

Rule-Making Cover Sheet



MAPA-1

TO: Secretary of State
ATTN: Administrative Procedure Officer,
State House Station 101, Augusta, Maine 04333-0101

- 1. Agency: Maine Board of Dental Practice, Office of Professional and Occupational Regulation, Department of Professional and Financial Regulation
2. Agency umbrella and unit number: 02 313
3. Title of rule(s):

EFFECTIVE DATE:
MAY 12 2024

Qualifications for Dental Hygienist Licensure and Dental Hygienist Practice Authorities
Qualifications for Expanded Function Dental Assistant Licensure
Qualifications for Dental Radiography Licensure
Qualifications for Denturist Licensure
Qualifications for Dentist Licensure
Qualifications for Licensure by Endorsement; Requirements for Renewal, Late Renewal, and Reinstatement of Licensure and Authorities
Practice Requirements
Continuing Education

4. Chapter number assigned to the rule:

Chapter 2: Qualifications for Dental Hygienist Licensure and Dental Hygienist Practice Authorities
Chapter 3: Qualifications for Expanded Function Dental Assistant Licensure
Chapter 4: Qualifications for Dental Radiography Licensure
Chapter 5: Qualifications for Denturist Licensure
Chapter 6: Qualifications for Dentist Licensure
Chapter 11: Qualifications for Licensure by Endorsement; Requirements for Renewal, Late Renewal, and Reinstatement of Licensure and Authorities
Chapter 12: Practice Requirements
Chapter 13: Continuing Education

5. Date(s)/method(s) of notice: January 31, 2024 - Three (3) daily Maine newspapers and Secretary of State's website, January 25, 2024 - Maine Board of Dental Practice website, distributed to Interested Parties list and legislative sponsors.

6. Date(s)/place(s) of hearing(s): No public hearing but written comments accepted through March 8, 2024.

7. Type: [] new rule [x] partial amendment(s) of existing rule
[] suspension of existing rule [] repeal of rule [] emergency rule
[] repeal and replace: complete replacement of existing chapter, with former version simultaneously repealed.

8. Name/phone of agency contact person: Penny Vaillancourt, Executive Director; (207)287-3333.

9. If a major substantive rule under Title 5, c. 375, sub-CII-A, check one of the following

- [] Provisional adoption [] Final adoption
[] emergency adoption of major-substantive rule

2024-106 through 2024-113

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

313 BOARD OF DENTAL PRACTICE

Chapter 2: QUALIFICATIONS FOR DENTAL HYGIENIST LICENSURE AND DENTAL HYGIENIST PRACTICE AUTHORITIES

SUMMARY: This chapter sets forth the qualifications for initial licensure as a dental hygienist and qualifications for dental hygiene practice authorities.

I. GENERAL QUALIFICATIONS; APPLICATION; FEES

- A. An applicant seeking licensure or authority to practice under this chapter must submit an application with the appropriate fee, and any other materials required by the Board.
- B. An applicant has 90 days after being notified of any additional materials needed to complete the application to submit those materials to the Board. Failure to complete the application within that 90-day period may result in a denial of the application.
- C. Verification of current certification in BLS. For purposes of meeting the BLS certification requirements under this chapter, online trainings are not accepted, unless the applicant can verify hands-on participation with the instructor as a component of the training.
- D. Verification of passing the jurisprudence examination administered by the Board with a grade of 90 percent. Applicants who do not pass the jurisprudence examination in three attempts may be preliminarily denied licensure.

II. SPECIFIC QUALIFICATIONS FOR DENTAL HYGIENIST INITIAL LICENSURE

- A. Verification of an associate's degree or higher from a dental hygiene program accredited by CODA or its successor organization or the educational equivalent of a dental hygiene degree as determined by the Board, or of having completed at least 1/2 of the prescribed course of study in an accredited dental college as a dental student;
- B. Verification of passing the National Board Dental Hygiene Examination or the successor to that examination; and
- C. Verification of passing all sections of a Board-approved regional or state dental board dental hygiene examination.

III. SPECIFIC QUALIFICATIONS FOR INDEPENDENT PRACTICE DENTAL HYGIENIST AUTHORITY

- A. Verification of an active dental hygienist license in good standing under the *Maine Dental Practice Act*; and
- B. Verification of 2,000 hours of clinical practice experience as a licensed dental hygienist.

IV. SPECIFIC QUALIFICATIONS FOR PUBLIC HEALTH DENTAL HYGIENIST AUTHORITY

- A. Verification of an active dental hygienist license in good standing under the *Maine Dental Practice Act*; and
- B. Verification that services will be offered in a public health setting.

V. SPECIFIC QUALIFICATIONS FOR DENTAL THERAPIST AUTHORITY

- A. Verification of an active dental hygienist license in good standing under the *Maine Dental Practice Act*;
- B. Verification of a master's degree in dental therapy from a program that is either CODA accredited or meets the curriculum requirements adopted by board rule;
- C. Verification of 2,000 hours of supervised clinical practice while licensed as a provisional dental therapist and under the supervision of a dentist;

For purposes of meeting the clinical requirements of this subparagraph, an applicant's hours of supervised clinical experience may be completed under the supervision of a dentist licensed in another state or a Canadian province, provided that the applicant was operating lawfully under the laws and rules of that state or province;

- D. *(Not in use)*
- E. Submission of a written practice agreement in settings limited to those enumerated in 32 M.R.S. § 18377(3) between the applicant and a supervising dentist that outlines the roles and responsibilities of the collaboration, and which must include:
 - (1) The services and procedures and the practice settings for those services and procedures that the dental therapist may provide, together with any limitations on those services and procedures;
 - (2) Any age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;
 - (3) Procedures to be used with patients treated by the dental therapist for obtaining informed consent and for creating and maintaining dental records;
 - (4) A plan for review of patient records by the supervising dentist and the dental therapist;
 - (5) A plan for managing medical emergencies in each practice setting in which the dental therapist provides care;
 - (6) A quality assurance plan for monitoring care, including patient care review, referral follow-up, and a quality assurance chart review;
 - (7) Protocols for administering and dispensing medications, including the specific circumstances under which medications may be administered and dispensed;
 - (8) Criteria for providing care to patients with specific medical conditions or complex medical histories, including requirements for consultation prior to initiating care; and

- (9) Specific written protocols, including a plan for providing clinical resources and referrals, governing situations in which the patient requires treatment that exceeds the scope of practice or capabilities of the dental therapist.
- F. Revisions to a written practice agreement must be documented in a new practice agreement and filed with the Board within 10 days of the change. Similarly, termination of a practice agreement must be documented and submitted to the Board within 10 days of the change; and
- G. Verification of passing all sections of a clinical examination approved by the Board.

VI. SPECIFIC QUALIFICATIONS FOR PROVISIONAL DENTAL THERAPIST AUTHORITY

- A. Verification of an active dental hygienist license in good standing under the *Maine Dental Practice Act*;
- B. Verification of a master's degree in dental therapy from a program that is either CODA accredited or meets the curriculum requirements adopted by board rule;
- C. *(Not in use)*
- D. Submission of a current, written practice agreement in settings limited to those enumerated in 32 M.R.S. §18377(3) between the applicant and a supervising dentist that outlines the roles and responsibilities of the collaboration, and which must include:
 - (1) The services and procedures and the practice settings for those services and procedures that the dental therapist may provide, together with any limitations on those services and procedures;
 - (2) Any age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;
 - (3) Procedures to be used with patients treated by the dental therapist for obtaining informed consent and for creating and maintaining dental records;
 - (4) A plan for review of patient records by the supervising dentist and the dental therapist;
 - (5) A plan for managing medical emergencies in each practice setting in which the dental therapist provides care;
 - (6) A quality assurance plan for monitoring care, including patient care review, referral follow-up and a quality assurance chart review;
 - (7) Protocols for administering and dispensing medications, including the specific circumstances under which medications may be administered and dispensed;

- (8) Criteria for providing care to patients with specific medical conditions or complex medical histories, including requirements for consultation prior to initiating care; and
 - (9) Specific written protocols, including a plan for providing clinical resources and referrals, governing situations in which the patient requires treatment that exceeds the scope of practice or capabilities of the dental therapist.
- E. Revisions to a written practice agreement must be documented in a new practice agreement and filed with the Board within 10 days of the change. Similarly, termination of a practice agreement must be documented and submitted to the Board within 10 days of the change; and
 - F. Verification of passing all sections of a clinical examination approved by the Board.

