**Rule I. Financial Responsibility Exemptions**

Financial liability requirements pursuant to 13-64-301(1)(a) C.R.S. do not apply to dentists who are public employees of the State of Colorado under the Colorado Governmental Immunity Act.

A. A dentist who performs dental services exclusively as an employee of the United States government.

B. A dentist who holds an inactive license.

C. A dentist who holds a retired license.

D. A dentist who holds an active license and does not engage in any patient care within Colorado as defined by 12-35-110, including but not limited to the prescribing of medications, diagnosis, and development of a treatment plan.

E. A dentist who provides uncompensated dental care and who does not otherwise engage in any compensated patient care whatsoever.

**Rule II. Definitions**

A. Unless otherwise noted, all statutory references are to C.R.S. 12-35-101, et seq., as amended.

B. The Board hereby incorporates by references all definitions as contained in 12-35-103, as amended.

C. “Regularly announced office location” as specified in CRS 12-35-125(4)(d)(II) means those offices of which a dentist or a dental hygienist is the proprietor and in which he or she regularly practices dentistry or dental hygiene. This may include the occasional practice in other health care facilities such as hospitals, nursing homes, and/or other facilities under the jurisdiction of the Colorado Department of Public Health and Environment.

D. “Regularly” means fixed intervals or periods or as stated in Rule II. C..

E. “Certify or Certification” means to declare in writing on the patient's record.

F. “Doctor's Office Notes” as used in C.R.S. 25-1-802 means a separate record within the patient's file that does not contain anything that relates to or constitutes diagnosis, treatment plan, radiograph interpretation, treatment progress or outcome. All such clinical information is considered the treatment record or progress notes.

**Rule III. Licensure of Dentists and Dental Hygienists**

A. General Licensing Requirements

1. An applicant for a license by examination or endorsement who does not complete the licensing process within one year of the date of the original application shall begin the application process again including payment of the application fee. All materials submitted for licensing will be retained for one year only.

2. The licensee shall supply legal evidence of name change by court order, passport, marriage certificate, or divorce decree within 30 days of the effective date of the name change.

3. The licensee shall notify the Board within 30 days of any change of address. This notification must be submitted in writing, by fax, or electronically. Telephone notification will not be accepted.
4. Any notification by the Board to licensees required or permitted under the Dental Practice Law or the Colorado Administrative Procedures Act shall be addressed to the last known address provided in writing to the Board by the licensee and any such mailing shall be deemed proper service on the licensee.

5. Pursuant to 12-35-116(1), and 12-35-127, on or before the first day of DECEMBER of ODD numbered years, every dentist and dental hygienist licensed to practice in the State of Colorado shall submit to the Secretary of the Board his/her signature, mailing address, his/her license number and such other pertinent information as may be requested.

B. Licensing by Examination

1. Pursuant to 12-35-114(2), as amended, and 12-35-124(1), as amended, written theoretical, practical and clinical examination requirements for licensure of dentists and dental hygienists may be satisfied by a regional testing agency if the Colorado Board of Dental Examiners is a participating member.

2. Examination Retakes
   a. An applicant may take the regional clinical examination three (3) times before remedial training is required. If an applicant fails once, he/she can retake the examination two (2) more times. All retakes must be completed within 16 months from the date of the first examination.
   b. After failing the examination for a third (3rd) time, and prior to the FOURTH attempt of the examination, an applicant must:
      i. Submit to the Board for its pre-approval a detailed plan for remedial training by an ADA accredited dental/dental hygiene institution. The proposed remediation program must be the equivalent of an additional year of study at the qualifying institution.
      ii. Upon completion, submit proof to the Board of passing the remediation program, within 24 months of its approval by the Board.
   c. Based on its review of all documents submitted as proof of completion of the Board-approved remediation program, the Board may grant or deny a fourth attempt of the clinical examination. Any fourth attempt must occur within 12 months of the date of the Board's decision.
   d. If a candidate fails any or all parts of the examination after remedial training, the board must approve additional retake attempts.

C. Reinstatement requirements for dentists and dental hygienists.

1. Payment of fees pursuant to 12-35-116 & 117, and 102 & 105.

2. Licensees who desire to obtain an active license and have not practiced at least one year out of the five years immediately preceding application for an active license must demonstrate to the Board how they have maintained their professional ability, knowledge and skills. All documentation and certification submitted for this purpose is subject to Board review.

3. Demonstration of skills may be accomplished by:
a. Submitting proof to the Board of passing, within one year of application for reinstatement, a regional clinical examination accepted by the Colorado Board of Dental Examiners; or

b. Submitting proof of an evaluation, completed by an ADA accredited dental/dental hygiene institution within one year of the application for reinstatement, which certifies the applicant's proficiency as equivalent to the current school graduate. The plan must be submitted and be pre-approved by the Board.

**Rule IV. Dental Licensure by Credentials**

A. Definition: A system whereby dental practitioners can demonstrate that they have the knowledge, skills, and judgment required to provide effective professional service within the parameters of the defined scope of practice. Qualifications are evaluated for Colorado licensure with respect to:

1. History of practicing within generally accepted standards of care and within the parameters of law and rule;

2. Demonstrated clinical knowledge and experience; and

3. Ethical practice of dentistry.

B. Upon review and approval of credentials and qualifications by the Board, the Board shall issue a license to practice dentistry to an applicant who is duly licensed as a dentist in another state or territory of the U.S. who has submitted credentials and qualifications for licensure in Colorado. The applicant shall submit with his/her application, in sealed original envelopes directly from the institution supplying the documentation, the following credentials and qualifications for review and approval:

1. Evidence of any and all licenses to practice dentistry ever held by the applicant.

2. Evidence of the applicant's successful completion of the national Board examinations and a state or regional clinical examination.

3. Attestation that the applicant has been engaged in the active practice of clinical dentistry in the U.S. or one of its territories or Canada for a minimum of 14 hours per week per year, or 700 hours per year, for the last 5 consecutive years.

   a. Years spent in postgraduate training, residency programs or an internship will be evaluated on a case-by-case basis.

   b. Years spent in research and in teaching positions will be evaluated on a case-by-case basis.

   c. For the dentists practicing in the military, a report from a senior officer with a recommendation and verification of clinical experience will suffice.

4. Evidence of graduation with a DDS or DMD degree from an accredited dental school or college which at the time of the applicant's graduation was accredited by the American Dental Association Commission on Dental Education. An official school transcript of credits with the date of graduation and degree obtained shall be deemed sufficient evidence.

