-14-1-3.1; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-14-1

Sec. 10. (a) All practitioners utilizing general anesthesia or deep sedation must have in their offices, as a minimum, the following emergency equipment available and in good working order:

- (1) A portable oxygen system capable of delivering positive pressure highflow oxygen, such as:
 - (A) an ambu bag;
 - (B) a Robert Shaw demand valve or equivalent;
 - (C) a full face mask; and
 - (D) oral and nasal airways.
- (2) An emergency source of power that can be utilized in the event of a power failure and is sufficient to operate the equipment and provide an emergency source of light.
- (3) A suction apparatus capable of aspirating gastric contents efficiently from the pharynx or mouth.
- (4) An electrocardiograph.
- (5) A laryngoscope and assorted blades.
- (6) Endotracheal tubes in assorted sizes.
- (7) Drugs necessary to follow advanced cardiac life support protocols.
- (8) Equipment for continuous intravenous fluid infusion to facilitate drug administration.
- (9) A stethoscope.
- (10) A body temperature measuring device.
- (11) A defibrillator.
- (12) A pulse oximeter.
- (13) A sphygmomanometer.

(b) Violation of this section subjects the practitioner to disciplinary action under IC 25-1-9-9. (*State Board of Dentistry; 828 IAC 3-1-10; filed Dec 24, 1997, 11:35 a.m.: 21 IR 1756; filed Aug 20, 1999, 1:50 p.m.: 23 IR 24; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

828 IAC 3-1-11 Required emergency equipment; light parenteral conscious sedation

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Affected: IC 25-1-9-9; IC 25-14-1

Sec. 11. (a) All practitioners utilizing light parenteral conscious sedation must have in their offices, as a minimum, the following emergency equipment available and in good working order:

- (1) A portable oxygen system capable of delivering positive pressure highflow oxygen, such as:
 - (A) an ambu bag;
 - (B) a Robert Shaw demand valve or equivalent;
 - (C) a full face mask; and
 - (D) oral and nasal airways.
- (2) An emergency source of power that can be utilized in the event of a power failure and is sufficient to operate the equipment and provide an emergency source of light.
- (3) A suction apparatus capable of aspirating gastric contents efficiently from the pharynx or mouth.
- (4) A laryngoscope and assorted blades.
- (5) Endotracheal tubes in assorted sizes.
- (6) Drugs necessary to follow life support protocols.
- (7) Equipment for continuous intravenous fluid infusion to facilitate drug administration.
- (8) A stethoscope.
- (9) A body temperature measuring device.
- (10) A pulse oximeter.
- (11) A sphygmomanometer.

(b) Violation of this section subjects the practitioner to disciplinary action under IC 25-1-9-9. (*State Board of Dentistry; 828 IAC 3-1-11; filed Dec 24, 1997, 11:35 a.m.: 21 IR 1756; filed Aug 20, 1999, 1:50 p.m.: 23 IR 24; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896*)

ARTICLE 4. MOBILE DENTAL FACILITIES AND PORTABLE DENTAL OPERATIONS

Rule 1. Applicability; Exceptions

828 IAC 4-1-1 Applicability

Authority: IC 25-14-1-13
Affected: IC 25-14

Sec. 1. This article applies to the operator of a mobile dental facility or portable dental operation who:

- (1) provides dental services; and
- (2) does not have a physically stationary office in the county where the services are provided.

(State Board of Dentistry; 828 IAC 4-1-1; filed May 2, 2002, 10:24 a.m.: 25 IR 2736)

828 IAC 4-1-2 Exceptions

Authority: IC 25-14-1-13
Affected: IC 25-13-1-10; IC 25-13-1-11; IC 25-14

Sec. 2. (a) Federal, state, and local governmental agencies are exempt from the requirements of this rule.

(b) Dentists licensed to practice in Indiana who have not registered with the board to operate a mobile dental facility or a portable dental operation may provide dental services through use of dental instruments, materials, and equipment taken out of a dental office without registering if the service is provided as emergency treatment for their patients of record.

