

South Dakota State Board of Dentistry

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SOUTH DAKOTA STATE BOARD OF DENTISTRY

10:00 a.m. Friday – June 21, 2019

Kneip Building, Board Room C – 700 Governors Drive Pierre, SD
Proposed Meeting Agenda

The Public is Welcome to Attend

- 1) **Call to Order**
- 2) **Open Forum:** *5 minutes for the public to address the Board.*
- 3) **Approval of Minutes:** *January 11, 2019*
- 4) **Adoption of Agenda**
- 5) **Financial Report**
- 6) **Office Update**
- 7) **Executive Session - SDCL 1-25-2(3) and 1-25-2(4)**
- 8) **License Applications**
- 9) **Old Business**
 - a. **Scope of Practice – Delegation:** *The Board will review a scope of practice request.*
 - b. **Administrative Rule Project- Draft ARSD 20:43:08:** *The Board will review draft rules and discuss potential future changes.*
- 10) **New Business**
 - a. **Patient Based Clinical Competency Exam Reports:** *The Board will review the 2020 exam content. Testing agency representatives will present.*
 - b. **PDMP presentation:** *Melissa DeNoon with the PDMP will present.*
 - c. **Anesthesia Credential Committee Report** *(Final action cannot be taken until the October meeting per SDCL 1-27-1.18). The Board will receive a report from the ACC.*
 - d. **Review of Board Approved Courses:** *The Board will review courses.*
 - e. **Board Policies:** *The Board will review Board policies.*
 - f. **Continuing Education Guidelines:** *The Board will review CE Guidelines.*
 - g. **AADB Update:** *The Board will receive an update on the AADB.*
 - h. **Website Presentation:** *The Board will review the new website.*
 - i. **Elections:** *The Board will elect officers for the upcoming year.*
 - j. **Appointments:** *The Board will make appointment(s).*
 - k. **Membership Approval:** *The Board will review membership requests.*
 - l. **Travel Approval:** *The Board will review national travel requests.*
 - m. **Meeting Dates:** *The Board will set the June 2020 meeting date.*
- 11) **Announcements:** *Next Meetings – October 18, 2019 and January 10, 2020.*
- 12) **Adjourn**

SD State Board of Dentistry
Board Meeting
Kneip Building Board Room
Friday, January 11, 2019

President Dr. Tara Schaack called the meeting to order at 10:03am Central.

Board Members Present: Dr. Tara Schaack, Dr. Harold Doerr, Dr. Nick Renemans, Dr. Scott Van Dam, Zona Hornstra and Molly Fulton.

Board Members Present via Telephone: Dr. Amber Determan.

Board Staff Present: Matthew Templar, Kris O'Connell, Brittany Novotny, and Lisa Harsma.

Others Present: Paul Knecht, Nicole Pahl, Dr. Rick Fuchs, and Dr. Michael Frankman.

Others Present via Telephone: Dr. Kevin Horner, Jenna Golden, Ann Brunick and Mark East.

Schaack called for public testimony during the open forum. There was no public testimony.

Motion to approve the meeting minutes of October 12, 2018 by Hornstra. Second by Renemans. Motion carried.

Motion to adopt the agenda, noting the removal of the PDMP presentation by Doerr. Second by Hornstra. Motion carried.

Motion to approve the financial statements by Hornstra. Second by Doerr. Motion carried.

Novotny provided an office update.

Motion to move into Executive Session pursuant to SDCL 1-25-2(1), (3) and (4) by Hornstra. Second by Renemans. Motion carried. The board went into Executive Session at 10:22am.

Motion to move out of Executive Session by Renemans. Second by Van Dam. Motion carried. The board moved out of Executive Session at 12:42pm.

Motion to approve the FY 2020 contracts as presented by Doerr. Second by Hornstra. Motion carried.

Motion to approve the agreed disposition for complaint 10.1819 by Renemans. Second by Hornstra. Motion carried.

Motion to approve the agreed disposition for complaint 09.1819 by Doerr. Second by Van Dam. Motion carried.

Motion to approve the dental hygienist applications of Joshua Elijah Gonzalez, Patience Joanna Cummings and Alissa Mae Stueve by Renemans. Second by Hornstra. Motion carried.

Motion to approve the dentist credential verification applications of Corbett Anders Hass and Erin Tobkin by Renemans. Second by Hornstra. Motion carried.

Motion to approve the dental hygienist credential verification application of Marci N. Huysman and Jane Renee Jakubec by Renemans. Second by Hornstra. Motion carried.

Motion to approve the collaborative supervision applications of Rachel Larsen by Renemans. Second by Hornstra. Motion carried.

The Board discussed the proposed Administrative Rule changes. Motion to remove proposed ARSD 20:43:08:02 (6) and (7) and proceed with the rule promulgation process by Renemans. Second by Doerr. Motion carried.

Motion to approve the advisory opinion regarding dentists use of laser technology for laser hair removal and laser resurfacing, as presented, by Hornstra. Second by Fulton. Motion carried.

Motion to approve the advisory opinion regarding community education provided by dental hygienists and registered dental assistants, as presented, by Doerr. Second by Van Dam. Motion carried.

Nicole Pahl gave a presentation on the RDA and EFDA programs at Lake Area Technical Institute.

Jenna Golden gave a presentation on the RDA program at Western Dakota Tech.

Ann Brunick gave a presentation on the University of South Dakota School of Dental Hygiene.

Motion to approve the SDDA/SDDHA speaker honorarium application by Doerr. Second by Van Dam. Motion carried.

Dr. Van Dam provided an anesthesia update.

Motion to adopt the Scope of Practice Decision Making Framework by Doerr. Second by Hornstra. Motion carried.

The Board discussed the scope of practice request pertaining to the delegation of extra-oral laser procedures. Motion to have general counsel draft an advisory opinion and bring forward for consideration at the next meeting by Van Dam. Second by Doerr. Motion carried.

Motion to waive application fees and utilize the Remote Area Medical (RAM) verification process, as deemed appropriate by staff, for those applying for temporary registrations to volunteer at the RAM event on August 16-18, 2019 by Hornstra. Second by Van Dam. Motion carried.

The Board announced the following meeting dates: June 21, 2019, October 18, 2019 and January 10, 2020.

Motion to adjourn by Fulton. Second by Renemans. Motion carried. The meeting was adjourned at 2:54pm.

Zona Hornstra, Secretary

Remaining Authority by Object/Subobject

Expenditures current through 06/01/2019 12:51:16 PM

HEALTH – Summary

FY 2019 Version – AS – Budgeted and Informational

FY Remaining: 8.2 %

09202 Subobject	Board of Dentistry - Info	Operating	Expenditures	Encumbrances	Commitments	Remaining	PCT AVL
EMPLOYEE SALARIES							
5101030	Board & Comm Mbrs Fees	6,835	780	0	0	6,055	88.6
Subtotal		6,835	780	0	0	6,055	88.6
EMPLOYEE BENEFITS							
5102010	Oasi-employer's Share	519	60	0	0	459	88.4
Subtotal		519	60	0	0	459	88.4
51 Personal Services							
Subtotal		7,354	840	0	0	6,514	88.6
TRAVEL							
5203030	Auto-priv (in-st.) H/rte	1,500	0	0	0	1,500	100.0
5203070	Air-charter-in State	16,000	17,698	0	0	-1,698	0.0
5203100	Lodging/in-state	1,000	0	0	0	1,000	100.0
5203130	Non-employ. Travel-in St.	2,500	155	0	0	2,345	93.8
5203140	Meals/taxable/in-state	200	0	0	0	200	100.0
5203150	Non-taxable Meals/in-st	200	0	0	0	200	100.0
5203260	Air-comm-out-of-state	2,000	0	0	0	2,000	100.0
5203330	Non-employ Travel-out-st.	3,000	0	0	0	3,000	100.0
Subtotal		26,400	17,853	0	0	8,547	32.4
CONTRACTUAL SERVICES							
5204010	Subscriptions	300	0	0	0	300	100.0
5204020	Dues & Membership Fees	15,000	2,935	0	0	12,065	80.4
5204050	Computer Consultant	32,400	18,199	13,301	0	900	2.8
5204060	Ed & Training Consultant	8,307	3,620	0	0	4,687	56.4
5204080	Legal Consultant	30,000	23,742	0	0	6,258	20.9
5204090	Management Consultant	160,603	213,347	19,196	0	-71,940	0.0
5204100	Medical Consultant	15,000	36,114	66,386	0	-87,500	0.0
5204130	Other Consulting	15,500	8,660	116,274	0	-109,434	0.0
5204160	Workshop Registration Fee	2,000	580	0	0	1,420	71.0
5204181	Computer Services-state	2,780	0	0	0	2,780	100.0
5204190	Computer Services-private	500	23	0	0	477	95.4
5204200	Central Services	1,090	3,095	0	0	-2,005	0.0
5204203	Central Services	201	0	0	0	201	100.0
5204204	Central Services	705	1,066	0	0	-361	0.0
5204207	Central Services	1,007	263	0	0	744	73.9
5204220	Equipment Serv & Maint	0	135	0	0	-135	0.0

Remaining Authority by Object/Subobject

Expenditures current through 06/01/2019 12:51:16 PM

HEALTH -- Summary

FY 2019 Version -- AS -- Budgeted and Informational

FY Remaining: 8.2 %

09202 Subobject	Board of Dentistry - Info	Operating	Expenditures	Encumbrances	Commitments	Remaining	PCT AVL
5204310	Audit Services-state	1,000	0	0	0	1,000	100.0
5204360	Advertising-newspaper	400	0	0	0	400	100.0
5204480	Microfilm & Photography	500	0	0	0	500	100.0
5204510	Rents-other	225	225	0	0	0	0.0
5204530	Telecommunications Srvc	3,000	3,621	0	0	-621	0.0
5204550	Garbage & Sewer	0	51	0	0	-51	0.0
5204590	Ins Premiums & Surety Bds	1,000	1,260	0	0	-260	0.0
5204740	Bank Fees And Charges	7,500	0	0	0	7,500	100.0
5204960	Other Contractual Service	4,500	4,379	0	0	121	2.7
Subtotal		303,518	321,315	215,157	0	-232,954	0.0
SUPPLIES & MATERIALS							
5205020	Office Supplies	2,100	489	0	0	1,611	76.7
5205310	Printing-state	1,500	586	0	0	914	60.9
5205320	Printing-commercial	4,600	563	0	0	4,037	87.8
5205350	Postage	4,500	2,365	0	0	2,135	47.4
5205390	Food Stuffs	0	103	0	0	-103	0.0
Subtotal		12,700	4,106	0	0	8,594	67.7
GRANTS AND SUBSIDIES							
5206070	Grants To Non-profit Org	7,500	0	0	0	7,500	100.0
Subtotal		7,500	0	0	0	7,500	100.0
OTHER							
5208010	Other	1,000	0	0	0	1,000	100.0
Subtotal		1,000	0	0	0	1,000	100.0
52 Operating Subtotal		351,118	343,274	215,157	0	-207,313	0.0
<hr/>							
Total		358,472	344,114	215,157	0	-200,799	0.0

STATE OF SOUTH DAKOTA
REVENUE SUMMARY BY BUDGET UNIT
FOR PERIOD ENDING: 05/31/2019

AGENCY 09 HEALTH
BUDGET UNIT 09202 BOARD OF DENTISTRY

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE
COMPANY NO	6503				
COMPANY NAME	PROFESSIONAL & LICENSING BOARDS				
092020061807	6503	4293005	DENTIST CREDENTIAL	1,550.00	9,550.00
092020061807	6503	4293015	HYGIENIST CREDENTIAL	600.00	2,600.00
092020061807	6503	4293105	DENTIST NEW LICENSE	600.00	3,750.00
092020061807	6503	4293110	DENTIST LICENSE RENEWAL	44,540.00	44,540.00
092020061807	6503	4293115	DENTIST JP EXAM	1,350.00	6,750.00
092020061807	6503	4293125	DENTIST REINSTATE LICENSE	2,250.00	3,600.00
092020061807	6503	4293135	DENTIST NITROUS OXIDE	200.00	920.00
092020061807	6503	4293137	DENTIST NITROUS RENEW	5,560.00	5,560.00
092020061807	6503	4293140	DENTIST MODERATE SEDATION	.00	100.00
092020061807	6503	4293142	DENTIST MOD SED P/A RENEW	150.00	150.00
092020061807	6503	4293145	DENTIST MOD SEDAT RENEW	.00	100.00
092020061807	6503	4293147	DENTIST MOD SED AD RENEW	400.00	400.00
092020061807	6503	4293150	DENTIST GA/DEEP SEDATION	.00	50.00
092020061807	6503	4293152	DENTIST GA/DEEP SED RENEW	400.00	400.00
092020061807	6503	4293205	HYGIENIST NEW LICENSE	2,600.00	3,500.00
092020061807	6503	4293210	HYGIENIST RENEWAL LICENSE	26,790.00	26,790.00
092020061807	6503	4293215	HYGIENIST JP EXAM	3,565.00	5,635.00
092020061807	6503	4293220	HYGIENIST ANESTH RENEW	5,200.00	5,200.00
092020061807	6503	4293222	HYGIENIST ANESTHESIA	1,080.00	1,600.00
092020061807	6503	4293225	HYGIENIST REINSTATE	1,495.00	1,495.00
092020061807	6503	4293235	HYGIENIST NITROUS OXIDE	1,000.00	1,560.00
092020061807	6503	4293237	HYGIENIST NIT OXIDE RENEW	4,260.00	4,260.00
092020061807	6503	4293305	RADIOLOGY NEW	240.00	5,080.00
092020061807	6503	4293307	RADIOLOGY RENEWAL	7,760.00	7,880.00

STATE OF SOUTH DAKOTA
 REVENUE SUMMARY BY BUDGET UNIT
 FOR PERIOD ENDING: 05/31/2019

AGENCY 09 HEALTH
 BUDGET UNIT 09202 BOARD OF DENTISTRY

CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE	
092020061807	6503	4293315	RADIOLOGY REINSTATE	1,720.00	1,760.00	
092020061807	6503	4293405	ADA EXPANDED FUNCTION NEW	80.00	3,360.00	
092020061807	6503	4293410	ADA EXPAND FUNCTION RENEW	5,540.00	5,540.00	
092020061807	6503	4293415	ADA EXPAND FUNCT REINSTAT	800.00	800.00	
092020061807	6503	4293420	ADA EXPAND FUNC ADMIN NIT	80.00	1,880.00	
092020061807	6503	4293422	ADA EXPAND FUNC NIT RENEW	2,640.00	2,640.00	
092020061807	6503	4293505	CORPORATE NEW LICENSE	200.00	1,500.00	
092020061807	6503	4293510	CORPORATE RENEWAL	2,925.00	2,925.00	
092020061807	6503	4293600	TEMP LICENSE	350.00	2,850.00	
092020061807	6503	4293850	COLLABORATIVE SUPERVISION	.00	80.00	
ACCT: 4293		BUSINESS & OCCUP LICENSING (NON-GOVERNMENTAL)		125,925.00	164,805.00	*
092020061807	6503	4299000	OTHER LIC., PRMTS, & FEES	23,720.61-	.00	
ACCT: 4299		OTHER LIC, PRMTS, & FEES (NON-GOVERNMENTAL)		23,720.61-	.00	*
ACCT: 42		LICENSES, PERMITS & FEES		102,204.39	164,805.00	**
092020061807	6503	4595000	VERIFICATION LETTERS	75.00	1,600.00	
092020061807	6503	4595800	LIST OF PRACTITIONERS	150.00	5,700.00	
ACCT: 4595				225.00	7,300.00	*
ACCT: 45		CHARGES FOR SALES & SERVICES		225.00	7,300.00	**
092020061807	6503	4920045	NONOPERATING REVENUES	.00	7,113.24	
ACCT: 4920		NONOPERATING REVENUE		.00	7,113.24	*
ACCT: 49		OTHER REVENUE		.00	7,113.24	**
CNTR: 092020061807				102,429.39	179,218.24	***
CNTR: 092020061				102,429.39	179,218.24	****
CNTR: 0920200				102,429.39	179,218.24	*****
COMP: 6503				102,429.39	179,218.24	*****
B UNIT: 09202				102,429.39	179,218.24	*****

BA1409R1

STATE OF SOUTH DAKOTA
CASH CENTER BALANCES
AS OF: 05/31/2019

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AGENCY: 09 HEALTH
BUDGET UNIT: 09202 BOARD OF DENTISTRY

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	092000061807	1140000	556,674.09	DR	BOARD OF DENTISTRY
COMPANY/SOURCE TOTAL 6503 618			556,674.09	DR *	
COMP/BUDG UNIT TOTAL 6503 09202			556,674.09	DR **	
BUDGET UNIT TOTAL 09202			556,674.09	DR ***	

1 **CHAPTER 20:43:08**

2 **REGISTERED DENTAL ASSISTANTS AND DENTAL ASSISTANTS**

3 Section

4 20:43:08:01 Definitions.