5. A report of any pending or final disciplinary actions against the applicant and a verification letter from each state in which the applicant is currently licensed or has ever held a
license to practice dentistry.

6. A report of any pending or final malpractice actions against the applicant, verified through the National Practitioner Databank.

7. A report of any pending or final malpractice actions against the applicant, verified by the applicant's malpractice insurance carrier(s). The applicant must request a verification of coverage history for the past ten years from his/her current and all previous malpractice insurance carriers. Any settlement or final judgment during the applicant's practice history must be reported.

8. Successful completion of the Colorado jurisprudence examination.

C. It is possible the applicant will not qualify for licensure by credentials under this article if the applicant has a report of pending or final disciplinary action(s) or malpractice action(s).

Rule V. Retired Dental & Dental Hygiene Licenses

A. A retired license may be issued only if the applicant will not hold an active dental/dental hygiene license in any other state or territory and has ceased practice for compensation.

B. Licenses will be renewed biennially in accordance with 12-35-116, 12-35-117, and 12-35-127.

C. Licensees who desire to change a retired license to an active license and have not practiced at least one year out of the five years immediately preceding application for an active license, must document and certify to the Board how they have maintained their professional ability, skills, and knowledge. All documentation and certification must be submitted to the Board for review. Any plan to reestablish competency must be submitted to and be pre-approved by the Board.

D. Demonstration of professional ability, skills, and knowledge may be accomplished by: 1) successfully completing a re-entry program at an accredited dental/dental hygiene institution which will certify the licensee's proficiency meets or exceeds the competency level required of a graduating student in their senior year from the institution, or 2) successfully passing a regional clinical examination in which the Colorado Board of Dental Examiners is a participating member.

E. If a licensee holding a retired license wishes to activate the license, he/she must pay the difference between a retired license fee and the current renewal cycle's licensing fee. In addition, he/she must meet the financial responsibilities and requirements pursuant to 13-64-301(1) and provide verification of licensure including any pending or prior disciplinary actions from any other jurisdiction where the applicant has ever held a dental/dental hygiene or other health care license.

Rule VI. Controlled Substance Record Keeping Requirements

Every dentist shall maintain records in his/her office regarding such dentist's ordering, prescribing, dispensing, administration, and inventory of drugs or controlled substances for a period of two years as follows:

A. The dentist shall keep a complete and accurate inventory of all stocks of controlled substances on hand in his/her office. Every two (2) years, in accordance with the Drug Enforcement Administration inventory requirements, the dentist shall conduct a new inventory of all such controlled substances.

B. When the dentist prescribes, dispenses, and/or administers any controlled substance, the following shall be recorded on the patient's record:
1. Name and address of patient.

2. Diagnosis being treated or services performed.

3. Name and strength of drug(s) prescribed, dispensed, and/or administered.

4. Quantity of drug(s) prescribed, dispensed, and/or administered.

5. Date of prescribing, dispensing, and/or administration of such drugs.

6. Name of authorized practitioner dispensing drug.

C. With respect to drugs listed in Schedule II, III, IV, and V of the Federal Controlled Substance Act and the Rules and Regulations adopted pursuant thereto, the dentist shall maintain a record of dispensing or administration which shall be separate from the individual patient's record. This separate record shall include the following information:

1. Name of the patient.

2. Name and strength of the drug.

3. Quantity of the drug dispensed or administered.

4. Date such drug was administered or dispensed.

5. Name of the authorized practitioner dispensing drug.

D. The dentist shall maintain a record of any controlled substance(s) lost, destroyed, or stolen, and the record shall include the kind and quantity of such controlled substance(s) and the date of such loss, destruction or theft. In addition, the dentist must report such loss or theft to the Drug Enforcement Administration District Office.

E. Prescription orders must include original signatures from the prescribing dentist. All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address, and registration number of the practitioner. A practitioner may sign a prescription in the same manner as he/she would sign a check or legal document (e.g., J. H. Smith or John H. Smith). When an oral order is not permitted, prescriptions shall be written with ink or indelible pencil or typewritten and shall be manually signed by the practitioner. The prescriptions may be prepared by the secretary or agent for the signature of a practitioner, but the prescribing practitioner is responsible in case the prescription does not conform in all essential respects to the law and regulations. The use of rubber-stamped, pre-printed, or pre-signed signatures on prescription pads is not acceptable.

**Rule VII. License Presentation**

A dentist's or dental hygienist's license, or a copy thereof, shall be available on the premises where the dentist or dental hygienist practices.

**Rule VIII. Laboratory Work Order Forms**

Laboratory work order forms as defined in 12-35-103(1.8) shall contain the following information pursuant to 12-35-130(1), (2) and (3):

A. Duplicate form pursuant to 12-35-130(1) to be retained by dentist and lab for 2 years.
B. Name of laboratory.
C. Name of dentist.
D. Address of dentist.
E. License number of dentist.
F. Patient name or I.D. number.
G. Instructions to laboratory.
   1. Include adequate space for instructions or directions.
   2. Date of try-in or delivery.
H. Personal signature of the authorizing dentist shall be written in ink and shall be manually signed by the practitioner. The use of rubber stamped, pre-printed, or a pre-signed signature on work orders is not acceptable.
I. Date of directions.

**Rule IX. Declaratory Orders**

Adopted in accordance with the requirements of 24-4-105(11).

A. Any person may petition the Board for a declaratory order to terminate controversies or to remove uncertainties as to the applicability to the petitioner of any statutory provision or of any rule or order of the Board.

B. The Board will determine, in its discretion and without notice to petitioner, whether to rule upon any such petition. If the Board determines that it will not rule upon such a petition, the Board shall promptly notify the petitioner of its action and state the reasons for such action.

C. In determining whether to rule upon a petition filed pursuant to this rule, the Board will consider the following matters, among others:

   1. Whether a ruling on the petition will terminate a controversy or remove uncertainties as to the applicability to the petitioner of any statutory provision or rule or order of the Board.

   2. Whether the petition involves any subject, question or issue which is the focus of a formal or informal matter or investigation currently pending before the Board or a court but not involving any petitioner.

   3. Whether the petition seeks a ruling on a moot or hypothetical question or will result in an advisory ruling or opinion.

   4. Whether the petitioner has some other adequate legal remedy, other than an action for declaratory relief pursuant to Rule 57, Colo. R. Civ. P., which will terminate the controversy or remove any uncertainty as to the applicability to the petitioner of the statute, rule or order in question.

