

DEPARTMENT OF REGULATORY AGENCIES

Colorado Dental Board

DENTISTS & DENTAL HYGIENISTS

3 CCR 709-1

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

1.1 Definitions

(Amended December 2, 2002; Amended and Re-numbered November 2, 2011, Effective December 30, 2011; Amended January 22, 2015, Effective March 30, 2015; Amended April 28, 2016, Effective June 30, 2016)

- A. The Board hereby incorporates by reference all definitions as contained in section 12-220-104, C.R.S., as amended.
- B. "Regularly announced office location" as specified in section 12-220-127(3)(d)(II), C.R.S., means those offices of which a dentist or a dental hygienist is the proprietor and in which he/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.
- C. "Regularly" means fixed intervals or periods as used in these Rules.
- D. "Certify or Certification" means to declare in writing on the patient's record.
- E. "Doctor's Office Notes" as used in section 25-1-802, C.R.S., and applied to dental and dental hygiene practice 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.
- F. "Malpractice Judgment" or "Malpractice Settlement" as used in section 12-220-130(1)(r), C.R.S., means when a payment is made to a patient in an amount which exceeds the actual cost of the dental services.
- G. "Therapeutic Agents" as used in these Rules means any agent approved by the United States Food and Drug Administration (FDA) for use in controlled drug delivery systems in the course of periodontal pocket treatment.
- H. "Unprofessional Conduct" as used in section 12-220-132(4), C.R.S., means any cause that is grounds for disciplinary action pursuant to the "Dental Practice Act," section 12-220-130(1), C.R.S., and the "Healthcare Professions Profiling Program," section 12-30-102, C.R.S.

1.2 Financial Responsibility Exemptions

(Amended December 2, 2002; Amended and Re-numbered November 2, 2011, Effective December 30, 2011; Amended January 22, 2015, Effective March 30, 2015)

Financial liability requirements pursuant to sections 13-64-301(1)(a) and 12-220-147, C.R.S., do not apply to a dentist or dental hygienist who:

- A. Is a public employee of the state of Colorado under the Colorado Governmental Immunity Act, section 24-10-101, C.R.S., et seq.;
- B. Performs dental services exclusively as an employee of the United States government;
- C. Holds an inactive license;
- D. Holds a retired license;
- E. Holds an active dental license, but does not engage in any patient care within Colorado or any of the acts constituting the practice of dentistry as defined by sections 12-220-104(6) and 12-220-110, C.R.S., including but not limited to the prescribing of medications, diagnosis, and development of a treatment plan;
- F. Holds an active dental hygiene license. but does not engage in any patient care within Colorado or any of the acts constituting the practice of dental hygiene as defined by sections 12-220-104(4), 12-220-104(5), 12-220-122, 12-220-123, and 12-220-127, C.R.S.; or
- G. Provides uncompensated dental care and who does not otherwise engage in any compensated patient care whatsoever.

1.3 Licensure of Dentists and Dental Hygienists

(Amended December 2, 2002; Amended on Emergency Basis July 7, 2004; Re-Promulgated August 11, 2004; Amended April 22, 2009; Amended October 21, 2009, Effective December 30, 2009; Amended November 2, 2011, Effective December 30, 2011; Amended January 22, 2015, Effective March 30, 2015; Amended April 28, 2016, Effective June 30, 2016)

- A. General Requirements for Licensees and Applicants
 - 1. Any person who practices or offers or attempts to practice dentistry or dental hygiene without an active license issued under the Dental Practice Act and in accordance with Board Rules commits a class 2 misdemeanor for the first offense and a class 6 felony for the second or any subsequent offense.
 - 2. Any notification by the Board to a licensee or applicant, required or permitted under section 12-220-101 *et seq.*, C.R.S., or the State Administrative Procedure Act, section 24-4-101 *et seq.*, C.R.S., shall be served personally or by first class mail to the last address of record provided in writing to the Board. Service by mail shall be deemed sufficient and proper upon a licensee or applicant.

Licensees

- 3. Physical or mental illness requirements. These requirements apply to a dentist or dental hygienist who holds an active license issued by the Board, including a dentist issued an academic license.

- a. Licensees shall provide the Board with written notice of the following:
 - (1) A long-term (more than ninety days) physical illness/condition that renders the licensee unable, or limits the licensee's ability, to practice dentistry or dental hygiene with reasonable skill and safety to patients, or
 - (2) A debilitating mental illness/condition that renders the licensee unable, or limits the licensee's ability, to practice dentistry or dental hygiene with reasonable skill and safety to patients.
 - b. The licensee shall notify the Board of the illness or condition within thirty days and submit, within sixty days, a letter from his/her treating medical or mental health provider describing:
 - (1) The condition(s);
 - (2) The impact on the licensee's ability to practice safely; and
 - (3) Any applicable limitation(s) to the licensee's practice.
 - c. If a licensee has entered into a voluntary rehabilitation contract with the Board's peer health assistance program, and if the illness or condition is being managed and treated, then the licensee is not required to provide notice to the Board.
 - d. The Board may require the licensee to submit to an examination to evaluate the extent of the illness or condition and its impact on the licensee's ability to practice with reasonable skill and safety to patients.
 - e. Pursuant to sections 12-30-108 and 12-220-136, C.R.S., the Board may enter into a non-disciplinary confidential agreement with the licensee in which he/she agrees to limit his/her practice based on any restriction(s) imposed by the illness or condition, as determined by the Board. A licensee subject to discipline for habitually abusing or excessively using alcohol, a habit-forming drug, or a controlled substance is not eligible to enter into a confidential agreement.
4. If a dentist who holds an active license, including an academic license, is arrested for a drug or alcohol related offense, the dentist shall refer himself/herself to the Board's peer health assistance program within thirty days after the arrest for an evaluation and referral for treatment as necessary. If the dentist self refers, the evaluation by the program is confidential and cannot be used as evidence in any proceedings other than before the Board.
 5. Change of name and address
 - a. A licensee shall inform the Board in clear, explicit, and unambiguous written statement of any name, business address, or preferred contact address change within thirty days of the change. The Board will not change the licensee's information without explicit written notification from the licensee. Notification by fax or email is acceptable. A licensee may update his/her address(es) online electronically through the Division of Professions and Occupations.
 - (1) A licensee is required to keep all business addresses up-to-date.

- (2) The Division of Professions and Occupations maintains one contact address for each licensee, regardless of the number of different professional licenses the licensee may hold.
 - (3) All communication from the Board to a licensee will be to the contact address maintained with the Division of Professions and Occupations.
- b. The Board requires one of the following forms of documentation to change a licensee's name or social security number:
 - (1) Marriage license;
 - (2) Divorce decree;
 - (3) Court order; or
 - (4) A driver's license or social security card with a second form of identification may be acceptable at the discretion of the Division of Professions and Occupations.
6. A licensed dentist, including one issued an academic license, or dental hygienist is required to renew his/her license every two years and submit the applicable fee. This includes renewing to an active, inactive, or retired status. A dentist issued an academic license is not eligible for retired or inactive status.
7. A dentist or dental hygienist in retired status may provide dental services on a voluntary basis to the indigent, if such services are provided on a limited basis and no fee is charged by the dentist or dental hygienist.
8. A dentist or dental hygienist in inactive status shall not provide dental or dental hygiene services in this state while his/her license is inactive.
9. A dentist or dental hygienist with an expired license shall not provide dental or dental hygiene services in this state while his/her license is expired.

Applicants

10. A foreign-trained dentist is required to complete a program in clinical dentistry and obtain a doctorate of dental surgery or a doctorate of dental medicine at an accredited dental school in order to be eligible for licensure in this state. The only exception is if a foreign-trained dentist satisfies the requirements for an academic license.
11. Under section 12-20-404(3)(a)(I), C.R.S., any person whose license to practice is revoked or surrendered is ineligible to apply for any license under the Dental Practice Act for at least two years after the date of revocation or surrender of the license. Any subsequent application for licensure is an application for an original license.
12. It is unlawful for any person to file with the Board a forged document or credentials of another person as part of an application for licensure.

13. All documents required as part of a licensure application, except for license renewal, must be received within one year of the date of receipt of application. An application is incomplete until the Board receives all additional information requested or required to determine whether to grant or deny the application. If all required information is not submitted within the one year period, then the original application materials will be destroyed and the applicant will be required to submit a new application, fee, and all required documentation.
 14. The Board may deny an application for licensure upon a finding that the applicant has violated any provisions of the Dental Practice Act and Board Rules.
 15. An applicant for licensure may not begin practicing as a dentist or dental hygienist in this state until he/she has been issued an active license number to do so, this includes an application to reinstate an expired license or reactivate an inactive license which will require that license number to be activated again before active practice may resume.
 16. A dentist applying for a license must be at least twenty-one years of age.
 17. Education, training, or service gained in military services outlined in section 12-20-202(4), C.R.S., to be accepted and applied towards receiving a license, must be equivalent, as determined by the Board, to the qualifications otherwise applicable at the time of receipt of application. It is the applicant's responsibility to provide timely and complete evidence for review and consideration. Satisfactory evidence of such education, training, or service will be assessed on a case-by-case basis.
 18. Regulation of Military Spouses. This Rule does not limit the requirements of Article 20 of Title 12, C.R.S.
 - a. A person need not obtain authority to practice dentistry or dental hygiene during the person's first year of residence in Colorado if:
 - (1) The person is a military spouse, as defined in section 12-20-301(3), C.R.S., and is authorized to practice that occupation or profession in another state;
 - (2) Other than the person's lack of licensure, registration, or certification in Colorado, there is no basis to disqualify the person under Title 12, C.R.S.; and
 - (3) The person consents as a condition of practicing dentistry or dental hygiene in Colorado, to be subject to the jurisdiction and disciplinary authority of the Board.
 - b. To continue practicing dentistry or dental hygiene in Colorado after the person's first year of residence, the person must apply for and obtain a license in accordance with all licensing laws and requirements in effect at the time of the application, including, but not limited to, the Dental Practice Act, this Rule, and current clinical competency requirements.
- B. Original Licensure for Dentists
1. Each applicant shall submit a completed Board approved application along with the required fee in order to be considered for licensure approval and must also verify that he/she:

- a. Graduated 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 Commission on Dental Accreditation as evidenced by an official transcript of credits with the date of graduation and degree obtained.
 - b. Successfully passed the examination administered by the Joint Commission on National Dental Examinations.
 - c. Successfully passed an examination or other methodology, as determined by the Board, designed to test the applicant's clinical skills and knowledge, which may include residency and/or portfolio models.
2. Each applicant must verify that he/she:
- a. Obtained or will obtain prior to practicing as a licensed dentist in this state commercial professional liability insurance coverage with an insurance company authorized to do business in Colorado pursuant to Article 5 of Title 10, C.R.S., in a minimum indemnity amount of \$500,000 per incident and \$1,500,000 annual aggregate per year, or if covered under a financial responsibility exemption listed in Rule 1.2.
 - b. Accurately and completely listed any acts that would be grounds for disciplinary action under the Dental Practice Act and provided a written explanation of the circumstances of such act(s) and what steps have been taken to remediate the act(s), omission(s), or discipline, including supporting documentation.
 - c. Accurately and completely provided any and all information pertaining to any final or pending disciplinary action by any state or jurisdiction in which the applicant is or has been previously licensed and provided a written explanation of the circumstances of such action(s) and what steps have been taken to remediate the action(s), omission(s), or discipline that led to the final disciplinary action(s), including supporting documentation.
 - d. Accurately and completely provided any and all information pertaining to any pending or final malpractice actions against the applicant, verified by the applicant's malpractice insurance carrier(s) and provided a written explanation of the circumstances of such action(s) and what steps have been taken to remediate the action(s) that led to the settlement(s), including supporting documentation. 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.
3. Demonstrates current clinical competency and professional ability through at least one of the following:
- a. Graduated within the twelve months immediately preceding the date the application is received 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 Commission on Dental Accreditation.
 - b. Engaged in the active clinical practice of dentistry for at least one year of the five years immediately preceding the date the application is received. Experience from postgraduate training, residency programs, internships, or research during this time will be evaluated on a case-by-case basis.

- c. Engaged in teaching dentistry in an accredited program for at least one year of the five years immediately preceding the date the application is received.
- d. Engaged in service as a dentist in the military for at least one year of the five years immediately preceding the date the application is received.
- e. Passed a Board approved clinical examination within one year of the date the application is received.
- f. Successfully completed a Board approved evaluation by a Commission on Dental Accreditation accredited institution or another Board approved entity within one year of the date the application is received, which demonstrates the applicant's proficiency as equivalent to the current school graduate. Before undertaking such evaluation, an applicant must submit a proposed evaluation for pre-approval by the Board. The Board may reject an evaluation whose proposal it has not pre-approved or for other good cause.
- g. If a dentist with a revoked license, a license suspended for two or more years, or any other disciplined license preventing him/her from actively practicing for two or more years in Colorado, another state/jurisdiction, or country is applying for a license, then the Board may require him/her to comply with more than one of the above competency requirements.
- h. In addition to the requirements above, the Board may, in its discretion, apply one or more of the following towards demonstration of current clinical competency, except as to applicants described in section (B)(3)(g) of this Rule.
 - (1) Practice under a probationary or otherwise restricted license for a specified period of time;
 - (2) Successful completion of courses approved by the Board; or
 - (3) Any other professional standard or measure of continued competency as determined by the Board.

C. Endorsement for Dentists

- 1. In order to be qualified for licensure by endorsement, an applicant is required to demonstrate that he/she does not currently possess a suspended, restricted, or conditional license to practice dentistry, or is currently pending disciplinary action against such license in another state or territory of the United States or Canada.
- 2. Each qualified applicant shall submit a completed Board approved application along with the required fee in order to be considered for licensure approval and must also verify through the state in which he/she is seeking endorsement from that he/she meets the requirements listed under section (B)(1) of this Rule.
- 3. An applicant for endorsement must verify as part of his/her application fulfillment of the requirements listed under section (B)(2) of this Rule.
- 4. An applicant for endorsement must demonstrate current clinical competency and professional ability through at least one of the following:

- a. Engaged in the active practice of clinical dentistry in the U.S. or one of its territories or Canada for a minimum of 300 hours per year, for a minimum of five years out of the seven years immediately preceding the date the application was received. Calculations will be based on the first full month prior to receipt of the application. Experience from postgraduate training, residency programs, internships, or research will be evaluated on a case-by-case basis.
- b. Engaged in teaching dentistry, which involves personally providing care to patients for not less than 300 hours annually in an accredited dental school for a minimum of five years out of the seven years immediately preceding the date the application was received. Calculations will be based on the first full month prior to receipt of the application.
- c. For the dentists practicing in the military, a report from a senior officer with a recommendation and verification of clinical experience comparable to the requirement in section (C)(4)(a) of this Rule.
- d. Passed a Board approved clinical examination within one year of the date the application is received.
- e. Successfully completed a Board approved evaluation by a Commission on Dental Accreditation accredited institution or another Board approved entity within one year of the date the application is received, which demonstrates the applicant's proficiency as equivalent to the current school graduate. Before undertaking such evaluation, an applicant must submit a proposed evaluation for pre-approval by the Board. The Board may reject an evaluation whose proposal it has not pre-approved or for other good cause.
- f. The Board may also apply one or more of the following towards demonstration of current clinical competency:
 - (1) Practice under a probationary or otherwise restricted license for a specified period of time;
 - (2) Successful completion of courses approved by the Board; or
 - (3) Any other professional standard or measure of continued competency as determined by the Board.