VII. SPECIFIC QUALIFICATIONS FOR THE ADMINISTRATION OF LOCAL ANESTHESIA AUTHORITY

- A. Verification of an active dental hygienist license in good standing under the *Maine Dental Practice Act*;
- B. Verification of successfully completing a local anesthesia course approved by the Board or sponsored by an institutional program accredited by CODA. The coursework must include didactic and clinical experience in the administration of block and infiltration anesthesia; and
- C. Verification of passing an examination in the administration of local anesthesia. The examination may be part of the local anesthesia course approved by the Board, or an examination administered by a third party approved by the Board.

VIII. SPECIFIC QUALIFICATIONS FOR THE ADMINISTRATION OF NITROUS OXIDE ANALGESIA AUTHORITY

- A. Verification of an active dental hygienist license in good standing under the *Maine Dental Practice Act*;
- B. Verification of successfully completing a nitrous oxide analgesia course approved by the Board or sponsored by an institutional program accredited by CODA. The coursework must include didactic and clinical experience; and
- C. Verification of passing an examination in the administration of nitrous oxide analgesia. The examination may be part of the nitrous oxide analgesia course approved by the Board, or an examination administered by a third party approved by the Board.

IX. SPECIFIC QUALIFICATIONS FOR FACULTY LICENSURE

- A. Verification of an active dental hygiene license in good standing issued under the laws of another jurisdiction;

- B. Credentials, satisfactory to the Board, including:
 - (1) A letter from the employing school of dentistry, dental hygiene or denturism indicating that the applicant satisfies the credentialing standards of the school and that the applicant will teach dental hygiene in this State as part of a clinical and didactic program for professional education for dental hygiene students and dental hygiene residents accredited by CODA or a successor organization approved by the Board; and
 - (2) Previous employment experience relevant to the subject to be taught (including dates of employment).

X. SPECIFIC QUALIFICATIONS FOR TEMPORARY LICENSURE

- A Verification of an active dental hygiene license in good standing issued under the laws of another state and payment of applicable fees. The Board may waive the license fee if the purpose of the temporary license is to provide free dental care in conjunction with a charitable nonprofit organization.
 - B. The Board may waive the BLS and jurisprudence examination requirements set forth in Chapter 2(I)(C) and (D) for good cause.
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STATUTORY AUTHORITY:

32 M.R.S. §§ 18324, 18341, 18345, 18347-A, and 18376(1).

EFFECTIVE DATE:

April 5, 2020 – filing 2020-067

AMENDED:

December 15, 2021 – filing 2021-249

Chapter 3: QUALIFICATIONS FOR EXPANDED FUNCTION DENTAL ASSISTANT LICENSURE

Summary: This chapter sets forth the qualifications for initial licensure as an expanded function dental assistant.

I. GENERAL QUALIFICATIONS; APPLICATION; FEES

- A. An applicant seeking licensure to practice under this chapter must submit an application with the appropriate fee, and any other materials required by the Board.
- B. An applicant has 90 days after being notified of any additional materials needed to complete the application to submit those materials to the Board. Failure to complete the application within that 90-day period may result in a denial of the application.
- C. Verification of passing the jurisprudence examination administered by the Board with a grade of 90 percent. Applicants who do not pass the jurisprudence examination in three attempts may be preliminarily denied licensure.
- D. Verification of current certification in BLS. For purposes of meeting the BLS certification requirements, online trainings are not accepted, unless the applicant can verify hands-on participation with the instructor as a component of the training.

II. SPECIFIC QUALIFICATIONS FOR EXPANDED FUNCTION DENTAL ASSISTANT LICENSURE

- A. Verification of a high school diploma or its equivalent as determined by the Board;
 - B. Verification of one of the following:
 - (1) A current certificate as a certified dental assistant from a Board-approved program; or
 - (2) An active dental hygiene license in good standing issued under the laws of this State or another jurisdiction.
 - C. Verification of successfully completed training in a school or program in expanded function dental assisting approved by the Board.
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STATUTORY AUTHORITY:

32 M.R.S. §§ 18324, 18341, 18344.

EFFECTIVE DATE:

April 5, 2020 – filing 2020-069

AMENDED:

December 15, 2021 – filing 2021-250

Chapter 4: QUALIFICATIONS FOR DENTAL RADIOGRAPHY LICENSURE

Summary: This chapter sets forth the qualifications for initial licensure as a dental radiographer.

I. GENERAL QUALIFICATIONS; APPLICATION; FEES

- A. An applicant seeking licensure to practice under this chapter must submit an application with the appropriate fee, and any other materials required by the Board.
- B. An applicant has 90 days after being notified of any additional materials needed to complete the application to submit those materials to the Board. Failure to complete the application within that 90-day period may result in a denial of the application.
- C. Verification of passing the jurisprudence examination administered by the Board with a grade of 90 percent. Applicants who do not pass the jurisprudence examination in three attempts may be preliminarily denied licensure.
- D. Verification of current certification in BLS. For purposes of meeting the BLS certification requirements, online trainings are not accepted, unless the licensee can verify hands-on participation with the instructor as a component of the training.

II. SPECIFIC QUALIFICATIONS FOR DENTAL RADIOGRAPHY LICENSURE

- A. Verification of a high school diploma or its equivalent as determined by the Board;
 - B. Verification of successfully completing one of the following:
 - (1) a course in dental radiologic technique and safety with an exit examination approved by the Board, or
 - (2) an examination in dental radiologic technique and safety approved by the Board.
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STATUTORY AUTHORITY:

32 M.R.S. §§ 18324, 18341, 18343, and 18347-A.

EFFECTIVE DATE:

April 5, 2020 – filing 2020-071

Chapter 5: QUALIFICATIONS FOR DENTURIST LICENSURE

Summary: This chapter sets forth the requirements for initial licensure as a dentist.

I. GENERAL QUALIFICATIONS; APPLICATION; FEES

- A. An applicant seeking licensure to practice under this chapter must submit an application with the appropriate fee, and any other materials required by the Board.
- B. An applicant has 90 days after being notified of the materials needed to complete the application to submit those materials to the Board. Failure to complete the application within that 90-day period may result in a denial of the application.
- C. Verification of passing the jurisprudence examination administered by the Board with a grade of 90 percent. Applicants who do not pass the jurisprudence examination in three attempts may be preliminarily denied licensure.
- D. Verification of current certification in BLS. For purposes of meeting the BLS certification requirements under this chapter, online trainings are not accepted, unless the applicant can verify hands-on participation with the instructor as a component of the training.

II. SPECIFIC QUALIFICATIONS FOR DENTURIST LICENSURE

- A. Verification of a high school diploma or its equivalent as determined by the Board;
- B. Verification of a diploma from a Board-approved denturism postsecondary institution that meets or exceeds the International Federation of Denturists baseline competencies; and
- C. Verification of passing all sections of a Board-approved examination administered by a third-party. Applicants who do not pass the Board-approved examination in three attempts within a year from the date of application may be preliminarily denied licensure.

III. SPECIFIC QUALIFICATIONS FOR FACULTY LICENSURE

- A. Verification of an active dentist license in good standing issued under the laws of another jurisdiction;

- B. Credentials, satisfactory to the Board, including:
 - (1) A letter from the employing school of dentistry, dental hygiene or denturism indicating that the applicant satisfies the credentialing standards of the school and that the applicant will teach denturism in this State as part of a Board-approved clinical and didactic program for professional education for denturism students; and
 - (2) Previous employment experience relevant to the subject to be taught (including dates).

IV. SPECIFIC QUALIFICATIONS FOR TEMPORARY LICENSURE

- A Verification of an active denturism license in good standing issued under the laws of another state and payment of applicable fees. The Board may waive the license fee if the purpose of the temporary license is to provide free dental care in conjunction with a charitable nonprofit organization.
- B. The Board may waive the BLS and jurisprudence examination requirements set forth in Chapter 5(I)(C) and (D) above for good cause.

STATUTORY AUTHORITY:

32 M.R.S. §§ 18324, 18341, 18346, and 18347-A.

EFFECTIVE DATE:

April 5, 2020 – filing 2020-073

AMENDED:

December 15, 2021 – filing 2021-251

Summary: This chapter sets forth the qualifications for licensure as a dentist.