D. Any petition filed pursuant to this rule shall set forth the following:

   1. The name and address of the petitioner and whether the petitioner is licensed pursuant to the

2. The statute, rule or order to which the petition relates.

3. A concise statement of all of the facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule or order in question applies or potentially applies to the petitioner.

E. If the Board determines that it will rule on the petition, the following procedures apply:

1. The Board may rule upon the petition based solely upon the facts presented in the petition. In such a case; any ruling of the Board will apply only to the extent of the facts presented in the petition and any amendment to the petition.

2. The Board may order the petitioner to file a written brief, memorandum or statement of position.

3. The Board may set the petition, upon due notice to the petitioner, for a non-evidentiary hearing.

4. The Board may dispose of the petition on the sole basis of the matters set forth in the petition.

5. The Board may request the petitioner to submit additional facts in writing. In such event, such additional facts will be considered as an amendment to the petition. The Board may take administrative notice of the facts pursuant to the Administrative Procedure Act (C.R.S. 1973 24-4-105(8)) and may utilize its experience, technical competence and specialized knowledge in the disposition of the petition.

6. If the Board rules upon the petition without a hearing, it shall promptly notify the petitioner of its decision.

7. The Board may, in its discretion, set the petition for hearing, upon due notice to the petitioner, for the purpose of obtaining additional facts or information or to determine the truth of any facts set forth in the petition or to hear oral argument on the petition.

8. The notice to the petitioner setting such hearing shall set forth, to the extent known, the factual or other matters into which the Board intends to inquire.

9. For the purpose of such a hearing, to the extent necessary, the petitioner shall have the burden of proving all of the facts stated in the petition, all of the facts necessary to show the nature of the controversy or uncertainty and the manner in which the statute, rule or order in question applies or potentially applies to the petitioner and any other facts the petitioner desires the Board to consider.

F. The parties to any proceeding pursuant to this rule shall be the Board and the petitioner. Any other person may seek leave of the Board to intervene in such a proceeding, and leave to intervene will be granted at the sole discretion of the Board. A petition to intervene shall set forth the same matters as required by section D. of this rule. Any reference to a “petitioner” in this rule also refers to any person who has been granted leave to intervene by the Board.

Rule X. Minimum Standards for Qualifications, Training and Education for Unlicensed Personnel Exposing Patients to ionizing Radiation

The board deems that the requirements for all dental work settings are met by these standards as of July 1, 1993.
A. All unlicensed dental personnel who expose patients to ionizing radiation must:

1. Be a minimum of 18 years of age;

2. Successfully complete minimum safety education and training for operating machine sources of ionizing radiation and administering such radiation to patients.

B. Such education and training shall include at least 8 hours in the following areas, but not limited to:

1. Dental nomenclature - .5 hours;

2. Machine operation exposure factors - 1.5 hours;

3. Operator and patient safety - 1 hour

4. Practical or clinical experience in:
   a. Intra/extra - oral techniques for exposing radiographs - 4 hours;
   b. Appropriate film handling and storage - .25 hour;
   c. Appropriate processing procedures - .5 hours;
   d. Appropriate patient record documentation for radiographs - .25 hour.

C. Written verification of education and training shall be provided by the sponsoring agency, educational institution or licensee to each participant upon completion. This written verification shall be cosigned-signed by the unlicensed person; one copy shall be kept in each unlicensed person's employment record located at the employment site, the other kept by the unlicensed person. Written verification of completion of education and training must include:

1. Name of agency, educational institution or licensee who provided such education and training;

2. Verification of hours;

3. Date of completion;

4. Exposure techniques for which education and training have been provided, i.e., bitewings, periapicals, occlusals, and panoramic.

*Education and training shall be obtained by complying with subsection D, E, or F.*

D. Education and training may be obtained through programs approved by the Colorado Commission on Higher Education, the State Board of Community Colleges and Occupational Education, the Private Occupational School Division, or the equivalent in any other state. Such programs shall include the education and training as specified in subsection B, above.

E. Education and training may be provided on-the-job by a licensed dentist or dental hygienist providing a board approved educational module which complies with subsection B is used as the basis for such training.

F. Proof of successful completion of the Dental Assisting National Board Examination (DANB).

G. All Licensees must insure that newly hired untrained dental personnel comply with these rules within three months of becoming employed in a capacity in which they will be delegated the task of
exposing radiographs.

H. It shall be the duty of each licensee to ensure that:

1. Tasks are assigned only to those individuals who have successfully completed the education and training and meet the qualifications for those tasks which are being delegated;

2. The properly executed verification documentation of all unlicensed personnel who are operating machine sources of ionizing radiation and exposing such radiation be submitted to the Colorado State Board of Dental Examiners upon request.

Rule XI. Protocol for Termination of Practice upon Revocation, Relinquishment, or Suspension for More than 90 Days of Dental License

A. Upon revocation and relinquishment of the dental license, the licensee shall immediately stop the practice of dentistry and shall tender his/her license to practice dentistry to the Board within twenty-four (24) hours from the effective date of revocation or relinquishment. The licensee shall notify all patients within 30 calendar days that the licensee has ceased the practice of dentistry and that the patient must make arrangements for the transfer of patient records. The licensee shall make the patient records or copies of the patient records available to the patient, to a dentist designated by the patient, or if the licensee's practice is sold, to the dentist who purchases the practice. The transfer of patient records must be completed within 60 days. These terms may be set forth in the revocation or relinquishment order.

B. Any request to deviate from this rule must be set forth in writing to the Board. The board may review the request and may, upon good cause shown, issue an amended termination order. The decision to amend the terms for the termination of practice is final with the Board. A failure to comply with the provisions of the termination order may be grounds for disciplinary action for violation of a Board Order.

C. Written notice by first class mail of the termination of practice must be made to all patients of the practice to the patient's last known address, or by notice by publication as set forth in Rule XXII.

D. The suspended practitioner cannot employ any licensed dentist, hygienist, or assistant and cannot be on the premises of the dental office to observe, monitor, or participate in any way in care given. The suspended practitioner may derive no income from the dental practice either directly or indirectly during the period of suspension, except for treatment provided before the beginning of the suspension. The suspended practitioner may provide administrative duties alone to the practice.

Rule XII. Protocol upon Suspension of Dental License for Less than 90 Days (Summary Suspension and Suspension of Less than 90 Days)

A. Upon suspension of license, the licensee shall immediately stop the practice of dentistry and shall tender his/her license to practice dentistry to the Board within twenty-four (24) hours from the effective date of the suspension.