(c) Dentists who:

- (1) do not operate a mobile dental facility or portable dental operation; or
- (2) are not employed by or independently contracting with a mobile dental facility or portable dental operation;

may provide treatment for their patients of record in the county in which the dentist maintains a physically stationary office or in a county adjacent to the county in which the dentist maintains a physically stationary office if such services are provided outside the physically stationary office or outside the county of the physically stationary office fewer than thirty (30) days per year.

(d) Dental hygienists who are providing dental hygiene services, instruction, and in-service training in accordance with IC 25-13-1-10 and IC 25-13-1-11 of the dental hygienist practice act are exempt from the requirements of this rule. Furthermore, dental hygienists may provide dental hygiene services, instruction, and in-service training in accordance with IC 25-13-1-10 and IC 25-13-1-11 in a mobile dental facility or portable dental operation. *(State Board of Dentistry; 828 IAC 4-1-2; filed May 2, 2002, 10:24 a.m.: 25 IR 2736)*

Rule 2. Definitions

828 IAC 4-2-1 Applicability

Authority: IC 25-14-1-13
Affected: IC 25-14

Sec. 1. The definitions in this rule apply throughout this article. *(State Board of Dentistry; 828 IAC 4-2-1; filed May 2, 2002, 10:24 a.m.: 25 IR 2736)*

828 IAC 4-2-2 “Mobile dental facility or portable dental operation” defined

Authority: IC 25-14-1-13
Affected: IC 25-14

Sec. 2. “Mobile dental facility or portable dental operation” means either of the following:

- (1) Any self-contained facility in which dentistry will be practiced, which may be moved, towed, or transported from one (1) location to another.
- (2) Any nonfacility in which dental equipment, utilized in the practice of dentistry, is transported to and utilized on a temporary basis at an out-of-office location, including, but not limited to:
 - (A) other dentists’ offices;
 - (B) patients’ homes;
 - (C) schools;
 - (D) nursing homes; or

(E) other institutions.

(State Board of Dentistry; 828 IAC 4-2-2; filed May 2, 2002, 10:24 a.m.: 25 IR 2736)

Rule 3. Registration

828 IAC 4-3-1 Application

Authority: IC 25-14-1-13

Affected: IC 25-14

Sec. 1. (a) In order to operate a mobile dental facility or portable dental operation, the operator shall register with the board.

(b) The applicant shall complete an application in the form and manner required by the board.

(c) The applicant shall pay the registration fee at the time of application as set by the board by rule.

(d) The applicant shall provide the board with evidence of compliance with the requirements of this rule.

(e) The applicant shall submit proof of radiographic equipment inspection with the application for registration. *(State Board of Dentistry; 828 IAC 4-3-1; filed May 2, 2002, 10:24 a.m.: 25 IR 2737)*

828 IAC 4-3-2 Official business or mailing address

Authority: IC 25-14-1-13

Affected: IC 25-14

Sec. 2. (a) The operator of a mobile dental facility or portable dental operation shall maintain an official business or mailing address of record, which shall not be a post office box and which shall be filed with the board.

(b) The operator of a mobile dental facility or portable dental operation shall maintain an official telephone number of record, which shall be filed with the board.

(c) The board shall be notified within thirty (30) days of any change in the address or telephone number of record.

(d) All written or printed documents available from or issued by the mobile dental facility or portable dental operation shall contain the official address and telephone number of record for the mobile dental facility or portable dental operation.

(e) When not in transit, all dental and official records shall be maintained at the official office address of record. *(State Board of Dentistry; 828 IAC 4-3-2; filed May 2, 2002, 10:24 a.m.: 25 IR 2737)*

828 IAC 4-3-3 Written procedures; communication facilities; conformity with requirements; driver requirements

Authority: IC 25-14-1-13

Affected: IC 12-15; IC 12-17.6; IC 25-14

Sec. 3. The operator of a mobile facility, mobile unit, or portable dental operation shall ensure the following:

(1) There is a written procedure for emergency follow-up care for patients treated in the mobile dental facility and that such procedure includes arrangements for treatment in a dental facility that is permanently established in the area where services were provided.

