21 NCAC 16I .0104 is proposed for amendment as follows:

21 NCAC 16I .0104 REPORTING CONTINUING EDUCATION

(a) The number of hours completed to satisfy the continuing education requirement shall be indicated on the renewal application form submitted to the Board and certified by the hygienist. Upon request by the Board or its authorized agent, the hygienist shall provide official documentation of attendance at courses indicated. Such documentation shall be provided by the organization offering or sponsoring the course. Documentation must include:

   (1) the title;
   (2) the number of hours of instruction;
   (3) the date of the course attended;
   (4) the name(s) of the course instructor(s); and
   (5) the name of the organization offering or sponsoring the course.

(b) All records, reports and certificates relative to continuing education hours must be maintained by the licensee for at least two years and shall be produced upon request of the Board or its authorized agent.

(c) Dental hygienists shall receive four hours credit per year for continuing education when engaged in the following:

   (1) service on a full-time basis on the faculty of an educational institution with direct involvement in education, training, or research in dental or dental auxiliary programs; or
   (2) affiliation with a federal, state or county government agency whose operation is directly related to dentistry or dental auxiliaries.

Verification of credit hours shall be maintained in the manner specified in this Rule.

(d) Evidence of service or affiliation with an agency as specified in Paragraph (c) of this Rule shall be in the form of verification of affiliation or employment which is documented by a director or an official acting in a supervisory capacity.

(e) Hygienists who work at least 20 hours per week in an institution or entity described in (c)(1) or (2) of this Rule shall receive two hours credit per year for continuing education.

History Note: Authority G.S. 90-225.1; Eff. May 1, 1994; Amended Eff. June 1, 2008; August 1, 2002; April 1, 2001.
21 NCAC 16H .0203 is proposed for amendment as follows:

21 NCAC 16H .0203 PERMITTED FUNCTIONS OF DENTAL ASSISTANT II

A Dental Assistant II may perform any and all acts or procedures which may be performed by a Dental Assistant I. In addition, a Dental Assistant II may be delegated the following functions to be performed under the direct control and supervision of a dentist who shall be personally and professionally responsible and liable for any and all consequences or results arising from the performance of such acts and functions:

1. Take impressions for study models and opposing casts which will not be used for construction of dental appliances, but which may be used for the fabrication of adjustable orthodontic appliances, appliances, nightguards and the repair of dentures or partials;
2. Apply sealants to teeth that do not require mechanical alteration prior to the application of such sealants, provided a dentist has examined the patient and prescribed the procedure;
3. Insert matrix bands and wedges;
4. Place cavity bases and liners;
5. Place and/or remove rubber dams;
6. Cement temporary restorations using temporary cement;
7. Apply acid etch materials/rinses;
8. Apply bonding agents;
9. Remove periodontal dressings;
10. Remove sutures;
11. Place gingival retraction cord;
12. Remove excess cement;
13. Flush, dry and temporarily close root canals;
14. Place and remove temporary restorations;
15. Place and tie in or untie and remove orthodontic arch wires;
16. Insert interdental spacers;
17. Fit (size) orthodontic bands or brackets;
18. Apply dentin desensitizing solutions;
19. Perform extra-oral adjustments which affect function, fit or occlusion of any temporary restoration or appliance;
20. Initially form and size orthodontic arch wires and place arch wires after final adjustment and approval by the dentist;
21. Polish the clinical crown using only:
   (a) a hand-held brush and appropriate polishing agents; or
   (b) a combination of a slow speed handpiece (not to exceed 10,000 rpm) with attached rubber cup or bristle brush, and appropriate polishing agents.
Before a Dental Assistant II can utilize a slow speed handpiece with rubber cup or bristle brush attachment, a formal educational course in coronal polishing consisting of at least 7 hours shall be completed. A polishing procedure shall in no way be represented to the patient as a prophylaxis and no specific charge shall be made for such unless the dentist has performed an evaluation for calculus, deposits, or accretions and a dentist or dental hygienist has removed any substances detected.

History Note: Authority G.S. 90-29(c)(9); 90-48;
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. June 1, 2008; August 1, 2000; October 1, 1996; January 1, 1994; May 1, 1989; October 1, 1985; March 1, 1983.
21 NCAC 16G .0101 is proposed for amendment as follows:

21 NCAC 16G .0101 FUNCTIONS WHICH MAY BE DELEGATED

A dental hygienist may be delegated appropriate functions to be performed under the direct control and supervision of a dentist who shall be personally and professionally responsible and liable for any and all consequences or results arising from performance of such acts and functions. In addition to the functions set out in G.S. 90-221(a) and 21 NCAC 16H .0201, functions which may be delegated to a dental hygienist include:

1. Take impressions for study models and opposing casts which will not be used for construction of permanent dental appliances, but which may be used for the fabrication of adjustable orthodontic appliances; appliances, nightguards and the repair of dentures or partials;
2. Apply sealants to teeth that do not require mechanical alteration prior to the application of such sealants, provided that a dentist has examined the patient and prescribed the procedure;
3. Insert matrix bands and wedges;
4. Place cavity bases and liners;
5. Place and/or remove rubber dams;
6. Cement temporary restorations using temporary cement;
7. Apply acid etch materials/rinses;
8. Apply bonding agents;
9. Remove periodontal dressings;
10. Remove sutures;
11. Place gingival retraction cord;
12. Remove excess cement;
13. Flush, dry and temporarily close root canals;
14. Place and remove temporary restorations;
15. Place and tie in or untie and remove orthodontic arch wires;
16. Insert interdental spacers;
17. Fit (size) orthodontic bands or brackets;
18. Apply dentin desensitizing solutions;
19. Perform periodontal screening;
20. Perform periodontal probing;
21. Perform subgingival exploration for or removal of hard or soft deposits;
22. Perform sulcular irrigation;
23. Apply sulcular antimicrobial or antibiotic agents which are resorbable;
(24) Perform extra-oral adjustments which affect function, fit, or occlusion of any temporary restoration or appliance; and

(25) Initially form and size orthodontic arch wires and place arch wires after final adjustment and approval by the dentist.

History Note: Authority G.S. 90-221; 90-223(b);
Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. June 1, 2008; August 1, 2000; May 1, 1989; October 1, 1985; March 1, 1985.
21 NCAC 16R .0106 is proposed for amendment as follows:

**21 NCAC 16R .0106  EXEMPTION FROM AND CREDIT FOR CONTINUING EDUCATION**

(a) Dentists may request exemption from continuing education requirements by submitting evidence in writing to the Board of retirement or semi-retirement from the practice of dentistry. A retired dentist is a dentist who never practices dentistry. A semi-retired dentist is a dentist who practices on an occasional basis not to exceed 100 clock hours in a calendar year. A dentist who can demonstrate a disabling condition may request a variance in continuing education hours during a particular period. Written documentation of a disabling condition that interferes with the dentist's ability to complete the required hours shall be provided to the Board. The Board may grant or deny requests for variance in continuing education hours based on a disabling condition on a case by case basis, taking into consideration the particular disabling condition involved and its affect on the dentist's ability to complete the required hours. In considering the request, the Board may require additional documentation substantiating any specified disability.

(b) In those instances where continuing education is waived and the exempt individual wishes to resume practice, the Board shall require continuing education courses in accordance with Rule .0103 of this Section when reclassifying the licensee. The Board may require those licensees who have not practiced dentistry for a year or more to undergo a bench test prior to allowing the licensee to resume practice when there is indication of inability to practice dentistry.

(c) Dentists shall receive 10 hours credit per year for continuing education when engaged in any of the following:

1. service on a full-time basis on the faculty of an educational institution with direct involvement in education, training, or research in dental or dental auxiliary programs; or
2. affiliation with a federal, state or county government agency whose operation is directly related to dentistry or dental auxiliaries. Verification of credit hours shall be maintained in the manner specified in Rule .0105 of this Section.

(d) Dentists who work at least 20 hours per week in an institution or entity described in (c) (1) or (2) of this Rule shall receive five hours credit per year for continuing education.

*History Note:* Authority G.S. 90-31.1; 90-38;
Eff. May 1, 1994;
Amended Eff. June 1, 2008; April 1, 2003; April 1, 2001; August 1, 1998.
21 NCAC 16G .0103 is proposed for amendment as follows:

**21 NCAC 16G .0103** PROCEDURES PROHIBITED

Those procedures which require the professional education and skill of a dentist and may not be delegated to a dental hygienist shall include, but shall not be limited to:

1. Comprehensive examination, diagnosis and treatment planning;
2. Surgical or cutting procedures on hard or soft tissues, including laser, air abrasion or micro-abrasion procedures;
3. Placement or removal of sulcular nonresorbable agents;
4. The issuance of prescription drugs, medications or work authorizations;
5. Taking of impressions for final fixed or removable restorations or prostheses, except as provided for in Section .0101(1) of this Chapter.
6. Final placement or intraoral adjustment of a fixed or removable appliance;
7. Intraoral occlusal adjustments which affect function, fit, or occlusion of any temporary or permanent restoration or appliance;
8. Extra-oral occlusal adjustments which affect function, fit, or occlusion of any permanent restoration or appliance;
9. Performance of direct pulp capping or pulpotomy;
10. Placement of sutures;
11. Final placement or cementation of orthodontic bands or brackets;
12. Placement or cementation of final restorations;
13. Administration of any anesthetic by any route except the administration of topically-applied agents intended to anesthetize only cutaneous tissue; and

**History Note:** Authority G.S. 90-221(a); 90-223(b);

Eff. September 3, 1976;
Readopted Eff. September 26, 1977;
Amended Eff. June 1, 2008; August 1, 2000; May 1, 1989; March 1, 1985.