I. GENERAL QUALIFICATIONS; APPLICATION; FEES

- A. An applicant seeking licensure to practice under this chapter must submit an application with the appropriate fee, and any other materials required by the Board.
- B. An applicant has 90 days after being notified of any additional materials needed to complete the application to submit those materials to the Board. Failure to complete the application within that 90-day period may result in a denial of the application.
- C. Verification of passing the jurisprudence examination administered by the Board with a grade of 90 percent. Applicants who do not pass the jurisprudence examination in three attempts may be preliminarily denied licensure.
- D. Verification of current certification in BLS. For purposes of meeting the BLS certification requirements under this chapter, online trainings are not accepted, unless the licensee can verify hands-on participation with the instructor as a component of the training.

II. SPECIFIC QUALIFICATIONS FOR DENTIST LICENSURE

- A. Verification of a doctoral degree in dentistry, such as a D.M.D. or D.D.S., from a dental school whose program is accredited by CODA or the educational equivalent of a doctoral degree in dentistry as determined by the Board;
- B. Verification of passing all parts of the National Dental Board Examination or the successor to that examination; and
- C. Verification of passing all sections of a regional or state dental board examination approved by the Board.

III. SPECIFIC QUALIFICATIONS FOR FACULTY LICENSURE

- A. Verification of an active dental license in good standing issued under the laws of another jurisdiction;

- B. Credentials, satisfactory to the Board, including:
- (1) A letter from the employing school of dentistry, dental hygiene or denturism indicating that the applicant satisfies the credentialing standards of the school and that the applicant will teach dentistry, dental hygiene or denturism in this State as part of a clinical and didactic program for professional education for dental students and dental residents accredited by CODA or a successor organization approved by the Board; and
 - (2) Previous employment experience relevant to the subject to be taught (including dates of employment).

IV. SPECIFIC QUALIFICATIONS FOR LIMITED DENTIST LICENSURE

- A. Verification of a doctoral degree in dentistry, such as a D.M.D. or D.D.S., from a dental school whose program is accredited by CODA or the educational equivalent of a doctoral degree in dentistry as determined by the Board;
- B. Verification of an active, inactive, or expired dentist license in good standing issued under the laws of this State, or of an active dental license in good standing issued under the laws of another jurisdiction; and
- C. Verification that the applicant will be practicing dentistry in a nonprofit dental clinic without compensation for work performed at the clinic.

V. SPECIFIC QUALIFICATIONS FOR RESIDENT DENTIST LICENSURE

- A. Verification of a doctoral degree in dentistry, such as a D.M.D. or D.D.S., from a dental school whose program is accredited by CODA or the educational equivalent of a doctoral degree in dentistry as determined by the Board.
- B. (RESERVED)
- C. (RESERVED)
- D. Verification from a Board-approved post-graduate dental residency program that includes the following:
 - (1) Affirms that the applicant has an academic affiliation and is enrolled in a dental residency program;
 - (2) Affirms that the applicant has completed satisfactory training and is ready to perform dental services in limited settings under the supervision of a sponsoring dentist; and
- E. A supervision plan submitted by the sponsoring dentist that describes the following:
 - (1) Board-approved setting that identifies the location(s), and the start and end dates of the clinical experience;

- (2) Identifies that the level of supervision and control over the services to be performed by the applicant are adequate, and that the performance of these services are within the applicant's dental knowledge and skill.

VI. SPECIFIC QUALIFICATIONS FOR TEMPORARY LICENSURE

- A Verification of an active dentist license in good standing issued under the laws of another state and payment of applicable fees. The Board may waive the license fee if the purpose of the temporary license is to provide free dental care in conjunction with a charitable nonprofit organization.
 - B. The Board may waive the BLS and jurisprudence examination requirements set forth in Chapter 6(I)(C) and (D) for good cause.
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STATUTORY AUTHORITY:

32 M.R.S. §§ 18324, 18341, 18342, and 18347-A.

EFFECTIVE DATE:

April 5, 2020 – filing 2020-075

AMENDED:

December 15, 2021 – filing 2021-252

Chapter 11: QUALIFICATIONS FOR LICENSURE BY ENDORSEMENT; REQUIREMENTS FOR RENEWAL, LATE RENEWAL, AND REINSTATEMENT OF LICENSURE AND AUTHORITIES

Summary: This chapter sets forth the qualifications for licensure by endorsement and the requirements for renewal, late renewal, and reinstatement for licenses and authorities to practice under the *Maine Dental Practice Act*.

I. GENERAL QUALIFICATIONS; REQUIREMENTS

- A. An applicant seeking licensure by endorsement, or an applicant seeking to renew, renew late, or reinstate a license or an authority must submit an application with the appropriate fee, and any other materials required by the Board.
- B. An applicant has 90 days after being notified of any materials needed to complete the application to submit those materials to the Board. Failure to complete the application within that 90-day period may result in a denial of the application.

II. SPECIFIC QUALIFICATIONS FOR LICENSURE BY ENDORSEMENT; APPLICANTS AUTHORIZED TO PRACTICE IN ANOTHER JURISDICTION

The Board is authorized, at its discretion, to waive the examination requirements, consider an educational equivalency in meeting the educational requirements, and issue a license or grant an authority to an applicant who is licensed under the laws of another jurisdiction who furnishes proof, satisfactory to the Board, that the other requirements for licensure have been met.

- A. Substantially Equivalent License. The Board will review materials submitted by the applicant as outlined below to determine if the applicant has actively practiced with a substantially equivalent license at the level of licensure applied for under the laws and rules of the Board. An applicant seeking licensure by endorsement pursuant to this provision must provide:
 - (1) Verification of all licenses in good standing under which the applicant actively practiced during the 3 consecutive years immediately preceding application to the Board;
 - (2) Documentation of the laws and rules of all jurisdictions in which the applicant actively practiced during the 3 consecutive years immediately preceding application to the Board;
 - (3) A summary in the nature of a resume or curriculum vitae describing the applicant's practice during the 3 consecutive years immediately preceding application for

licensure to the Board. The summary must contain references with sufficient contact information to enable verification by email address, mail, and telephone; and

- (4) Verification of current certification in BLS. For purposes of meeting the BLS requirement, online trainings are not accepted unless the applicant can verify hands-on participation with the instructor as a component of the training.
- B. Substantially Similar Qualifications. The Board will review materials submitted by the applicant as outlined below to determine if the applicant's qualifications are substantially similar to the requirements for initial licensure for the level of licensure applied for under the laws and rules of the Board. An applicant seeking licensure by endorsement pursuant to this provision must provide:
- (1) Verification of all licenses in good standing under which the applicant is actively licensed;
 - (2) All application materials for qualifications required for initial licensure as a dentist, dental hygienist, dental hygienist authorities pursuant to 32 M.R.S. §18345(2), a denturist, a dental radiographer, or an expanded function dental assistant, as applicable; and
 - (3) Verification of current certification in BLS. For purposes of meeting the BLS requirement, online trainings are not accepted unless the applicant can verify hands-on participation with the instructor as a component of the training.

III. SPECIFIC REQUIREMENTS FOR RENEWAL AND REINSTATEMENT OF LICENSURE

- A. Renewal Requirements – Prior to the Date of Expiration
- (1) An applicant must apply for renewal on or before the date of expiration; and
 - (2) An applicant must complete the continuing education requirements pursuant to Chapter 13 as a condition to renew.
- B. Late Renewal – Within 90 Days after Expiration
- (1) An applicant who applies for renewal after expiration of the license, but within 90 days of expiration, must pay the required fees. The licensee will remain subject to disciplinary action for all other violations; and
 - (2) An applicant must complete the continuing education requirements pursuant to Chapter 13 as a condition to renew. Continuing education hours earned after the date of license expiration will not be applied to the late renewal application.
- C. Reinstatement Requirements – Between 91 Days and Two Years of Expiration
- (1) An applicant who applies for reinstatement after expiration of the license, but between 91 days and two years of expiration must pay the required fees and meet all qualifications for initial licensure. The Board may, giving due consideration to the protection of the public, waive the examination requirements.

An applicant whose license has been expired more than two years must submit an application for initial licensure, pay the required fee and meet all of the qualifications as outlined in Board statute and rule.