5 20:43:08:02 Dental assistant – ~~Requirements~~ Scope of practice.

6 20:43:08:03 Registered dental assistant -- Requirements.

7 ~~20:43:08:04 — Qualifications by endorsement~~ Knowledge of infection control and applicable
8 Occupational Safety and Health Administration standards.

9 20:43:08:05 ~~Approval of~~ Certificate of competency programs -- Application.

10 ~~20:43:08:06 — Certificate of competency — Examination~~ Repealed.

11 20:43:08:07 ~~Repealed~~ Student exemption.

12 20:43:08:08 ~~Application for registration~~ Repealed.

13 20:43:08:09 ~~Fee for registration —~~ Registered dental assistant - Renewal.

14 20:43:08:09.01. Registered dental assistant -- Continuing education requirements — ~~Registered~~
15 ~~dental assistants.~~

16 20:43:08:10 ~~Delegation of duties — Supervision~~ Registered dental assistant – Scope of
17 practice.

18 20:43:08:11 ~~Procedures that may not be delegated~~ Repealed.

19 **20:43:08 :01. Definitions.** Terms used in this chapter mean:

20 (1) "Registered dental assistant," a person registered as a registered dental assistant who is
21 authorized to perform expanded functions under the direct supervision of a dentist as authorized
22 by this article;

1 (2) "Expanded functions," reversible procedures which require professional proficiency and
2 specific training, performed under the direct supervision of a dentist;

3 (3) "Certificate of competency," a certificate attesting that ~~a dental assistant~~ an individual
4 is qualified to perform expanded functions ~~by~~ obtained by successfully completing a ~~registered~~
5 ~~dental assistant examination program~~ as described in § 20:43:08:06 20:43:08:05.

6 **Source:** 19 SDR 32, effective September 6, 1992; 42 SDR 19, effective August 17, 2015.

7 **General Authority:** SDCL 36-6A-14(7), 36-6A-2641.

8 **Law Implemented:** SDCL 36-6A-14(7), 36-6A-41.

9 **20:43:08:02. Dental assistant – Requirements Scope of practice.** ~~The minimal~~
10 ~~requirements for a dental assistant are graduation from high school or its equivalent of eighteen~~
11 ~~years of age.~~

12 Subject to the supervising dentist exercising full responsibility, a dental assistant may
13 perform duties or procedures incidental to patient care, including intraoral services or assisting in
14 the performance of clinical or clinical-related duties, while operating under direct or indirect
15 supervision of a dentist or personal supervision of a dental hygienist.

16 The following list of duties or procedures may not be performed by a dental assistant:

- 17 (1) Placing sealants;
18 (2) Placing or removing nonsurgical retraction materials for gingival displacement;
19 (3) Fabricating provisional restorations;
20 (4) Using electronic instruments for caries detection;
21 (5) Adjusting dentures or partials;
22 (6) Intraoral use of rotary hand instruments or ultrasonic instruments;

- 1 (7) Any duty or procedure that falls outside of the relevant education, training, and
2 experience of the dental assistant;
3 (8) Any procedure that cannot be performed by a registered dental assistant; and
4 (9) Other duties or procedures prohibited by the Board.

5 Subject to the supervising dentist exercising full responsibility, a dental assistant may
6 perform the following duties or procedures if the supervising dentist is not present in the dental
7 clinic, but has prior knowledge of and has authorized such:

- 8 (1) Taking alginate or digital records or impressions for casts and appliances;
9 (2) Creating or delivering vacuum-formed orthodontic retainers;
10 (3) Taking photographs extraorally or intraorally;
11 (4) Cutting long or broken wires;
12 (5) Removing loose bands, clasps, or brackets on orthodontic appliances or retainers;
13 (6) Removing and replacing existing ligature ties and arch wires on orthodontic
14 appliances;
15 (7) Removing and replacing existing elastic orthodontic separators;
16 (8) Recementing existing provisional restorations;
17 (9) Manipulating dental software for designing restorations;
18 (10) Duties or procedures that involve infection control; and
19 (11) Taking vital signs and updating health history.

20 A dentist or dental hygienist shall not allow professional incompetence by a dental
21 assistant working under the supervision of the dentist or dental hygienist due to a deliberate act,
22 negligent act, or failure to act.

23 **Source:** 19 SDR 32, effective September 6, 1992.

1 **General Authority:** SDCL 36-6A-14(1)(10), 36-6A-41, 36-6A-59.1(6).

2 **Law Implemented:** SDCL 36-6A-14(1)(10), 36-6A-41, 36-6A-59.1(6).

3 **20:43:08:03. Registered dental assistant -- Requirements.** ~~In addition to the minimum~~
4 ~~requirements in § 20:43:08:02, a registered dental assistant must meet one of the following~~
5 ~~requirements~~

6 ~~(1) Successfully complete a dental assisting program approved by the board pursuant to~~
7 ~~§ 20:43:08:05;~~

8 ~~—— (2) Hold current credentials as a nationally certified dental assistant; or~~

9 ~~—— (3) Hold a certificate of competency from the board.~~

10 An applicant for a registration to practice as a registered dental assistant must be at least
11 eighteen years of age and shall provide the following:

12 (1) A completed application form and an application fee of \$40;

13 (2) A copy of the applicant's birth certificate or equivalent documentation;

14 (3) Proof of graduation from high school or its equivalent;

15 (4) Proof of one of the following:

16 a. Graduation from an American Dental Association Commission on Dental
17 Accreditation (CODA) accredited dental assisting program;

18 b. Current certification as a Certified Dental Assistant (CDA) through the Dental
19 Assisting National Board, Inc. (DANB); or

20 c. Completion of a program approved pursuant to § 20:43:08:05 resulting in a
21 registered dental assistant certificate of competency.

1 (5) A certified letter verifying the registration number and status of the registration from the
2 Board of Dentistry in each state in which the applicant is or has been registered to
3 perform expanded functions; and

4 (6) A copy of the applicant's current board approved cardiopulmonary resuscitation (CPR)
5 card. The board accepts only the American Heart Association for the Healthcare
6 Provider, American Red Cross for the Professional Rescuer, or an equivalent program
7 approved by the board.

8 Applicants that have completed a CODA accredited dental assisting program or obtained a
9 certificate of competency must apply within five years of completion of the program or, if the
10 program was completed more than five years prior to application, must have legally provided
11 expanded functions within five years preceding application. Written documentation verifying the
12 current clinical proficiency of the applicant to provide expanded functions may be required from
13 a dentist that has employed or supervised the applicant within the five years prior to application.

14 The board may issue a registration to practice as a registered dental assistant if an applicant
15 meets the requirements in this rule. A registered dental assistant may perform expanded functions
16 under the direct supervision of a dentist as authorized by this article.

17 **Source:** 19 SDR 32, effective September 6, 1992; 42 SDR 19, effective August 17, 2015.

18 **General Authority:** SDCL 36-6A-14(6) (7), 36-6A-50(15).

19 **Law Implemented:** SDCL 36-6A-14(6)(7), 36-6A-41, 36-6A-4250(15).

20 **20:43:08:04. Knowledge of infection control and applicable Occupational Safety and**
21 **Health Administration standards –Qualifications by endorsement.** ~~A person who has a~~
22 ~~current certificate to perform expanded functions issued by another state, jurisdiction, agency, or~~
23 ~~recognized professional registry may, upon presentation of the certificate to the board be~~

1 considered to meet the requirements of § 20:43:08:03 if the board finds that the standards and
2 procedures for qualification in the state, jurisdiction, agency, or recognized professional registry
3 which issued the certificate are equivalent to the standards of this chapter. Dental assistants and
4 registered dental assistants must be knowledgeable in the following:

- 5 (1) Occupational Safety and Health Administration Hazard Communication Standard as
6 outlined in 29 CFR §1910.1200 (May 25, 2012);
- 7 (2) Occupational Safety and Health Administration Bloodborne Pathogens Standard as
8 outlined in 29 CFR §1910.1030 (April 3, 2012); and
- 9 (3) Centers for Disease Control and Prevention Guidelines for Infection Control in
10 Dental Health Care Settings, 2003.

11 **Source:** 19 SDR 32, effective September 6, 1992.

12 **General Authority:** SDCL 36-6A-14 (1)(7).

13 **Law Implemented:** SDCL 36-6A-14 (1)(7), 36-6A-41, 36-6A-42.

14 **Reference: Guidelines for Infection Control in Dental Health Care Settings, 2003, Center**
15 **for Disease Control and Prevention.** Copies may be obtained from the Center for Disease
16 Control and Prevention free of charge at <http://www.cdc.gov/>.

17 **20:43:08:05. Approval of Registered dental assistant training programs -- Application.**

18 ~~A~~ The Board may approve a program of learning leading to a registered dental assistant certificate
19 of competency or registration as a registered dental assistant as required by § 20:43:08:03 may be
20 approved by the board pursuant to § 20:43:08:03(4)(c) if the program meets the following
21 standards requirements:

- 22 (1) ~~It constitutes an organized program of learning which contributes to the proficiency and~~
23 ~~skills of the individual in training to become registered as a registered dental assistant performing~~

1 ~~expanded functions~~ The program is conducted by an entity that administers an American Dental
2 Association Commission on Dental Accreditation (CODA) accredited dental assisting program or
3 has applied for and is completing the application process to obtain CODA accreditation for its
4 dental assisting program; and

5 (2) ~~It is conducted by individuals who are qualified by special education, training, and~~
6 ~~experience to conduct the program of learning in expanded functions~~ The program verifies the
7 competency of participants on areas generally included in the curriculum of a CODA accredited
8 dental assisting program.

9 Application for approval of programs ~~of learning~~ shall be made to the board.

10 **Source:** 19 SDR 32, effective September 6, 1992; 42 SDR 19, effective August 17, 2015.

11 **General Authority:** SDCL 36-6A-14(7).

12 **Law Implemented:** SDCL 36-6A-14(7).

13 ~~— 20:43:08:06. Certificate of competency — Examination. An applicant for a certificate of~~
14 ~~competency must pass a written examination on expanded functions administered by the board~~
15 ~~or the dental assisting national board or any substantially similar test. The applicant must also~~
16 ~~present to the board written documentation from a South Dakota dentist attesting to the clinical~~
17 ~~proficiency of the applicant who has performed expanded functions under personal supervision~~
18 ~~of the dentist for at least 180 days. The passing grade for the examination is 75.~~

19 **Source:** 19 SDR 32, effective September 6, 1992.

20 **General Authority:** SDCL 36-6A-14, 36-6A-41.

21 ~~— Law Implemented: SDCL 36-6A-14, 36-6A-42.~~

22 **20:43:08:07. Exemption to training requirements Student exemption.** ~~Repealed.~~ An
23 individual that does not hold a registration to practice as a registered dental assistant may

1 perform dental assisting duties or procedures and expanded functions, if the following
2 requirements are met:

3 (1) The individual is enrolled in an American Dental Association Commission on Dental
4 Accreditation (CODA) accredited dental assisting program or board approved dental assisting
5 educational program and performing the dental assisting duty, procedure, or expanded function
6 under the auspices of that program;

7 (2) The duty, procedure, or expanded function is performed under the supervision of a
8 faculty member of that program who is appropriately registered or licensed in the state where the
9 program is located; and

10 (3) The faculty member authorizes the dental assisting duty, procedure, or expanded function
11 to be performed, remains in the dental clinic while it is performed, and before dismissal of a
12 patient the faculty member approves the work that was performed.

13 **Source:** ~~19 SDR 32, effective September 6, 1992; repealed, 26 SDR 37, effective~~
14 ~~September 20, 1999.~~

15 **General Authority:** SDCL 36-6A-14(7), 36-6A-33(2)

16 **Law Implemented:** SDCL 36-6A-14(7), 36-6A-33(2)

17 **20:43:08:08. Application for registration.** ~~Each person desiring to engage in performing~~
18 ~~expanded functions, except a licensed dentist or dental hygienist, shall apply for registration to~~
19 ~~the board before engaging in such expanded functions. The application shall be made on a form~~
20 ~~furnished by the board and shall be filled out completely. The application shall contain a~~
21 ~~statement that the requirements of this chapter has been read and understood by the applicant and~~
22 ~~shall document the training, experience, and education that qualify the applicant to engage in~~
23 ~~performing expanded functions.~~

1 **Source:** 19 SDR 32, effective September 6, 1992.

2 ~~General Authority:~~ SDCL 36-6A-14, 36-6A-41, 36-6A-42.

3 ~~Law Implemented:~~ SDCL 36-6A-14, 36-6A-41, 36-6A-42.