D. Academic License

1. A dentist who is employed at an accredited school or college of dentistry in this state and who practices dentistry in the course of his/her employment responsibilities and is applying for an academic license shall submit with the application and fee the following credentials and qualifications for review and approval by the Board:
 - a. Proof of graduation with a DDS or DMD degree or equivalent from a school of dentistry located in the United States or another country.
 - b. Evidence of the applicant's employment by an accredited school or college of dentistry in this state; actual practice is to commence only once licensure has been granted.
2. An applicant for an academic license shall satisfy the credentialing standards of the accredited school or college of dentistry that employs the applicant.

3. Pursuant to section 12-220-116(4), C.R.S., an academic license shall authorize the licensee to practice dentistry only while engaged in the performance of his/her official duties as an employee of the accredited school or college of dentistry and only in connection with programs affiliated or endorsed by the school or college. A dentist issued an academic license may not use it to practice dentistry outside of his/her academic responsibilities.
 4. A dentist with an academic license is subject to discipline pursuant to sections 12-30-108, 12-220-130, 12-220-131, 12-220-132, 12-220-134, 12-220-135, and 12-220-136, C.R.S.
- E. Original Licensure for Dental Hygienists
1. Each applicant shall submit a completed Board approved application along with the required fee in order to be considered for licensure approval and must also verify that he/she:
 - a. Graduated from a school of dental hygiene that, at the time of the applicant's graduation, was accredited by the Commission on Dental Accreditation, and proof that the program offered by the accredited school of dental hygiene was at least two academic years or the equivalent of two academic years. An official school transcript of credits with the date of graduation and degree obtained shall be deemed sufficient evidence.
 - b. Successfully passed the examination administered by the Joint Commission on National Dental Examinations.
 - c. Successfully completed an examination designed to test the applicant's clinical skills and knowledge administered by a regional testing agency composed of at least four states or an examination of another state.
 2. Each applicant will also be required to verify that he/she:
 - a. Obtained or will obtain prior to practicing as a licensed dental hygienist in this state professional liability insurance in the amount of not less than \$50,000 per claim and an aggregate liability for all claims during a calendar year of not less than \$300,000, or is covered under a financial responsibility exemption listed in Rule 1.2. Coverage may be maintained by the dental hygienist or through a supervising licensed dentist.
 - b. Accurately and completely listed any acts that would be grounds for disciplinary action under the Dental Practice Act and provided a written explanation of the circumstances of such act(s) and what steps have been taken to remediate the act(s), omission(s), or discipline, including supporting documentation.
 - c. Accurately and completely provided any and all information pertaining to any final or pending disciplinary action by any state or jurisdiction in which the applicant is or has been previously licensed and provided a written explanation of the circumstances of such action(s) and what steps have been taken to remediate the action(s), omission(s), or discipline that led to the final disciplinary action(s), including supporting documentation.

- d. Accurately and completely provided any and all information pertaining to any pending or final malpractice actions against the applicant, verified by the applicant's malpractice insurance carrier(s) and provided a written explanation of the circumstances of such action(s) and what steps have been taken to remediate the practice that led to the settlement(s), including supporting documentation. 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.
3. Demonstrates current clinical competency and professional ability through at least one of the following:
- a. Graduated within the twelve months immediately preceding the date the application was received from an academic program of dental hygiene that, at the time of the applicant's graduation, was accredited by the Commission on Dental Accreditation and which was at least two academic years or the equivalent of two academic years.
 - b. Engaged in the active clinical practice of dental hygiene for at least one year of the five years immediately preceding the date the application is received.
 - c. Engaged in teaching dental hygiene or dentistry in an academic program that was accredited by the Commission on Dental Accreditation for at least one year of the five years immediately preceding the date the application is received.
 - d. Engaged in service as a licensed dental hygienist in the military for at least one year of the five years immediately preceding the date the application is received.
 - e. Passed a Board approved regional or state clinical examination within one year of the date the application is received.
 - f. Successfully completed a Board approved evaluation by a Commission on Dental Accreditation accredited institution or another Board approved entity within one year of the date the application is received, which demonstrates the applicant's proficiency as equivalent to the current school graduate. Before undertaking such evaluation, an applicant must submit a proposed evaluation for pre-approval by the Board. The Board may reject an evaluation whose proposal it has not pre-approved or for other good cause.
 - g. If a dental hygienist with a revoked license, a license suspended for two or more years, or any other disciplined license preventing him/her from actively practicing for two or more years in Colorado, another state/jurisdiction, or country is applying for a license, then the Board may require him/her to comply with more than one of the above competency requirements.
 - h. The Board may, in its discretion, apply one or more of the following towards demonstration of current clinical competency (cannot be considered in lieu of the requirements of section (E)(3)(g) of this Rule, but may be considered as an additional requirement by the Board):
 - (1) Practice under a probationary or otherwise restricted license for a specified period of time;
 - (2) Successful completion of courses approved by the Board; or

- (3) Any other professional standard or measure of continued competency as determined by the Board.

F. Endorsement for Dental Hygienists

1. In order to be qualified for licensure by endorsement, an applicant is required to demonstrate that he/she does not currently possess a suspended, restricted, or conditional license to practice dental hygiene, or is currently pending disciplinary action against such license in another state or territory of the United States or Canada.
2. Each qualified applicant shall submit a completed Board approved application along with the required fee in order to be considered for licensure approval and must also verify through the state in which he/she is seeking endorsement from that he/she meets the requirements listed under section (E)(1) of this Rule.
3. An applicant for endorsement must verify as part of his/her application fulfillment of the requirements listed under section (E)(2) of this Rule.
4. The applicant must disclose the existence of any dental hygiene or other health care license previously held or currently held in any other state or jurisdiction, including dates and status.
5. An applicant for endorsement must demonstrate current clinical competency and professional ability through at least one of the following:
 - a. Engaged in the active practice of clinical dental hygiene in the U.S. or one of its territories or Canada for a minimum of 300 hours per year, for a minimum of one year out of three years immediately preceding the date the application was received. Calculations will be based on the first full month prior to receipt of the application.
 - b. Engaged in teaching dental hygiene or dentistry, which involves personally providing care to patients for not less than 300 hours annually in an accredited program for a minimum of one year out of the three years immediately preceding the date the application was received. Calculations will be based on the first full month prior to receipt of the application.
 - c. For the licensed dental hygienists practicing in the military, a report from a senior officer with a recommendation and verification of clinical experience comparable to the requirement in section (F)(5)(a) of this Rule.
 - d. Passed a Board approved regional or state clinical examination within one year of the date the application is received.
 - e. Successfully completed a Board approved evaluation by a Commission on Dental Accreditation accredited institution or another Board approved entity within one year of the date the application is received, which demonstrates the applicant's proficiency as equivalent to the current school graduate. Before undertaking such evaluation, an applicant must submit a proposed evaluation for pre-approval by the Board. The Board may reject an evaluation whose proposal it has not pre-approved or for other good cause.
 - f. The Board may also apply one or more of the following towards demonstration of current clinical competency:

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- (1) Practice under a probationary or otherwise restricted license for a specified period of time;
 - (2) Successful completion of courses approved by the Board; or
 - (3) Any other professional standard or measure of continued competency as determined by the Board.
- G. Continuing Education Requirements for Dentists, Dentists Issued an Academic License, and Dental Hygienists
1. Effective March 1, 2016, every licensee with an active license in Colorado is required to complete thirty hours of Board approved continuing education during the two years preceding the next renewal period to ensure patient safety and professional competency, pursuant to section 12-220-145, C.R.S. Continuing education hours may only be applied to the renewal period in which they were completed.
 2. This requirement does not apply to a licensee placing his/her license into inactive or retired status, or renewing such status. It only applies if renewing a license in active status, or reinstating or reactivating a license pursuant to section (G)(3) of this Rule.
 3. Effective March 1, 2018, a licensee with an expired license of less than two years or who has inactivated his/her license for less than two years is required to submit proof of having completed the required thirty hours of continuing education credit for the previous renewal period prior to reinstating/reactivating his/her license and may not apply those hours to the next renewal period.
 4. If a license is issued within one year of a renewal date, no continuing education will be required for that first renewal period. If a license is issued outside of one year of a renewal date, then fifteen hours of Board approved continuing education will be required for that first renewal period.
 5. For dentists, including those issued an academic license, the Board automatically accepts any course or program recognized by any of the following organizations (or a successor organization):
 - a. American Dental Association (ADA) Continuing Education Recognition Program (CERP);
 - b. Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE);
 - c. American Medical Association (AMA) Physician Recognition Award (PRA) and credit system as Category 1 Credit; or
 - d. Commission on Dental Accreditation (CODA) accredited institutions.
 6. For dental hygienists, the Board automatically accepts any course recognized in section (G)(5) of this Rule and sponsored or recognized by (or a successor organization):
 - a. The American Dental Hygienists' Association (ADHA) and its constituents and component societies; or
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- b. Local, state, regional, national, or international dental, dental hygiene, dental assisting, medical related professional organization, or study group that has a sound scientific basis, proven efficacy, and ensures public safety.
7. Current Basic Life Support (BLS) for healthcare providers is required of all licensees and all licensees will receive a maximum of two hours continuing education credit (not to be applied towards renewal of an anesthesia permit) for successful completion.
 - a. Basic Life Support, or BLS, generally refers to the type of care that first-responders, healthcare providers and public safety professionals provide to anyone who is experiencing cardiac arrest, respiratory distress or an obstructed airway. It requires knowledge and skills in cardiopulmonary resuscitation (CPR), using automated external defibrillators (AED) and relieving airway obstructions in patients of every age.
 - b. BLS training courses shall be consistent with the most current science and treatment recommendations from the International Liaison Committee on Resuscitation (ILCOR). Consensus on Science and Treatment Recommendations (CoSTR), and the American Heart Association Guidelines for CPR and Emergency Cardiovascular Care (ECC).
 - (1) Initial training shall include a minimum of three hours of training, including skills practice and skills testing.
 - (2) Renewal courses shall include a minimum of two hours of training, including skills practice and testing.
8. At least sixteen of the required thirty hours must be clinical or science based, or eight of the required fifteen if section (G)(4) of this Rule applies.
9. At least fifty percent of the required hours must be live and interactive.
10. A presenter of courses may submit course hours he/she presented, up to six total credits, towards his/her continuing education requirement. The presenter may receive credit one time for each course presented in a renewal period, up to six total credits for that renewal period.
11. A dentist renewing an anesthesia or sedation permit may apply continuing education credits specific to renewing his/her permit for anesthesia or sedation administration (seventeen hours every five years) to the thirty hours required to renew a license every two years. Anesthesia related hours may only be applied to the renewal period in which they were completed.
12. At the conclusion of each renewal period, licensees may be subject to a Board audit to verify compliance with continuing education requirements. Licensees shall assist the Board in its audit by providing timely and complete responses to the Board's inquiries.
13. A licensee must maintain copies of all completed Board approved coursework, including any certificates of completion, for at least two renewal periods after the continuing education was completed. The records shall document the licensee's course attendance and participation, and shall include at a minimum course sponsor, title, date(s), hours, and the course verification of completion certificate or form. Failure to meet this requirement may result in credit not being accepted for a course or courses, which may result in violation of the continuing education requirements of section 12-220-145, C.R.S., and this Rule 1.3.

14. Failure to comply with the requirements of this Rule is grounds for discipline, pursuant to section 12-220-130(1)(i), C.R.S.
 15. The Board may excuse a licensee from all or any part of the requirements of this Rule or grant an extension because of an unusual circumstance, emergency, special hardship, or military service. The licensee may apply for a waiver or an extension by submitting a written request, including supporting documentation for Board consideration at least forty-five days before the renewal date.
 16. Continuing education required as a condition of a disciplinary action cannot be applied towards the renewal requirements of a license or anesthesia/sedation permit.
- H. Reinstatement/Reactivation Requirements for Dentists and Dental Hygienists with Expired, Inactive, or Retired Licenses
1. In order to reinstate or reactivate a license back into active status, each applicant shall submit a completed Board approved application along with the required fee in order to be considered for licensure approval and must also verify that he/she:
 - a. Obtained or will obtain prior to active practice in this state professional liability insurance as required pursuant to section 12-220-147, C.R.S., or is covered under a financial responsibility exemption listed in Rule 1.2.
 - b. Accurately and completely listed any acts that would be grounds for disciplinary action under the Dental Practice Act and provided a written explanation of the circumstances of such act(s) and what steps have been taken to remediate the act(s), omission(s), or discipline, including supporting documentation since last renewing his/her license to an active, retired, or inactive status in this state.
 - c. Accurately and completely provided any and all information pertaining to any final or pending disciplinary action by any state or jurisdiction in which the applicant is or has been previously licensed since last renewing his/her license to an active, retired, or inactive status in this state and provided a written explanation of the circumstances of such action(s) and what steps have been taken to remediate the action(s), omission(s), or discipline that led to the final disciplinary action(s), including supporting documentation.
 - d. Accurately and completely provided any and all information pertaining to any pending or final malpractice actions against the applicant, verified by the applicant's malpractice insurance carrier(s) since last renewing his/her license to an active, retired, or inactive status in this state and provided a written explanation of the circumstances of such action(s) and what steps have been taken to remediate the practice that led to the settlement(s), including supporting documentation.
 2. If the license has been expired, retired, or inactive for two or more years, then an applicant is required to demonstrate continued clinical competency. A licensee who applies for an active license and has not practiced at least 300 hours in a twelve-month period during the five years immediately preceding the application for reinstatement/reactivation to an active status must demonstrate to the Board how he/she maintained his/her professional ability, knowledge, and skills. The Board may request documentation of the 300 hours for a twelve-month period or may accept the following qualifications as fulfillment of the practice requirement, which will be reviewed on a case-by-case basis:

- a. Time spent in postgraduate training, residency programs, or an internship.
- b. Time spent in research and in teaching in an accredited program.
- c. Time spent practicing in the military or public health service. For licensed dentists and dental hygienists practicing in the military, a report from a senior officer with a recommendation and verification of clinical experience may be accepted.
- d. Passed a Board approved clinical examination within one year of the date the application is received.
- e. Successfully completed a Board approved evaluation by a Commission on Dental Accreditation accredited institution or another Board approved entity within one year of the date the application is received, which demonstrates the applicant's proficiency as equivalent to the current school graduate. Before undertaking such evaluation, an applicant must submit a proposed evaluation for pre-approval by the Board. The Board may reject an evaluation whose proposal it has not pre-approved or for other good cause.
- f. The Board may also consider applying one or more of the following towards demonstration of current clinical competency (cannot be considered in lieu of the competency requirements above if the licensee has not practiced in over two years due to a disciplinary action, but may be considered as an additional requirement by the Board):
 - (1) Practice under a probationary or otherwise restricted license for a specified period of time;
 - (2) Successful completion of courses approved by the Board; or
 - (3) Any other professional standard or measure of continued competency as determined by the Board.