B. The licensee shall assure the continued care of patients and must make arrangements for the transfer of patient records. The licensee shall make the patient records or copies of the patient records available to the patient, to a dentist designated by the patient, or if the licensee's practice is sold, to the dentist who purchases the practice.

C. Any request to deviate from this rule must be set forth in writing to the Board. The board may review the request and may, upon good cause shown, issue an amended termination order. The decision
to amend the terms for the termination of practice is final with the Board. A failure to comply with the provisions of the termination order may be grounds for disciplinary action for violation of a Board Order.

D. The suspended practitioner cannot employ any licensed dentist, hygienist, or assistant and cannot be on the premises of the dental office to observe, monitor, or participate in any way in care given. The suspended practitioner may derive no income from the dental practice either directly or indirectly during the period of suspension, except for treatment provided before the beginning of the suspension. The suspended practitioner may provide administrative duties alone to the practice.

**Rule XIII. Dental and Dental Hygiene Temporary Licenses**

A. A dentist/dental hygienist who lawfully practices dentistry/dental hygiene in another state or territory may be granted a temporary license to practice dentistry/dental hygiene in this state if:

1. Such dentist/dental hygienist has been invited by the Colorado Department of Public Health and Environment's Migrant Health Program to provide dental/dental hygiene services to persons identified through such program;

2. The Colorado Department of Public Health and Environment certifies the name of the applicant, the state or territory which issued the applicant a license to practice dentistry/dental hygiene, with verification from the state(s) that the license is in good standing, and the dates within which the applicant has been invited to provide dental/dental hygiene services in this state on a form approved by the board; and

3. Such applicant's practice in this state is limited to that required by the Colorado Department of Public Health and Environment's Colorado Migrant Health Program.

B. A temporary license issued pursuant to section 12-35-107(e) shall remain in effect only as long as the licensee provides dental/dental hygiene services for the Colorado Department of Public Health and Environment's, Colorado Migrant Health Program. In no event, however, shall such a license remain in effect after the period certified by the Colorado Department of Public Health and Environment and shall not exceed 120 consecutive days in a twelve month period.

C. A temporary licensee shall provide dental/dental hygiene services only to persons identified through the Colorado Department of Public Health and Environment and will not accept any compensation above what he/she has agreed to be paid by the Colorado Department of Public Health and Environment.

D. A temporary licensee may be subject to discipline by the Board for unprofessional conduct as defined in 12-35-118 and shall be subject to the Financial Liability Requirements pursuant to the Health Care Availability Act as defined in section 13-64-301.

**Rule XIV. Utilization of Anesthesia/Sedation**

A. “Induction and Administration” as those terms are used in Rule XIV, shall include any procedure or medication administered prior to attaining the proper level of anesthesia/sedation as determined by the supervising dentist. All induction and administration procedures shall be the responsibility of the supervising dentist and shall not be delegated except to another dentist whose qualifications meet the education and training requirements of Rule XIV for the anesthesia to be administered, a qualified physician anesthetist, or a certified nurse anesthetist. Induction and administration of anesthesia shall include, but not be limited to the following procedures:

1. Determination of the dosage of the anesthesia/sedation appropriate for the patient;
2. Observation of the patient until the proper level of anesthesia/sedation is attained.

B. "Monitoring", as that term is used in Rule XIV means:

1. The continual observation of the patient to ensure stable physical condition of the patient and maintenance of a proper level of anesthesia/analgesia as determined by the supervising dentist; OR

2. The continual observation of the patient to ensure stable physical condition of the patient during recovery from the anesthesia/sedation procedure.

3. Monitoring of the patient during an anesthesia/sedation procedure may be delegated under direct supervision to a dental hygienist or dental auxiliary; however, dismissal of the patient following completion of the anesthesia/sedation procedure must be authorized by a Colorado licensed dentist.

C. A supervising dentist administering anesthesia/sedation pursuant to Rule XIV, shall have proof of current basic life support (BLS) knowledge and skills, including cardiopulmonary resuscitation (CPR).

D. All personnel, including, but not limited to, dental hygienists and dental auxiliaries, who render patient care services in a dental setting where anesthesia/sedation is administered shall have proof of current basic life support (BLS) knowledge and skills.

E. All equipment, as provided for in this Rule XIV, subsections H.6. and 1.7., shall be functional and operative at all times.

F. Morbidity and Mortality Report - A completed written report shall be submitted to the Board by the supervising dentist and any other person administering the anesthesia/sedation within fifteen (15) days of any anesthesia/sedation related incident resulting in patient morbidity or mortality which occurred while the patient was under the care of the dentist, and required hospitalization, emergency facility care, or emergency service response.

1. Such report shall include all of the following items:

   a. Description of dental procedure;

   b. Description of preoperative physical condition of the patient;

   c. List of the drugs and dosages administered;

   d. Detailed description of techniques utilized in administering the drugs;

   e. Description of adverse occurrence to include:

      1) Detailed description of symptoms of any complications including, but not limited to, onset and type of symptoms in patient;

      2) Treatment instituted on patient;

      3) Response of the patient to treatment;

   f. Description of the patient's condition on termination of any procedure undertaken.

2. The Board may request inspection of any written records related to this report.
3. Pursuant to 12-35-107(1)(d), the Board may request an on-site evaluation of the dental facility related to this report.

G. As of January 1, 1994, prior to the induction and administration of anesthesia/sedation as provided for in this Rule XIV, a dentist licensed pursuant to the Colorado Dental Practice Law shall certify to the Board, on a form approved by the Board, compliance with all applicable requirements as specified in Rule XIV. When this rule requires the completion of certain courses, such courses may include courses completed in an accredited dental school or in an advanced training program.

H. General Anesthesia

1. “General Anesthesia” is a controlled state of unconsciousness accompanied by a loss of protective reflexes, including the ability to maintain an airway independently and respond purposefully to physical stimulation or verbal command.

2. Education/Training Requirements: As of October 30, 1987, prior to induction and administration of general anesthesia, a Colorado licensed dentist shall meet one of the following education/training requirements:
   a. Proof of successful completion of a residency program in general anesthesia of not less than one calendar year that is approved by the Board of Directors of the American Dental Society of Anesthesiology for eligibility for the Fellowship in General Anesthesia; OR
   b. Proof of successful completion of a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Accreditation of the American Dental Association; OR
   c. Proof of employment of or supervision by a trained Doctor of Medicine or Doctor of Osteopathy who is a member of the anesthesiology staff of an accredited hospital, or proof of employment of or supervision by a Colorado licensed dentist who has met the requirements specified above in subsection H.2.a. or H.2.b., provided that such doctor or dentist administers the anesthesia and remains on the premises of the dental facility until any patient given a general anesthesia has regained consciousness.