4 **20:43:08:09. Fee for registration – Registered dental assistant - Renewal.** ~~If an applicant~~
5 ~~meets the requirements of § 20:43:08:03, the board shall issue a registration as a registered dental~~
6 ~~assistant upon payment of a fee of \$40 for initial registration.~~ Each person registered to practice as
7 a registered dental assistant shall annually procure a certificate of registration from the board by
8 July first. Each person registered as a registered dental assistant shall maintain a current board
9 approved cardiopulmonary resuscitation (CPR) card. The board accepts only the American Heart
10 Association for the Healthcare Provider, the American Red Cross for the Professional Rescuer, or
11 an equivalent program approved by the board. A registered dental assistant shall pay an annual
12 renewal fee of \$20. A registered dental assistant shall display the registration in the office.

13 **Source:** 19 SDR 32, effective September 6, 1992; 38 SDR 172, effective April 25, 2012;
14 42 SDR 19, effective August 17, 2015; 45 SDR 35, effective September 19, 2018.

15 **General Authority:** SDCL 36-6A-14(6)(7), 36-6A-50(15)(17).

16 **Law Implemented:** SDCL 36-6A-14(6)(7), 36-6A-50(15)(17).

17 **20:43:08:09.01. Registered dental assistant - Continuing education requirements --**
18 ~~Registered dental assistants.~~ A registered dental assistant shall complete at least 60 hours of
19 board approved continuing education in each five-year licensure cycle. One hour of continuing
20 education may be earned for each hour of attendance at a board approved continuing education
21 course.

22 Credit for nutrition continuing education is limited to 15 hours per five-year licensure cycle.
23 Credit for practice management continuing education is limited to 10 hours per five-year licensure

1 cycle. Credit for home study continuing education is limited to 30 hours per five-year licensure
2 cycle. Credit for cardiopulmonary resuscitation continuing education is limited to 15 hours per
3 five-year licensure cycle. Credit for clinical continuing education is unlimited per five-year
4 licensure cycle. Up to five hours of clinical continuing education may be earned for attendance at
5 exhibits at a state, regional, or national dental conference with a limit of 20 hours per five-year
6 licensure cycle.

7 The board's continuing education guidelines shall be reviewed annually.

8 **Source:** Transferred from § 20:43:03:07.02, 45 SDR 35, effective September 19, 2018.

9 **General Authority:** SDCL 36-6A-14(1)(7), 36-6A-55.

10 **Law Implemented:** SDCL 36-6A-55.

11 **20:43:08:10. Delegation of duties—Supervision.** Subject to the dentist
12 ~~exercising full responsibility, a dental assistant may perform duties and procedures incidental to~~
13 ~~patient treatment while under the direct or indirect supervision of a licensed dentist or under~~
14 ~~personal supervision of a licensed dental hygienist.~~ **Registered dental assistant – Scope of**
15 **practice.** Subject to the supervising dentist exercising full responsibility, A a registered dental
16 assistant may perform expanded function procedures functions only under the direct supervision
17 of a dentist.

18 The following list of procedures may not be performed by a registered dental assistant:

- 19 (1) Irreversible procedures;
20 (2) Cutting of hard or soft tissue;
21 (3) Using lasers that are capable of altering, cutting, burning or damaging hard or soft
22 tissue;
23 (4) Intraoral placing, finishing, and adjusting of final restorations;

- 1 (5) Supra and subgingival scaling and periodontal probing as it pertains to dental hygiene
2 and those procedures allocated by SDCL 36-6A-40 and by § 20:43:04:04 to dental
3 hygienists with the exception of placing sealants and coronal polishing;
4 (6) Injecting medication other than as permitted in § 20:43:09:10.01;
5 (7) Administering nitrous oxide analgesia other than as permitted in § 20:43:09:06;
6 (8) Monitoring patients under general anesthesia, deep sedation, or moderate sedation
7 other than as permitted in § 20:43:09:10;
8 (9) Applying X-radiation to human teeth and supporting structures other than as permitted
9 in chapter 20:43:07;
10 (10) Establishment of a final diagnosis or treatment plan;
11 (11) Any procedure that falls outside of the relevant education, training, and experience
12 of the registered dental assistant; and
13 (12) Other procedures prohibited by the Board.

14 A dentist shall not allow professional incompetence by a registered dental assistant
15 working under the supervision of the dentist due to a deliberate act, negligent act, or failure to
16 act.

17 **Source:** SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 12 SDR 151, 12 SDR 155,
18 effective July 1, 1986; 14 SDR 118, effective March 24, 1988; transferred from § 20:43:04:05, 19
19 SDR 32, effective September 6, 1992; 42 SDR 19, effective August 17, 2015.

20 **General Authority:** SDCL 36-6A-14(7)(10), 36-6A-2641, 36-6A-59.1(6).

21 **Law Implemented:** SDCL 36-6A-14(7)(10), 36-6A-2641, 36-6A-59.1(6).

1 **20:43:08:11. Procedures that may not be delegated.** The following list of procedures may
2 not be delegated by a dentist or dental hygienist to either a dental assistant or a registered dental
3 assistant:

4 — (1) The cutting of hard or soft tissue;

5 — (2) Intraoral procedures that will be used directly in the fabrication of a dental prosthesis;

6 — (3) Irreversible procedures;

7 — (4) The injection of medication other than as permitted in § 20:43:09:10.01;

8 — (5) The administration of nitrous oxide analgesia other than as permitted in § 20:43:09:06;

9 — (6) The placing, finishing, and adjusting of final restorations; and

10 (7) Those procedures allocated by SDCL 36-6A-40 and by §§ 20:43:04:04 and 20:43:04:06
11 to dental hygienists with the exception of placement of sealants and coronal polishing
12 following a prophylaxis by a dentist or dental hygienist.

13 **Source:** 6 SDR 87, effective March 2, 1980; 12 SDR 151, 12 SDR 155, effective July 1,
14 1986; transferred from § 20:43:04:05.01, 19 SDR 32, effective September 6, 1992; 32 SDR 188,
15 effective May 15, 2006; 42 SDR 19, effective August 17, 2015; 42 SDR 83, effective December
16 3, 2015.

17 **General Authority:** SDCL 36-6A-14(10)(13).

18 — **Law Implemented:** SDCL 36-6A-14(10)(13).

19 **20:43:04:06. Additional duties of dental hygienist.** In addition to the duties prescribed
20 in SDCL chapter 36-6A and § 20:43:04:04, a dental hygienist, ~~under direct supervision of a dentist,~~
21 may perform all services permitted other registered dental assistants ~~and dental assistants~~ while
22 operating under the level of supervision required of a registered dental assistant.

1 **Source:** SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 10 SDR 75, effective
2 January 23, 1984; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 19 SDR 32, effective
3 September 6, 1992; 26 SDR 37, effective September 20, 1999; 37 SDR 131, effective January 6,
4 2011; 42 SDR 19, effective August 17, 2015.

5 **General Authority:** SDCL 36-6A-14(10).

6 **Law Implemented:** SDCL 36-6A-40.

1 (7) Any duty or procedure that falls outside of the relevant education, training, and
2 experience of the dental assistant;

3 (8) Any procedure that cannot be performed by a registered dental assistant; and

4 (9) Other duties or procedures prohibited by the Board.

5 Subject to the supervising dentist exercising full responsibility, a dental assistant may
6 perform the following duties or procedures if the supervising dentist is not present in the dental
7 clinic, but the dentist has ~~prior knowledge of and has authorized such~~ physically seen the patient
8 in-person during the six (6) months prior to
9 the dental assistant performing the following duties or procedures:

10 ~~(1) Taking alginate or digital records or impressions for casts and appliances;~~

11 (21) ~~Creating or delivering vacuum formed orthodontic retainers~~ Taking alginate or
12 digital records or impressions to create or deliver a vacuum
13 formed orthodontic retainer;

14 (23) Taking photographs extraorally or intraorally;

15 (34) Cutting long or broken wires;

16 (45) Removing loose bands, clasps, or brackets on orthodontic appliances or retainers;

17 (56) Removing and replacing ~~existing-loose~~ ligature ties and arch wires on
18 orthodontic

19 appliances;

20 (67) Removing and replacing ~~existing-lost or missing~~ elastic orthodontic separators;

 (78) Recementing existing provisional restorations;

 (89) Manipulating dental software for designing restorations;

 (910) Duties or procedures that involve infection control; and

If you are applying for a license in South Dakota and have taken a patient based clinical competency examination within the previous 5 years, the Board will accept the exam components noted below. For any component not accepted, you may take that component through a different testing agency that is accepted. If you are currently licensed in another state, have completed more than 3,000 clinical practice hours, and are applying for a license via credential verification, the Board accepts SRTA, CRDTS, WREB, CITA or CDCA patient based clinical competency examinations.

CDCA	2020	
	Regional Exam Meets Criteria (Y/N)?	Accepted for Initial Licensure in SD?
Clinical competency examination – License to practice as a dentist. The board may approve a patient based clinical competency examination pursuant to 20:43:03:01(4) that includes, at a minimum, a cut score of seventy five percent along with the following components:	Yes	Accept
(1.) A patient-based periodontal component that includes at least the following:	Optional	Accept if verified by CDCA.
i. Pocket depth detection;	Yes, but optional (SD specific add on)	
ii. Calculus detection and removal; and	Yes, if (1) patient based periodontal component option is selected	
iii. An intra oral and extra oral assessment;	Yes, if (1) patient based periodontal component option is selected	
(2.) A patient-based restorative component that includes at least the following:	Yes	Accept if verified by CDCA.
i. A class II composite or amalgam preparation and restoration. Slot preparations will not be accepted as fulfilling this requirement; and	Yes (slot prep not accepted)	
ii. A class III anterior composite preparation and restoration;	Yes	
(3.) A manikin-based prosthodontic component that includes at least the following:	Yes	Accept
i. An all ceramic anterior crown preparation; and	Yes	
ii. A three unit fixed bridge that includes:	Yes	
1. A cast gold posterior crown preparation; and	Yes	
2. A porcelain fused to metal crown preparation;	Yes	
(4.) A manikin-based endodontic component that includes at least the following:	Yes	Accept
i. An anterior endodontic procedure that includes access opening, instrumentation, and obturation; and	Yes	
ii. A posterior endodontic procedure that includes access opening and canal location; and	Yes	
(5.) A remediation policy to address candidate deficiencies	Yes	Accept
CDCA	2020	
	Regional Exam Meets Criteria (Y/N)?	Accepted for Initial Licensure in SD?
Clinical competency examination – License to practice as a dental hygienist. The board may approve a patient based dental hygiene clinical competency examination pursuant to 20:43:03:08(4) that includes, at a minimum, a cut score of seventy five percent along with the following components:	Yes	Accept
(1) Pocket depth detection;	Yes	Accept
(2) Calculus detection and removal;	Yes	Accept
(3) An intra oral and extra oral assessment; and	Yes	Accept
(4) A remediation policy to address candidate deficiencies.	Yes	Accept

If you are applying for a license in South Dakota and have taken a patient based clinical competency examination within the previous 5 years, the Board will accept the exam components noted below. For any component not accepted, you may take that component through a different testing agency that is accepted. If you are currently licensed in another state, have completed more than 3,000 clinical practice hours, and are applying for a license via credential verification, the Board accepts SRTA, CRDTS, WREB, CITA or CDCA patient based clinical competency examinations.

CITA	2020	
	Regional Exam Meets Criteria (Y/N)?	Accepted for Initial Licensure in SD?
Clinical competency examination – License to practice as a dentist. The board may approve a patient based clinical competency examination pursuant to 20:43:03:01(4) that includes, at a minimum, a cut score of seventy five percent along with the following components:	Yes	Accept
(1.) A patient-based periodontal component that includes at least the following:	Optional	Accept if verified by CITA
i. Pocket depth detection;	Yes, but optional (SD specific add on)	
ii. Calculus detection and removal; and	Yes, if (1) patient based periodontal component option is selected	
iii. An intra oral and extra oral assessment;	Yes, if (1) patient based periodontal component option is selected	
(2.) A patient-based restorative component that includes at least the following:	Yes	Accept if verified by CITA.
i. A class II composite or amalgam preparation and restoration. Slot preparations will not be accepted as fulfilling this requirement; and	Yes (slot prep not accepted)	
ii. A class III anterior composite preparation and restoration;	Yes	
(3.) A manikin-based prosthodontic component that includes at least the following:	Yes	Accept
i. An all ceramic anterior crown preparation; and	Yes	
ii. A three unit fixed bridge that includes:	Yes	
1. A cast gold posterior crown preparation; and	Yes	
2. A porcelain fused to metal crown preparation;	Yes	
(4.) A manikin-based endodontic component that includes at least the following:	Yes	Accept
i. An anterior endodontic procedure that includes access opening, instrumentation, and obturation; and	Yes	
ii. A posterior endodontic procedure that includes access opening and canal location; and	Yes	
(5.) A remediation policy to address candidate deficiencies	Yes	Accept
CITA	2020	
	Regional Exam Meets Criteria (Y/N)?	Accepted for Initial Licensure in SD?
Clinical competency examination – License to practice as a dental hygienist. The board may approve a patient based dental hygiene clinical competency examination pursuant to 20:43:03:08(4) that includes, at a minimum, a cut score of seventy five percent along with the following components:	Yes	Accept
(1) Pocket depth detection;	Yes	Accept
(2) Calculus detection and removal;	Yes	Accept
(3) An intra oral and extra oral assessment; and	Yes	Accept
(4) A remediation policy to address candidate deficiencies.	Yes	Accept

If you are applying for a license in South Dakota and have taken a patient based clinical competency examination within the previous 5 years, the Board will accept the exam components noted below. For any component not accepted, you may take that component through a different testing agency that is accepted. If you are currently licensed in another state, have completed more than 3,000 clinical practice hours, and are applying for a license via credential verification, the Board accepts SRTA, CRDTS, WREB, CITA or CDCA patient based clinical competency examinations.