IV. SPECIFIC REQUIREMENTS FOR THE RENEWAL AND REINSTATEMENT OF DENTAL HYGIENE AUTHORITIES

- A. The following are requirements to renew and reinstate a dental hygiene practice authority in the practice areas of local anesthesia, nitrous oxide analgesia, independent practice dental hygiene and public health dental hygiene:
- (1) A dental hygienist who at the time of renewal has a practice authority identified in Section IV(A) must meet the dental hygiene renewal requirements of this Chapter.
 - (2) A dental hygienist who at the time of a late renewal has a practice authority identified in Section IV(A) must meet the dental hygiene late renewal requirements of this Chapter.
 - (3) A dental hygienist who at the time of license expiration held a practice authority identified in Section IV(A) must meet the dental hygiene reinstatement requirements, file an initial authority application, pay the required fees, and meet all the requirements for the practice authority. The Board may, giving due consideration to the protection of the public, waive the examination requirements.
 - (4) A dental hygienist who at the time of license expiration held a practice authority identified in Section IV(A) and whose license expired more than two years from the date of expiration must submit an application for dental hygiene licensure and any practice authority, pay the required fees, and meet all requirements for licensure and the practice authority.
- B. The following are requirements to renew and reinstate a dental hygiene authority in the practice areas of dental therapy and provisional dental therapy:
- (1) A dental hygienist who at the time of renewal has a practice authority identified in Section IV(B) must meet the dental hygiene renewal requirements of this Chapter, and submit a current, valid practice agreement(s) with a supervising dentist(s) pursuant to Board Rule, Chapter 2.
 - (2) A dental hygienist who at the time of a late renewal has a practice authority identified in Section IV(B) must meet the dental hygiene late renewal requirements of this Chapter, and submit a current, valid practice agreement(s) with a supervising dentist(s) pursuant to Board Rule, Chapter 2.
 - (3) A dental hygienist who at the time of license expiration held a practice authority identified in Section IV(B) must meet the dental hygiene reinstatement requirements, file an initial authority application, pay the required fees and meet all the requirements for the practice authority. The Board may, giving due consideration to the protection of the public, waive the examination requirements.

- (4) A dental hygienist who at the time of license expiration held a practice authority identified in Section IV(A) and whose license expired more than two years from the date of expiration must submit an application for dental hygiene licensure and any practice authority, pay the required fees, and meet all requirements for licensure and the practice authority.
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STATUTORY AUTHORITY:

32 M.R.S. §§ 18324, 18341, 18347, 18349, and 18350.

EFFECTIVE DATE:

April 5, 2020 – filing 2020-083

AMENDED:

December 15, 2021 – filing 2021-253

Chapter 12: PRACTICE REQUIREMENTS

Summary: This chapter sets forth the practice requirements as noted for individuals licensed under the *Maine Dental Practice Act*. Failure to adhere to the practice requirements may result in disciplinary action taken pursuant to 32 M.R.S. §18325 and 10 M.R.S. §8003(5-A).

I. GENERAL PRACTICE REQUIREMENTS

The following practice responsibilities apply to individuals licensed as indicated below:

A. INFECTION CONTROL

- (1) All licensees shall utilize the CDC Guidelines for Infection Control in Dental Health-Care Settings, 2003.
- (2) A licensee who is providing general supervision or direct supervision must ensure the supervised individual's training and/or certification is completed to comply with the CDC Guidelines noted in Section I (A)(1).

B. RADIATION PROTECTION; DENTAL RADIOGRAPHS; PATIENT SELECTION

- (1) A licensee who is providing dental services utilizing radiological equipment is required to operate and maintain such equipment in compliance with Maine's Radiation Control Program, as provided for in the *Radiation Protection Act*, 22 M.R.S. §§ 671-690.
- (2) A licensee who is authorized to practice dental radiography or use ionizing radiation for diagnostic purposes is required to place on or over a patient's body radiation barriers, such as protective aprons and thyroid shields, prior to exposing that patient to ionizing radiation.
- (3) A licensee shall utilize the ADA/FDA publication "Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure" (as revised in 2012) when selecting patients for dental radiographic examinations and utilizing ionizing radiation.

C. LOCAL, STATE, AND FEDERAL HEALTH AND SAFETY REGULATIONS

- (1) All licensees shall comply with the following:
 - (a) Premises shall be kept clean, orderly and free of accumulated rubbish and similar substances;

- (b) Premises shall be kept free of all insects and vermin by utilizing proper control and eradication methods;
- (c) Piped water supply shall conform with local, state and federal regulations. Use of other water sources shall comply with the CDC Guidelines for Infection Control in Dental Health-Care Settings, 2003;
- (d) All structures shall be in compliance with local and state building codes;
- (e) Sanitary conditions shall be maintained at all times for patients and employees, including immediately available toilet facilities. *See* 29 C.F.R. § 1910.141(c); and
- (f) Operations shall be in compliance with OSHA Standards applicable to dental practices related to bloodborne pathogens, hazard communication, ionizing radiation, and exit routes and emergency planning. *See* 29 C.F.R. §§ 1910.35-1910.39, 1910.1030, 1910.1096, 1910.1200.

D. EMERGENCY PROTOCOL

- (1) All licensees shall comply with the following:
 - (a) Adopt and follow a written protocol for managing medical or dental emergencies;
 - (b) Maintain a current emergency drug kit appropriate to scope of practice;
 - (c) Maintain communication equipment that ensures rapid access to emergency responders and others as necessary;
 - (d) Provide training, if responsible for hiring and/or supervising staff, to ensure that staff are trained upon employment/supervision, and at least annually thereafter, to implement the emergency protocols; and
 - (e) Maintain accessibility to an automated external defibrillator device.

E. DENTAL ADVERSE OCCURENCE REPORT

- (1) All licensees shall report the following adverse conditions to the Board:
 - (a) Death of a patient within 48 hours after the administration of a dental practice procedure. Such reporting shall be made within 72 hours of the death.
 - (b) Activation of an emergency response of a patient or emergent transport of a patient to another facility. Such reporting shall be made within 72 hours of obtaining knowledge of the emergency.
- (2) Information to be included in the adverse report:
 - (a) Date and time of occurrence;

- (b) Name of patient;
 - (c) Dental practice procedure involved, if any;
 - (d) Type and dosage of nitrous oxide analgesia, local anesthesia, sedation, and/or general anesthesia used in the procedure; and
 - (e) Description of the occurrence.
- (3) In the event the licensee does not have knowledge or cannot reasonably be expected to have knowledge, but subsequently obtains actual knowledge of an adverse occurrence, then such licensee shall report to the Board the earlier of 72 hours after obtaining knowledge of a patient death, or 30 days after obtaining knowledge of the permanent organic brain dysfunction or hospitalization of a patient related to a dental procedure.

F. CONTROLLED SUBSTANCES; INVENTORY CONTROL

- (1) Dentists who are authorized to dispense, administer, and prescribe any controlled substances shall do so in accordance with 32 M.R.S. §18308, Board Rules, Chapter 21, and the provisions of the *Comprehensive Drug Abuse Prevention and Control Act of 1970*, 21 U.S.C. §§ 801-971.
- (2) Dentists authorized to prescribe, administer and dispense controlled substances shall adopt protocols to maintain inventories and records of controlled substances in accordance with state and federal laws and regulations. Protocols shall be reviewed at least annually and updated as needed. Licensees who hold permits issued by the United States Department of Justice, Drug Enforcement Administration shall adhere to the practitioner requirements as outlined in the "Practitioner's Manual – An Informational Outline of the Controlled Substances Act" (2006 Edition), published by the Drug Enforcement Administration, Office of Diversion Control.

G. PATIENT RECORDS: Commensurate with a licensee's scope of practice, patient records shall include, but are not limited to, dental charts, photographs, patient histories, examination and test results, diagnoses, treatment plans, progress notes, anesthesia charts, prescriptions, radiographs, patient consents, and billing records.

- (1) **Confidentiality of Patient Records.** All patient records shall be maintained in a manner that ensures confidentiality and access for patients and authorized practitioners who may wish to obtain a copy of patient records as required by the state and federal requirements. *See* 22 M.R.S. § 1711-C; 45 C.F.R. §§ 164.500-164.534 (privacy rule of the *Health Insurance Portability and Accountability Act*, or "HIPAA").
- (2) **Record Retention Requirement.** A dentist, denturist, dental hygienist who is practicing with an independent practice dental hygiene authority, public health dental hygiene authority, or dental therapy authority (including a provisional authority) shall maintain a patient's original dental record and original

radiographs for a minimum of seven (7) years from the date of the last patient treatment.