I. Temporary Licenses

1. By invitation only:

- a. A dentist or dental hygienist who lawfully practices dentistry or dental hygiene in another state or United States territory may be granted a temporary license to practice dentistry or dental hygiene in this state pursuant to section 12-220-106(1)(d), C.R.S., if:
 - (1) Such dentist or dental hygienist has been invited by a program provided through a lawful agency of Colorado local, county, state, or federal government or a Colorado non-profit tax exempt organized under section 501(c)(3) of the federal "Internal Revenue Code of 1986," as amended to provide dental or dental hygiene services to persons identified through such program;
 - (2) The governmental entity or nonprofit private foundation as defined in section (H)(1)(a)(1) of this Rule certifies the name of the applicant and the dates within which the applicant has been invited to provide dental or dental hygiene services in this state, the applicant's full dental or dental hygiene license history with verification of licensure in each state, and an active license in at least one state on a form provided by the Board; and

- (3) Such applicant's practice in this state, if granted by the Board, is limited to that required by the entities specified in section (H)(1)(a)(1) and (2) of this Rule and shall not exceed 120 consecutive days in a twelve-month period, renewable once in a one year period for a maximum of 240 consecutive days in a one year period.
- b. A temporary licensee shall provide dental or dental hygiene services only to persons identified through an entity as described in section (H)(1)(a)(1) of this Rule and will not accept any compensation above what he/she has agreed to be paid by the entity.
2. The Board may also issue a temporary license to an applicant for licensure to demonstrate clinical competency in compliance with sections (B)(3)(f), (C)(4)(e), (E)(3)(f), (F)(5)(e), and (H)(2)(e) under direct supervision of a licensed dentist or dental hygienist.
3. A temporary licensee may be subject to discipline by the Board as defined in 12-220-130, C.R.S., et seq., and shall be subject to the professional liability insurance requirement as defined in section 12-220-147, C.R.S.

1.4 License Presentation

(Amended December 2, 2002; Re-numbered December 30, 2011; Amended April 28, 2016, Effective June 30, 2016)

- A. 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.
- B. Pursuant to section 12-220-114(2)(a), C.R.S., a proprietor of a dental or dental hygiene practice, including an unlicensed heir who is the temporary proprietor of the practice, shall make available at the reception desk during the practice's hours of operation a completed Colorado Dental Board "Practice Ownership Form" and shall promptly make an updated copy available to a requesting person.

1.5 Practice in Education and Research Programs

(Promulgated as Emergency Rule XXVIII on July 7, 2004; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011; Amended April 28, 2016, Effective June 30, 2016)

- A. Pursuant to section 12-220-112(1)(f), C.R.S., dentists and dental hygienists may engage in the practice of dentistry or dental hygiene while appearing in accredited programs of dental education or research in this state without a Colorado issued license as long as the following occurs:
 1. The dentists or dental hygienists are licensed in good standing by other states or countries;
 2. The dentists or dental hygienists are invited by a group of licensed dentists or dental hygienists in this state who are in good standing; and
 3. The name of each person is submitted to the Board on a Board-approved form at least ten days before the person participates in the program.
- B. Information provided to the Board by any group of Colorado licensed dentists or dental hygienists inviting dentists and/or dental hygienists to practice while appearing in a program of dental education shall include the following:

1. Name of program;
 2. Goals or objectives of program;
 3. Instructors in program;
 4. Syllabus of content; and
 5. Method of program evaluation.
- C. Information provided to the Board by any group of Colorado licensed dentists or dental hygienists inviting dentists and/or dental hygienists to practice while appearing in a program of dental research shall include the following:
1. Name of program;
 2. Research goals or objectives;
 3. Research design; and
 4. Evidence of approval of research by an Institutional Review Board which meets the requirements of the Office of Human Subjects Research Protections, National Institutes of Health or any successor organization.
- D. The dentists and/or dental hygienists invited to participate in the educational or research program who are not licensed in Colorado shall submit evidence to the Board that each participant understands the limitations in such practice to 5 consecutive days in a 12-month period as specified pursuant to section 12-220-112(1)(f), C.R.S.
- E. The Board shall approve participation if, in the judgment of the Board, the information submitted indicates the program is in compliance with the requirements of section 12-220-112(1)(f), C.R.S.
- F. The Board may deny participation if, in the judgment of the Board, the information submitted indicates the program is not in compliance with the requirements of section 12-220-112(1)(f), C.R.S.

1.6 Treatment Provider Identification

(Effective February 1, 1999; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011; Repealed April 28, 2016, Effective June 30, 2016)

1.7 Patient Records Retention

(Effective February 1, 1999; Amended December 2, 2002; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011; Repealed April 28, 2016, Effective June 30, 2016)

1.8 Patient Records in the Custody of a Dentist or Dental Hygienist

(Effective December 2, 2002; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011; Repealed April 28, 2016, Effective June 30, 2016)

1.9 Record Keeping Requirements

(Amended December 2, 2002; Re-numbered December 30, 2011; Amended January 22, 2015, Effective March 30, 2015; Amended April 28, 2016, Effective June 30, 2016)

A. 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 assistant 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 for the treatment or service performed on the patient.

B. Access to Patient Records

1. A patient's record in the custody of a dentist or dental hygienist, dental or dental hygiene practice (treatment provider no longer works there), or other entity (treatment provider no longer has access to the records through bankruptcy, foreclosure, eviction, etc.), shall be available to a patient, the patient's designated representative ("representative"), or any former treatment provider during normal business hours within seven calendar days. The custodian of the record shall make a copy of the record available or make the record available for inspection within seven calendar days.
2. The patient record does not include a "doctor's office notes" as defined in Rule 1.1(E).
3. A patient, representative, or any former treatment provider may inspect or obtain a copy of the patient record after submitting a signed and dated request to the custodian of the patient record. The provider or the custodian of record shall acknowledge in writing the patient's, representative's, or any former treatment provider's request. If an inspection of the record occurred, the patient, representative, or any former treatment provider shall sign and date the record to acknowledge inspection.
4. A patient, representative, or any former treatment provider may not be charged for inspection of records.
5. Records may not be withheld for past due fees relating to dental treatment.
6. The patient, representative, or any former treatment provider shall pay for the reasonable cost of obtaining a copy of the patient record, not to exceed the actual cost of the medium and shall not be charged any labor fees. Actual postage costs may also be charged.
7. Pursuant to section 25-1-802(1)(b)(l)(B), C.R.S., if the patient's original records are stored and readily producible in electronic format and the patient, representative, or any former treatment provider requests it in that format, then the custodian of records must provide it electronically.
8. If the patient, representative, or any former treatment provider 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 requestor must pay the actual cost of such reproduction.
9. 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. If records are electronic they must be date-stamped without the ability to be subsequently altered.

10. Nothing in this Rule shall be construed to limit a right to inspect patient records that is otherwise granted by state statute to the patient, representative, or any former treatment provider.
11. Nothing in this Rule shall be construed to waive the responsibility of a custodian of records to maintain confidentiality of those records in the possession of the custodian.

C. Examination, Diagnosis, and Documentation

Prior to initiating a dental exam, a licensee must establish and document the reason for the patient's visit in order to clearly identify an appropriate type of exam. All relevant findings and periodontal diagnosis must be documented, if applicable, including a finding of WNL (within normal limits), indicating that an evaluation took place.

1. The comprehensive exam – if the patient desires a comprehensive exam, then the following components are required to be documented in order to appropriately evaluate the patient's dental status:
 - a. Obtaining a relevant medical and dental history;
 - b. Conducting a thorough clinical and radiographic examination (within ALARA guidelines) with evaluation of extraoral and intraoral structures;
 - c. Oral cancer screening;
 - d. Assessment of any prosthesis; and
 - e. Complete periodontal charting for adult patients.
2. The limited exam – if a referring dentist, dental hygienist, other health care professional, or the patient is requesting an examination for an emergency condition or specific area of concern, then the examination can be limited to the specific problem and the following components are required to be documented in order to appropriately evaluate the patient's dental status:
 - a. Obtaining a relevant medical and dental history;
 - b. Conducting a thorough clinical and radiographic examination (within ALARA guidelines) of the area of concern and evaluation of extraoral and intraoral structures in the area of concern;
 - c. Assessment of any prosthesis as it relates to the area of concern; and
 - d. Periodontal charting in the area of concern, unless not clinically indicated.
3. The periodic exam – if treating a patient for follow-up/maintenance care, then the following components are required to be documented in order to appropriately evaluate the patient's dental status:
 - a. Obtaining a relevant medical and dental history;
 - b. Conducting a thorough clinical and radiographic examination (within ALARA guidelines) with evaluation of extraoral and intraoral structures as clinically indicated;

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- c. Oral cancer screening;
 - d. Assessment of any prosthesis; and
 - e. Periodontal charting, including a full periodontal charting (examination) every twelve to eighteen months.
 4. Periodontal exam/diagnosis – a licensee is required to document the following components in the patient record:
 - a. At a minimum, the following current diagnostic information is required in order to diagnose the periodontal condition of the patient:
 - (1) Periodontal measurements for the teeth to be treated.
 - (2) Radiographs, which demonstrate the crestal bone.
 - (3) Bleeding upon probing data for the areas to be treated.
 - b. If periodontal therapy has been performed, a licensee is required to conduct a follow-up exam to evaluate and inform the patient of his/her response to the therapy, and to discuss any further treatment that may be necessary, including but not limited to, the referral to a dentist qualified and trained to treat advanced periodontal disease.
 5. Root canal therapy procedure – if performing one, a licensee is required to document use of a rubber dam.
 6. A licensee must document in the patient's record:
 - a. Discussion of recommended treatment as well as alternatives, risks, benefits, and prognosis.
 - b. Timely referral for any needed specialist care.
 - c. Patient's election for treatment. If the treatment elected by the patient differs from the recommended treatment and/or sequence, then the licensee must document the reason for the deviation of the recommended course of treatment and/or sequence. If proceeding with the patient's elected deviation does not cause harm, then the licensee must retain documentation supporting the request to deviate from the recommended course of treatment and/or sequence.
 - d. If a patient declines recommended treatment.
 - e. A rationale for omission of or exception from any required component.
 - f. If verbal consent is obtained prior to treatment.
 7. All prescriptions shall bear:
 - a. Full name and date of birth of patient;
 - b. Drug name, strength, and dosage form;
 - c. Quantity prescribed;
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- d. Directions for use;
- e. Authorized refills, if applicable; and
- f. Name and address of prescribing dentist.

D. Controlled Substances

Every dentist, including one issued an academic license, with a current registration issued by the United States Drug Enforcement Administration (DEA) is required to register and maintain a user account with the Prescription Drug Monitoring Program (PDMP) in compliance with section 12-280-403(2)(a), C.R.S. If he/she fails to register and maintain a PDMP user account, then his/her administering, dispensing, or prescribing a controlled substance pursuant to sections 12-220-110(1)(p) and (2), and 12-220-111, C.R.S., falls outside the course of legitimate professional practice and violates section 12-220-130(1)(c), C.R.S.

1. Controlled Substance Prescribing

- a. The prescribing dentist shall follow all laws and regulations pursuant to the Federal Controlled Substance Act (CSA), 21 USC 801-890; and the DEA regulations, Title 21, Code of Federal Regulations (CFR), Parts 1300 to 1316.
- b. All prescriptions for controlled substances shall bear:
 - (1) Full name and address of the patient;
 - (2) Drug name, strength, and dosage form;
 - (3) Quantity prescribed (numeric and written);
 - (4) Directions for use;
 - (5) Authorized refills, if applicable; and
 - (6) Name, address, and DEA registration number of the prescribing dentist.
- c. In addition to the information in section (D)(1)(b) of this Rule, the following shall be recorded on the patient's record:
 - (1) Date of prescribing;
 - (2) Name of authorized practitioner dispensing drug; and
 - (3) Medical purpose, diagnosis, condition being treated or services performed.
- d. All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued.

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- e. Electronic prescription orders must include an individualized, electronic and unalterable electronic signature from the prescribing dentist. The prescribing dentist must use an electronic prescription application that retains a digitally signed record of the information required in this subsection. The electronic prescription application must retain an internal audit trail that complies with applicable DEA regulations. A prescribing dentist must retain any security incident reports filed with the DEA related to electronic prescriptions for at least two years.
 - f. When an oral order or electronic prescription is not permitted, prescriptions shall be written or digitally printed in ink or indelible pencil and manually signed by the dentist in the same manner as he/she would sign a check or legal document (e.g. J. H. Smith or John H. Smith). Written prescription orders must include original signatures from the prescribing dentist. Prescriptions may be prepared by an assigned agent or staff member prior to the prescribing dentist's signature, but the prescribing dentist assumes full responsibility in the case the prescription does not conform to all aspects of the law and regulations. Prescribing dentists may not make use of rubber stamped, pre-printed, or pre-signed prescriptions.
2. Controlled Substance Dispensing and Administration – every dentist shall maintain records in his/her office regarding such dentist's ordering, dispensing, administration, and inventory of controlled substances for a period of at least two years. The dispensing and administration records kept by the dentist must be legible, comprehensive, and organized in a manner that accurately tracks inventory and renders them capable of objective review for compliance.
- a. A dentist dispensing and/or administering any controlled substance shall follow all laws and regulations pursuant to the Federal Controlled Substance Act (CSA), 21 USC 801-890; and the DEA regulations, Title 21, Code of Federal Regulations (CFR), Parts 1300 to 1316.
 - b. When a dentist dispenses and/or administers any controlled substance, the following shall be recorded in the patient's record:
 - (1) Name and address of the patient;
 - (2) Medical purpose, diagnosis, and condition being treated or services performed;
 - (3) Name and strength of drug(s) dispensed and/or administered;
 - (4) Quantity of drug(s) dispensed and/or administered;
 - (5) Date of dispensing and/or administering of such drugs; and
 - (6) Name of authorized practitioner dispensing and/or administering the 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;
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- (2) Name and strength of the drug;
 - (3) Quantity of the drug dispensed or administered;
 - (4) Date such drug was administered or dispensed; and
 - (5) Name of the authorized practitioner dispensing the drug.
- d. A dentist dispensing and/or administering any controlled substance shall keep a complete and accurate inventory of all stocks of controlled substances on hand in his/her office. Every two years, in accordance with the DEA inventory requirements, the dentist shall conduct a new inventory of all such controlled substances. The inventory must include drug manufacturer samples.
 - e. A dentist dispensing and/or administering any controlled substance must comply with applicable DEA storage and security requirements (Title 21, CFR Section 1301.71(a) requires that all registrants provide effective controls and procedures to guard against theft and diversion of controlled substances), including but not limited to a securely locked, substantially constructed cabinet with limited access to ensure the safe management of controlled substances. The physical location of the secure storage must match the registered location that is present on the dentist's DEA registration.
 - f. A 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 DEA District Office.
 - g. Expired or unwanted drugs must be disposed of in accordance with applicable DEA regulations (Title 21, CFR Section 1317) and Colorado Department of Public Health & Environment (CDPHE) regulations (6 CCR 1007-2, hazardous waste pharmaceuticals, and 6 CCR 1007-3, non-hazardous, non DEA pharmaceuticals).
3. Records must be available for inspection and copying by authorized DEA and Board representatives.
- E. Patient Records Retention
1. Records for minors shall be kept for a minimum of seven years after the patient reaches the age of majority (age eighteen).
 2. Records for adult patients shall be kept for a minimum of seven years after the last date of dental treatment or examination, whichever occurs at the latest date.
 3. This Rule does not apply to records kept by educational, not-for-profit, and/or public health programs, which are subject to CDPHE statutes (section 25-1-802, C.R.S.).
 4. When the destruction cycle is imminent, written notice to the patient's last known email address, mailing address, or notice by publication, must be made sixty days prior to destruction. Destruction cannot take place until a thirty day period has elapsed wherein the patient may claim the records.