3. Examination: Prior to administration of general anesthesia, a supervising dentist shall record the following information in the patient's chart:
   a. The patient's vital signs; and,
   b. The patient's pertinent medical history and pertinent physical findings.

4. Documentation: The supervising dentist shall ensure that the dental treatment and the anesthesia treatment and the patient's response to such treatment shall be recorded in the patient's record. The record shall include:
   a. A written and current medical history which is signed by the supervising dentist, and patient or guardian;
   b. A written examination chart with the proposed dental and anesthesia procedures clearly indicated and complications written on the records;
   c. A consent form signed by the patient or the patient's guardian for any anesthesia and
for treatment;

d. A documented record of each administered anesthesia, including vital signs;

e. All prescriptions ordered.

5. Emergency Care: Prior to the administration of general anesthesia, the supervising dentist, dental hygienist, and auxiliaries shall have appropriate training to recognize the symptoms and reasonably treat the complications and emergencies incident thereto.

6. Office Facilities and Equipment: Prior to administering general anesthesia to a patient, the supervising dentist shall provide the following office facilities and equipment:

a. An operating room;

b. An operating chair or table;

c. Back-up suction equipment with fail safe mechanism in the event of power loss.

d. A back-up lighting system which provides light intensity adequate to permit completion of any dental procedure in progress;

e. Oxygen and gas-delivery systems which shall include:

   1) A capability to deliver oxygen to a patient under positive pressure, including a back-up oxygen system;

   2) Gas outlets which meet related state or federal standards that prevent accidental administration of inappropriate gases or gas mixture; and,

   3) Fail-safe mechanisms for inhalation nitrous oxide analgesia.

   4) The equipment must have an appropriate scavenging system.

f. A sterilization area;

g. A recovery area which shall include installed oxygen and suction systems or the capability to operate portable oxygen and suction systems;

h. Gas storage facilities which meet related state or federal standards;

i. Emergency airway equipment and facilities which shall include:

   1) A full-face mask and an ambu bag with an oxygen hook-up;

   2) Oral and nasopharyngeal airways;

   3) Endotracheal tubes suitable for children and adults;

   4) A laryngoscope with reserve batteries and bulbs;

   5) Endotracheal tube forceps;

   6) Emergency drugs and or medications;
7) An IV catheter with continuous drip.

j. Equipment to monitor vital signs and assure an adequate airway which shall include, but not be limited to:

1) A pulse oximeter;

2) A blood pressure cuff of appropriate size and stethoscope; or equivalent blood pressure monitoring devices.

7. Personnel

a. A minimum of 3 individuals must be present during the administration of general anesthesia. The dentist qualified to administer anesthesia and two individuals, one of whom is trained in patient monitoring.

8. Discharge

a. The professional administering the anesthesia/analgesia must determine that the patient has met discharge criteria prior to the patient leaving the office.

I. Conscious/Deep Sedation

1. Conscious sedation is a controlled state of depressed consciousness that retains the patient's ability to maintain a patent airway independently and continuously and respond appropriately to physical stimulation and verbal command and that is produced by a pharmacologic or non-pharmacologic method or a combination thereof.

2. Deep sedation is a controlled state of depressed consciousness accompanied by a partial loss of protective reflexes, including the occasional inability to independently maintain a patent airway and/or respond purposefully to verbal command, and is produced by a pharmacologic or non-pharmacologic method or combination thereof.

3. Education/training Requirements: As of January 1, 1994, prior to induction and administration of conscious/deep sedation anesthesia, a Colorado licensed dentist shall meet one of the following education/training requirements:

a. Completion of the education/training requirements specified under “General Anesthesia”, subsection H.2.a., H.2.b., or H.2.c.; OR

b. Proof of successful completion of a specialty residency or general practice residency recognized by the Commission on Dental Accreditation that includes anesthesia and/or sedation training; OR

c. Proof of successful completion of a minimum of 60 course hours within the past five (5) years that provide training in the administration and induction of conscious/deep sedation techniques and the potential problems and emergencies associated with such administration, as well as documentation of 20 treatment cases, shall be submitted to the Board for approval.

1) Documentation of training course(s) shall include but not be limited to a certificate or other documentation from course sponsors or instructors indicating the number of course hours, content of such courses and date of successful completion. All of the training courses must have been completed in the past five (5) years.
2) Documentation of the 20 treatment cases shall be as provided for in Rule XIV, subsection H.4. Treatment cases may include those rendered as part of the required 60 hours of education and training and/or documented from cases completed by the licensee during the past two years;

3) If the applicant does not have 20 treatment cases at the time of initial application, the licensee shall have one year from the date of approval to complete and submit the first 20 treatment cases for Board approval, documented as provided in Rule XIV, subsection H.4.

4. Examination: Upon the effective date of this rule, prior to the administration of conscious/deep sedation anesthesia, the dentist shall record all information in the patient's chart as provided for under “General Anesthesia”, subsection H.3.a. and H.3.b.

5. Documentation: Upon effective date of this rule, the dentist shall record, in the patient's chart, the treatment given and the patient's response to the treatment. The record shall include all information as provided for under “General Anesthesia,” subsection H.4.

6. Emergency Care: Prior to the administration of conscious/deep sedation anesthesia, the supervising dentist, dental hygienist, and auxiliaries shall have appropriate training to recognize the symptoms and reasonably treat the complications and emergencies incident thereto.

7. Office Facilities and Equipment: Prior to administering conscious/deep sedation anesthesia to a patient, the supervising dentist shall provide all office facilities and equipment as specified under “General Anesthesia”, subsection H.6.

8. Personnel: During administration of parenteral conscious sedation the dentist and at least one other individual must be present.

Rule XV. Anesthesia Office Inspection (In Compliance With HB 95-1060)

This rule does not apply if the dentist is not the person administering conscious/deep sedation.

A. All dentists approved to administer conscious/deep sedation and/or general anesthesia must undergo an office inspection and receive a permit from the Board within 6 (six) months of obtaining approval to administer anesthesia under Rule XIV. The program administrator may grant one three (3) month extension for good cause.