(2) The mobile dental facility has communication facilities that will enable the operator thereof to contact necessary parties in the event of a medical or dental emergency. The communications facilities must enable the patient or the parent or guardian of the patient treated to contact the operator for emergency care, follow-up care, or information about treatment received. The provider who renders follow-up care must also be able to contact the operator and receive treatment information, including radiographs.

(3) The mobile dental facility conforms to all applicable federal, state, and local laws, regulations, and ordinances dealing with radiographic equipment, flammability, construction, sanitation, zoning, infectious waste management, universal precautions, OSHA guidelines, and federal Centers for Disease Control Guidelines, and the applicant possesses all applicable county and city licenses or permits to operate the unit.

(4) The driver of the unit possesses a valid Indiana driver's license appropriate for the operation of the vehicle.

(5) No services are performed on minors without a signed consent form from the parent or guardian, which indicates that:

(A) if the minor already has a dentist, the parent or guardian should continue to arrange dental care through that provider; and

(B) the treatment of the child by the mobile dental facility may affect the future benefits that the child may receive under:

- (i) private insurance;
- (ii) Medicaid (IC 12-15); or
- (iii) the children's health insurance program (IC 12-17.6).

(6) A mobile dental facility that accepts a patient and provides preventive treatment, including prophylaxis, radiographs, and fluoride, but does not follow-up with treatment when such treatment is clearly indicated, is considered to be abandoning the patient. Arrangements must be made for treatment services.

(State Board of Dentistry; 828 IAC 4-3-3; filed May 2, 2002, 10:24 a.m.: 25 IR 2737)

828 IAC 4-3-4 Physical requirements for mobile dental facility

Authority: IC 25-14-1-13
Affected: IC 25-14

Sec. 4. The operator shall ensure that the mobile dental facility or portable dental operation has the following:

- (1) Ready access to a ramp or lift if services are provided to disabled persons.
- (2) A properly functioning sterilization system.
- (3) Ready access to an adequate supply of potable water, including hot water.
- (4) Ready access to toilet facilities.
- (5) A covered galvanized, stainless steel, or other noncorrosive container for deposit of refuse and waste materials.

(State Board of Dentistry; 828 IAC 4-3-4; filed May 2, 2002, 10:24 a.m.: 25 IR 2738)

828 IAC 4-3-5 Identification of personnel; notification of changes in written procedures; display of licenses

Authority: IC 25-14-1-13
Affected: IC 25-14

Sec. 5. (a) The operator shall identify and advise the board in writing within thirty (30) days of any personnel change relative to all licensed dentists and licensed dental hygienists associated with the mobile dental facility or portable dental operation by providing the full name, address, telephone numbers, and license numbers where applicable.

(b) The operator shall advise the board in writing within thirty (30) days of any change in the written procedure for emergency follow-up care for patients treated in the mobile dental facility, including arrangements for treatment in a dental facility, which is permanently established in the area. The permanent dental facility shall be identified in the written procedure.

(c) Each dentist and dental hygienist providing dental services in the mobile dental facility or portable dental operation shall prominently display his or her Indiana dental or Indiana dental hygienist license in plain view of patients. *(State Board of Dentistry; 828 IAC 4-3-5; filed May 2, 2002, 10:24 a.m.: 25 IR 2738)*

828 IAC 4-3-6 Identification of location of services

Authority: IC 25-14-1-13
Affected: IC 25-14

Sec. 6. (a) Each operator of a mobile dental facility or portable dental operation shall maintain a written or electronic record detailing for each location where services are provided:

- (1) the street address of the service location;
- (2) the dates of each session;
- (3) the number of patients served; and
- (4) the types of dental services provided and quantity of each service provided.