CRDTS	2020	
	Regional Exam Meets Criteria (Y/N)?	Accepted for Initial Licensure in SD?
Clinical competency examination – License to practice as a dentist. The board may approve a patient based clinical competency examination pursuant to 20:43:03:01(4) that includes, at a minimum, a cut score of seventy five percent along with the following components:	Yes	Accept
(1.) A patient-based periodontal component that includes at least the following:	Yes	Accept
i. Pocket depth detection;	Yes	
ii. Calculus detection and removal; and	Yes	
iii. An intra oral and extra oral assessment;	Yes	
(2.) A patient-based restorative component that includes at least the following:	Yes	Accept if verified by CRDTS.
i. A class II composite or amalgam preparation and restoration. Slot preparations will not be accepted as fulfilling this requirement; and	Yes (slot prep not accepted)	
ii. A class III anterior composite preparation and restoration;	Yes	
(3.) A manikin-based prosthodontic component that includes at least the following:	Yes	Accept
i. An all ceramic anterior crown preparation; and	Yes	
ii. A three unit fixed bridge that includes:	Yes	
1. A cast gold posterior crown preparation; and	Yes	
2. A porcelain fused to metal crown preparation;	Yes	
(4.) A manikin-based endodontic component that includes at least the following:	Yes	Accept
i. An anterior endodontic procedure that includes access opening, instrumentation, and obturation; and	Yes	
ii. A posterior endodontic procedure that includes access opening and canal location; and	Yes	
(5.) A remediation policy to address candidate deficiencies	Yes	Accept
CRDTS	2020	
	Regional Exam Meets Criteria (Y/N)?	Accepted for Initial Licensure in SD?
Clinical competency examination – License to practice as a dental hygienist. The board may approve a patient based dental hygiene clinical competency examination pursuant to 20:43:03:08(4) that includes, at a minimum, a cut score of seventy five percent along with the following components:	Yes	Accept
(1) Pocket depth detection;	Yes	Accept
(2) Calculus detection and removal;	Yes	Accept
(3) An intra oral and extra oral assessment; and	Yes	Accept
(4) A remediation policy to address candidate deficiencies.	Yes	Accept

If you are applying for a license in South Dakota and have taken a patient based clinical competency examination within the previous 5 years, the Board will accept the exam components noted below. For any component not accepted, you may take that component through a different testing agency that is accepted. If you are currently licensed in another state, have completed more than 3,000 clinical practice hours, and are applying for a license via credential verification, the Board accepts SRTA, CRDTS, WREB, CITA or CDCA patient based clinical competency examinations.

SRTA	2020	
	Does Exam Meet Criteria (Y/N)?	Accepted for Initial Licensure in SD?
Clinical competency examination – License to practice as a dentist. The board may approve a patient based clinical competency examination pursuant to 20:43:03:01(4) that includes, at a minimum, a cut score of seventy five percent along with the following components:	Yes	Accept
(1.) A patient-based periodontal component that includes at least the following:	OPTIONAL	Not Accepted
i. Pocket depth detection;	No	
ii. Calculus detection and removal; and	Yes	
iii. An intra oral and extra oral assessment;	No	
(2.) A patient-based restorative component that includes at least the following:	Yes	Accept if verified by SRTA.
i. A class II composite or amalgam preparation and restoration. Slot preparations will not be accepted as fulfilling this requirement; and	Yes (slot prep not accepted)	
ii. A class III anterior composite preparation and restoration;	Yes	
(3.) A manikin-based prosthodontic component that includes at least the following:	Yes	Accept
i. An all ceramic anterior crown preparation; and	Yes	
ii. A three unit fixed bridge that includes:	Yes	
1. A cast gold posterior crown preparation; and	Yes	
2. A porcelain fused to metal crown preparation;	Yes	
(4.) A manikin-based endodontic component that includes at least the following:	Yes	Accept
i. An anterior endodontic procedure that includes access opening, instrumentation, and obturation; and	Yes	
ii. A posterior endodontic procedure that includes access opening and canal location; and	Yes	
(5.) A remediation policy to address candidate deficiencies	Yes	Accept

SRTA	2020	
	Regional Exam Meets Criteria (Y/N)?	Accepted for Initial Licensure in SD?
Clinical competency examination – License to practice as a dental hygienist. The board may approve a patient based dental hygiene clinical competency examination pursuant to 20:43:03:08(4) that includes, at a minimum, a cut score of seventy five percent along with the following components:	Yes	Accept
(1) Pocket depth detection;	Yes	Accept
(2) Calculus detection and removal;	Yes	Accept
(3) An intra oral and extra oral assessment; and	Yes	Accept
(4) A remediation policy to address candidate deficiencies.	Yes	Accept

If you are applying for a license in South Dakota and have taken a patient based clinical competency examination within the previous 5 years, the Board will accept the exam components noted below. For any component not accepted, you may take that component through a different testing agency that is accepted. If you are currently licensed in another state, have completed more than 3,000 clinical practice hours, and are applying for a license via credential verification, the Board accepts SRTA, CRDTS, WREB, CITA or CDCA patient based clinical competency examinations.

WREB	2020	
	Regional Exam Meets Criteria (Y/N)?	Accepted for Initial Licensure in SD?
Clinical competency examination – License to practice as a dentist. The board may approve a patient based clinical competency examination pursuant to 20:43:03:01(4) that includes, at a minimum, a cut score of seventy five percent along with the following components:	Ordinal rating scale, but equivalent	Accept as equivalent
(1.) A patient-based periodontal component that includes at least the following:	Yes	Accept
i. Pocket depth detection;	Yes	
ii. Calculus detection and removal; and	Yes	
iii. An intra oral and extra oral assessment;	Yes, but indirectly evaluated	
(2.) A patient-based restorative component that includes at least the following:	OPTIONAL	Accept if verified by WREB.
i. A class II composite or amalgam preparation and restoration. Slot preparations will not be accepted as fulfilling this requirement; and	Yes, if (2) patient based restorative option selected (slot prep not accepted).	
ii. A class III anterior composite preparation and restoration;	Yes, if (2) patient based restorative option selected.	
(3.) A manikin-based prosthodontic component that includes at least the following:	Yes	Accept if verified by WREB.
i. An all ceramic anterior crown preparation; and	Yes	
ii. A three unit fixed bridge that includes:	Yes, if requested.	
1. A cast gold posterior crown preparation; and	Yes, if requested.	
2. A porcelain fused to metal crown preparation;	Yes, if requested.	
(4.) A manikin-based endodontic component that includes at least the following:	Yes	Accept
i. An anterior endodontic procedure that includes access opening, instrumentation, and obturation; and	Yes	
ii. A posterior endodontic procedure that includes access opening and canal location; and	Yes	
(5.) A remediation policy to address candidate deficiencies	Yes	Accept
WREB	2020	
	Regional Exam Meets Criteria (Y/N)?	Accepted for Initial Licensure in SD?
Clinical competency examination – License to practice as a dental hygienist. The board may approve a patient based dental hygiene clinical competency examination pursuant to 20:43:03:08(4) that includes, at a minimum, a cut score of seventy five percent along with the following components:	Yes	Accept
(1) Pocket depth detection;	Yes	Accept
(2) Calculus detection and removal;	Yes	Accept
(3) An intra oral and extra oral assessment; and	Yes	Accept
(4) A remediation policy to address candidate deficiencies.	Yes	Accept

Integration of SD's PMP AWARxE with South Dakota Licensing Boards

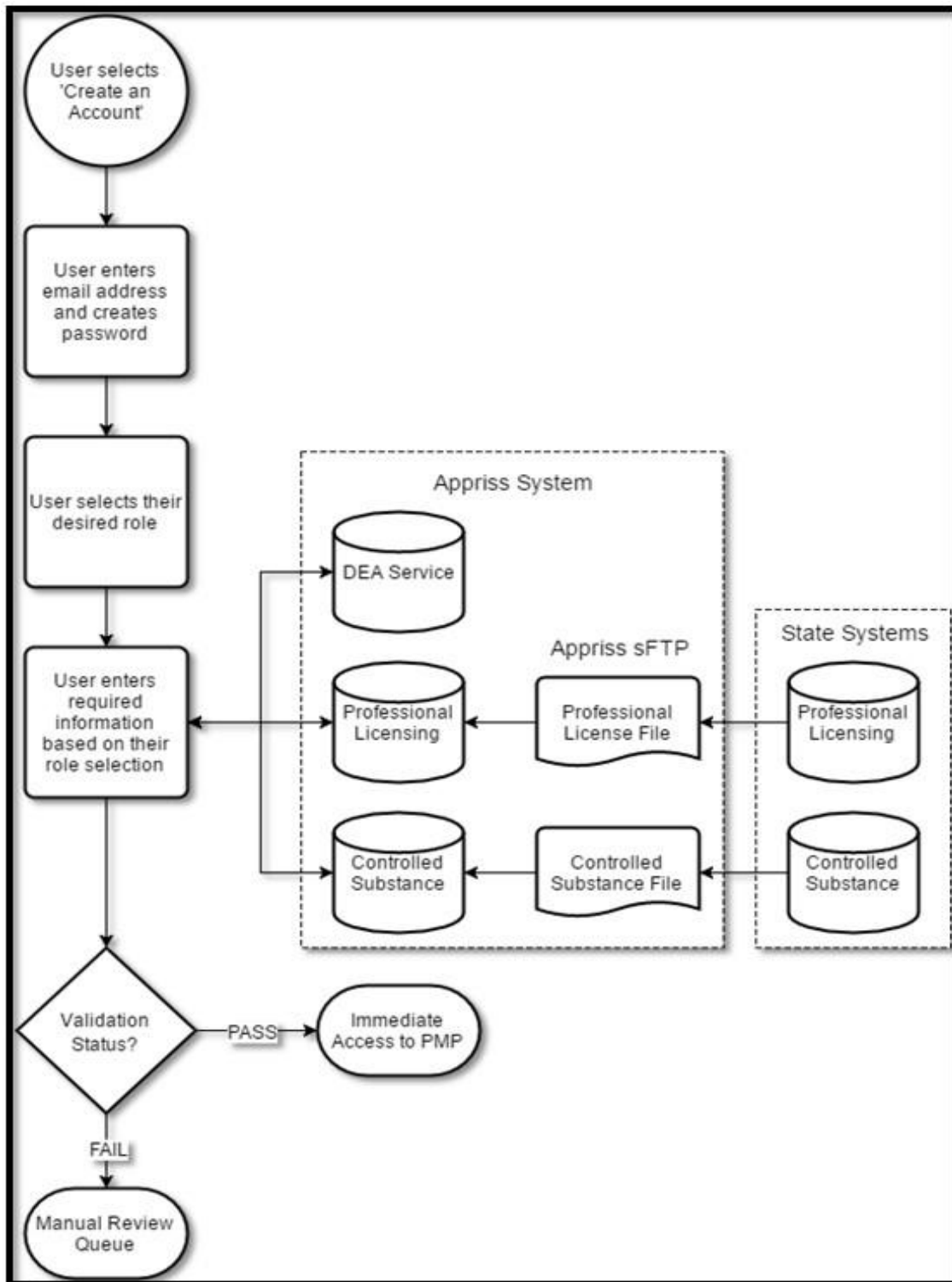
The 2017 SD Legislature demonstrated their belief that the SD PDMP is a key tool in SD's arsenal to fight the opioid epidemic through passage of Senate Bill 1. This bill mandates registration with the SD PDMP for all prescribers with a SD Controlled Substance Registration (SD CSR), which is the first step to increasing program utilization. Currently, the program manually credentials all program applicants and recredentials all current users annually which is paramount to ensure user integrity. This mandate has substantially increased these tasks' workloads; therefore, we request a partnership with the professional licensing boards in SD to enhance the PMP AWARxE platform with license integration software.

Conference calls between PDMP staff and Apriss Health key team members were held to determine the scope and level of effort for this project. Apriss Health's proposal includes software to provide both auto-credentialing of applicants and a monthly reverification process of those licensed with the SD Board of Medical and Osteopathic Examiners, the SD Board of Nursing, and the SD Board of Dentistry, the SD Board of Examiners in Optometry, the SD Board of Podiatry Examiners, and the SD Board of Pharmacy. This software will automate the credentialing of the licensees as follows: 1) Verification of the professional license number, the license's expiration date, the license's status including if there is any discipline on the license, and 2) Verification of a match of the last four digits of the social security number and birthdate (this verification replaces the current required Data Requestor Notary Form). Reports will be available for PDMP staff to evaluate the licenses that were verified through this software integration and the licenses that were not verified. This automation benefits program users, PDMP staff, and ultimately SD patients. Program applicant prescribers and pharmacists will no longer have to wait to access this clinical decision-making tool. Upon submission of the online account application and its successful automated verification with professional board data, accounts will be auto approved and ready for immediate access, positively impacting patient care. PDMP staff will be

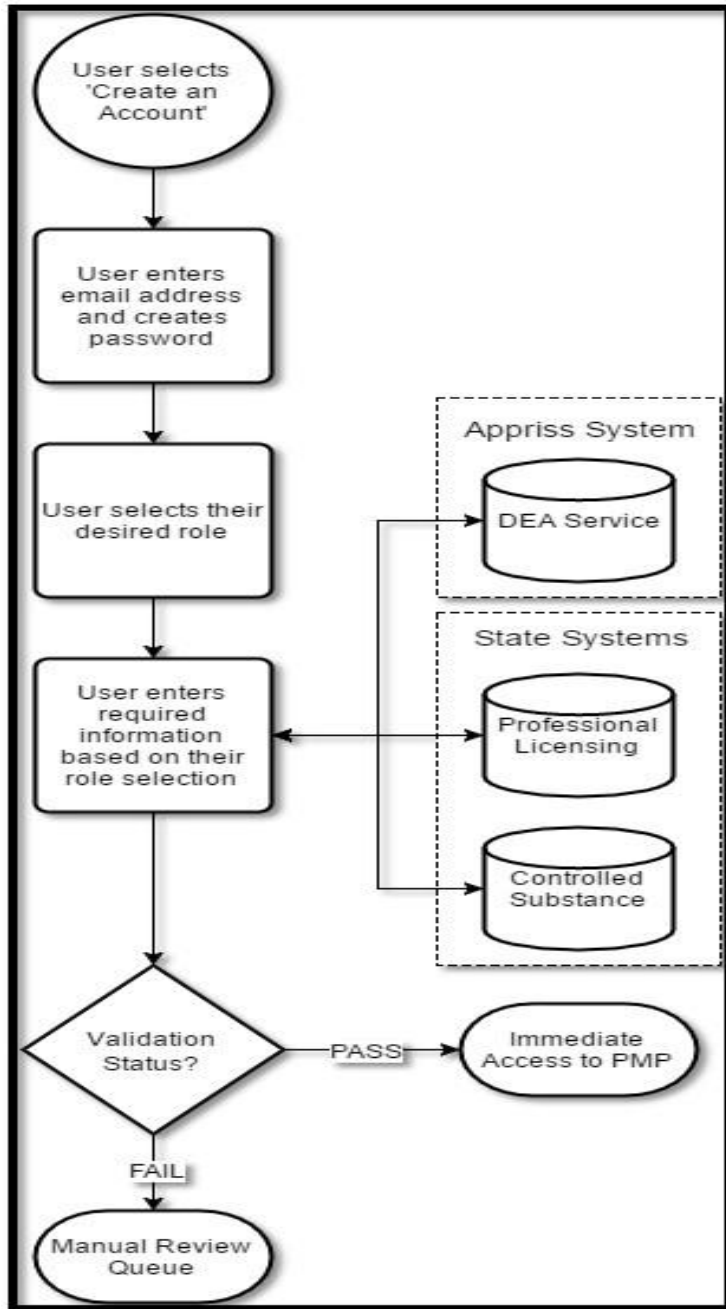
able to shift the significant amount of time currently spent manually credentialing to other program priorities including dispenser submission compliance and error correction, current grant projects, user education, and program statistical compilation and evaluation. This automation also greatly elevates program user integrity as all users will be recredentialled monthly compared to the current yearly process. Thank you for your consideration of partnering with the SD PDMP in this important project.