B. The permit shall be effective for five years from date of issuance.

C. Dentists who receive a permit pursuant to this Rule XV and travel to other office locations to administer anesthesia shall ensure that the office location has the equipment required by Rule XIV and that the staff is properly trained to handle anesthesia related emergencies.

D. The dentist requiring the office inspection is responsible for all fees associated with the inspection:

E. The fee for the administrative work to issue the permit is $21.00.

F. The fee for the office inspection shall not exceed $400.00. In addition to the $400.00, the inspector may charge and be reimbursed for reasonable out-of-pocket expenses for travel, meals, and lodging.

G. The office inspection shall consist of four (4) parts:
Part I - Review of the office equipment, records, and emergency medications required by Rule XIV.

Part II - Simulated emergencies - The dentist and his/her team must perform an actual demonstration of their method for managing the following emergencies:

- Laryngospasm
- Bronchospasm
- Emesis & Aspiration of Vomitus
- Foreign Bodies in the Airway
- Angina Pectoris
- Myocardial Infarction
- Cardiopulmonary Resuscitation
- Hypotension
- Hypertensive Crisis
- Allergic Reaction
- Seizure
- Hypoglycemia
- Asthma
- Respiratory Depression
- Local Anesthesia Allergy or Overdose.
- Hyperventilation Syndrome
- Convulsion of Unknown Etiology

The simulated emergency procedures are to be demonstrated in the surgery area with full participation of the office staff. An exact simulation of the emergency situation should be demonstrated. The type of emergencies selected by examiners should be based on the emergencies likely to be seen in the type of practice in which the dentist is engaged. The “patient” should be positioned and draped, and all equipment that may be used should be demonstrated. A simulated intravenous line should be taped into position and all emergency equipment should be present, including syringes, medications, etc.

The inspector shall review with the dentist and his/her office staff a minimum of 8 of the previous listed simulated emergencies. Cardiopulmonary Resuscitation must be one of the 8 simulated emergencies and must be passed. The dentist and his/her office staff must be proficient in at least 75% of the simulated emergencies. Should the dentist fail to be proficient in at least 75% of the first 8 emergencies, the inspector may proceed through the list of emergencies until the dentist is proficient in at least 75% of the simulated emergencies.

If the dentist is not proficient in at least 75% of the simulated emergencies this shall be reported to the
Board for immediate action, including but not limited to loss of privilege to administer anesthesia or sedation.

**Part III - Discussion Period** - This part of the evaluation should be conducted in private away from the staff and patients. The inspector may note deficiencies and make positive suggestions to the dentist for improving the office facility and patient management. It is appropriate to discuss management of risk patients if this has not been covered during the earlier phase.

**Part IV - Surgical/Anesthetic Techniques** - The inspector shall observe at least one case while the dentist administers conscious/deep sedation. The inspector is authorized to observe additional cases at his/her discretion.

H. The dentist requiring the inspection shall obtain his/her own inspector. The inspector must be an Oral Surgeon, Certified Nurse Anesthetist, Anesthesiologist, a Dental Anesthesiologist, or a Board Certified Pediatric Dentist with current Pediatric Anesthesia Life Support certification. The inspector must have a current, unrestricted Colorado dental, medical or nursing license.

I. There shall not be reciprocal agreements between the inspector and the dentist.

J. The inspecting dentist shall not have had a previous, current, or intended working relationship with the dentist he/she is inspecting.

K. The Board shall accept the office inspections conducted by the Dentist's Professional Liability Trust and the Association of Oral and Maxillofacial Surgeons as meeting the requirements of the Board. Inspections conducted by one of the above entities will be effective for five years from the date of issuance by the entity.

M. Effective April 1, 1996. All dentists currently approved under Rule XIV shall have six months from this date to undergo an office inspection and receive a permit from the Board. Failure to comply within six months of this rule may result in the revocation of the privilege to administer anesthesia and/or additional action by the Board.

N. The documentation of the office inspection must be competed on forms approved by the Board.

**Rule XVI. Oral Premedication Administered for the Relief of Anxiety**

Oral premedication prescribed/administered for the relief of anxiety and apprehension does not fall within Rule XIV. However, if the agents/medications are given in dosages such that the patient is placed in a state of conscious sedation then the dentist must have met the requirements and be approved pursuant to Rule XIV.

**Rule XVII. Administration of Nitrous Oxide/Oxygen Inhalation**

A. When conscious sedation is accomplished solely by means of nitrous oxide/oxygen inhalation techniques, then this Rule shall apply.

B. The administration of nitrous oxide may be delegated to another dentist whose qualifications meet the education and training requirements of Rule XIV, a qualified physician anesthetist, or a certified nurse anesthetist.

C. Education/Training Requirements:

1. As of February 1, 1998, in order to administer and induce conscious analgesia solely by means of nitrous oxide/oxygen inhalation techniques, a dentist shall complete a course(s) conducted at an institution accredited by the American Dental Association Commission
on Dental Education or certified by the Colorado Department of Higher Education Division of Private Occupational Schools. The course(s) must have a minimum of 16 hours, including 4 patient contact hours. As of January 1, 1994, the Board required all dentists who did not meet the requirements of subsection 2. below to submit an application and documentation of training in nitrous oxide/oxygen administration.

2. A Colorado licensed dentist who has safely administered conscious analgesia solely by means of nitrous oxide/oxygen inhalation techniques within the State of Colorado for the three years prior to October 30, 1987, should be deemed to have satisfied, the education/training specified under this Rule In making a determination on safe administration and inducement of conscious analgesia accomplished solely by means of nitrous oxide/oxygen inhalation techniques, the Board shall consider any and all anesthesia/analgesia related incidents, accidents or complaints filed against the licensee.

3. The dentist and all personnel, including but not limited to, dental hygienists and dental auxiliaries, who render patient care services in a dental setting where nitrous oxide/oxygen is administered shall have proof of current basic life support (BLS) knowledge and skills

D. Examination: Upon the effective date of this rule, prior to administration of nitrous oxide/oxygen, the dentist, dental hygienist, or auxiliary shall record, in the patient's chart, the patient's medical history and pertinent physical findings.

E. Documentation: Upon the effective date of this rule, when administering nitrous oxide/oxygen, the dentist, dental hygienist, or auxiliary shall record, in the patient's chart, the treatment given, the dosage administered and the patient's response to treatment.

F. Emergency Care: Prior to the administration of nitrous oxide/oxygen, the supervising dentist, dental hygienist, and auxiliaries shall have appropriate training to recognize the symptoms and reasonably treat the complications and emergencies incident thereto.