5. Notice by publication may be accomplished by publishing or posting online in a major newspaper and a newspaper broadly circulated in the local community one day per week for four consecutive weeks.
 6. When the destruction cycle is imminent, records will be provided to the patient or legal guardian at no charge; however, reasonable postage and handling costs are permitted or actual costs associated with the electronic medium, if applicable.
 7. Destruction shall be accomplished by a means which renders the records unable to be identified or read. Examples include, but are not limited to:
 - a. For paper records, by:
 - (1) Incinerating; or
 - (2) Shredding.
 - b. For electronic records, by:
 - (1) Clearing (using software or hardware products to overwrite media);
 - (2) Purging (degaussing or exposing the media to a strong magnetic field in order to disrupt the recorded magnetic domains); or
 - (3) Destroying (disintegrating, pulverizing, melting, incinerating, or shredding).
- F. Anesthesia – refer to Rule 1.14(O) for these documentation requirements.
- G. Pediatric Case Management and Protective Stabilization – refer to Rule 1.15(A)(1) and Rule 1.15(E) for these documentation requirements.
- H. Use of Lasers – refer to Rule 1.24(F) for these documentation requirements.

1.10 Minimum Standards for Qualifications, Training and Education for Unlicensed Personnel Exposing Patients to Ionizing Radiation

(Amended April 28, 2016, Effective June 30, 2016)

Pursuant to section 12-220-202, C.R.S., a licensed dentist or dental hygienist shall not allow an unlicensed person to operate a machine source of ionizing radiation or to administer radiation to any patient unless the person meets the requirements of this Rule and any applicable rules of the Colorado Department of Public Health and Environment. These requirements apply to all persons in dental settings other than hospitals and similar facilities licensed by the Colorado Department of Public Health and Environment pursuant to section 25-1.5-103, C.R.S.

- A. All unlicensed dental personnel who expose patients to ionizing radiation must:
1. Be a minimum of eighteen 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 eight-and-a-half hours in the following areas, but not limited to:

1. Dental nomenclature - half hour;
 2. Machine operation exposure factors - two hours;
 3. Operator and patient safety - one hour; and
 4. Practical or clinical experience in:
 - a. Intra/extra - oral techniques for exposing radiographic images - four hours;
 - b. Appropriate film handling and storage when it applies – one-quarter hour;
 - c. Appropriate processing procedures - half hour; and
 - d. Appropriate patient record documentation for radiographic images – one-quarter 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 also be 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; and
 4. Exposure techniques for which education and training have been provided, i.e. bitewings, periapicals, occlusals, and panoramic.
- D. Satisfaction of the education and training requirements may be achieved by successfully completing one of the following:
1. Programs approved by the Commission on Dental Accreditation, 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 section (B) of this Rule.
 2. On the job training by a licensed dentist or dental hygienist providing a Board-approved educational module which complies with section (B) of this Rule is used as the basis for such training.
 3. The “Radiation Health and Safety” (RHS) or “Certified Dental Assistant” (CDA) examination administered by the Dental Assisting National Board, Inc. (DANB).
- E. 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 radiographic images.
- F. 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; and
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 Dental Board upon request.

1.11 Laboratory Work Order Forms

(Re-numbered December 30, 2011; Amended January 22, 2015, Effective March 30, 2015)

Laboratory work order forms, written or electronic, as defined in section 12-220-104(11), C.R.S., shall be retained by the dentist and lab for two years and contain the following information pursuant to section 12-220-139, C.R.S.:

- A. Name of laboratory.
- B. Name of dentist.
- C. Address of dentist.
- D. License number of dentist.
- E. Patient name or I.D. number.
- F. Instructions to laboratory.
 1. Include adequate space for instructions or directions.
 2. Date of try in or delivery.
- G. Personal signature of the authorizing dentist shall be written in ink or provided electronically and shall be manually entered by the dentist for each order. The use of rubber stamped, pre-printed, or a pre-signed signature on work orders is not acceptable.
- H. Date of directions.

1.12 Denture Construction by Assistants and Unlicensed Technicians

(Effective February 1, 1999; Amended October 1, 1999, December 2, 2002; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011; Amended January 22, 2015, Effective March 30, 2015)

This Rule relates to tasks authorized to be performed by dental assistants as defined in section 12-220-127(3)(d), C.R.S., and tasks authorized to be performed by unlicensed technicians as defined in section 12-220-139, C.R.S.

- A. Dentures are defined as fixed, removable, full, or partial appliances designed to replace teeth.
- B. Dental assistants who render direct patient treatment as allowed by section 12-220-127(3)(d), C.R.S., necessary for the construction of dentures, shall be supervised by the dentist.
- C. A dental assistant or unlicensed technician shall not practice dentistry as defined in section 12-220-110, C.R.S., unless pursuant to sections 12-220-127 and 12-220-139, C.R.S.

- D. All tasks authorized to be performed by a dental assistant pursuant to section 12-220-127(3)(d), C.R.S., shall be performed in the “regularly announced office location” of a dentist where the dentist is the proprietor and in which he/she regularly practices dentistry, unless that person is operating as an unlicensed technician pursuant to section 12-220-139(1)(b), C.R.S., which allows an unlicensed technician that possesses a valid laboratory work order to provide extraoral construction, manufacture, fabrication, supply, or repair of identified dental and orthodontic devices. Intraoral service in a human mouth by a dental assistant or unlicensed technician is authorized and permissible only if under the direct supervision of a dentist pursuant to section 12-220-127(3)(d), C.R.S.
- E. Nothing in this Rule shall prevent the filling of a valid work order pursuant to section 12-220-139, C.R.S., by any unlicensed technician, 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.

1.13 Limited Prescriptive Authority for Dental Hygienists

(Effective June 30, 1996 as Rule XXIV; Amended December 2, 2002; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011; Amended January 22, 2015, Effective March 30, 2015; Amended April 30, 2015, Effective June 30, 2015; Amended January 17, 2018, Effective March 17, 2018)

- A. Pursuant to section 12-220-122(1)(g)(I), C.R.S., a dental hygienist without supervision of a dentist may prescribe, administer, and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing, and other nonsystemic antimicrobial agents, and related emergency drugs and reversal agents in collaboration with a licensed dentist and, if applicable, when issued a National Provider Identifier (NPI) number by the Centers for Medicare & Medicaid Services (CMS) under the U.S. Department of Health and Human Services.
1. Collaboration with a dentist requires the dental hygienist to develop an articulated plan for safe prescribing which documents how the dental hygienist intends to maintain ongoing collaboration with a dentist in connection with the dental hygienist’s practice of prescribing as allowed in section 12-220-122(1)(g), C.R.S., and section (C) of this Rule.
 2. The articulated plan shall guide the dental hygienist’s prescriptive practice and shall include at least the following:
 - a. A mechanism for consultation and referral to a dentist when the dental hygienist detects a condition that requires care beyond the scope of practicing unsupervised dental hygiene;
 - b. A quality assurance plan;
 - c. Decision support tools; and
 - (1) A decision support tool is an assistive tool commonly recognized by healthcare professionals as a valid resource for information on pharmaceutical agents or to aid the dental hygienist in making appropriate judgments regarding safe prescribing.
 - (2) Such tools may include, but are not limited to, electronic prescribing databases, evidence-based guidelines, antimicrobial reference guides, and professional journals and textbooks.
 - d. Emergency protocols and standing orders, including use of emergency drugs.

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3. The dental hygienist shall:
 - a. Retain the written articulated plan with the collaborating dentist's signature on file;
 - b. Review the plan annually; and
 - c. Update the plan as necessary.
 4. The articulated plan is subject to Board review and the dental hygienist shall provide the plan to the Board upon request.
- B. A dental hygienist shall not prescribe, administer, or dispense the following:
1. Drugs whose primary effect is systemic, with the exception of fluoride supplements permitted under section 12-220-122(1)(g)(III)(A), C.R.S.; and
 2. Dangerous drugs or controlled substances.
- C. The related emergency and reversal agents a dental hygienist may prescribe, administer, and dispense in collaboration with a licensed dentist include the following:
1. Epinephrine (Epi-Pen) up to .3mg
 2. Nitroglycerine up to .6mg
 3. Albuterol up to 200mcg inhalation powder
 4. Diphenhydramine
 5. Glucose (Dextrose or Glucagon)
 6. Oxygen
 7. Narcan (naloxone)
- D. A dental hygienist shall maintain clear documentation in the patient record of the:
1. Agent or drug prescribed, administered, or dispensed, including dose, amount, and refills;
 2. Date of the action; and
 3. Rationale for prescribing, administering, or dispensing the agent or drug.
- E. A prescriptive order shall include:
1. Name of the patient,
 2. Date of action,
 3. Agent or drug prescribed including dose, amount and refills, and
 4. Rationale for prescribing the agent or drug.

- F. If a dental hygienist prescribes, administers, or dispenses without supervision of a dentist but fails to develop the required articulated plan, or fails to maintain clear documentation in the patient record; or prescribes, administers, or dispenses outside of what is allowed pursuant to section 12-220-122(1)(g), C.R.S., or in this Rule, then such conduct constitutes grounds for discipline pursuant to section 12-220-130(1)(i), C.R.S.
- G. Any dental hygienist placing therapeutic agents or prescribing drugs shall have proof of current Basic Life Support (BLS) for healthcare providers.
- H. The placement and removal of therapeutic agents in periodontal pockets and limited prescriptive authority may not be delegated or assigned to a dental assistant.

1.14 Anesthesia

(Amended February 1, 1998, August 1, 2000; August 11, 2004; October 27, 2004; October 26, 2006; July 9, 2009, Effective December 31, 2006; Amended January 21, 2010, Effective March 30, 2010; Amended April 30, 2015, Effective June 30, 2015; Amended April 28, 2016, Effective June 30, 2016)

A. Introduction

- 1. This Rule 1.14 is authorized by the Dental Practice Act including, but not limited to, sections 12-220-106(1)(a)(II-III), and (f), 12-220-110(1)(p) and (q), 12-220-111, 12-220-123(1)(c), 12-220-127(3)(a)(V), 12-220-130(1)(cc) and (ll), and 12-220-146, C.R.S.
- 2. The purpose of this Rule 1.14 is to make the process for obtaining an anesthesia permit well defined, transparent, and consistent for the dental professionals while at the same time protecting and promoting patient safety.

B. The Anesthesia Continuum

- 1. The anesthesia continuum represents a spectrum encompassing analgesia, local anesthesia, sedation, and general anesthesia along which no single part can be simply distinguished from neighboring parts. It is not the route of administration that determines or defines the level of anesthesia administered. The location on the continuum defines the level of anesthesia administered.



Local Anesthesia Analgesia Medication prescribed/ administered for the relief of anxiety or apprehension	Minimal Sedation	Moderate Sedation	Deep Sedation	General Anesthesia
Privileges included in Colorado Dental Licensure	Minimal Sedation Permit	Moderate Sedation Permit	Deep Sedation/General Anesthesia Permit	

2. The level of anesthesia on the continuum is determined by the definitions listed under section (C) of this Rule 1.14. Elements used to determine the level of anesthesia include the level of consciousness and the likelihood of anesthesia provider intervention(s), based upon the following patient parameters:

- a. Responsiveness;
- b. Airway;
- c. Respiratory (breathing); and
- d. Cardiovascular.

C. Definitions Related to Anesthesia

1. Anesthesia - The art and science of managing anxiety, pain, and awareness. It includes analgesia, local anesthesia, minimal sedation, moderate sedation, deep sedation, and general anesthesia.
2. Analgesia - The diminution or elimination of pain.
3. Local Anesthesia - The elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.
4. Minimal Sedation - A minimally depressed level of consciousness produced by a pharmacological method, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

5. Moderate Sedation - A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
 6. Deep Sedation - A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
 7. General Anesthesia - A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
 8. Monitoring - Evaluation of patients to assess physical condition and level of anesthesia.
 9. Peri-anesthesia Period - The time from the beginning of the pre-anesthesia assessment until the patient is discharged from anesthesia care.
 10. Anesthesia Provider - The licensed and legally authorized individual responsible for administering medications that provide analgesia, local anesthesia, minimal, moderate or deep sedation, or general anesthesia.
 11. Pediatric Designation – Board-granted designation required, in addition to an anesthesia permit, if administering minimal sedation, moderate sedation, or deep sedation/general anesthesia to a patient under twelve years old.
- D. General Rules for the Safe Administration of Anesthesia
1. The anesthesia provider's education, training, experience, and current competence must correlate with the progression of a patient along the anesthesia continuum.
 2. The anesthesia provider must be prepared to manage deeper than intended levels of anesthesia as it is not always possible to predict how a given patient will respond to anesthesia.
 3. The anesthesia provider's ultimate responsibility is to protect the patient. This includes, but is not limited to, identification and management of any complication(s) occurring during the peri-anesthesia period.
 4. No dentist shall administer or employ any agent(s) with a narrow margin for maintaining consciousness including, but not limited to, ultra-short acting barbiturates, propofol, parenteral ketamine, and similarly acting drugs, or quantity of agent(s), or technique(s), or any combination thereof that would likely render a patient deeply sedated, generally anesthetized or otherwise not meeting the conditions of the definition of minimal sedation or moderate sedation in section C of this Rule 1.14, unless he/she holds a valid Deep Sedation/General Anesthesia Permit issued by the Colorado Dental Board.

E. Anesthesia Privileges Included in Colorado Dental Licensure

1. The following anesthesia privileges are included with a Colorado issued dentist license and academic license:
 - a. Local Anesthesia;
 - b. Analgesia;
 - c. Medication prescribed/administered for the relief of anxiety or apprehension to non-pediatric patients, limited to the following:
 - (1) A dose of a single drug (no more than the maximum recommended dose) that can be prescribed for unmonitored home use; or
 - (2) The above plus nitrous oxide; and
 - d. Nitrous Oxide/Oxygen Inhalation Analgesia in compliance with section G of this Rule 1.14.
2. A dentist who elects to engage the services of another anesthesia provider in order to provide anesthesia in his/her dental office is responsible for ensuring that the office meets the requirements outlined in this Rule 1.14.