Options for Verifications

Example 1: Representation of a “file based” verification. State license board provides a file which is pushed to or pulled by us.



Option 2: Representation of a web service verification process. In this example user registration data will be passed directly to state system via web service.



Lara Irvin
Manager, Client Relations



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Anesthesia Credentials Committee

	ACC Member	Location	Expiration	Recommended Replacement	Board Action
Board Member/	Dr. Scott Van Dam	Rapid City			
GA/Deep	Dr. Denis Miller	Sioux Falls	2019	Dr. Carl Kimbler (Aberdeen) - 6 year term	Appoint in October
GA/Deep	Dr. Brent Henriksen	Sioux Falls	2021		
GA/Deep	Dr. Jay Crossland	Rapid City	2023		
Moderate	Dr. Bruce Wintle	Huron	2019	Dr. John Bridges (Rapid City) - 6 year term	Appoint in October
Moderate	Dr. Ed Kusek	Sioux Falls	2023		
No Permit	Dr. Jesse Fast	Huron	2021		



South Dakota State Board of Dentistry

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BOARD APPROVED COURSES POLICY:

It is the policy of the Board to use the Board Approved Courses Policy as guidance when determining whether to issue a license, registration or permit.

DENTISTS

General Anesthesia and Deep Sedation Permit: 20:43:09:03

1. General Anesthesia and Deep Sedation Program: 20:43:09:03 – Programs are set forth in rule. These are not Board approved.
2. ACLS: 20:43:09:03(3) –
 - a. American Heart Association Advanced Cardiac Life Support (ACLS)
 - b. American Heart Association Pediatric Advanced Life Support (PALS)

Moderate Sedation Permit: 20:43:09:04

1. Moderate Sedation Courses: 20:43:09:04
 - a. IV Conscious Sedation
 - i. Location: Augusta, GA.
 - ii. Sponsor: Medical College of Georgia Regents University (*formally known as Georgia School of Dentistry*)
 - iii. Hours: At least 60. Patients: At least 20
 - b. Medical Emergencies, Local Anesthesia and Moderate Sedation in Dental Practice
 - i. Location: Dayton, OH.
 - ii. Sponsor: Miami Valley Hospital
 - iii. Hours: At least 60. Patients: At least 20
 - c. Learn IV Sedation
 - i. Location: Portland, OR.
 - ii. Sponsor: Oregon Academy of General Dentistry
 - iii. Hours: At least 60. Patients: At least 20
 - d. Clinical Intravenous Sedation
 - i. Location: Los Angeles, CA.
 - ii. Sponsor: The Herman Ostrow School of Dentistry of USC
 - iii. Hours: At least 60. Patients: At least 20
 - e. IV Training for Moderate Sedation
 - i. Location: Various Locations in the United States.
 - ii. Sponsor: Conscious Sedation Consulting
 - iii. Hours: At least 60. Patients: At least 20
 - f. ADA CODA accredited General Practice Residency that meets the regulatory requirements
 - i. Location: Various.
 - ii. Hours: At least 60. Patients: At least 20.
 - g. ADA CODA accredited Periodontal Residency that meets the regulatory requirements
 - i. Location: Various.
 - ii. Hours: At least 60. Patients: At least 20.
 - h. IV Sedation for Dentistry at Oregon Health & Science University

- i. Location: Oregon Health and Science University School of Dentistry and various clinical facilities.
 - ii. Sponsor: Oregon Health and Science University School of Dentistry and DOCS Education
 - iii. Hours: At least 60. Patients: At least 20
 - i. Moderate Sedation Training Course
 - i. Location: Varies
 - ii. Sponsor: Dentinomics
 - iii. Hours: At least 60. Patients: At least 20
 - 2. ACLS: 20:43:09:04(3)
 - a. American Heart Association Advanced Cardiac Life Support (ACLS)
 - b. American Heart Association Pediatric Advanced Life Support (PALS)
-

PERMIT TO MONITOR PATIENTS UNDER ANESTHESIA – DH, RDA & DA

DH, RDA and DA Monitoring Moderate and Deep/General: 20:43:09:10

1. Dental Anesthesia Assistant National Certification Examination (DAANCE)
 - a. Sponsor: American Association of Oral and Maxillofacial Surgeons (AAOMS)
 - b. Hours: 36
2. Anesthesia Assistants Review Course
 - a. Sponsor: American Association of Oral and Maxillofacial Surgeons (AAOMS)
 - b. Hours: 12
3. Assistant Sedation/Anesthesia Course
 - a. Sponsor: American Dental Society of Anesthesiology (ADSA)
 - b. Hours: 12
4. Assistant Sedation/Anesthesia Course – On Demand CE Course (Online)
 - a. Sponsor: American Dental Society of Anesthesiology (ADSA)
 - b. Hours: 12. Twelve individual one hour assistant courses must be completed. All twelve certificates must be submitted with the application. If ADSA offers more than 12 courses, you can choose the 12 you would like to complete.
5. Conscious Sedation Consulting Online Sedation Course.
 - a. Sponsor: Conscious Sedation Consulting
 - b. Hours: 8. Eight individual one hour courses must be completed: A Culture of Safety; Patient Assessment; Sedation; Pain; Patient Monitoring; Adverse Events – Airway & Respiratory; Adverse Events – Cardiac & Neurological; and Recovery and Discharge. All eight certificates must be submitted with the application.
6. Sedation and Anesthesia in the Dental Practice
 - a. Sponsor: South Dakota Dental Association
 - b. Hours: 8
7. Intravenous Conscious Sedation Course, GRU, College of Dental Medicine
 - a. Sponsor: Georgia Regents University
 - b. Hours: 40
8. Assisting on the Sedated Patient – A Certification Course for Assistants
 - a. Sponsor: Dentinomics
 - b. Hours: 8 Hours
9. Monitoring of Sedation/General Anesthesia Patients for Dental Procedures and intravenous catheter insertion
 - a. Sponsor: Saint Louis University Center for Advanced Dental Education
 - b. Hours: 24



South Dakota State Board of Dentistry

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BOARD APPROVED COURSES POLICY:

It is the policy of the Board to use the Board Approved Courses Policy as guidance when determining whether to issue a license, registration or permit.

DENTISTS

Administer Nitrous Oxide: 20:43:09:05

1. Nitrous Oxide Courses taken through American Dental Association Commission on Dental Accreditation (ADA CODA) accredited dental, dental hygiene or dental assisting schools.
2. Western Dakota Technical Institute (WDTI) Nitrous Oxide course (Approved until CODA Accreditation is completed). *Operational as of June 17, 2016.*

Cardiopulmonary Resuscitation (CPR)

1. American Heart Association Basic Life Support (BLS) Provider (*formerly known as the Healthcare Provider*)
 2. American Red Cross for the Professional Rescuer or the Healthcare Provider
 3. Military Training Network (MTN) Healthcare Provider Course
 4. American Heart Association Advanced Cardiac Life Support (ACLS)
 5. American Heart Association Pediatric Advanced Life Support (PALS)
-

DENTAL HYGIENISTS (DH):

DH Administer Nitrous Oxide: 20:43:09:06

1. Nitrous Oxide Courses taken through ADA CODA accredited dental, dental hygiene or dental assisting schools.
2. Western Dakota Technical Institute (WDTI) Nitrous Oxide course (Approved until CODA Accreditation is completed). *Operational as of June 17, 2016.*

DH Administer Local Anesthesia: 20:43:09:06.01

1. Local Anesthesia Courses taken through ADA CODA accredited dental or dental hygiene schools.

Cardiopulmonary Resuscitation (CPR)

1. American Heart Association Basic Life Support (BLS) Provider (*formerly known as the Healthcare Provider*)
2. American Red Cross for the Professional Rescuer or the Healthcare Provider
3. Military Training Network (MTN) Healthcare Provider Course
4. American Heart Association Advanced Cardiac Life Support (ACLS)
5. American Heart Association Pediatric Advanced Life Support (PALS)

Regional Examination Equivalency

1. California Dental Hygiene State Board Exam—1988
-

REGISTERED DENTAL ASSISTANTS (RDA)

RDA: 20:43:08:03

1. ADA CODA accredited dental assisting programs.
2. Western Dakota Technical Institute (WDTI) dental assistant training program (non-accredited). *Discontinued as of May 20, 2016. Anyone that graduated prior to that time would be eligible for registration.*
3. Western Dakota Technical Institute (WDTI) dental assistant program (Approved until CODA Accreditation is completed). *Operational as of May 21, 2016.*
4. South East Technical Institute (SETI) dental assisting program (non-accredited). *SETI discontinued its dental assisting program effective May 12, 2011. Anyone that graduated prior to that time would be eligible for registration.*
5. DANB Certified Dental Assistant (CDA) Certification (three components: Radiation Health and Safety, Infection Control and General Chairside Assisting)
6. Lake Area Technical Institute (LATI) expanded functions dental assistant continuing education course.

RDA Administer Nitrous Oxide: 20:43:09:06

1. Nitrous Oxide courses taken through ADA CODA accredited dental, dental hygiene and dental assisting schools.
2. Western Dakota Technical Institute (WDTI) Nitrous Oxide course (Approved until CODA Accreditation is completed). *Operational as of June 17, 2016.*

Cardiopulmonary Resuscitation (CPR)

1. American Heart Association Basic Life Support (BLS) Provider (*formerly known as the Healthcare Provider*)
2. American Red Cross for the Professional Rescuer or the Healthcare Provider
3. Military Training Network (MTN) Healthcare Provider Course
4. American Heart Association Advanced Cardiac Life Support (ACLS)
5. American Heart Association Pediatric Advanced Life Support (PALS)

RADIOGRAPHERS

Radiographer: 20:43:07:03

1. 16 hour Radiography courses taken through ADA CODA accredited dental, dental hygiene or dental assisting programs.
 2. 16 hour Radiography courses taken through Western Dakota Technical Institute (WDTI). WDTI offers a standalone 16 hour course or a course that students in the Dental Assisting program complete while completing the Dental Assisting program. WDTI provides a radiography certificate upon completion of the radiography component.
 3. 16 hour Radiography courses taken through Southeast Technical Institute (SETI) with a completion date after October 12, 2018.
 4. Radiography component of Dental Assisting National Board (DANB) plus instruction on placement techniques and exposing radiographs from employer.
 5. Department of the Air Force, Ellsworth Air Force Base 16 hour radiography course taught by Ms. Luann F. Brownson, offered to personnel (active duty, reserve, guard, Red Cross or GS) working as dental technicians at the Ellsworth Air Force Base.
-

Application Review Policy: It is the policy of the Board to use the Application Review Policy as guidance when determining whether to issue a license, registration or permit. The Board, or a member of the Board, will be consulted as appropriate for complex applications.

Regular Applications

- Dentist: License Applications – A completed application will be reviewed by a Board member to determine if an interview is necessary. The Board may approve an application on a case by case basis.
- Dental Hygienist: License Applications – A completed application will be reviewed by a Board member to determine if an interview is necessary. The Board may approve an application on a case by case basis.
- Collaborative Supervision Applications - A completed application will be reviewed and may be approved by the Board on a case by case basis.
- Radiographer Applications - A completed application will be reviewed and may be approved by the board office staff on a case by case basis.
- Registered Dental Assistant Applications - A completed application will be reviewed and may be approved by the board office staff on a case by case basis.
- Corporation Applications - A completed application, or a change in the ownership or management of a registered corporation, will be reviewed and may be approved by the board office staff on a case by case basis.
- General Anesthesia and Deep Sedation Permit or Moderate Sedation Permit Applications (temporary and regular applications) - A completed application or inspection will be reviewed and may be approved by a member of the Board or the chair of the Anesthesia Credentials Committee on a case by case basis.
- All other permit applications - A completed application will be reviewed and may be approved by the board office staff on a case by case basis.

Volunteer and Temporary Applications

- Dentist: Temporary Permit Applications - A completed application will be reviewed and may be approved by a member of the Board on a case by case basis.
- Dental Hygienist: Temporary Permit Applications - A completed application will be reviewed and may be approved by a member of the Board on a case by case basis.
- Dentist and Dental Hygienist: Volunteer Temporary Registration and Permit Applications – A completed application will be reviewed and may be approved by a member of the Board on a case by case basis.
 - Dentist – Volunteer temporary nitrous oxide, moderate sedation or general/deep sedation: To obtain a temporary permit, the applicant must verify that he or she holds a valid permit to provide this service or is otherwise allowed to provide this service under a regular dental license in his or her home state and that he or she has been regularly providing such service during the three years preceding application, or if the person has graduated less than three years preceding application, that he or she has been regularly providing such service since graduation. The Board reserves the right to inspect any facility where anesthesia is being provided.
 - Dental Hygienist – Volunteer temporary local anesthesia, nitrous oxide and monitoring patients under anesthesia: To obtain a temporary permit, the applicant must verify that he or she holds a valid permit to provide this service or is otherwise

allowed to provide this service under a regular dental hygiene license in his or her home state and that he or she has been regularly providing such service during the three years preceding application, or if the person has graduated less than three years preceding application, that he or she has been regularly providing such service since graduation. The Board reserves the right to inspect any facility where anesthesia is being provided.