G. Office Facilities and Equipment: If conscious analgesia is accomplished solely by means of nitrous oxide/oxygen inhalation techniques, then the supervising dentist shall provide and ensure the following:

1. Fail safe mechanisms in the delivery system and an appropriate scavenging system;

2. The inhalation equipment must be evaluated for proper operation and delivery of inhalation agents prior to use on each patient;

3. Determination of adequate oxygen supply must be completed prior to use with each patient;

4. Baseline vital signs may be obtained at the discretion of the operator depending on the medical status of the patient and the nature of the procedure to be performed; AND

5. Appropriate equipment to monitor vital signs and maintain an adequate airway including but not limited to a blood pressure cuff, stethoscope and a method for administering positive pressure oxygen.

H. Delegating under direct supervision the monitoring and administration of nitrous oxide/oxygen to appropriately trained personnel pursuant to 12-35-110 (n):

1. The supervising dentist is responsible for determining the maximum dosage of nitrous oxide/oxygen analgesia and must record the dosage in the patient's dental chart prior to delegation.
2. The supervising dentist delegating must be approved by the Board under this rule to administer nitrous oxide/oxygen.

3. The dental hygienist or dental auxiliary accepting the delegation of the administration and monitoring of nitrous oxide/oxygen under direct supervision shall ensure that the dentist is approved by the Board to administer nitrous oxide/oxygen.

4. Education/Training Requirements for dental hygienists and auxiliaries administering and monitoring nitrous oxide/oxygen under direct supervision;

   a. As of February 1, 1998, in order to administer and induce conscious analgesia solely by means of nitrous oxide/oxygen inhalation techniques, a dental hygienist or a dental auxiliary shall complete a course(s) conducted at an institution accredited by the American Dental Association Commission on Dental Education or certified by the Colorado Department of Higher Education Division of Private Occupational Schools. The course(s) must have a minimum of 16 hours, including 4 patient contact hours. The dental hygienist and dental auxiliary shall certify to the Board, on a form approved by the Board, compliance with the educational requirement.

I. "Monitoring", as that term is used in Rule XVII means:

   1. The continual observation of the patient to ensure the stable physical condition of the patient and maintenance of a proper level of nitrous oxide/oxygen inhalation as determined by the supervising dentist; OR

   2. The continual observation of the patient to ensure stable physical condition of the patient during recovery from the nitrous oxide/oxygen inhalation.

   3. Unless a dental hygienist or dental auxiliary has received the training to administer nitrous oxide/oxygen inhalation, they may only monitor (observe) a patient during the use of nitrous oxide/oxygen inhalation. Monitoring may only be delegated under the direct supervision of a dentist approved/authorized to administer nitrous oxide/oxygen inhalation.

J. All equipment, as provided for in this Rule XVII shall be functional and operative at all times.

K. Morbidity and Mortality Report - A completed written report shall be submitted to the Board by the supervising dentist and any other person administering the nitrous oxide/oxygen inhalation within fifteen (15) days of any nitrous oxide/oxygen inhalation related incident resulting in patient morbidity or mortality which occurred while the patient was under the care of the dentist, and required hospitalization, emergency facility care, or emergency service response.

   1. Such report shall include all of the following items:

      a. Description of dental procedure;

      b. Description of preoperative physical condition of the patient;

      c. List of the drugs and dosages administered;

      d. Detailed description of techniques utilized in administering the nitrous oxide;

      e. Description of adverse occurrence to include:
1) Detailed description of symptoms of any complications including, but not limited to, onset and type of symptoms in patient;

2) Treatment instituted on patient;

3) Response of the patient to treatment;

f. Description of the patient's condition on termination of any procedure undertaken.

2. The Board may request inspection of any written records related to this report.

3. Pursuant to 12-35-107(1)(d), the Board may request an on-site evaluation of the dental facility related to this report.

Rule XVIII. Administration of Local Anesthesia

A. “Local Anesthesia” means the elimination of sensations especially pain, in one part of the body by topical application or regional injection of drugs without causing the loss of consciousness.

B. The dentist and all personnel, including but not limited to, dental hygienists and dental auxiliaries, who render patient care services in a dental setting where local anesthesia is administered shall have proof of current basic life support (BLS) knowledge and skills.

C. All Colorado licensed dentists shall be authorized to administer local anesthesia. A dentist may delegate the physical administration of local anesthesia to trained and qualified dental hygienists pursuant to this Rule.

D. Local Anesthesia Administration by Regional Injection by a Dental Hygienist.

1. A Colorado licensed dental hygienist shall administer local anesthesia agents by regional injection of drugs only under the direct supervision of a Colorado licensed dentist.

2. A dental hygienist shall be qualified to administer local anesthetic agents upon successful completion of courses conducted by a school accredited by the American Dental Association Commission on Dental Education which meets the following requirements:

   a. Twelve (12) hours of didactic training including but not limited to:

      1) Anatomy; and

      2) Pharmacology; and

      3) Techniques; and

      4) Physiology; and

      5) Medical Emergencies AND

   b. Twelve (12) hours of clinical training which shall include the administration of at least six (6) infiltration and six (6) block injections.

3. As of October 30, 1987, prior to the administration and inducement of local anesthesia by regional injection as provided for in this rule, a dental hygienist licensed pursuant to the Colorado Dental Practice Law shall certify to the Board, on a form approved by the Board, compliance with all applicable requirements specified in Rule XVIII.
Rule XIX. Practice Monitor Guidelines

A. Licensees requiring monitoring must pay the monitor for service. Remuneration for such service will be a reasonable fee negotiated by the parties.

B. Monitors must be approved by the Board and shall submit their application for practice monitor on form(s) supplied by the Board.

C. Monitors are responsible for periodic assessment of a licensee's practice as directed by the Board or its agent(s).

D. Monitors shall have access to all patient records, files, and materials to effectively monitor a licensee's practice.

E. The monitor may elect to observe the licensee in the execution of certain procedures.

F. Monitors shall be required to submit practice monitor reports on form(s) supplied by the Board and on a schedule to be determined by the Board.

Rule XX- Denture Construction by Auxiliaries

This rule relates to tasks authorized to be performed by dental auxiliaries as defined in section 12-35-125 (4) (d) and tasks authorized to be performed by unlicensed persons as defined in 12-35-130.