F. Anesthesia Permits

1. Local Anesthesia Permit for dental hygienists -
 - a. To administer local anesthetic or local anesthetic reversal agents under the indirect supervision of a dentist, a dental hygienist shall obtain a Local Anesthesia Permit.
 - b. A Local Anesthesia Permit will be issued once and will remain valid as long as the licensee maintains an active license to practice, except as otherwise provided in section 12-220-146, C.R.S., or this Rule 1.14.
 - c. In order to initially apply for, renew, or reinstate a Local Anesthesia Permit pursuant to this Rule 1.14, an applicant must pay a fee established by the Director of the Division of Professions and Occupations pursuant to section 12-20-105, C.R.S.
2. Inspection Permit -
 - a. A dentist will be issued an Inspection Permit upon meeting the educational and/or experience requirements for a Moderate Sedation Permit or for a Deep Sedation/General Anesthesia Permit as outlined in this Rule 1.14 prior to successfully completing his/her clinical onsite inspection.
 - b. Unless otherwise authorized by the Board, the Inspection Permit will be issued once and will remain valid for a maximum of ninety days.
 - c. An Inspection Permit can only be used to administer anesthesia for purposes of a Board authorized inspection.

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3. Minimal Sedation Permit -
 - a. To administer minimal sedation, a dentist shall have a Minimal Sedation Permit, Moderate Sedation Permit, or a Deep Sedation/General Anesthesia Permit issued in accordance with this Rule 1.14.
 - b. A Minimal Sedation Permit shall be valid for a period of five years, after which such permit may be renewed upon reapplication.
 - c. In order to initially apply for, renew, or reinstate a Minimal Sedation Permit pursuant to this Rule 1.14, an applicant must pay a fee established by the Director of the Division of Professions and Occupations pursuant to section 12-20-105, C.R.S.
 4. Moderate Sedation Permit -
 - a. To administer moderate sedation, a dentist shall have a Moderate Sedation Permit or a Deep Sedation/General Anesthesia Permit issued in accordance with this Rule 1.14.
 - b. A Moderate Sedation Permit shall be valid for a period of five years after which such permit may be renewed upon reapplication.
 - c. In order to initially apply for, renew, or reinstate a Moderate Sedation Permit pursuant to this Rule 1.14, an applicant must pay a fee established by the Director of the Division of Professions and Occupations pursuant to section 12-20-105, C.R.S.
 5. Deep Sedation/General Anesthesia Permit -
 - a. To administer deep sedation/and or general anesthesia, a dentist shall have a Deep Sedation/General Anesthesia Permit issued in accordance with this Rule 1.14.
 - b. A Deep Sedation/General Anesthesia Permit shall be valid for a period of five years after which such permit may be renewed upon reapplication.
 - c. In order to initially apply for, renew, or reinstate a Deep Sedation/General Anesthesia Permit pursuant to this Rule 1.14, an applicant must pay a fee established by the Director of the Division of Professions and Occupations pursuant to section 12-20-105, C.R.S.
- G. Nitrous Oxide/Oxygen Inhalation Requirements
1. A dentist may delegate under direct supervision the monitoring and administration of nitrous oxide/oxygen inhalation to appropriately trained dental personnel, pursuant to sections 12-220-110(1)(p) and (q), 12-220-127(3)(c), and 12-220-146(4), C.R.S.
 2. The supervising dentist is responsible for determining and documenting the maximum percent-dosage of nitrous oxide administered to the patient. Documentation shall include the length of time nitrous oxide was delivered.
 3. It is the responsibility of the supervising dentist to ensure that dental personnel who administer and/or monitor nitrous oxide/oxygen inhalation are appropriately trained.
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4. If nitrous oxide is used in the practice of dentistry, then the supervising dentist shall provide and ensure the following:
 - a. Fail safe mechanisms in the delivery system and an appropriate scavenging system;
 - b. The inhalation equipment must be evaluated for proper operation and delivery of inhalation agents;
 - c. Any administration or monitoring of nitrous oxide/oxygen inhalation to patients by dental personnel is performed in accordance with generally accepted standards of dental or dental hygiene practice.
- H. Local Anesthesia Permit for Dental Hygienists
1. A dental hygienist may obtain a Local Anesthesia Permit after submitting a Board-approved application and upon successful completion of courses conducted by a school accredited by the Commission on Dental Accreditation (CODA).
 2. Courses must meet the following requirements:
 - a. Twelve hours of didactic training, including but not limited to:
 - (1) Anatomy;
 - (2) Pharmacology;
 - (3) Techniques;
 - (4) Physiology; and
 - (5) Medical Emergencies.
 - b. Twelve hours of clinical training that includes the administration of at least six infiltration and six block injections.
- I. Minimal Sedation Permit - A dentist may obtain a Minimal Sedation Permit after submitting a Board-approved application and upon successful completion of the educational requirements, or by endorsement of authorized administration in another state/jurisdiction set forth below:
1. A specialty residency or general practice residency recognized by the Commission on Dental Accreditation (CODA) that includes comprehensive and appropriate training to administer and manage minimal sedation; or
 2. Educational criteria for a Moderate Sedation Permit or for a Deep Sedation/General Anesthesia Permit; or
 3. A minimum of sixteen hours of Board-approved coursework completed within the past 5 years that provides training in the administration and induction of minimal sedation techniques and management of complications and emergencies associated with sedation commensurate with the American Dental Association (ADA) 2012 "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students".
 - a. The coursework must contain an appropriate combination of didactic instruction and practical skills training.
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- b. The applicant must submit for Board approval documentation of the training course(s) to include, but not be limited to, a syllabus or course outline of the program and 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.
 - c. Course content leading to current Basic Life Support (BLS) and/or Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) cannot be considered as part of the sixteen hours of classroom and clinical instruction.
4. At its discretion, the Board may consider qualifications accepted in another state or jurisdiction that resulted in a comparable permit to be issued by that state or jurisdiction which is substantially equivalent to the requirements for a Minimal Sedation Permit in Colorado. At a minimum, the applicant must demonstrate that he/she has successfully administered minimal sedation in twenty cases within the last two years prior to applying, and has had no discipline, morbidity to a patient requiring hospital admission, or patient mortality associated with the administration of sedation.
5. Pediatric Designation - A dentist is only eligible for a Pediatric Designation on his/her Minimal Sedation Permit by successfully completing one of the following:
- a. Completing a pediatric residency pursuant to paragraph (1)(a) of Rule 1.14(J) below.
 - b. Meeting the educational criteria pursuant to paragraph (1)(b) of Rule 1.14(J) below, or
 - c. Completing:
 - (1) A minimum of thirty hours of education specific to pediatric patients in addition to or as part of the residency pursuant to paragraph (1)(a), or the sixty hours of education pursuant to paragraph (2)(a) of Rule 1.14(J) below; and
 - (2) Ten pediatric cases in addition to or as part of the residency pursuant to paragraph (1)(a), or the twenty cases of experience pursuant to paragraph (2)(b) of Rule 1.14(J) below.
- J. Moderate Sedation Permit - A dentist may obtain a Moderate Sedation Permit after submitting a Board-approved application and upon successful completion of education only, or a combination of approved education and experience, or by endorsement of authorized administration in another state or jurisdiction as set forth below:
1. Education Only Route - Must submit proof of having successfully completed one of the following:
- a. A specialty residency or general practice residency recognized by the Commission on Dental Accreditation (CODA) that at a minimum includes:
 - (1) Sixty hours of training in the administration and induction of moderate sedation techniques and management of complications and emergencies associated with sedation commensurate with the American Dental Association (ADA) 2012 "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students"; and

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- (2) Sedation cases performed by the applicant on twenty unique patients that were completed as part of the residency where the applicant is both the primary provider of the sedation and direct provider of dental care; or
 - b. Educational criteria for a Deep Sedation/General Anesthesia Permit.
 2. Education/Experience Route - Must submit proof of successfully completing moderate sedation course(s) and acceptable sedation cases as follows:
 - a. Education
 - (1) Sixty hours of Board-approved coursework completed within the past five years that provides training in the administration and induction of moderate sedation techniques and management of complications and emergencies associated with sedation commensurate with the American Dental Association (ADA) 2012 "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students".
 - (2) Such coursework must include an appropriate combination of didactic instruction and practical skills training. Coursework must also include documented training in parenteral techniques in order to perform parenteral sedation once a Moderate Sedation Permit is issued.
 - (3) The applicant must submit for Board approval documentation of the training course(s) to include, but not be limited to, a syllabus or course outline of the program and 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.
 - (4) Course content leading to current Basic Life Support (BLS) and/or Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) cannot be considered as part of the sixty hours of classroom and clinical instruction.
 - b. Experience
 - (1) Sedation cases performed by the applicant on twenty unique patients that were completed as part of or separate from the Board-approved sedation training course.
 - (2) If completed as part of a Board-approved sedation training course, then time spent on cases does not count towards the sixty-hour course requirement.
 - (3) If completed separate from the course, then all cases must be completed during the one year period immediately after completion of the approved training program.
 - (4) All of the cases must be performed and documented under the on-site instruction and supervision of a person qualified to administer anesthesia at a deep sedation/general anesthesia level.
 - (5) Pursuant to section 12-220-146(4)(b), C.R.S., the applicant must both be the primary provider of the sedation and directly provide dental care for all required casework.

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- (6) Cases may be performed on live patients or as part of a hands-on high-fidelity sedation simulation center or program; however, a maximum of five hands-on high fidelity simulation cases may be accepted as part of the required twenty sedation cases.
 - (7) Cases must meet the documentation and monitoring requirements for moderate sedation set forth in sections (O) and (P) of Rule 1.14. The cases must meet generally accepted standards for the provision and documentation of moderate sedation in Colorado, regardless of where the cases occurred.
 - 3. Endorsement Route – At its discretion, the Board may consider qualifications accepted in another state or jurisdiction that resulted in a comparable permit to be issued by that state or jurisdiction which is substantially equivalent to the requirements for a Moderate Sedation Permit in Colorado. At a minimum, the applicant must demonstrate that he/she has successfully administered moderate sedation in twenty cases within the last two years prior to applying, and has had no discipline, morbidity to a patient requiring hospital admission, or patient mortality associated with the administration of sedation.
 - 4. Pediatric Designation - A dentist is only eligible for a Pediatric Designation on his/her Moderate Sedation Permit by successfully completing one of the following:
 - a. Completing a pediatric residency pursuant to paragraph (1)(a) of this Rule 1.14(J).
 - b. Meeting the educational criteria pursuant to paragraph (1)(b) of this Rule 1.14(J), or
 - c. Completing:
 - (1) A minimum of thirty hours of education specific to pediatric patients in addition to or as part of the residency pursuant to paragraph (1)(a), or the sixty hours of education pursuant to paragraph (2)(a) of this Rule 1.14(J); and
 - (2) Ten pediatric cases in addition to or as part of the residency pursuant to paragraph (1)(a), or the twenty cases of experience pursuant to paragraph (2)(b) of this Rule 1.14(J).
 - K. Deep Sedation/General Anesthesia Permit - A dentist may obtain a Deep Sedation/General Anesthesia Permit after submitting a Board-approved application and upon successful completion of one of the following educational requirements:
 - 1. A residency program in general anesthesia that is approved by the Commission on Dental Accreditation (CODA), the Accreditation Council for Graduate Medical Education, or any successor organization to any of the foregoing; or
 - 2. An acceptable post-doctoral training program (e.g. oral and maxillofacial surgery or dental anesthesiology) that affords comprehensive and appropriate training necessary to administer and manage deep sedation and general anesthesia commensurate with the American Dental Association (ADA) 2012 "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students".
 - 3. A dentist issued a Deep Sedation/General Anesthesia Permit is automatically eligible to obtain a Pediatric Designation.
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- L. Clinical On-Site Inspection for Obtaining, Renewing, or Reinstating a Moderate Sedation or Deep Sedation/General Anesthesia Permit
1. Applications for a Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit
 - a. Any dentist applying for a Moderate Sedation Permit or a Deep Sedation/General Anesthesia Permit must successfully complete a clinical on-site inspection as a condition of obtaining a Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit.
 - b. Upon satisfying the requirements of section (J) or (K) of Rule 1.14, the dentist applying for a Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit will initially be issued an Inspection Permit. The dentist must then undergo a clinical on-site inspection. The Inspection Permit may only be utilized for purposes of undergoing the Board-approved clinical on-site inspection.
 - c. Upon issuance, an Inspection Permit is effective for ninety days, and unless otherwise authorized by the Board, the clinical on-site inspection must be successfully completed within those ninety days while the Inspection Permit is in effect.
 2. Applications for Renewing (only available to those licensed dentists actively administering anesthesia in Colorado) or Reinstating a Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit
 - a. Any dentist applying to renew or reinstate a Moderate Sedation Permit or a Deep Sedation/General Anesthesia Permit must submit an updated clinical on-site inspection as required pursuant to section 12-220-146(5), C.R.S.
 - b. Any dentist who has his/her dental office inspected pursuant to paragraphs (4) and (8)(b)(3) of Rule 1.14(L) must submit an updated clinical on-site inspection every five years.
 - c. To renew an active permit a clinical on-site inspection must be completed within the three months before the expiration date of the permit or within a three month grace-period after the expiration date of the permit; otherwise the permit will expire and the dentist will no longer be authorized to administer any level of anesthesia requiring a permit.
 - d. Any dentist whose Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit has expired is required to first obtain an Inspection Permit before proceeding with a clinical on-site inspection.
 3. A separate clinical on-site inspection is not required for dentists who receive a Moderate Sedation Permit or a Deep Sedation/General Anesthesia Permit pursuant to this Rule 1.14 for one dental office and travel to other dental office locations in Colorado to administer anesthesia. However, it is the responsibility of the anesthesia provider to ensure that each dental office where moderate sedation and/or deep sedation/general anesthesia is administered meets the requirements outlined in this Rule. This responsibility also extends to a dentist without a Moderate Sedation Permit or a Deep Sedation/General Anesthesia Permit who elects to engage the services of another anesthesia provider to provide such anesthesia in his/her dental office.