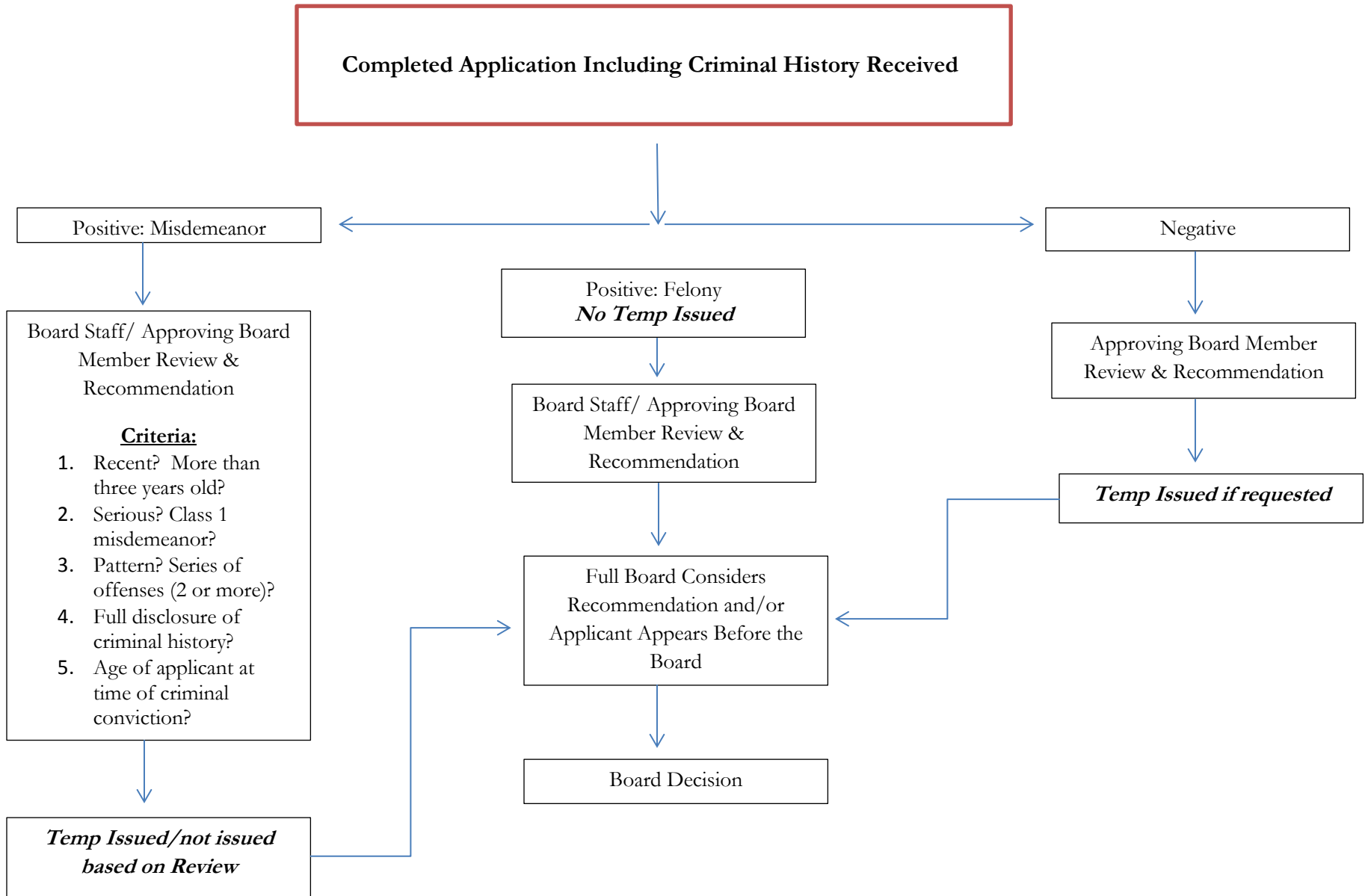
Continuing Education Audit Policy: It is the policy of the Board that a continuing education audit will be conducted annually and that it will utilize the Continuing Education Audit Policy as guidance when completing this audit.

It is important that licensees and registrants maintain a file of all the continuing education courses attended during the applicable continuing education cycle. The Board will randomly audit continuing education records and licensees and registrants selected for an audit will be required to provide verification of attendance for all continuing education courses claimed during the applicable continuing education cycle. Verification should include proof of attendance or a certificate of completion. A proof of attendance or a certificate of completion should include the continuing education activity, name of the course, name of the presenter, sponsor of the program, city the course was held in and the number of hours awarded. A certificate of completion must also indicate that the licensee or registrant passed a post-test with a satisfactory score or successfully completed the course.

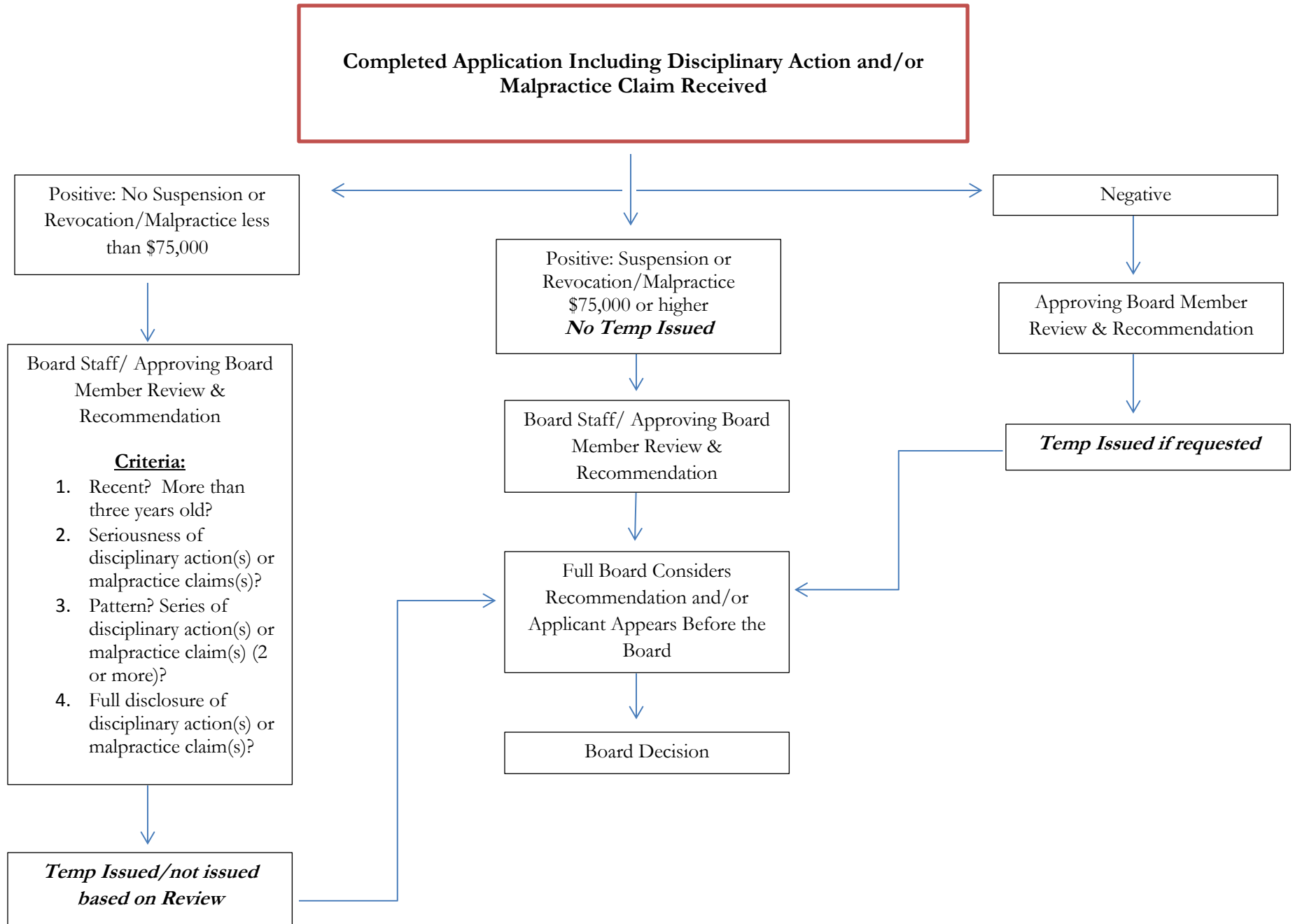
AUDIT PROCEDURE

1. A percentage of licensees and registrants required to maintain continuing education hours will be selected for audit. The percentage and other selection criteria will be determined by the Board.
2. Licensees and registrants selected will be notified by the Board. They will be provided a timeframe within which to provide verification of attendance for each continuing education course claimed on his or her continuing education report.
3. If satisfactory verification of attendance cannot be produced, the continuing education course will not be approved and the licensee or registrant will not be given credit for that continuing education course.
4. If a licensee or registrant has no continuing education courses entered or a minimal number of continuing education courses entered in his or her continuing education record and is selected for an audit, that individual will be audited the following year.
5. The Board will consider each audit individually and take action as it deems necessary.

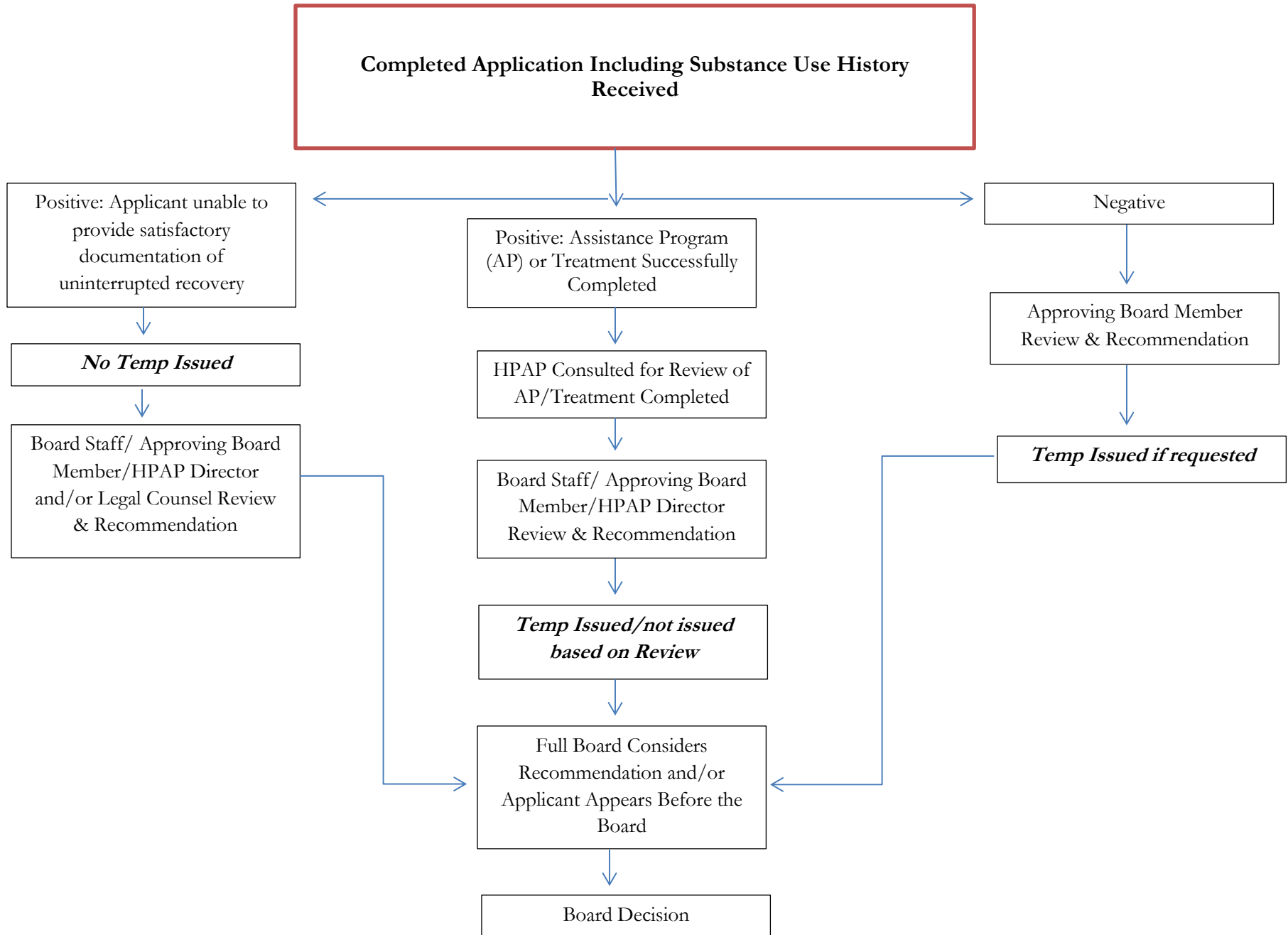
Criminal History Algorithm: It is the policy of the Board to use the Criminal History Algorithm as guidance when determining whether to issue a license, registration or permit.



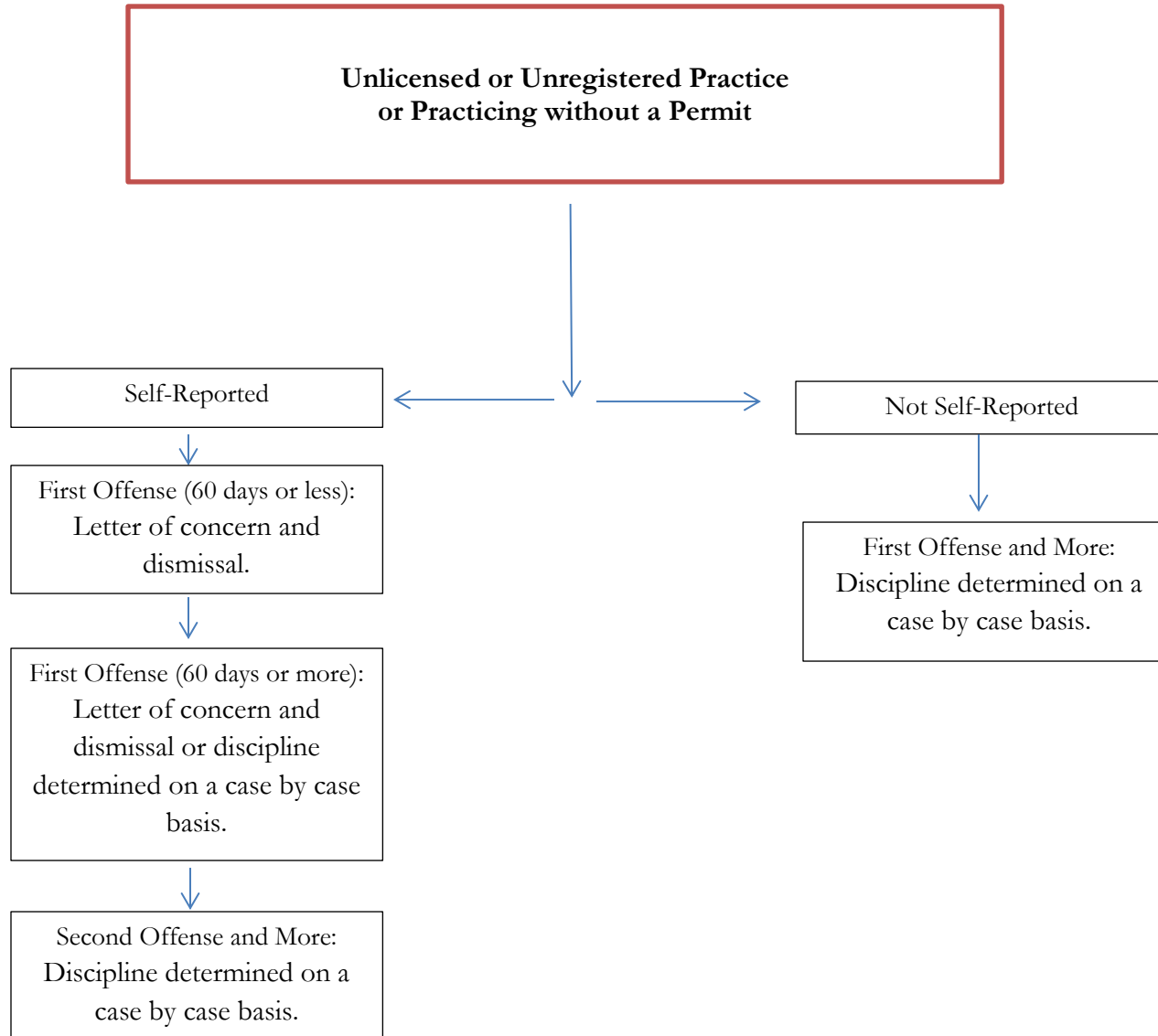
Disciplinary Action & Malpractice Claim Algorithm: It is the policy of the Board to use the Disciplinary Action & Malpractice Claims Algorithm as guidance when determining whether to issue a license, registration or permit.