Licenses who do not have legal authority or ownership over patient records in the delivery of their services shall, at a minimum, maintain access to such records to comply with this subsection.

(3) **Availability of Dental Records**

- (a) The licensee shall provide upon written request by a patient or another specifically authorized person, a copy of the patient's dental record. A copy of the patient record, including radiographs, shall be provided within a reasonable amount of time not to exceed 21 days from the receipt of the request. The licensee may charge a reasonable fee for the expense of providing a patient's record, not to exceed the cost of either labor and/or materials incurred in the copying of the patient record and radiographs. The licensee shall not require payment for services rendered as a condition of providing a copy of the patient record.
- (b) Electronic patient records shall be unalterable and producible in paper form upon request.

H. **CONTENT OF PATIENT RECORDS:** All licenses shall comply as set forth below:

- (1) The patient record shall be a complete record of all patient contact, including, but not limited to, a general description of the patient's medical and dental history and status at the time of examination, diagnoses, patient education, treatment plan, referral for specialty treatment, medications administered and prescribed, pre- and post-treatment instructions, and information conveyed to the patient.
- (2) Patient records shall be legible and clear in meaning to a subsequent examining or treating dentist, the patient, dental auxiliaries or other authorized persons.
- (3) At a minimum, a patient's record shall include:
 - (a) **Patient Information**
 - i. Name, address and date of birth of the patient;
 - ii. If the patient is not of the age of majority, the name of the parent or legal representative; and
 - iii. Patient's telephone numbers(s) and electronic mail addresses, except if the patient declines to provide this information.
 - (b) **Medical and Dental History Form.** The patient's medical history and dental history shall include, but not be limited to:
 - i. A review of past and present illnesses, diseases and disabilities;
 - ii. Systemic disease(s);

- iii. Current prescription and non-prescription medications as well as any known drug allergies;
 - iv. Documentation of consultation with the patient's medical physician(s) as appropriate;
 - v. Date of the patient's last dental visit and frequency of dental visits; and
 - vi. At each patient visit, the licensee shall inquire and document in the patient record any changes in the patient's medical history, including but not limited to, changes in medications.
- (c) **Record of Examination.** Each patient record shall include documentation of the results of a comprehensive examination of the following areas:
- i. Head and neck;
 - ii. Radiographic images as necessary and appropriate to facilitate a comprehensive diagnosis of the patient. Radiographs shall be clearly identified with the patient name, and date the radiographic exposure was taken;
 - iii. Intra-oral and extra-oral soft tissue examination, including charting of existing restorations and current status of patient's hard and soft tissue;
 - iv. Comprehensive periodontal screening;
 - v. Oral cancer screening;
 - vi. Examination of the teeth;
 - vii. Duration of edentulousness, and any previous or existing removable prosthesis;
 - viii. Results of any other examination performed as necessary and appropriate to facilitate comprehensive diagnoses of the patient's dental status;
 - ix. Findings which are within or outside of normal limits; and
 - x. Baseline blood pressure at initial consultation visit, and as clinically necessary thereafter.
- (d) **Diagnoses.** The patient record shall include written diagnoses of the patient's current dental status based on the evaluation of the patient's medical and dental history, examination, and radiographic findings.
- (e) **Treatment Plan.** The patient record shall include a written treatment plan describing in detail the proposed treatment. The proposed treatment plan, including alternatives to treatment, and information regarding estimated fees must be reviewed with the patient prior to the commencement of treatment. The treatment plan shall also include referrals to other providers as necessary. If there is no treatment plan this must be explained and documented in the patient record.
- (f) **Informed Consent.** There are two categories of informed consent:
- i. **Implied Consent.** Implied consent is a presumed type of permission based on the patient's conduct and it applies primarily

to non-invasive procedures such as consultations, examinations, and diagnoses.

- ii. **Express Consent.** Express consent is a more formal type of permission founded on words, either oral or written, and it applies to more invasive procedures. Written informed consent is an express consent which includes the signature of (at least) both the licensee and the patient (or the patient's legal guardian).

- (g) **Progress Notes.** The patient record shall include written documentation of the treatment provided by the dentist and/or dental auxiliary, including but not limited to:

- i. Administration of medicines and medicaments including the type, amount, and route of administration;
- ii. A statement of services provided including patient reaction, if any, during the treatment visit, procedures performed, and diagnoses;
- iii. A description of the pre- and post-treatment instructions including, if applicable, plans for subsequent treatment;
- iv. Documentation of any referral for specialty treatment, including the name of the specialist the patient is referred to; and
- v. A dated written or electronic signature by the dentist or dental auxiliary who treated the patient.

- (h) **Patient Financial Payment/Record.** The patient's financial record shall include, but not be limited to, the name of the patient's dental insurer, documentation of fees for treatment and payment schedule, and claims submitted to third parties.

- I. **PATIENT DISMISSAL:** Dentists, denturists, dental hygienists who are practicing with an independent practice dental hygiene authority, a public health hygiene authority, or a dental therapist authority (including provisional) shall comply as set forth below:

- (1) A written notice of dismissal shall be sent to the patient and/or patient's guardian by certified return/receipt mail. The dismissal is effective as of the date of the letter. However, the licensee must offer the patient a 30-day emergency care period from the date of the dismissal notice. The date identifying the end of the 30-day emergency care period must also be clearly indicated in the dismissal notice; and
- (2) The licensee shall offer and supply copies of the dismissed patient's dental records upon request by the dismissed patient and/or patient's guardian, regardless of the patient meeting his/her financial obligation. Offering to supply the patient's records should be clearly noted, as well, within the termination letter. Supplying records may not be contingent on receipt of payment.

- J. **PRACTICE SALE AND CLOSURE NOTIFICATIONS; WAIVER**

- (1) Licensees who either sell or close a practice shall provide to the Board in writing within 10 days from the date of sale or closure the following documentation:

- (a) **Practice sale.** If the practice sale includes the transfer of patient records, then contact information including the name, address, phone number of the new owner and/or individual responsible for the patient records shall be submitted to the Board.
- (b) **Practice closure.** If the practice closure includes the transfer of patient records, then contact information including the name, address, phone number of the individual responsible for the patient records shall be submitted to the Board.
- (c) **Practice closure.** Submit documentation of the communication tools used such as newspaper ads, social media accounts, email notifications, or letters notifying patients at least 30 days in advance of the closure. The notification shall list specific times for patients to obtain copies of their records.
- (d) **Board waiver.** The Board retains the authority to waive the requirements where immediate sale and/or closure is a result of sudden illness, incapacity, death, or other cause as determined by the Board.

II. SPECIFIC PRACTICE REQUIREMENTS – ADMINISTRATION OF NITROUS OXIDE ANALGESIA

A. DENTAL HYGIENIST RESPONSIBILITIES

- (1) **Limitations.** A dental hygienist who is not authorized to administer nitrous oxide analgesia from the Board may, during nitrous oxide analgesia administration by the dentist, observe the gauges and advise the dentist of any changes in gauge indices or readings but shall not in any way or under any circumstances adjust, manipulate, or control the nitrous oxide apparatus or equipment.
- (2) **Authorization.** A dental hygienist issued a permit or authority to administer nitrous oxide analgesia may administer nitrous oxide analgesia utilizing induction via titration and not to exceed 50% concentration under the direct supervision of a dentist.

B. DENTIST RESPONSIBILITIES

- (1) A dentist who is providing the direct supervision of the administration of nitrous oxide analgesia must:
 - (a) Decide which patient will receive nitrous oxide analgesia and document this decision by note or prescription in the patient dental record;
 - (b) Note in the patient dental record the condition of the patient's recovery prior to the patient's discharge; and
 - (c) Utilize engineering controls and maintenance procedures to ensure safety of inhalation equipment.

- (2) A dentist who is supervising the delivery of nitrous oxide analgesia or providing the delivery of nitrous oxide analgesia to a patient is responsible to ensure that any nitrous oxide delivery system within the dental practice adheres to the hazard controls recommendations of nitrous oxide during anesthetic administration as established by the following publications of the U.S. Department of Health and Human Services (“DHHS”), CDC, National Institute for Occupational Safety and Health (NIOSH):
- (a) DHHS (NIOSH) Publication No. 94-100, “Controlling Exposures to Nitrous Oxide During Anesthetic Administration”;
 - (b) DHHS (NIOSH) Publication No. 94-118, “NIOSH Warns: Nitrous Oxide Continues to Threaten Health Care Workers”; and
 - (c) DHHS (NIOSH) Publication No. 96-107, “Control of Nitrous Oxide in Dental Operatories.”