A. Dentures are defined as removable, full, or partial appliances designed to replace teeth.

B. Dental auxiliaries or any other unlicensed personnel who renders direct patient treatment as defined in section 12-35-125 (4) (d), C.R.S., necessary for the construction of dentures, shall be employed by the dentist.

C. Unlicensed persons who are not employees of the dentist shall only perform the services defined in 12-35-130 and shall not render direct patient treatment as defined in 12-35-125 (4) (d).

D. A dental auxiliary or unlicensed person shall not practice dentistry as defined in 12-35-110.

E. All tasks authorized to be performed by a dental auxiliary or any other unlicensed person pursuant to 12-35-125 (4) (d) shall be performed in the “regularly announced office location” of a dentist where the dentist is the proprietor and in which he or she regularly practices dentistry.

F. Nothing in this rule shall prevent the filling of a valid work order pursuant to 12-35-130, by any person, association, corporation, or other entity for the construction, reproduction, or repair of prosthetic dentures, bridges, plates, or appliances to be used or worn as substitutes for natural teeth or for restoration of natural teeth.

Rule XXI - Financial Liability Requirement

Unless exempt from Financial Responsibility pursuant to 12-35-136, C.R.S., and Rule I of the Rules and Regulations of the State Board of Dental Examiners, all licensed dentists who practice in Colorado must establish and continuously maintain financial responsibility as required in 13-64-301, C.R.S.

Rule XXII - Treatment Provider Identification

1. Patient records shall note at the time of the treatment or service the name of any dentist, dental hygienist, or dental auxiliary who performs any treatment or service upon a patient.
2. When patient treatment or service is performed which requires supervision, the patient record must also note the name of the supervising dentist or dental hygienist for the treatment or service performed on the patient.

**Rule XXIII - Patient Records Retention**

A. Records for minors shall be kept for a minimum of seven (7) years after the patient reaches the age of majority (age 18).

B. Records for adult patients shall be kept for a minimum of seven (7) years after the last date of dental treatment or examination, whichever occurs at the latest date.

C. This Rule does not apply to records kept by educational, not-for-profit, and/or public health programs.

D. When the destruction cycle is imminent, written notice to the patient's last known address, or notice by publication, must be made sixty (60) days prior to destruction. Destruction cannot take place until a 30 day period has elapsed wherein the patient may claim the records.

E. Notice by publication may be accomplished by publishing in a major newspaper or a newspaper broadly circulated in the local community one day per week for four (4) consecutive weeks.

F. When the destruction cycle is imminent, records will be provided to the patient or legal guardian at no charge; however appropriate postage and handling costs are permitted.

G. Records may not be withheld for past due fees relating to dental treatment.

H. Destruction shall be accomplished by a means which renders the records unable to be identified or read such as by fire or shredding.

**Rule XXIV. Application of Local Therapeutic Agents into Periodontal Pockets**

A. "Local Therapeutic Agents" means any agent approved for use by the FDA utilized in controlled drug delivery systems in the course of periodontal pocket treatment.

B. The responsibility for diagnosis, treatment planning, or the prescription of therapeutic measures in the practice of dentistry shall remain with a licensed dentist and may not be assigned to any dental hygienist or dental auxiliary.

C. The placement and removal of local therapeutic agents for treatment of periodontal pockets may be assigned to a Colorado licensed dental hygienist but only under the direct supervision of a Colorado licensed dentist. The placement of local therapeutic agents may not be assigned to a dental auxiliary.

D. The licensed dentist shall be responsible for obtaining appropriate training for him/herself and the dental hygienist prior to assigning the application of local therapeutic agents to a dental hygienist. Appropriate training must include; documentation, case selection, pharmacology, application and removal, follow-up treatment, and management of complications as they relate to local therapeutic agents.

E. Any dental hygienist placing local therapeutic agents shall have proof of current Basic Life Support (BLS) knowledge and skills, including Cardiopulmonary Resuscitation (CPR).

**Rule XXV. Patient Records in the Custody of a Dentist or Dental Hygienist**

A. Every patient's record in the custody of a dentist or dental hygienist shall be available to a patient or
the patient's designated representative at reasonable times and upon reasonable notice.

B. A patient or designated representative (representative) may inspect or obtain a copy of his/her patient record after submitting a signed and dated request to the custodian of the patient record. The provider or the representative shall acknowledge in writing the patient's or representative's request. After inspection, the patient or representative shall sign and date the record to acknowledge inspection.

C. The custodian of the record shall make a copy of the record available or make the record available for inspection within a reasonable time from the date of the signed request, normally not to exceed five days, excluding weekends and holidays.

D. Patient or representative may not be charged for inspection of records.

E. The patient or representative shall pay for the reasonable cost of obtaining a copy of the patient record, not to exceed $12.00 for the first ten or fewer pages and $0.25 per page for every additional page. Actual postage costs may also be charged.

F. If the patient or representative so approves, the custodian may supply a written interpretation by the attending provider or representative of patient records, such as radiographs, diagnostic casts, or non-written records which cannot be reproduced without special equipment. If the requestor prefers to obtain a copy of such patient records, the patient must pay the actual cost of such reproduction.

G. If changes, corrections, deletions, or other modifications are made to any portion of a patient record, the person must note in the record date, time, nature, reason, correction, deletion, or other modification, and his/her name.

H. Nothing in this rule shall be construed as to limit a right to inspect patient records that is otherwise granted by state statute to the patient or representative.

I. Nothing in this rule shall be construed to waive the responsibility of a custodian of records to maintain confidentiality of those records the possession of the custodian.

Rule XXVI - Advertising

A. A licensed dentist has the legal authority to practice in any and all areas of dentistry and also the authority to confine the areas in which he or she chooses to practice.

B. Dental specialties are recognized as those defined by the American Dental Association (ADA) and dental specialists as those dentists who have successfully completed an ADA accredited specialty program.

C. Practitioners who have successfully completed an ADA accredited specialty program may advertise the practice of that specialty. Practitioners who have not completed an ADA accredited specialty program, and have limited their practice to a specific ADA defined specialty, must clearly state in all advertising and/or public promotions, that they are a general practitioner who has limited their practice to that field of dentistry.

D. It is misleading, deceptive or false for general practitioners to list their names, advertise, or promote themselves in any area or location that implies a specialty. A general practitioner who advertises in any medium under a specialty heading or section may be considered as having engaged in misleading, deceptive or false advertising.

Rule XXVII - Infection Control
A. Failure to utilize generally accepted standards of infection control procedures may violate 12-35-118(1)(j), CRS.