Substance Use History Algorithm: It is the policy of the Board to use the Substance Use Algorithm as guidance when determining whether to issue a license, registration or permit.



Unlicensed, Unregistered or Practicing without a Permit Policy: It is the policy of the Board to use the Unlicensed, Unregistered or Practicing without a Permit Policy as guidance when reviewing complaints or other matters pertaining to individuals that qualify for a license, registration or permit.



Reinstatement Following Failure to Renew: It is the policy of the Board that it will grant a reasonable period of time following July 1st to a licensee, registrant or permit holder that has failed to renew to reinstate his or her respective license, registration, or permit(s) by fulfilling all renewal criteria and paying the applicable fee(s). Facts and circumstances surrounding a failure to renew will be considered on a case by case basis.

Registrant Verification of Competency: It is the policy of the Board that if a registrant has been out of practice for at least five years preceding the date of application, the individual will be required to verify competency.

Registered Dental Assistant: If an applicant has not practiced for at least five years preceding the date of application, the applicant must verify competency by completing the Lake Area Technical Institute (LATTI) expanded functions dental assistant continuing education course or by completing the educational course required to obtain a registration.

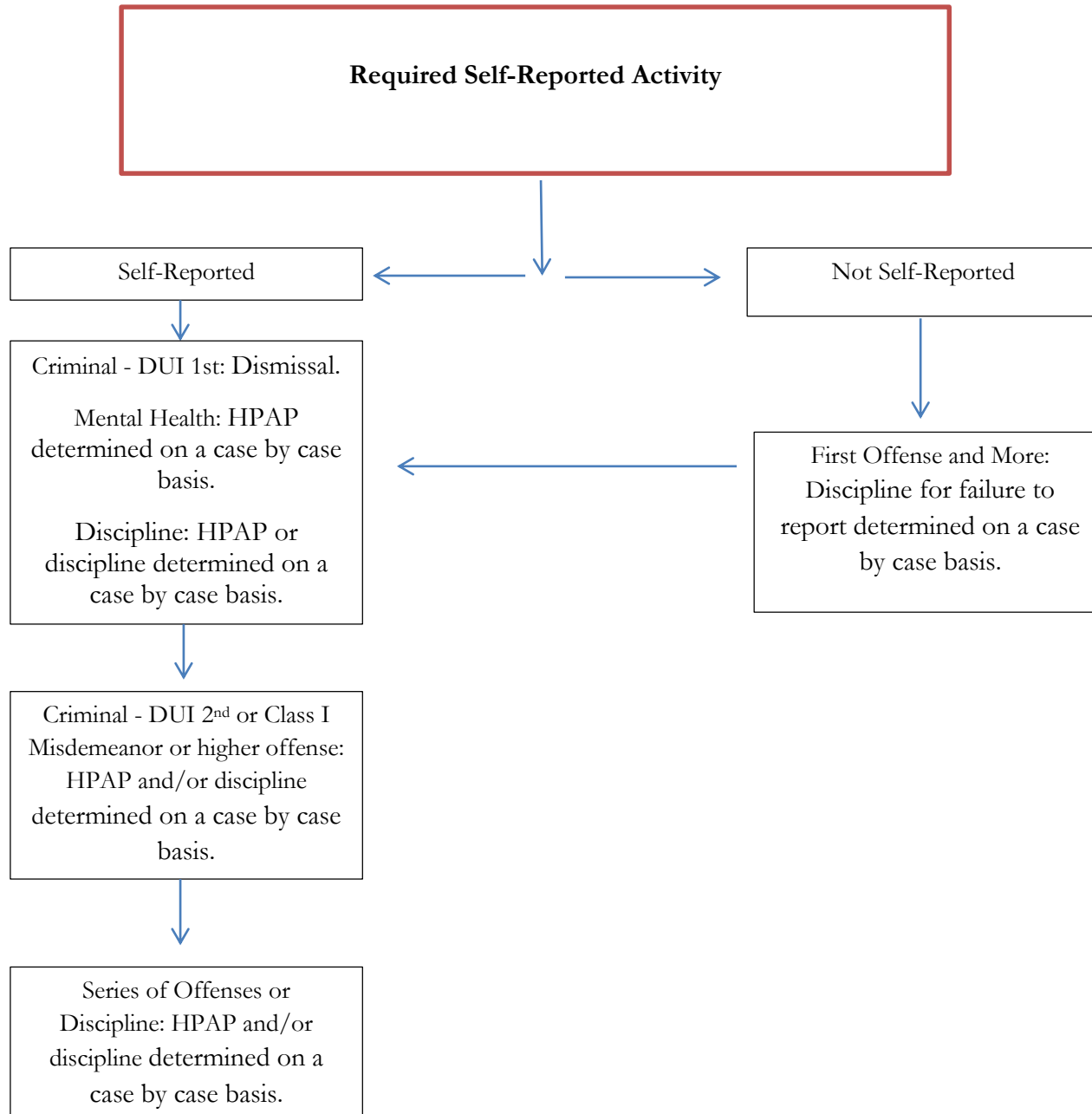
Dental Radiographer: If an applicant has not practiced for at least five years preceding the date of application, the applicant must verify competency by completing the educational course required to obtain a registration.

Anesthesia Application Policy: It is the policy of the Board to use the Anesthesia Application - Policy as guidance when determining whether to issue a Moderate Sedation or General Anesthesia and Deep Sedation Permit. The Board, or a member of the Board and/or Anesthesia Credentials Committee, will be consulted as appropriate for complex applications.

An applicant for a permit to administer Moderate Sedation or General Anesthesia and Deep Sedation that is not licensed and providing Moderate Sedation or General Anesthesia and Deep Sedation in a different state will be allowed up to twelve months between completion of education and date of application. If an applicant has more than twelve months between completion of education and date of application, the applicant will be required to successfully complete a new board approved course or program and meet all other permit requirements before a permit will be issued.

An applicant for a permit to administer Moderate Sedation or General Anesthesia and Deep Sedation will be required to pass an inspection before being issued a temporary permit. This inspection will include all elements of the full on site anesthesia inspection except the sedation of a patient and completion of a dental procedure. If issued a temporary permit, the dentist will be required to pass the full on site anesthesia inspection before the expiration of the temporary permit. If issued a permit to administer Moderate Sedation or General Anesthesia and Deep Sedation, the dentist must pass the full on site anesthesia inspection as set forth in administrative rule.

Self-Reported Activity: It is the policy of the Board to use the Self-Reported Activity as guidance when reviewing information required to be reported to the Board.



Honorarium Request Policy: It is the policy of the Board to allocate resources, when available, to fund continuing education courses that further the mission of the Board. The Board will utilize the Honorarium Request Procedure as guidance:

HONORARIUM REQUEST PROCEDURE

- The Board will determine the following:
 - Fund allocation amount;
 - Information required for submission;
 - Eligibility criteria, which shall include all applicable state contractor requirements;
 - Deadline for submission of applications; and
 - Timeframe for review of applications.
- The Board will release an application at least 30 days prior to the deadline for submission.
- Any application received after the deadline for submission will not be considered unless extenuating circumstances warrant review.

Code of Conduct and Conflict of Interest Policy for Use By State Authority, Board, Commission, and Committee Members

Purpose

The purpose of this code of conduct and conflict of interest policy (“Code”) is to establish a set of ethical principles and guidelines for members of state authorities, boards, commissions, or committees when acting within their official public service capacity. This Code applies to all appointed and elected members of state authorities, boards, commissions, and committees (hereinafter “Boards” and “Board member(s)”).

Conflict of Interest for Board Members

Board members may be subject to statutory restrictions specific to their Boards found in state and federal laws, rules and regulations. Those restrictions are beyond the scope of this Code. Board members should contact their appointing authority or the attorney for the Board for information regarding restrictions specific to their Board.

General Restrictions on Participation in Board Actions

A conflict of interest exists when a Board member has an interest in a matter that is different from the interest of members of the general public. Examples of circumstances which may create a conflict of interest include a personal or pecuniary interest in the matter or an existing or potential employment relationship with a party involved in the proceeding.

Whether or not a conflict of interest requires a Board member to abstain from participation in an official action of the Board depends upon the type of action involved. A Board’s official actions are either quasi-judicial or quasi-legislative. A quasi-judicial official action is particular and immediate in effect, such as a review of an application for a license or permit. In order to participate in a quasi-judicial official action of the Board, a Board member must be disinterested and free from actual bias or an unacceptable risk of actual bias. A Board member must abstain from participation in the discussion and vote on a quasi-judicial official action of the Board if a reasonably-minded person could conclude that there is an unacceptable risk that the Board member has prejudged the matter or that the Board member’s interest or relationship creates a potential to influence the member’s impartiality.

A quasi-legislative official action, also referred to as a regulatory action, is general and future in effect. An example is rule-making. If the official action involved is quasi-legislative in nature, the Board member is not required to abstain from participation in the discussion and vote on the action

unless it is clear that the member has an unalterably closed mind on matters critical to the disposition of the action.

“Official action” means a decision, recommendation, approval, disapproval or other action which involves discretionary authority. A Board member who violates any of these restrictions may be subject to removal from the Board to which the member is appointed.

Contract Restrictions

There are federal and state laws, rules and regulations that address conflict of interest for elected and appointed Board members in the area of contracts. As an initial matter, a Board member may not solicit or accept any gift, favor, reward, or promise of reward, including any promise of future employment, in exchange for recommending, influencing or attempting to influence the award of or the terms of a state contract. This prohibition is absolute and cannot be waived.

Members of certain Boards are required to comply with additional conflict of interest provisions found in SDCL Chapter 3-23 and are required to make an annual disclosure of any contract in which they have or may have an interest or from which they derive a direct benefit. The restrictions apply for one year following the end of the Board member’s term. The Boards impacted by these laws are enumerated within SDCL 3-23-10. For more information on these provisions, see the State Authorities/Boards/Commissions page in the Legal Resources section of the Attorney General’s website at: <http://atg.sd.gov/legal/opengovernment/authorityboardcommission.aspx>.

Absent a waiver, certain Board members are further prohibited from deriving a direct benefit from a contract with an outside entity if the Board member had substantial involvement in recommending, awarding, or administering the contract or if the Board member supervised another state officer or employee who approved, awarded or administered the contract. With the exception of employment contracts, the foregoing prohibition applies for one year following the end of the Board member’s term. However, the foregoing prohibition does not apply to Board members who serve without compensation or who are only paid a per diem. See SDCL 5-18A-17 to 5-18A-17.6. For more information on these restrictions see the Conflict of Interest Waiver Instructions and Form on the South Dakota Bureau of Human Resources website at: <http://bhr.sd.gov/forms/>.

Other federal and state laws, rules and regulations may apply to specific Boards. For general questions regarding the applicability of SDCL Chapter 3-23 or other laws, a Board member may contact the attorney for the Board. However, because the attorney for the Board does not represent the Board member in his or her individual capacity, a Board member should contact a private attorney if the member has questions as to how the conflict of interest laws apply to the Board member’s own interests and contracts.

Consequences of Violations of Conflict of Interest Laws

A contract entered into in violation of conflict of interest laws is voidable and any benefit received by the Board member is subject to disgorgement. In addition, a Board member who violates conflict of interest laws may be removed from the Board and may be subject to criminal prosecution. For example, a Board member may be prosecuted for theft if the member knowingly

uses funds or property entrusted to the member in violation of public trust and the use resulted in a direct financial benefit to the member. See SDCL 3-16-7, 5-18A-17.4, and 22-30-46.

Retaliation for Reporting

A Board cannot dismiss, suspend, demote, decrease the compensation of, or take any other retaliatory action against an employee because the employee reports, in good faith, a violation or suspected violation of a law or rule, an abuse of funds or abuse of authority, a substantial and specific danger to public health or safety, or a direct criminal conflict of interest, unless the report is specifically prohibited by law. SDCL 3-16-9 & 3-16-10.

Board members will not engage in retaliatory treatment of an individual because the individual reports harassment, opposes discrimination, participates in the complaint process, or provides information related to a complaint. See SDCL 20-13-26.

Anti-Harassment/Discrimination Policy

While acting within their official capacity, Board members will not engage in harassment or discriminatory or offensive behavior based on race, color, creed, religion, national origin, sex, pregnancy, age, ancestry, genetic information, disability or any other legally protected status or characteristic.

Harassment includes conduct that creates a hostile work environment for an employee or another Board member. This prohibition against harassment and discrimination also encompasses sexual harassment. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexually harassing nature, when: (1) submission to or rejection of the harassment is made either explicitly or implicitly the basis of or a condition of employment, appointment, or a favorable or unfavorable action by the Board member; or (2) the harassment has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Harassment or discriminatory or offensive behavior may take different forms and may be verbal, nonverbal, or physical in nature. To aid Board members in identifying inappropriate conduct, the following examples of harassment or discriminatory or offensive behavior are provided:

- Unwelcome physical contact such as kissing, fondling, hugging, or touching;
- Demands for sexual favors; sexual innuendoes, suggestive comments, jokes of a sexual nature, sexist put-downs, or sexual remarks about a person's body; sexual propositions, or persistent unwanted courting;
- Swearing, offensive gestures, or graphic language made because of a person's race, color, religion, national origin, sex, age or disability;
- Slurs, jokes, or derogatory remarks, email, or other communications relating to race, color, religion, national origin, sex, age, or disability; or
- Calendars, posters, pictures, drawings, displays, cartoons, images, lists, e-mails, or computer activity that reflects disparagingly upon race, color, religion, national origin, sex, age or disability.

The above cited examples are not intended to be all-inclusive.

A Board member who is in violation of this policy may be subject to removal from the Board.