Copies of the foregoing publications may be obtained on line at www.cdc.gov/niosh/pubs.html, by calling 1-800-356-4674, or by writing to the physical address at:

NIOSH
4676 Columbia Parkway, Mail Slot C-13
Cincinnati, OH 45226

III. SPECIFIC REQUIREMENTS FOR THE USE OF CERTAIN MATERIALS, LASER AND DIGITAL EQUIPMENT

- A. Use and placement of temporary restorations. A licensee shall use temporary restorative material that is not harmful to the tooth, and preferably be fluoride releasing. A licensee shall use the protocols attached to this Chapter as Figure 1 and Figure 2 when placing a temporary restoration with or without the use of a dental radiograph.
- B. Use of silver diamine fluoride. A licensee who applies silver diamine fluoride shall obtain written informed consent from the patient (or the patient’s legal guardian). The informed consent will identify the risks, benefits, contraindicators and alternatives to the treatment of silver diamine fluoride.
- C. Use of mercury or mercury amalgam. A licensee who uses mercury or mercury amalgam in any dental procedure shall obtain written informed consent from the patient (or the patient’s legal guardian). The informed consent will identify the risks, benefits, contraindicators, and alternatives to the use of mercury or mercury amalgam in dental procedures.
- D. Use of lasers and digital equipment devices. A licensee may delegate the use of lasers and digital equipment when both the supervising licensee and the individual subject to the supervision obtain proper training on the use of the device. The use of the device is subject to the limitations of the licensee’s scope of practice, including the limitations of the licensee’s ability to delegate the procedure.

IV. SPECIFIC PRACTICE REQUIREMENTS – INDEPENDENT PRACTICE DENTAL HYGIENE AUTHORITY

- A. Prior to an initial patient visit, an independent practice dental hygienist shall obtain from the patient or the parent or guardian of a minor patient written acknowledgment of the patient's or parent's or guardian's understanding that the independent practice dental hygienist is not a dentist and that the service to be rendered does not constitute restorative care or treatment.
- B. An independent practice dental hygienist shall provide to a patient or the parent or guardian of a minor patient a written plan for referral to a dentist for any necessary dental care. The referral plan must identify all conditions that should be called to the attention of the dentist.
- C. (RESERVED)

V. SPECIFIC PRACTICE REQUIREMENTS – REFERRAL NETWORK

- A. A licensee who provides patient care shall have in place a referral network to handle patient conditions outside of their scope of practice, training, or level of expertise.
- B. Referrals shall be made in writing and clearly identify the condition(s) that prompted the referral. The licensee accepting the referral is obligated to use his or her level of training to complete the assessment, diagnosing, and treatment planning for referred patients.
- C. Once referred treatment is completed, ethical standards require that the patient is returned to the referring licensee. Patients, however, retain the right to choose their dental provider as long as such provider is willing and able to accept them in their practice.
- D. A denturist must immediately refer to a licensed dentist or physician any abnormality or disease process that requires medical or dental treatment observed during oral inspection. In such a case, the denturist shall take no further action to manufacture or place a denture if it may impact the successful outcome of the treatment until the patient has been examined by a dentist or physician. If the examination reveals the need for tissue modification or opposing natural tooth modification in order to assure proper fit of a full denture, the denturist shall refer the patient to a dentist and assure that the modification has been completed before taking an impression for the completion of the denture.

VI. SPECIFIC PRACTICE REQUIREMENTS – AFTER HOUR PATIENT CARE

- A. A licensee shall make reasonable efforts to establish a network of providers to offer both emergency and non-emergency dental care to a patient after hours.

VII. SPECIFIC PRACTICE REQUIREMENTS – DEVIATION OF PRACTICE STANDARDS

- A. A licensee may deviate from the standards outlined in this Chapter, if the deviation is shown to be reasonable, is based upon physiological conditions or requirements, or responds to specific requests of the individual patient. The reason(s) for any deviation from the standards must be documented in the patient's records at the time the deviation is made.

X. PRINCIPLES OF ETHICS AND CODES OF PROFESSIONAL CONDUCT

- A. Dentists shall comply with the American Dental Association Principles of Ethics and Code of Professional Conduct, as amended, February 2018.
 - B. Dental hygienists shall comply with the American Dental Hygienists' Association Code of Ethics as published in its Bylaws and Code of Ethics, adopted June 13, 2016.
 - C. Denturists shall comply with the National Denturist Association's Code of Conduct, Appendix A, as published in its By-Laws dated September 19, 2015.
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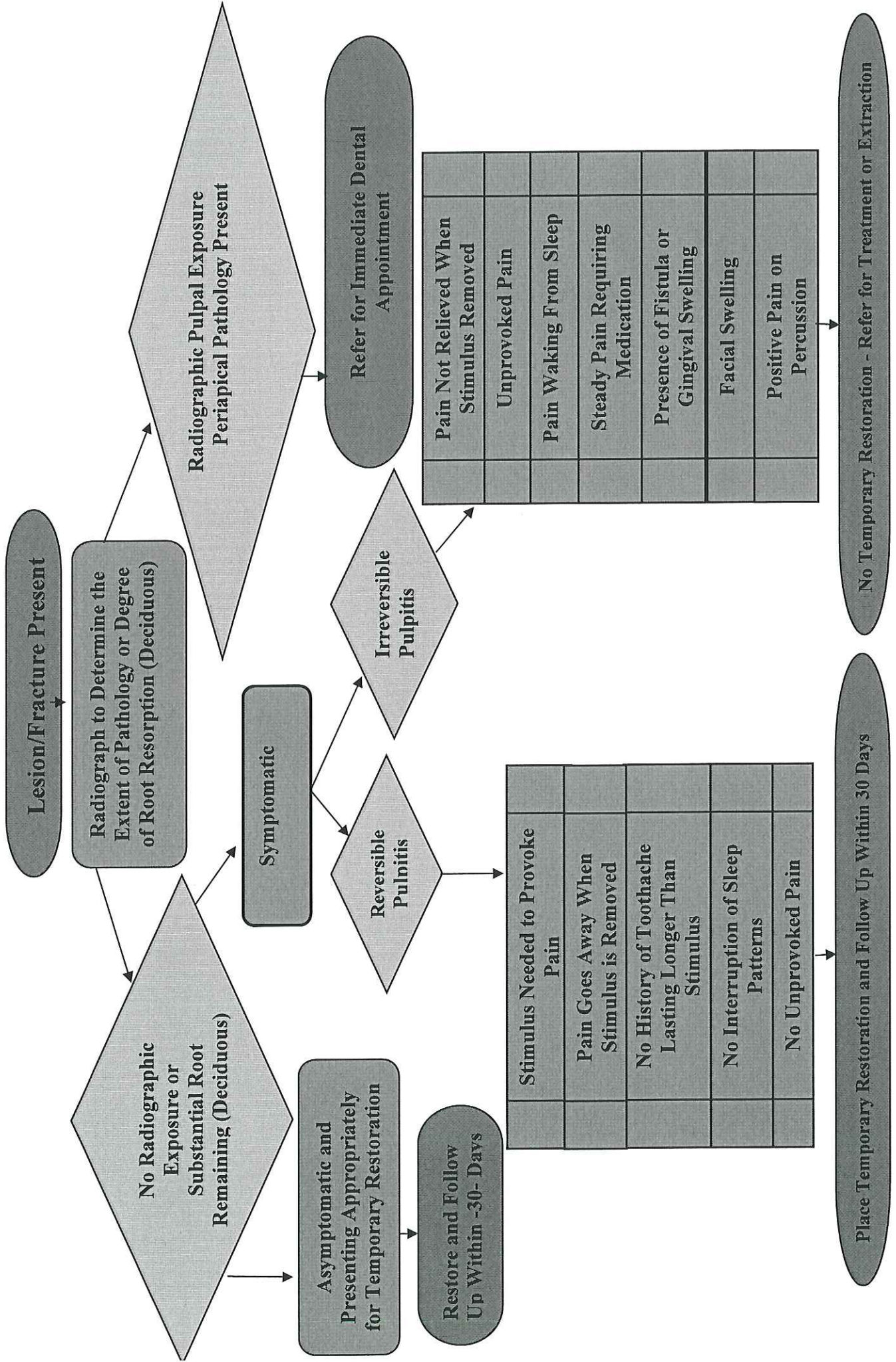
STATUTORY AUTHORITY:

32 M.R.S. §§ 18324, 18325, 18371, 18372, 18373, 18374, 18374, 18375, 18376, 18377, 18378, and 18393; and 10 M.R.S. §8003(5-A).