4. A clinical on-site inspection is also required of any dentist who is not issued a Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit and instead contracts with an anesthesia provider that is not subject to the rules and regulations of the Colorado Dental Board (i.e. Colorado licensed physician or certified registered nurse anesthetist (CRNA)) prior to the administration of moderate sedation and/or deep sedation/general anesthesia in his/her dental office.
5. A clinical on-site inspection is not required for dentists administering only in a hospital setting.
6. In the case of a dentist who practices exclusively from a mobile or portable facility, a clinical on-site inspection shall be conducted in the office of a Colorado licensed dentist. A written list of all monitors, emergency equipment, and other materials which the mobile anesthesia provider agrees to have available at all times while administering in multiple locations shall be provided to the inspector, who in turn will provide it with his/her inspection report to the Board.
7. The dentist requiring the clinical on-site inspection is responsible for all fees associated with and must bear the cost of the inspection. The dentist must pay any fee incurred directly to the approved inspector. The inspector may charge a reasonable inspection fee, plus actual travel expenses for lodging, meals, and mileage at the current United States Internal Revenue Service (IRS) rate per mile. An inspection fee up to \$500 is reasonable.
8. The clinical on-site inspection shall consist of the following parts:
 - a. Review of the office equipment, records, and emergency medications required in sections (M), (N), (O), (P)(3), and (P)(4) of Rule 1.14.
 - b. Surgical/Anesthetic Techniques.
 - (1) The inspector shall observe at least one case while the dentist administers anesthesia at the level for which he/she is making application to the Board. The inspector may require additional cases to observe at his/her discretion.
 - (2) Any dentist requesting a Pediatric Designation that is applying for, renewing, or reinstating a Moderate Sedation Permit and is eligible for the designation through completion of a pediatric specialty training program or a combination of acceptable pediatric education (thirty hours) and experience (ten pediatric cases) is required to have at least one pediatric case observed as part of his/her inspection.
 - (3) If the dentist is undergoing a clinical on-site inspection pursuant to paragraph (4) of Rule 1.14(L), then he/she is not required to have his/her surgical/anesthetic techniques evaluated in accordance to paragraph (8)(b) of Rule 1.14(L). Rather, a separate on-site inspection form will be used to review the facility, office equipment, and emergency medications available; and the on-site inspection will be completed with both the dentist and an anesthesia provider of his/her choice participating with the goal of facilitating communications between the non-anesthetizing dentist and his/her staff in case of an anesthetic emergency.
 - c. Simulated Emergencies. The dentist and his/her team must demonstrate adequately managing a minimum of eight emergencies.

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- d. Discussion Period.
 - 9. The inspector shall be a Board-approved Colorado licensed physician or certified registered nurse anesthetist (CRNA) trained in dental outpatient deep sedation/general anesthesia and moderate sedation, or a dentist issued a Deep Sedation/General Anesthesia Permit pursuant to section 12-220-146(5)(a), C.R.S. A dentist issued a Moderate Sedation Permit may perform the clinical on-site inspection for another dentist renewing a Moderate Sedation Permit only.
 - 10. The inspector shall not have an unethical agreement or conflict of interest with an applicant.
 - 11. Inspectors shall be considered consultants for the Board and shall be immune from liability in any civil action brought against him/her occurring while acting in this capacity as set forth in section 12-20-402, C.R.S.
 - 12. The documentation of the anesthesia inspection must be completed on Board-approved forms and submitted for review along with the anesthesia record(s).
- M. Office Facilities and Equipment for Provision of Minimal Sedation, Moderate Sedation, Deep Sedation and/or General Anesthesia
- 1. Any dentist whose practice includes the administration of minimal sedation by any anesthesia provider must provide the following office facilities and equipment, which are required to be functional at all times:
 - a. Emergency equipment and facilities, including:
 - (1) An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up;
 - (2) Oral and nasopharyngeal airways;
 - (3) Appropriate emergency medications; and
 - (4) An external defibrillator - manual or automatic.
 - b. Equipment to monitor vital signs and oxygenation/ventilation, including:
 - (1) A continuous pulse oximeter; and
 - (2) A blood pressure cuff of appropriate size and stethoscope, or equivalent blood pressure monitoring devices.
 - c. Oxygen, suction, and a pulse oximeter must be immediately available during the recovery period.
 - 2. Any dentist whose practice includes the administration of moderate sedation by any anesthesia provider must provide the following office facilities and equipment, which are required to be functional at all times:
 - a. Emergency equipment and facilities, including:
 - (1) An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up;

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- (2) Oral and nasopharyngeal airways;
 - (3) Appropriate emergency medications; and
 - (4) An external defibrillator - manual or automatic.
 - b. Equipment to monitor vital signs and oxygenation/ventilation, including:
 - (1) A continuous pulse oximeter; and
 - (2) A blood pressure cuff of appropriate size and stethoscope, or equivalent blood pressure monitoring devices.
 - c. Oxygen, suction, and a pulse oximeter must be immediately available during the recovery period.
 - d. Back-up suction equipment.
 - e. Back-up lighting system.
 - f. Parenteral access or the ability to gain parenteral access, if clinically indicated.
 - g. Electrocardiograph, if clinically indicated.
 - h. End-tidal carbon dioxide monitor (capnography) by July 1, 2016.
 - 3. Any dentist whose practice includes the administration of deep sedation and/or general anesthesia by any anesthesia provider must provide the following office facilities and equipment, which are required to be functional at all times:
 - a. Emergency equipment and facilities, including:
 - (1) An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up;
 - (2) Oral and nasopharyngeal airways;
 - (3) Appropriate emergency medications; and
 - (4) An external defibrillator - manual or automatic.
 - b. Equipment to monitor vital signs and oxygenation/ventilation, including:
 - (1) A continuous pulse oximeter; and
 - (2) A blood pressure cuff of appropriate size and stethoscope, or equivalent blood pressure monitoring devices.
 - c. Oxygen, suction, and a pulse oximeter must be immediately available during the recovery period.
 - d. Back-up suction equipment.
 - e. Back-up lighting system.

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- f. Parenteral access or the ability to gain parenteral access, if clinically indicated.
 - g. Electrocardiograph.
 - h. End-tidal carbon dioxide monitor (capnography) by July 1, 2016.
 - i. Additional emergency equipment and facilities, including:
 - (1) Endotracheal tubes suitable for patients being treated;
 - (2) A laryngoscope with reserve batteries and bulbs,
 - (3) Endotracheal tube forceps (i.e. magill); and
 - (4) At least 1 additional airway device.
- N. Anesthesia Gas Delivery Systems - Shall include:
- 1. Capability to deliver oxygen to a patient under positive pressure, including a back-up oxygen system;
 - 2. Gas outlets that meet generally accepted safety standards preventing accidental administration of inappropriate gases or gas mixture;
 - 3. Fail-safe mechanisms for inhalation of nitrous oxide analgesia;
 - 4. The inhalation equipment must have an appropriate scavenging system if inhalation anesthetics are used; and
 - 5. Gas storage facilities, which meet generally accepted safety standards.
- O. Documentation - Shall include, but is not limited to:
- 1. For administration of local anesthesia and analgesia -
 - a. Pertinent medical history, including weight; and
 - b. Medication(s) administered and dosage(s).
 - 2. For administration of minimal sedation, moderate sedation, deep sedation or general anesthesia
 - a. Medical History - current and comprehensive, to include current medications;
 - b. Informed Consent - for the administration of anesthesia;
 - c. Anesthesia Record, which includes:
 - (1) Height and Weight of the patient to allow for the calculation of Body Mass Index (BMI) and dosage of emergency medications;
 - (2) American Society of Anesthesiology (ASA) Classification;
 - (3) NPO status;
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- (4) Dental Procedure(s);
 - (5) Time anesthesia commenced and ended;
 - (6) Parenteral access site and method, if utilized;
 - (7) Medication(s) administered - medication (including oxygen), dosage, route, and time given;
 - (8) Vital signs before and after anesthesia is utilized, to include heart rate, blood pressure, respiratory rate and oxygen saturation for all patients, and to include temperature for pediatric patients;
 - (9) Intravenous fluids, if utilized;
 - (10) Response to anesthesia, including any complications; and
 - (11) Condition of patient at discharge.
3. In addition, for administration of minimal sedation (pediatric only), moderate sedation, deep sedation or general anesthesia -
- a. Airway assessment (day of procedure for pediatric patients); and
 - b. Anesthesia record, which includes:
 - (1) At least every five minutes – oxygen saturation (SpO₂), blood pressure, and heart rate.
 - (2) At least every fifteen minutes - respiratory rate.
 - (3) At least every fifteen minutes - electrocardiograph (ECG) rhythm for the administration of deep sedation/general anesthesia.
 - (4) At least every fifteen minutes - electrocardiograph (ECG) rhythm for the administration of moderate sedation, if clinically indicated by patient history, medical condition(s), or age.
 - (5) At least every fifteen minutes – ventilatory status (spontaneous, assisted, controlled) for the administration of general anesthesia to a patient with an advanced airway in place (e.g. endotracheal tube or laryngeal mask airway).
 - (6) At least every fifteen minutes – temperature for the administration of volatile anesthesia gases or medications which are known triggers of Malignant Hyperthermia (MH); otherwise the ability to measure temperature should be readily available.
- P. Patient Monitoring - Shall include, but is not limited to the following for the administration of:
1. Local Anesthesia and Analgesia - General state of the patient.
 2. Minimal Sedation
 - a. Continuous heart rate and respiratory rate;
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- b. Continuous oxygen saturation (SpO₂);
 - c. Pre and post procedure blood pressure; and
 - d. Level of anesthesia on the continuum.
3. Moderate Sedation
- a. Continuous heart rate, respiratory rate, and oxygen saturation;
 - b. Intermittent blood pressure every five minutes or more frequently;
 - c. Continuous electrocardiograph, if clinically indicated by patient history, medical condition(s), or age;
 - d. End-tidal carbon dioxide monitoring (capnography) by July 1, 2016; and
 - e. Level of anesthesia on the continuum.
4. Deep Sedation or General Anesthesia -
- a. Continuous heart rate, respiratory rate, and oxygen saturation;
 - b. Continuous ventilatory status (spontaneous, assisted, controlled) for the administration of general anesthesia to a patient with an advanced airway in place (e.g. endotracheal tube or laryngeal mask airway);
 - c. Intermittent blood pressure every five minutes or more frequently;
 - d. Continuous electrocardiograph;
 - e. Continuous temperature for the administration of volatile anesthesia gases or medications which are known triggers of Malignant Hyperthermia (MH); otherwise the ability to measure temperature should be readily available;
 - f. End-tidal carbon dioxide monitoring (capnography) by July 1, 2016; and
 - g. Level of anesthesia on the continuum.
5. When the level of cooperation in the pediatric or special needs patient does not reasonably allow for full compliance with some monitoring requirements, the treating dentist shall use professional judgment and shall document available monitoring parameters to the best of his/her ability.
- Q. Miscellaneous Requirements
1. Life Support Certification(s)
- a. Successful completion and continuous certification of Basic Life Support (BLS) training for health care providers that meets the requirements of Rule 1.3(G) is required for:
 - (1) All dentists and dental personnel utilizing, administering, or monitoring local anesthesia, analgesia (including nitrous oxide), minimal sedation, moderate sedation, deep sedation, or general anesthesia; and

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- (2) All dental hygienists utilizing, administering, or monitoring local anesthesia.
 - b. Additionally, any dentist applying for or maintaining a Moderate Sedation Permit or a Deep Sedation/General Anesthesia Permit must have successfully completed current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS), as appropriate for the dentist's practice, and maintain continuous certification.
 - c. Successful completion of PALS training and continuous certification is required for a dentist that applies for and/or maintains a Pediatric Designation.
 - 2. Personnel
 - a. Minimal/Moderate Sedation - During the administration of minimal or moderate sedation, the supervising dentist and at least one other individual who is experienced in patient monitoring and documentation must be present.
 - b. Deep sedation/general anesthesia - During the administration of deep sedation or general anesthesia, the supervising dentist and at least two other individuals, one of whom is experienced in patient monitoring and documentation, must be present.
 - 3. Monitoring and medication administration - The supervising dentist retains full accountability, but delegation to trained dental personnel may occur under:
 - a. Direct supervision by the dentist when a patient is being monitored; or
 - b. Direct, continuous, and visual supervision by the dentist when medication, excluding local anesthetic, is being administered to a patient.
 - 4. Discharge - Patient discharge after sedation and/or general anesthesia must be specifically authorized by the anesthesia provider.
- R. Additional Requirements for Permits: Demonstration of Continued Competency and Reinstatement of Expired Permits
- 1. An applicant for a Local Anesthesia Permit, Minimal Sedation Permit, Moderate Sedation Permit, or a Deep Sedation/General Anesthesia Permit shall demonstrate to the Board that he/she has maintained the professional ability and knowledge required to perform anesthesia when the applicant has not completed a residency program or the coursework set forth in this Rule 1.14 within the past five years immediately preceding the application. The applicant may demonstrate competency as follows:
 - a. Submit proof satisfactory to the Board that he/she has engaged in the level of administration of anesthesia within generally accepted standards of dental or dental hygiene practice and in compliance with sections (O) and (P) of this Rule at or above the level for which the applicant is pursuing a permit for at least one of the five years immediately preceding the application; or

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- S. Anesthesia Morbidity/Mortality Reporting Requirements - A complete written report shall be submitted to the Board by the anesthetizing dentist or dental hygienist and his/her supervising dentist, or the dentist contracting with an anesthesia provider that is not subject to the rules and regulations of the Colorado Dental Board in order to anesthetize patients in his/her dental office within fifteen days of any anesthesia related incident resulting in morbidity to a patient requiring hospital admission or patient mortality. A morbidity or mortality report shall include:
1. The complete anesthesia record for the patient at issue;
 2. The anesthetizing dentist's or dental hygienist's narrative of all events, or a narrative of all events provided by the dentist contracting with an anesthesia provider that is not subject to the rules and regulations of the Colorado Dental Board; and
 3. All records related to the incident.
- T. Effect of Pediatric Designation Requirements
1. Any dentist whose Board-issued permit to perform deep sedation/general anesthesia is active on June 30, 2015, may elect to automatically obtain a Pediatric Designation on his/her permit.
 2. Any dentist whose Board-issued permit to perform moderate sedation is active on June 30, 2015, may elect to automatically obtain a Pediatric Designation on his/her permit for one year. In order to continue or regain that designation, he/she will be required to apply for and obtain a Pediatric Designation in accordance with section (J)(4) of this Rule.
 3. Any dentist whose Board-issued permit to perform minimal sedation is active on June 30, 2015, may elect to automatically obtain a Pediatric Designation on his/her permit for one year. In order to continue or regain that designation, he/she will be required to apply for and obtain a Pediatric Designation in accordance with section (I)(5) of this Rule.
- U. Board Reserved Rights
1. Dentists or dental hygienists utilizing anesthesia that requires a permit shall be responsible for practicing within generally accepted standards of dental or dental hygiene practice in administering anesthesia and complying with the terms of this Rule, pursuant to section 12-220-130(1), C.R.S.
 2. Dentists or dental hygienists utilizing anesthesia that requires a permit, under this Rule without first obtaining the required permit, or utilizing such anesthesia with an expired permit, may be disciplined pursuant to section 12-220-130(1)(cc) and (II), C.R.S.
 3. Upon a specific finding of a violation of this Rule, and/or upon reasonable cause, the Board may require a supervising dentist to submit proof demonstrating that applicable staff has the appropriate education/training in order to administer nitrous oxide/oxygen and/or are otherwise acting in compliance with this Rule.
 4. The Board may discipline a license or deny an application for a violation of this Rule, unprofessional conduct, and/or any other grounds pursuant to section 12-220-130(1), C.R.S.
 5. In addition to the remedies set forth above, nothing in this Rule shall limit the authority of the Board, upon objective and reasonable grounds, to order summary suspension of an anesthesia permit pursuant to section 24-4-104(4), C.R.S.