Confidential Information

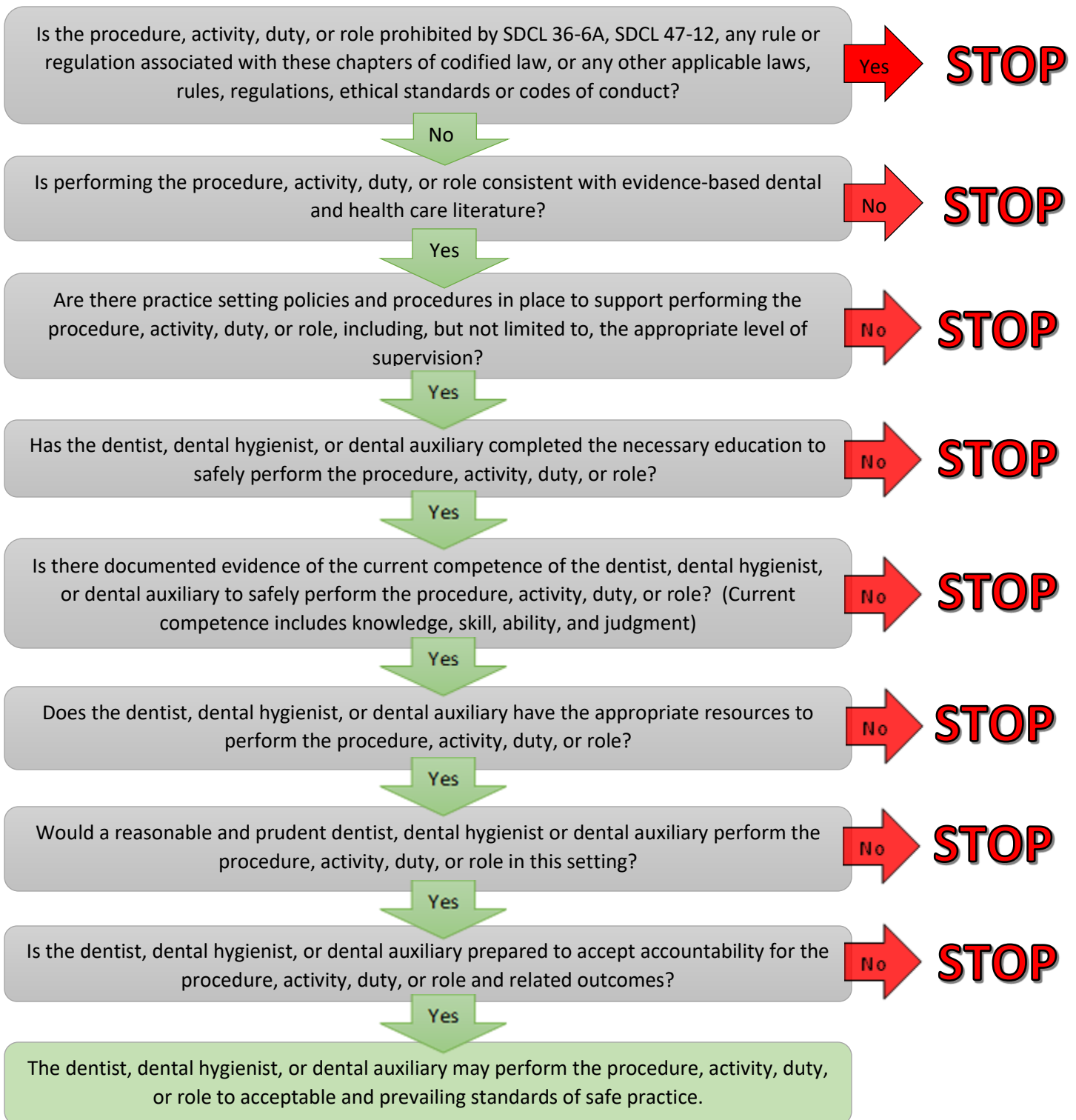
Except as otherwise required by law, Board members shall not disclose confidential information acquired during the course of their official duties. In addition, members are prohibited from the use of confidential information for personal gain.

Reporting of Violations

Any violation of this Code should be reported to the appointing authority for the Board member who is alleged to have violated the Code.

Scope of Practice Decision-making Framework

Identify, describe, or clarify the procedure, activity, or role under consideration.



These decision-making framework guidelines are for educational purposes only. The guidelines do not purport to establish a standard of care or advise a course of action for patient care in any particular situation.

Framework adopted by the South Dakota State Board of Dentistry on January 11, 2019.



South Dakota State Board of Dentistry Continuing Education Requirements

Dentists

Dentists must earn 100 hours of continuing education in every 5-year CE cycle. Fifty (50) of those hours must be academic. Dentists must maintain a current cardiopulmonary resuscitation (CPR) card. The Board of Dentistry will only accept the American Heart Association for the Basic Life Support (BLS) Provider (*formerly known as the Healthcare Provider*), the American Red Cross for the Professional Rescuer or the American Red Cross for the Healthcare Provider cards. A Dentist holding a general anesthesia and deep sedation or moderate sedation permit must have a current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) card from the American Heart Association. *See the CPR requirements in the CE guidelines below.* A Dentist holding a general anesthesia and deep sedation or moderate sedation permit must complete an additional 25 hours of continuing education in anesthesia related topics for each five-year licensure cycle.

Dental Hygienists

Dental Hygienists must earn 75 hours of continuing education in every 5-year CE cycle. A Dental Hygienist must have documented at least five hours of continuing education in dental radiography in a five-year period. Dental Hygienists must maintain a current cardiopulmonary resuscitation (CPR) card. The Board of Dentistry will only accept the American Heart Association for the Basic Life Support (BLS) Provider (*formerly known as the Healthcare Provider*), the American Red Cross for the Professional Rescuer or the American Red Cross for the Healthcare Providers cards. *See the CPR requirements in the CE guidelines below.*

Registered Dental Assistants (Expanded Functions)

Registered Dental Assistants must earn 60 hours of continuing education in every 5-year CE cycle. A person who is certified in dental radiography must have documented at least five hours of continuing education in dental radiography in a five-year period. Registered Dental Assistants must maintain a current cardiopulmonary resuscitation (CPR) card. The Board of Dentistry will only accept the American Heart Association for the Basic Life Support (BLS) Provider (*formerly known as the Healthcare Provider*), the American Red Cross for the Professional Rescuer or the American Red Cross for the Healthcare Providers cards. *See the CPR requirements in the CE guidelines below.*

Dental Radiographers

Dental Radiographers are required to earn 5 hours of continuing education in dental radiography in every 5-year CE cycle.

Continuing Education Categories

Academic: Dentists must complete a minimum of 50 hours in a 5-year CE cycle

Dentists are the only practitioners required to obtain academic hours. Dental hygienists and registered dental assistants who attend academic continuing education should submit those courses in the clinical category.

Academic hours must directly relate to the provision of clinical dental services and meet one of the following criteria: The course must be taken physically at a dental school accredited by the American Dental Association Commission on Dental Accreditation (CODA), the course presenter must be affiliated with a dental school accredited by the American Dental Association Commission on Dental Accreditation (CODA), the provider organization must be approved by the American Dental Association Continuing Education Recognition Program (CERP), or the provider organization must be approved by the Academy of General Dentistry Program Approval For Continuing Education (PACE).

Home Study: Limited to 30 hours maximum in a 5-year CE cycle

Home study courses or lectures completed on one's own time without leaving your home or office. You must demonstrate your participation and knowledge of the course or lecture through a certificate of completion from the continuing education provider. Home study continuing education includes online continuing education courses or courses offered via videotape or CD. If you take the same home study course more than one time during your 5-year cycle, you will only receive credit for one course. You cannot receive credit for the same home study course more than one time during your 5-year CE cycle.

CPR: Limited to 15 hours maximum in a 5-year CE cycle

Being certified in cardiopulmonary resuscitation (CPR) is a requirement for all dentists, dental hygienists, and registered dental assistants. All such licensees/registrants must maintain a current CPR card. The Board of Dentistry will only accept the American Heart Association for the Basic Life Support (BLS) Provider (*formerly known as the Healthcare Provider*), the American Red Cross for the Professional Rescuer or the American Red Cross for the Healthcare Providers cards. You do not have to take a refresher course every year; just keep your certification current. Credit for CPR courses is hour for hour. *The Board of dentistry does not recognize on-line CPR courses.* Dentists holding a general anesthesia and deep sedation or moderate sedation permit may submit an Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) card from the American Heart Association to satisfy the CPR requirement. The Board of Dentistry will recognize hours taken for a certified paramedic, certified emergency medical technician and advanced certified life support in the CPR category with the applied 15 hour limit.

Practice Management: Limited to 10 hours maximum in a 5-year CE cycle

Practice management courses or lectures are taken to benefit oneself for personal or professional gain or enhancing the business aspects of dentistry. Courses and lectures include, but are not limited to, practice management, dental ethics, risk management, stress management, communication skills, office ergonomics, HIPAA, domestic violence, etc. Completion of a college business or college computer-business class will be accepted for 10 hours of practice management if the class included at least 10 hours of lecture or class time.

Nutrition: Limited to 15 hours maximum in a 5-year CE cycle

Nutrition courses or lectures include topics of dental nutrition. These topics included, but are not limited to, diet, exercise, dental nutrition, and health issues affecting dental health (ex. Anorexia nervosa, bulimia, etc.)

Clinical: Unlimited

Clinical courses or lectures are presented by an instructor who is not affiliated with a CODA accredited university or do not meet the criteria for Academic continuing education. These courses or lectures emphasize practitioner to patient contact. Examples include, but are not limited to latest techniques in dentistry, clinical courses, specialties, OSHA/infection control, etc. Courses presented by colleagues or other presenters providing an in-office presentation should obtain prior course approval from the Board.

Radiography: Dental Hygienist and Radiographers must have a minimum of 5 hours of radiography courses in a 5-year CE cycle. Limited to 20 hours maximum in a 5-year CE cycle.

Radiography topics can include radiation safety, equipment operation, film processing, emergency procedures, anatomy and positioning of relevant procedures, radiographic quality assurance, correcting and identifying technique and processing errors, and recognition and identification of radiographic information, such as procedures for enhancing interpretation of radiographic information including disease. Home study radiography courses are allowed. However, if you take the same home study course more than one time during your 5-year CE cycle, you will only receive credit for one course. You cannot receive credit for the same home study course more than one time during your 5-year CE cycle.

Anesthesia/Sedation: Dentists holding a general anesthesia and deep sedation or moderate sedation permit must complete an additional 25 hours of continuing education in anesthesia related topics for each five-year licensure cycle.

A Board approved anesthesia inspector is eligible for two hours of anesthesia related continuing education for each anesthesia inspection completed with a maximum of ten hours per continuing education cycle.

Dentists holding a general anesthesia and deep sedation or moderate sedation permit may claim 4 hours of anesthesia related continuing education for each ACLS or PALS certification completed and may claim a maximum of 8 hours per continuing education cycle (i.e. 2 ACLS certification courses).

Other Continuing Education Guidelines

Clinical – Exhibits (State, Regional or National Meetings/Conventions):

Hour for hour up to five (5) hours of Clinical-Exhibits CE may be earned for attendance at the exhibits and meetings at a state, regional or national meeting/convention up to twenty-five (25) hours per 5 year CE cycle.

Clinical – Course (table clinics of a state, regional or national meetings/conventions)

One (1) hour Clinical-Course CE may be earned for each attendance at the table clinics of a state, regional or national meeting/convention.

Examiners:

CRDTS and other Regional Board Examiners are allowed five (5) hours Academic CE per year in the area of the exam for which he/she calibrates. If a CRDTS examiner calibrates in all three different areas (restorative, periodontal, and clinic floor) of the exam, he/she may earn the five (5) hours for each area and therefore up to fifteen (15) hours per year.

Clinical - Volunteer Services:

Up to thirty (30) hours of Clinical-Volunteer CE may be earned per 5 year CE cycle for volunteer service with:

- Delta Dental Mobile Program
- Donated Dental Services (DDS) programs
- Sanford Children’s Hospital: Cleft Lip & Palate Clinic
- Christina’s Smile Care Mobile
- Examinations for troops before deployment
- St. Francis Mission Dental Clinic
- Sioux Empire Smiles

Clinical-Volunteer CE may be earned for other volunteer activities that involve direct patient care with approval from the Board.

The Board will not approve oral health or oral health career presentations given to elementary and secondary students for continuing education credit. These types of presentations are considered community service.

Teleconference or Live Webcast Courses:

Teleconference or live webcast courses may fall under the categories of Clinical, Academic, Practice Management, or Radiography depending on the instructor's credentials and the content of the course.

Class Instruction/Attendance:

Dentists, dental hygienists and registered dental assistants teaching seminar classes may have their seminar teaching hours allowed as Clinical CE after completing the CE Course Approval Form and providing a course outline and biography for Board approval. Hour for hour credit will be allowed for instruction of the course as a one-time credit per course during the 5-year cycle. An in-office presentation to dental hygienists and registered dental assistants by another dental professional may be allowed as Clinical CE. You must submit the CE Course Approval Form and provide a course outline and biography of the presenter for Board approval.

Class instruction and/or class attendance at a CODA accredited dental school may be allowed as Academic CE. You must provide an outline of teaching content and obtain Board approval. Hour for hour credit may be given for class instruction and /or class attendance up to one half of the required hours during the 5-year cycle. For example, a maximum of 50 hours for dentists, 38 hours for hygienists, and 30 hours for registered dental assistants is allowed.

Upon request, if a licensed practitioner attends an accredited dental or dental hygiene school full time or is completing a specialty or general practice residency while licensed with the Board, the required continuing education credits may be waived for the time period that the licensee is attending the accredited dental or dental hygiene school or completing a specialty or general practice residency.

In Office Instruction:

In office classes presented to staff by the in office Dentist are allowed. The Board requires prior approval by submitting the CE Course Approval Form.

Digital Software Courses: In office instruction and training of hygienists and registered dental assistants in digital x-rays by digital software professional trainers may be allowed partly as Radiography CE and partly as Practice Management CE. You must complete the CE Course Approval Form and provide a course outline and the Board will determine the number of hours to be applied in each category.

Practice Management Software Courses: In office instruction and training of dental hygienists and registered dental assistants in practice management software by the professional trainers may be allowed as Practice Management CE. You must complete the CE Course Approval Form and provide a course outline and the Board will determine the number of hours to be applied in each category.

Specialty Dental Practice/Laboratory: Instruction of a dental hygienist or registered dental assistant at another specialty dental practice or dental laboratory in order to perform new procedures and tasks, not previously performed, may be allowed as Clinical CE. You must complete the CE Course Approval Form and provide a course outline and the Board will determine the number of hours to be applied in each category. The Board recommends the specialty dental practice submit the CE Course Approval Form and course outline for prior approval.

Miscellaneous:

The Board will not approve continuing education classes on the subject of animal dentistry, as the Board issues licenses to dentists performing dental services on humans per SDCL 36-6A-32.

The Board generally recognizes continuing education providers certified through the American Dental Association Continuing Education Recognition Program (ADA CERP), the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) and the American Academy of Dental Hygiene as valid continuing education providers.

Courses that have been approved are listed on the Approved CE Calendar, which you can access in your account by logging in to your account through the Board of Dentistry web site.

The Board determines whether a continuing education course will be approved and the category each course will fall under. If you are uncertain about approval and/or what category a continuing education course will fall under, please contact the South Dakota State Board of Dentistry office.