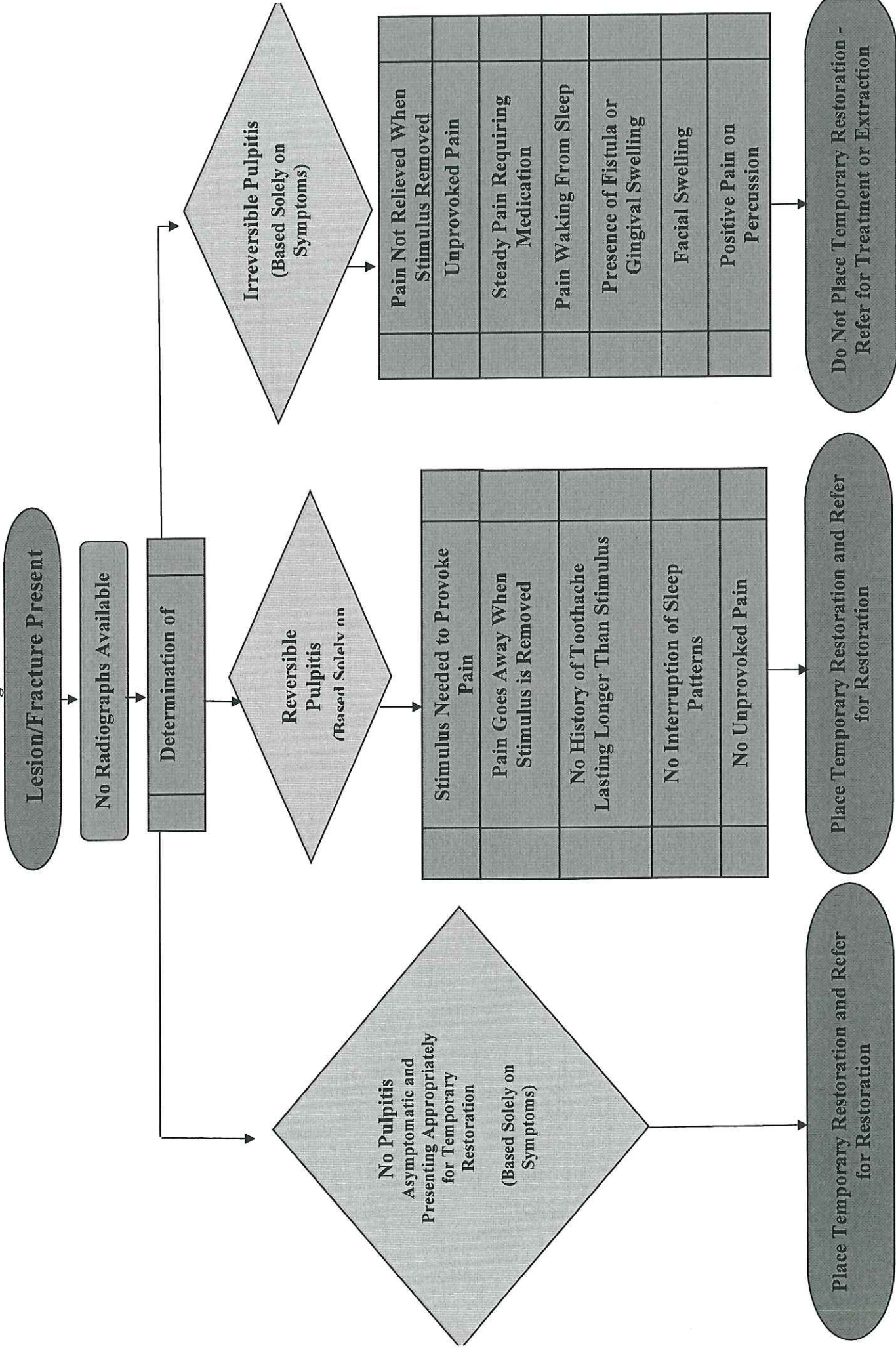
EFFECTIVE DATE

April 5, 2020 – filing 2020-085

Placement of Temporary Restorations – Dental Radiograph Available
 Figure 1.



Placement of Temporary Restorations – Dental Radiograph Not Available
 Figure 2.



Chapter 13: CONTINUING EDUCATION

Summary: This chapter sets forth the nature and amount of continuing education credit hours required for renewal of licenses issued by the Board. This chapter also establishes how to substantiate satisfaction of continuing education requirements for licenses issued by the Board.

- I. Generally.** As used in this chapter “directly related to dental practice” means that the continuing education must relate to professional competency and aspects of the profession for which the individual is licensed.
- A. Dentists, Faculty Dentists, and Limited Dentists: Forty (40) Credit Hours Required for License Renewal**
- (1) No license will be renewed unless the licensee has completed 40 credit hours of continuing education directly related to dental practice during the preceding biennial license term as set forth in this subsection and has a current BLS certification. The biennial license term begins January 1 of even numbered years and ends December 31st of odd numbered years.
- (2) **Required Areas of Study**
- a. As a condition of prescribing opioid medication, at least 3 of the 40 credit hours of continuing education must be earned on the prescription of opioid medication.
- b. As a condition of holding a sedation permit issued by the Board, at least 6 of the 40 credit hours of continuing education must be earned in sedation and/or anesthesia, physical diagnosis, complications, and techniques.
- B. Dental Hygienists and Faculty Dental Hygienists: Thirty (30) Credit Hours Required for License Renewal**
- No license will be renewed unless the licensee has completed 30 credit hours of continuing education directly related to dental practice during the preceding biennial license term as set forth in this subsection and has a current BLS certification. The biennial license term begins January 1 of odd numbered years and ends December 31st of even numbered years.
- C. Denturists and Faculty Denturists: Thirty (30) Credit Hours Required for License Renewal**
- No license will be renewed unless the licensee has completed 30 credit hours of continuing education directly related to dental practice during the preceding biennial

license term as set forth in this subsection and has a current BLS certification. The biennial license term begins January 1 of odd numbered years and ends December 31st of even numbered years.

D. Expanded Function Dental Assistants: Fifty (50) Credit Hours Required for License Renewal

No license will be renewed unless the licensee has completed 50 credit hours of continuing education directly related to dental practice during the preceding five-year license term as set forth in this subsection and has a current BLS certification. The license term begins the day the license is issued and ends in five years on the last day in the month in which the license was issued.

E. Dental Radiographers: Re-certification of BLS

No license will be renewed unless the licensee has a current BLS certification.

II. Eligible Continuing Education Activities

Continuing education credit hours that directly relate to dental practice may be earned only by participation in the following activities:

A. There is no credit hour limit on any of the following activities:

- (1) Presentations, lectures, seminars, and workshops.
- (2) Study clubs pre-approved pursuant to Section VI.
- (3) Post-graduate academic courses related to dental practice or medical degree programs offered by a regionally accredited program recognized by the United States Department of Education.
- (4) Academic courses related to the administration of local anesthesia, nitrous oxide analgesia, and expanded function dental assisting.
- (5) Completion of a dental residency program.
- (6) Distance learning activities such as online courses or webinars with verification and passage of an exit examination.

B. No more than ten (10) credit hours can be claimed in any one activity or any combination of activities listed below:

- (1) **Teaching, guest lecturer, guest clinical supervisor.** A licensee may only once claim continuing education credit for preparation and presentation of a course, workshop or seminar on a distinct subject matter. A licensee may only once claim continuing education credit for preparation and presentation as either a guest lecturer or a guest clinical supervisor at a dental practice educational institution or program approved by the Board.