6. In addition to the remedies set forth above, nothing in this Rule shall limit the authority of the Board, upon objective and reasonable grounds, to order summary suspension of a license to practice dentistry or dental hygiene, pursuant to section 24-4-104(4), C.R.S.
7. Upon review of a morbidity/mortality report and/or upon reasonable concern regarding the use of anesthesia, the Board may require an on-site inspection of the dental office utilized by the anesthesia provider in administering anesthesia.
8. The Board reserves all other powers and authorities set forth in the Dental Practice Act, Article 220 of Title 12, C.R.S. and the Administrative Procedure Act, Article 4 of Title 24, C.R.S.

1.15 Pediatric Case Management and Protective Stabilization

(Amended October 24, 2007, Effective December 31, 2007; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011; Amended April 28, 2016, Effective June 30, 2016)

The purpose of this Rule is to recognize that all infants, children, adolescents, and individuals with special health care needs are entitled to receive oral health care that meets the treatment and ethical standard of care. These groups of individuals may need special case management in order to receive timely diagnosis and treatment, as well as to ensure the safety of the patient, practitioner, and staff. The use of protective stabilization (formerly referred to as physical restraint and medical immobilization) is an advanced behavior guidance technique which must be integrated into an overall behavior guidance approach that is individualized for each patient in the context of promoting a positive dental attitude for the patient, while ensuring patient safety and quality care. This necessitates that the dentist establishes communication with the dental staff, the patient, and the parent or guardian. It is important that the dentist and dental team promote a positive attitude towards oral and dental health in order to alleviate fear and anxiety and to deliver quality dental care.

A. Pediatric Case Management

1. Parents or legal guardians cannot be denied access to the patient during treatment in the dental office unless the health and safety of the patient, parent or guardian, or dental staff would be at risk. The parent(s) or guardian(s) shall be informed of the reason they are denied access to the patient and both the incident of the denial and the reason for the denial shall be documented in the patient's dental record.
2. This provision shall not apply to dental care delivered in an accredited hospital or acute care facility.

B. Training – prior to utilizing protective stabilization, the dentist shall successfully complete training beyond basic dental education through either:

1. A residency or graduate program that contains content and experiences in advanced behavior management; or
2. A continuing education course of no less than six hours in advanced behavior management that involves both didactic and demonstration components.

C. Methods, Indications, and Considerations for Protective Stabilization

1. Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, torso, or head freely is considered protective stabilization.

- a. Active stabilization involves restraint by another person, such as a parent/guardian, dentist, or dental staff. This may include hand holding, head guarding, and therapeutic holding.
 - b. Passive stabilization utilizes a restraining device.
2. The use of protective stabilization must not cause serious or permanent injury and it must involve the least possible discomfort to the patient.
3. Protective stabilization may be performed (with or without a stabilization device) by the:
 - a. Dentist; or
 - b. Parent or legal guardian.
4. Dental hygienists and dental assistants shall not use protective stabilization by themselves, but may assist the dentist as necessary.
5. Protective stabilization during diagnostic and/or dental treatment may be utilized when the following indications are present:
 - a. A patient requires immediate diagnosis and/or urgent limited treatment and cannot cooperate due to emotional and cognitive developmental levels, lack of maturity, medical and physical conditions, or some combination thereof.
 - b. Emergent care is needed and uncontrolled movements risk the safety of the patient, staff, dentist, or parent/guardian.
 - c. A previously cooperative patient quickly becomes uncooperative during the appointment and protective stabilization is necessary to protect the patient's safety and to help expedite the completion of treatment already initiated.
 - d. A sedated patient becomes uncooperative during treatment.
 - e. A patient with special health care needs experiences uncontrolled movements that significantly interfere with the quality of care.
6. Protective stabilization shall not be utilized when the following contraindications are present:
 - a. A cooperative non-sedated patient.
 - b. A patient who cannot be stabilized safely due to associated medical, psychological, or physical conditions.
 - c. A patient with a history of physical or psychological trauma due to restraints (unless there are no alternatives).
 - d. A patient with non-emergent treatment needs in order to accomplish full mouth or multiple quadrant dental rehabilitation.
7. The dentist must consider the following when determining whether to recommend the use of protective stabilization techniques:
 - a. Patient's oral health needs.

- b. Effect on quality of dental care.
 - c. Emotional and cognitive development levels as it relates to the patient's ability to understand and cooperate during dental treatment.
 - d. Medical and physical conditions.
 - e. Parental/guardian preferences.
 - f. Utilizing alternative, less restrictive, behavior guidance methods.
- D. Prior to Utilizing Protective Stabilization
- 1. Obtain informed consent – protective stabilization, with or without a restrictive device, performed by the dentist requires informed consent from the parent or legal guardian; except when a sedated patient becomes uncooperative during treatment.
 - a. Benefits and risks of protective stabilization, as well as alternative behavior guidance techniques, i.e. deferring treatment, or utilizing sedation or general anesthesia must be explained to the parent or guardian.
 - b. A detailed written consent identifying the specific technique of protective stabilization must be obtained separately from the consent for other procedures as it increases the parent's or guardian's awareness of the procedure. The consent must also identify the reason why protective stabilization is required.
 - 2. Obtain an accurate, comprehensive, and up-to-date medical history. This should include:
 - a. Conditions that may compromise respiratory function, e.g. asthma.
 - b. Neuromuscular or bone/skeletal disorders that may require additional positioning aids.
 - c. Previous trauma from having movement restricted.
- E. Documentation – the following must be included in the patient's record:
- 1. Indication for stabilization.
 - 2. Type of stabilization utilized and by whom, including parent or guardian.
 - 3. Signed informed consent for protective stabilization.
 - 4. Reason for parental/guardian exclusion during protective stabilization, if applicable.
 - 5. Duration of application of stabilization (start time and end time).
 - 6. Status of airway, peripheral circulation, and proper positioning of stabilization device/method at least every 15 minutes throughout duration of stabilization.
 - 7. Behavior evaluation/rating during stabilization.
 - 8. Any unexpected outcomes, such as skin markings.

9. Whether the parent/guardian, if not present in the room, was given progress updates at least once per hour. Verbal consent for continued stabilization must be obtained at least once per hour and documented in the dental record.
10. If the protective stabilization technique changes during the procedure from that presented to the parent or legal guardian in the initial informed consent discussion, the parent or legal guardian shall be notified, consulted immediately, and verbal consent documented for continued treatment.
11. Management implications of future appointments.

1.16 Infection Control

(Effective August 1, 2000; Amended January 5, 2001; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011; Repealed January 22, 2015, Effective March 30, 2015; Adopted April 28, 2016, Effective June 30, 2016)

In addition to meeting applicable standards of care, dentists and dental hygienists must follow the Centers for Disease Control and Prevention (CDC) 2003 "Guidelines for Infection Control in Dental Health-Care Settings", including the CDC's March 2016 "Summary of Infection Prevention Practices in Dental Settings", and the Occupational Safety and Health Administration's (OSHA) "Bloodborne Pathogens Standard". A licensee is also responsible for the compliance of unlicensed dental personnel.

1.17 Advertising

(Effective August 1, 2000; Temporarily Expired December 2, 2002; Effective July 1, 2003; Amended October 27, 2004; Amended October 26, 2006, Effective December 30, 2006; Amended April 25, 2007, Effective July 1, 2007; Amended October 24, 2007, Effective December 31, 2007; Amended October 22, 2008, Effective November 30, 2008; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011; Amended July 13, 2016, Effective September 14, 2016)

This Rule applies to advertising in all types of media that is directed to the public. No dentist or dental hygienist shall advertise in any form of communication in a manner that is misleading, deceptive, or false.

A. General Requirements.

1. At the time any type of advertisement is placed, the dentist or dental hygienist must in good faith possess information that would substantiate the truthfulness of any assertion, omission, or claim set forth in the advertisement.
2. The Board recognizes that clinical judgment must be exercised by a dentist or dental hygienist. Therefore, a good faith diagnosis that the patient is not an appropriate candidate for the advertised dental or dental hygiene service or product is not a violation of this Rule.
3. A licensed dentist or dental hygienist shall be responsible for, and shall approve any advertisement made on behalf of the dental or dental hygiene practice, except for brand advertising, i.e. advertising that is limited to promotion of the name of the practice or dental corporation. The dentist or dental hygienist shall maintain a listing stating the name and license number of the dentists or dental hygienists who approved and are responsible for the advertisement and shall maintain such list for a period of three years.

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- B. Misleading, deceptive, or false advertising includes, but is not limited to the following, and if proven is a violation of section 12-220-130(1)(l), C.R.S.:
1. A known material misrepresentation of fact;
 2. The omission of a fact necessary to make the statement considered as a whole not materially misleading;
 3. Advertising that is intended to be or is likely to create an unjustified expectation about the results the dentist or dental hygienist can achieve;
 4. Advertising that contains a material, objective representation, whether express or implied, that the advertised services are superior in quality to those of other dental or dental hygiene services if that representation is not subject to reasonable substantiation. For the purposes of this subsection, reasonable substantiation is defined as tests, analysis, research, studies, or other evidence based on the expertise of professionals in the relevant area that have been conducted and evaluated in an objective manner by persons qualified to do so, using procedures generally accepted in the profession to yield accurate and reliable results. Individual experiences are not a substitute for scientific research. Evidence about the individual experience of consumers may assist in the substantiation, but a determination as to whether reasonable substantiation exists is a question of fact on a case-by-case basis;
 5. Claims that state or imply a specialty practice by a dentist in violation of section (C) of this Rule;
 6. The false or misleading use of a claim regarding licensure, certification, registration, permitting, listing, education, or an unearned degree;
 7. Advertising that uses patient testimonials unless the following conditions are met:
 - a. The patient's name, address, and telephone number as of the time the advertisement was made must be maintained by the dentist or dental hygienist and that identifying information shall be made available to the Board within ten days of a request for the information by the Board.
 - b. Dentists or dental hygienists who advertise dental or dental hygiene services, which are the subject of the patient testimonial, must have actually provided these services to the patient making the testimonial.
 - c. If compensation, remuneration, a fee, or benefit of any kind has been provided to the person in exchange for consideration of the testimonial, such testimonial must include a statement that the patient has been compensated for such testimonial.
 - d. A specific release and consent for the testimonial from the patient shall be obtained from the patient and shall be made available to the Board within ten days of request of that information.
 - e. Any testimonial shall indicate that results may vary in individual cases.
 - f. Patient testimonials attesting to the technical quality or technical competence of a service or treatment offered by a licensee must have reasonable substantiation.
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8. Advertising that makes an unsubstantiated medical claim or is outside the scope of dentistry, unless the dentist or dental hygienist holds a license, certification, or registration in another profession and the advertising and/or claim is within the scope authorized by the license, certification, or registration in another profession;
 9. Advertising that makes unsubstantiated promises or claims, including but not limited to claims that the patient will be cured;
 10. The use of “bait and switch” in advertisements. “Bait and switch” advertising is defined as set forth in the Colorado Consumer Protection Act, section 6-1-105, C.R.S.;
 11. Advertising that includes an endorsement by a third party in which there is compensation, remuneration, fee paid, or benefit of any kind if it does not indicate that it is a paid endorsement;
 12. Advertising that infers or gives the appearance that such advertisement is a news item without using the phrase “paid advertisement”;
 13. The promotion of a professional service which the licensee knows or should know is beyond the licensee’s ability to perform;
 14. The use of any personal testimonial by the licensed provider attesting to a quality or competence of a service or treatment offered by a licensee that is not reasonably verifiable;
 15. Advertising that claims to provide services at a specific rate and fails to disclose that the patient’s insurance may provide payment for all or part of the services.
- C. Specialty Practice and Advertising.
1. A licensed dentist has the legal authority to practice in any and all areas of dentistry as defined in section 12-220-104(6), C.R.S., and pursuant to section 12-220-110, C.R.S., and also the authority to confine the areas in which he or she chooses to practice, so long as he/she is practicing within the scope of his/her education, training, and experience and in accordance with applicable law and rules of the Colorado Dental Board.
 2. Pursuant to section 12-220-130(1)(ii), C.R.S., the Board may discipline a dentist for advertising or otherwise holding himself/herself out to the public as practicing a dental specialty in which he or she has not successfully completed the education specified for the dental specialty as defined by the American Dental Association (ADA). Pursuant to section 12-220-106(2), C.R.S., the Board may recognize those dental specialties defined by the American Dental Association (ADA).
 - a. Dental specialties currently defined by the ADA and recognized by the Board include the following:
 - (1) Dental public health;
 - (2) Endodontics;
 - (3) Oral and maxillofacial pathology;
 - (4) Oral and maxillofacial radiology;

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- (5) Oral and maxillofacial surgery;
 - (6) Orthodontics and dentofacial orthopedics;
 - (7) Pediatric dentistry;
 - (8) Periodontics; and
 - (9) Prosthodontics.
 - b. Dentists advertising a specialty that is defined by the ADA must clearly state in all such advertising and/or public promotions that their specialty has been defined by the American Dental Association, provide the full name of the accredited school where their residency was completed, and upon request, promptly provide additional information to the public.
3. The Board may also recognize dental specialties not defined by the ADA. Dentists advertising a specialty that is not defined by the ADA must clearly state in all such advertising and/or public promotions that their specialty has not been defined by the American Dental Association. Advertising dentists must also provide the full name of the entity that has defined their specialty and upon request, promptly provide additional information to the public.
 4. ADA defined dental specialists are those dentists who have successfully completed a Commission on Dental Accreditation (CODA) specialty program. The Board recognizes that dentists advertising a non-ADA defined specialty may or may not have successfully completed a CODA specialty program. Therefore:
 - a. Dentists who have successfully completed a CODA accredited specialty program, whether defined or not defined by the ADA, may advertise the practice of that specialty subject to the provisions of paragraphs (2) or (3) of this Rule, including providing the full name of the accredited school where their residency was completed.
 - b. In addition to the requirements of paragraphs (2) and (3) of this Rule, dentists who have not completed a CODA accredited specialty program and are advertising a non-ADA defined specialty, must clearly state in all advertising and/or public promotions that their specialty program is not accredited by the Commission on Dental Accreditation. Such dentists must also identify their specific training completed (credential awarded) in order to receive their specialty designation and upon request, promptly provide additional information to the public.
 5. A dentist who practices general dentistry and advertises performance of a specialty procedure but has not successfully completed a CODA specialty program in that area of practice, must clearly state in all advertising and/or public promotions, that he or she is a general dentist by disclosing "General Dentistry" in print larger and/or bolder and noticeably more prominent than any other area of practice or service advertised.
 6. A dentist who advertises in any medium under a specialty heading or section and is not in compliance with this Rule may be in violation of section 12-220-130 (1), C.R.S., for engaging in misleading, deceptive, or false advertising.
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7. Those group practices which include general dentists and specialists must list the phrase "General Dentistry and Specialty Practice" larger and/or bolder and noticeably more prominent than any service offered in an advertisement. Names and qualifications shall be made available to the public upon request.