(b) The written or electronic record shall be made available to the board within ten (10) days of a request by the board. Costs for such records shall be borne by the mobile dental facility. *(State Board of Dentistry; 828 IAC 4-3-6; filed May 2, 2002, 10:24 a.m.: 25 IR 2738)*

828 IAC 4-3-7 Licensed dentist in charge

Authority: IC 25-14-1-13
Affected: IC 25-14

Sec. 7. A mobile dental facility or portable dental operation shall at all times be in the charge of a dentist licensed to practice dentistry in Indiana. A dentist licensed to practice dentistry in Indiana shall be present at all times that clinical services are rendered. *(State Board of Dentistry; 828 IAC 4-3-7; filed May 2, 2002, 10:24 a.m.: 25 IR 2738)*

828 IAC 4-3-8 Prohibited operations

Authority: IC 25-14-1-13
Affected: IC 25-13; IC 25-14

Sec. 8. The operator of a mobile dental facility or portable dental operation is prohibited from hiring, employing, allowing to be employed, or permitting to work in or about a mobile dental facility or portable dental operation, any person who performs or practices any occupation regulated under IC 25-13 or IC 25-14 who is not duly licensed by the board. *(State Board of Dentistry; 828 IAC 4-3-8; filed May 2, 2002, 10:24 a.m.: 25 IR 2738)*

828 IAC 4-3-9 Information for patients

Authority: IC 25-14-1-13
Affected: IC 25-14

Sec. 9. (a) During or at the conclusion of each patient's visit to the mobile dental facility or portable dental operation, the patient shall be provided with an information sheet. If the patient has provided consent to an institutional facility to access the patient's dental health records, the institution shall also be provided with a copy of the information sheet. An institutional facility includes, but is not limited to, a long term care facility or school.

(b) An information sheet shall include the following:

- (1) Pertinent contact information as required by this article.
- (2) The name of the dentist and other dental staff who provided services.
- (3) A description of the treatment rendered, including billed service codes and fees associated with treatment, and tooth numbers when appropriate.
- (4) If necessary, referral information to another dentist as required by this article.

(State Board of Dentistry; 828 IAC 4-3-9; filed May 2, 2002, 10:24 a.m.: 25 IR 2738)

828 IAC 4-3-10 Cessation of operations

Authority: IC 25-14-1-13
Affected: IC 16-39; IC 25-14

Sec. 10. (a) Upon cessation of operation by the mobile dental facility or portable dental operation, the operator shall notify the board within thirty (30) days of the last day of operations in writing of the final disposition of patient records and charts.

(b) If the mobile dental facility or portable dental operation is sold, a new registration application must be filed with the board.

(c) Upon choosing to discontinue practice or services in a community, the operator of a mobile dental facility or portable dental operation shall:

- (1) notify all of the operator's active patients in writing, or by publication once a week for three (3) consecutive weeks in a newspaper of general circulation in the community, that the operator intends to discontinue the mobile dental facility's or portable dental operation's practice in the community; and
- (2) encourage the patients to seek the services of another dentist.

(d) The operator shall make reasonable arrangements with the active patients of the mobile dental facility or portable dental operation for the transfer of the patient's records, including radiographs or copies thereof, to the succeeding practitioner or, at the written request of the patient, to the patient, in compliance with IC 16-39.

(e) As used in this section, "active patient" applies and refers to a person whom the mobile dental facility or portable dental operation has examined, treated, cared for, or otherwise consulted with during the two (2) year period prior to discontinuation of

practice, or moving from or leaving the community.

(f) Nothing in this section supersedes the requirements of IC 16-39. (*State Board of Dentistry; 828 IAC 4-3-10; filed May 2, 2002, 10:24 a.m.: 25 IR 2739*)

828 IAC 4-3-11 Renewal of registration

Authority: IC 25-14-1-13

Affected: IC 25-14

Sec. 11. (a) The registration shall be renewed on March 1 of even-numbered years in the form and manner provided by the board.

(b) The registrant shall pay the registration renewal fee in an amount set by the board by rule. (*State Board of Dentistry; 828 IAC 4-3-11; filed May 2, 2002, 10:24 a.m.: 25 IR 2739*)

828 IAC 4-3-12 Failure to comply

Authority: IC 25-14-1-13

Affected: IC 25-14

Sec. 12. Failure to comply with state statutes or rules regulating the practice of dentistry, dental hygiene, and the operation of mobile dental facilities or portable dental operations shall subject the registrant and all practitioners providing services through a mobile dental facility or portable dental operation to disciplinary action. (*State Board of Dentistry; 828 IAC 4-3-12; filed May 2, 2002, 10:24 a.m.: 25 IR 2739*)

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