- (2) **Grand rounds.** A licensee may claim continuing education credit for a formal meeting in hospital settings in which discussion of a clinical case of one or more patients occur.
- (3) **Writing.** A licensee may claim continuing education credit for writing articles and books for publication, as well as for reviewing and editing articles and books.
- (4) **Pre-recorded audio/video; independent study.** A licensee may claim continuing education credit only once for a particular audiotape/disk, videotape/disk or course of independent study.
- (5) **Distance learning without exit examination.** A licensee may claim continuing education credit for distance learning activities such as online courses and webinars in which an exit examination was not taken.
- (6) **Student table clinic.** A licensee may claim continuing education credit for attending a student table clinic, which is a structured presentation sponsored by an educational institution that uses oral communication and visual media to inform, clarify, and/or review material on a specific topic.
- (7) **Reading activity.** A licensee may claim continuing education credit for reading an article, a professional journal, a written publication, or a professional publication with verification and passage of an exit examination.
- (8) **In service training sessions.** A licensee may claim continuing education credit for attending in-service training sessions such as employer sponsored continuing education activities.

C. **BLS certification; ACLS certification; PALS certification**

No more than 3 credit hours of BLS certification training completed during a license term will count towards meeting the requirements of this chapter. Online BLS trainings are not accepted unless the licensee can verify hands-on participation with the instructor as a component of the training.

No more than 6 credit hours of ACLS or PALS certification training completed during a license term will count towards meeting the requirements of this chapter. Online ACLS or PALS trainings are not accepted, unless the licensee can verify hands-on participation with the instructor as a component of the training.

III. Ineligible Continuing Education Activities

The following activities are ineligible for continuing education credit:

- A. Continuing education pursuant to a Board order or consent agreement.
- B. General attendance at a conference.
- C. Business meetings of a professional association.

- D. The study of yoga, energy healing; exploration of personal growth; or any activity of any nature whatsoever that does not directly relate to dental practice.
- E. Reading of an article, a professional journal, an online or written publication, or a professional publication without an examination.
- F. Clinical examinations taken to obtain a license.

Hands-on continuing education activities may be eligible for continuing education credit but are not eligible for double-credit.

IV. Continuing Education Providers; Documentation

- A. **Providers.** Eligible continuing education activities may be offered by providers of continuing education such as departments of regionally-accredited institutions; national, state or local professional organizations or associations; public or private human services organizations; or private consultants or individuals.

Such organizations include, but are not limited to:

- (1) Any accredited college or university.
- (2) Any program accredited by CODA.
- (3) The American Dental Association, the National Dental Association, or their component and constituent societies, associations, and local society.
- (4) The American Dental Hygienists Association, the National Dental Hygienists Association, or their component or constituent societies, associations, and local society.
- (5) The International Federation of Denturists (IFD) or its component societies.
- (6) The Maine Licensed Denturist Association.
- (7) The academies and specialty organizations recognized by the Board.
- (8) The Veterans Administration or the armed forces.
- (9) Providers who are accredited, approved, or recognized by:
 - a. The American Academy of Dental Hygiene;
 - b. The American Dental Association's Continuing Education Recognition Program ("ADA CERP");
 - c. The Academy of General Dentistry's Program Approval for Continuing Education ("PACE");

- d. Accrediting agencies recognized by the American Medical Association's Council on Medical Education; or
- e. The Accreditation Council for Medical Education.

B. Documentation. All documentation must be maintained for the time periods set forth in Section V(A). All continuing education activities completed by a licensee, including teaching, writing, independent study, and other distance learning activities, must be documented by a certificate issued by a provider of continuing education, an official academic transcript, or other reliable written proof of successful completion that is acceptable to the Board. The documentation must include the date, location, and duration of the activity; the name of the presenter; the name of the course or program; an agenda showing the content of the program; and the number of credit hours claimed.

Continuing education printouts or logs maintained by a third party and provided to the Board by the licensee are not acceptable unless the printout or log contains all of the following information:

- (1) The date, location, and duration of the activity.
- (2) A certificate of completion documenting the name of the course or program, and the number of credit hours earned.
- (3) The name of the continuing education presenter and/or organization providing the activity.

If the third party does not have a certificate of completion to document the activity, then it is the licensee's responsibility to maintain documentation to substantiate the activity in accordance with this chapter.

V. Audit

A. Certification of continuing education for renewal

At the time of application for renewal, each licensee must certify, on a form provided by the Board, compliance with the continuing education credit hours required during the preceding license term or during the continuing education period established in statute or by Board rule. No additional information or continuing education documentation is required to be submitted at the time of renewal. However, the licensee must retain documentation of all continuing education credit hours earned during the most recent license renewal term for two years' post-renewal.

B. Verification of compliance by audit

Applicants for license renewal will be selected on a random basis for audit of continuing education compliance. In addition, an individual licensee may be selected for an audit as part of an investigation or if there is reasonable cause to believe the licensee has provided a false certification concerning the completion of continuing education requirements.

Licensees selected for audit will be notified to submit documentation of the continuing education activities that were certified by the licensee at the time of renewal. Continuing education credit hours that cannot be documented in accordance with the documentation requirements of Section IV(B) or that do not satisfy the criteria for continuing education contained in statute or Board rule will be disallowed.

VI. Pre-approval of Continuing Education Activities

The Board may pre-approve courses, seminars, and workshops, to ensure the activity is directly related to dental practice only at the request of a provider of the continuing education. A seminar, workshop, or institute for which pre-approval has been sought but denied is not eligible for continuing education credit.

VII. The Audit Findings

If data submitted to the Board pursuant to an audit does not fulfill the requirements of this chapter, then the licensee shall be notified of the Board's failed audit finding. A failed audit constitutes unprofessional conduct and the Board may, without hearing, enter into a consent agreement with a licensee who has not met the continuing education requirements of this chapter.

VIII. Waivers, Extensions, First Renewal, Inactive Status

- A. **Waiver/extension.** Upon receipt of a written request prior to license expiration, the Board may, in its discretion, grant an extension of time or other waiver to an individual licensed or certified by the Board who, because of prolonged illness or other extenuating circumstances, e.g., military deployment, has been unable to meet the educational requirements under this chapter.
- B. **First renewal; general requirements.** Licensees who renew for the first time must complete one half of the required continuing education credit hours as outlined in this chapter and have a current BLS certification.
- C. **First renewal for dentists.** Dentists who are renewing for the first time must complete one half of the required continuing education credit hours as outlined in this chapter and must have a current BLS certification. The content of the credit hours must include completion of 3 credit hours in opioid medication prescribing as a condition to prescribe opioid medication, and completion of 6 credit hours of sedation and/or anesthesia training as a condition to administer sedation under Chapter 14 of the Board's rules.
- D. **Active to Inactive License Status.** To place an active license on inactive status, the licensee must submit a written request to the Board attesting that services will not be rendered during the remainder of the license term. Licensees with an inactive status are required to renew their licenses but are not required to complete continuing education credit hours under this chapter.
- E. **Inactive to Active License Status.** To place an inactive license on active status, the licensee must submit a written request to the Board, documented evidence of completing continuing education credit hours as outlined below, and a current BLS certification card.

For purposes of this section, the Board may require dentists to comply with the opioid prescription and the sedation techniques training required under this chapter.

- (1) Licensees who hold an inactive license status for a period less than five years must complete one-half of the continuing education credit hours required for the license they hold under this chapter and present a current BLS certification, to return the license to active status.
- (2) Licensees who hold an inactive license status for a period exceeding five years must complete all of the continuing education credit hours required for the license they hold under this chapter and present a current BLS certification, to return the license to active status.

IX. Transition Language

Individuals who are licensed on the effective date of this revised Chapter 13 may use credits earned pursuant to the former Chapter 13 to satisfy continuing education requirements for their first license renewal due on or after this revision's effective date. Continuing education requirements of this newly-effective Chapter 13 shall apply to subsequent renewals by those individuals and to individuals initially licensed after this revision's effective date.

However, this does not exempt dentists from completing the 3 hours of opioid training as a condition to prescribe opioids, or completing 6 hours of sedation training as a condition to renew a sedation permit.

Expanded function dental assistants who transition to a two-year license term on or after the effective date of this chapter are required to complete 20 credit hours of continuing education directly related to dental practice during the preceding two-year license term as set forth in this subsection and has a current BLS certification. The license term begins the day the license is issued and ends on ends December 31st of even numbered years.

STATUTORY AUTHORITY:

32 M.R.S. §§ 18308(4), 18324, 18350, and 18351.

EFFECTIVE DATE:

May 22, 2007 – filing 2007-204

AMENDED:

February 11, 2009 – filing 2009-64
September 9, 2012 – filing 2012-255

REPEALED AND REPLACED:

November 12, 2018 – filing 2018-237