D. Acronyms

In addition to those acronyms required by law pertaining to one's business entity such as Professional Corporation (P.C.) or Limited Liability Company (L.L.C.), dentists or dental hygienists may only use those acronyms earned at a program accredited by a regional or professional accrediting agency recognized by the United States Department of Education or the Council on Postsecondary Accreditation. Any credential that does not meet this requirement must be completely spelled out.

1.18 Protocol upon Revocation, Relinquishment, Suspension, or Cessation of Practice of a Dental or Dental Hygiene License

(Amended December 2, 2002; Re-numbered December 30, 2011; Amended April 28, 2016, Effective June 30, 2016)

- A. Upon revocation, relinquishment, suspension (including summary suspension), or execution of an interim cessation of practice agreement of the dental or dental hygiene license, the licensee shall immediately stop the practice of dentistry or dental hygiene.
- B. If the license is:
 1. Revoked or relinquished, the licensee is required to notify all patients within 7 calendar days of the effective date of the revocation or relinquishment that the licensee has ceased the practice of dentistry or dental hygiene (if practicing unsupervised as authorized pursuant to section 12-220-122, C.R.S.).
 2. Suspended or under an interim cessation of practice agreement for a duration that exceeds 90 calendar days, the licensee is required to notify all patients within 97 calendar days of the effective date of the suspension or interim cessation of practice agreement that the licensee has ceased the practice of dentistry or dental hygiene (if practicing unsupervised as authorized pursuant to section 12-220-122, C.R.S.).
- C. If the license is revoked, relinquished, or suspended/under an interim cessation of practice agreement for any period of time, the licensee shall assure the continued care of patients with a qualified practitioner and must make arrangements for the transfer of patient records if requested by the patient and/or if patient care is terminated. The licensee shall make the patient records or copies of the patient records available to the patient, to a dentist or dental hygienist designated by the patient, or if the licensee's practice is sold, to the dentist or dental hygienist who purchases the practice. The transfer of patient records must be completed within thirty calendar days, if care is transferred to a different practice.
- D. Notice of revocation, relinquishment, or suspension/interim cessation of practice agreement for more than ninety calendar days, and if applicable, the termination of a practice must be made to all patients of the practice as set forth in Rule 1.9(E).
- E. A dentist or dental hygienist with a revoked or relinquished license must completely divest himself/herself from any and all dental and dental hygiene practices operating in Colorado within 180 days of the effective date of the revocation or relinquishment.

- F. A suspended practitioner or one under an interim cessation of practice agreement may be subject to any of the following at the discretion of the Board:
1. Cannot employ any licensed dentist, licensed dental hygienist, or dental assistant;
 2. Cannot be on the premises of the dental office to observe, monitor, or participate in any way in care given;
 3. May derive no income from the dental or dental hygiene practice either directly or indirectly for patient care provided by other licensees during the period of suspension/interim cessation of practice, except for treatment provided before the beginning of the suspension/interim cessation of practice; and
 4. May provide administrative duties only at the practice.

1.19 Protocol upon Suspension of Dental License for Less than 90 Days (Summary Suspension and Suspension of Less than Ninety Days)

(Effective December 2, 2002; Re-numbered December 30, 2011; Repealed April 28, 2016, Effective June 30, 2016)

1.20 Compliance with Board Subpoena

(Effective December 31, 2007; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011; Amended April 28, 2016, Effective June 30, 2016)

- A. When the Board requests a patient's complete patient record, pursuant to subpoena, the patient chart or record shall include, but may not be limited to all: medical/dental histories for the patient; patient notes, including "doctor's office notes" as defined in Rule 1.1(E); labeled and dated radiographs, photographs, scans, and/or models; billing and/or all insurance records that are compiled for a specific patient; prescription records; and email correspondence (if applicable).
- B. It is the responsibility of the licensed dentist or dental hygienist to assure that all records submitted are legible and, if necessary, to have records transcribed to assure legibility.
- C. Failure by a licensed dentist or dental hygienist to submit the complete patient record to the Board, or any relevant papers, books, records, documentary evidence, and/or other materials, as requested pursuant to subpoena is a violation of section 12-220-130(1)(i), C.R.S.

1.21 Declaratory Orders

(Re-numbered December 30, 2011; Amended April 28, 2016, Effective June 30, 2016)

Adopted in accordance with the requirements of section 24-4-105(11), C.R.S.

- 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 provisions of 12-220-101, C.R.S., *et seq.*, as amended.
 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 (24-4-105(8), C.R.S.) 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.

1.22 Practice Monitor Consultant Guidelines

(Amended February 1, 1998, May 15, 1998, December 2, 2002; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011; Repealed April 28, 2016, Effective June 30, 2016)

1.23 Fining Schedule for Violations of the Dental Practice Act and Board Rules

(Adopted January 22, 2015, Effective March 30, 2015; Amended January 20, 2016, Effective March 16, 2016; Amended April 28, 2016, Effective June 30, 2016)

Pursuant to section 12-220-131(5), C.R.S., when a licensed dentist, including one issued an academic license, or dental hygienist violates a provision of the Dental Practice Act or a Board Rule, the Board may impose a fine on the licensee. The amount of an administrative fine assessed will be based on the following criteria:

- Severity of the violation;
 - Type of violation;
 - Whether the licensee committed repeated violations; and
 - Any other mitigating or aggravating circumstances.
- A. If the licensee is a dentist, the fine must not exceed \$5,000. If the violation(s) involve:
1. Substandard Care, Fraud, or Attempting to Deceive the Board
 - a. First offense, may be fined up to \$3,000.
 - b. Second offense, may be fined up to \$4,000.
 - c. Third or subsequent offense, may be fined up to \$5,000.
 2. Record Keeping Violations
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third or subsequent offense, may be fined up to \$5,000.

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3. Failure to Maintain or Provide Complete Records
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third or subsequent offense, may be fined up to \$5,000.
 4. Failure to Comply with Continuing Education Requirements
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third or subsequent offense, may be fined up to \$5,000.
 5. Practicing without a License or with an Expired License
 - a. First offense:
 - (1) 0-12 months, may be fined up to \$1,250.
 - (2) 1-2 years, may be fined up to \$2,500.
 - (3) 2 or more years, may be fined up to \$3,750.
 - b. Second offense:
 - (1) 0-12 months, may be fined up to \$2,500.
 - (2) 1-2 years, may be fined up to \$3,750.
 - (3) 2 or more years, may be fined up to \$5,000.
 - c. Third or subsequent offense of any duration, may be fined up to \$5,000.
 6. Administering Anesthesia/Sedation without a Permit or with an Expired Permit
 - a. First offense:
 - (1) 0-12 months, may be fined up to \$1,250.
 - (2) 1-2 years, may be fined up to \$2,500.
 - (3) 2 or more years, may be fined up to \$3,750.
 - b. Second offense:
 - (1) 0-12 months, may be fined up to \$2,500.
 - (2) 1-2 years, may be fined up to \$3,750.
 - (3) 2 or more years, may be fined up to \$5,000.
 - c. Third or subsequent offense of any duration, may be fined up to \$5,000.

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7. Failure to Appropriately Supervise Dental Personnel
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third or subsequent offense, may be fined up to \$5,000.
 8. Failure to Meet Generally Accepted Standards for Infection Control – each day a violation continues or occurs may be considered a separate violation for the purpose of imposing a fine under this category
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third or subsequent offense, may be fined up to \$5,000.
 9. False Advertising
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third or subsequent offense, may be fined up to \$5,000.
 10. Failure to Register for the Prescription Drug Monitoring Program (PDMP) – applicable only if the licensee maintains a current United States Drug Enforcement Agency (DEA) registration
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third or subsequent offense, may be fined up to \$5,000.
 11. Failure to Respond in an Honest, Materially Responsive, and Timely Manner to a Complaint
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third or subsequent offense, may be fined up to \$5,000.
 12. Failure to Maintain Professional Liability Insurance
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third or subsequent offense, may be fined up to \$5,000.

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13. Violation of the Practice Ownership Laws
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third or subsequent offense, may be fined up to \$5,000.
 14. Aiding and Abetting the Unlicensed Practice of Dentistry or Dental Hygiene
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third or subsequent offense, may be fined up to \$5,000.
 15. Failure to Comply with a Board Order or Subpoena
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third or subsequent offense, may be fined up to \$5,000.
 16. Other Violations
 - a. First offense, may be fined up to \$1,250.
 - b. Second offense, may be fined up to \$2,500.
 - c. Third or subsequent offense, may be fined up to \$5,000.
- B. If the licensee is a dental hygienist, the fine must not exceed \$3,000. If the violation(s) involve:
1. Substandard Care, Fraud, or Attempting to Deceive the Board
 - a. First offense, may be fined up to \$1,000.
 - b. Second offense, may be fined up to \$2,000.
 - c. Third or subsequent offense, may be fined up to \$3,000.
 2. Record Keeping Violations
 - a. First offense, may be fined up to \$750.
 - b. Second offense, may be fined up to \$1,500.
 - c. Third or subsequent offense, may be fined up to \$3,000.
 3. Failure to Maintain or Provide Complete Records
 - a. First offense, may be fined up to \$750.
 - b. Second offense, may be fined up to \$1,500.

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- c. Third or subsequent offense, may be fined up to \$3,000.
 - 4. Failure to Comply with Continuing Education Requirements
 - a. First offense, may be fined up to \$750.
 - b. Second offense, may be fined up to \$1,500.
 - c. Third or subsequent offense, may be fined up to \$3,000.
 - 5. Practicing without a License or with an Expired License
 - a. First offense:
 - (1) 0-12 months, may be fined up to \$750.
 - (2) 1-2 years, may be fined up to \$1,500.
 - (3) 2 or more years, may be fined up to \$2,250.
 - b. Second offense:
 - (1) 0-12 months, may be fined up to \$1,500.
 - (2) 1-2 years, may be fined up to \$2,250.
 - (3) 2 or more years, may be fined up to \$3,000.
 - c. Third or subsequent offense of any duration, may be fined up to \$3,000.
 - 6. Administering Local Anesthesia without a Permit or with an Expired Permit
 - a. First offense:
 - (1) 0-12 months, may be fined up to \$750.
 - (2) 1-2 years, may be fined up to \$1,500.
 - (3) 2 or more years, may be fined up to \$2,250.
 - b. Second offense:
 - (1) 0-12 months, may be fined up to \$1,500.
 - (2) 1-2 years, may be fined up to \$2,250.
 - (3) 2 or more years, may be fined up to \$3,000.
 - c. Third or subsequent offense of any duration, may be fined up to \$3,000.
 - 7. Failure to Meet Generally Accepted Standards for Infection Control – each day a violation continues or occurs may be considered a separate violation for the purpose of imposing a fine under this category
 - a. First offense, may be fined up to \$750.

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- b. Second offense, may be fined up to \$1,500.
 - c. Third or subsequent offense, may be fined up to \$3,000.
8. False Advertising
- a. First offense, may be fined up to \$750.
 - b. Second offense, may be fined up to \$1,500.
 - c. Third or subsequent offense, may be fined up to \$3,000.
9. Failure to Respond in an Honest, Materially Responsive, and Timely Manner to a Complaint
- a. First offense, may be fined up to \$750.
 - b. Second offense, may be fined up to \$1,500.
 - c. Third or subsequent offense, may be fined up to \$3,000.
10. Failure to Maintain Professional Liability Insurance
- a. First offense, may be fined up to \$750.
 - b. Second offense, may be fined up to \$1,500.
 - c. Third or subsequent offense, may be fined up to \$3,000.
11. Violation of the Practice Ownership Laws
- a. First offense, may be fined up to \$750.
 - b. Second offense, may be fined up to \$1,500.
 - c. Third or subsequent offense, may be fined up to \$3,000.
12. Aiding and Abetting the Unlicensed Practice of Dentistry or Dental Hygiene
- a. First offense, may be fined up to \$750.
 - b. Second offense, may be fined up to \$1,500.
 - c. Third or subsequent offense, may be fined up to \$3,000.
13. Failure to Comply with a Board Order or Subpoena
- a. First offense, may be fined up to \$750.
 - b. Second offense, may be fined up to \$1,500.
 - c. Third or subsequent offense, may be fined up to \$3,000.

14. Other Violations
 - a. First offense, may be fined up to \$750.
 - b. Second offense, may be fined up to \$1,500.
 - c. Third or subsequent offense, may be fined up to \$3,000.
- C. A fine is subject to an additional surcharge imposed by the Executive Director of the Department of Regulatory Agencies (DORA), pursuant to section 24-34-108, C.R.S.

1.24 Use of Lasers

(Adopted January 22, 2015, Effective March 30, 2015; Amended April 30, 2015, Effective June 30, 2015; Amended April 28, 2016, Effective June 30, 2016; Amended May 3, 2018, Effective July 3, 2018.)

- A. The requirements in this Rule do not apply to use of non-adjustable laser units for purposes of diagnosis and curing.
- B. Only a dentist may use a laser capable of the removal of hard and soft tissue in the treatment of a dental patient.
- C. Laser use by a dental hygienist can only be performed under the indirect or direct supervision of a dentist and must be within the dental hygiene scope of practice.
- D. A licensee who is a laser user or supervises a laser user must first successfully complete training that covers a minimum of eight hours of laser physics, safety, and appropriate use, to include a hands on component, prior to utilizing the laser.
 1. Training must be obtained through a course provided or recognized by any of the following organizations (or a successor organization):
 - a. A Commission on Dental Accreditation (CODA) accredited institution;
 - b. The American Dental Association (ADA) Continuing Education Recognition Program (CERP);
 - c. The Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE); or
 - d. The American Medical Association (AMA).
 2. A licensee utilizing a laser, other than what is described in section (A) of this Rule, must maintain evidence of training as required in section (D)(1) of this Rule. Upon request of the Board, the licensee must submit evidence of such training.
 3. A licensee must also complete live and interactive training that addresses operation of the specific laser(s) utilized in the practice.
- E. All lasers must be used in accordance with accepted safety guidelines.
- F. When utilizing a laser pursuant to this Rule, at a minimum, the following must be documented in the patient's record:
 1. Type of laser, including wavelength;

2. Settings used (pulse or continuous wave, power setting);
3. Size of fiber, tip, or aperture of tip; and
4. Procedure performed with details to include hard and/or soft tissue removal.

1.25 Placement of Interim Therapeutic Restorations by Dental Hygienists

(Adopted April 28, 2016, Effective June 30, 2016)

Pursuant to sections 12-220-123(1)(d) and 12-220-128, C.R.S., once issued a permit by the Board, a dental hygienist may place interim therapeutic restorations in a dental office setting under the “direct supervision” (defined by section 12-220-104(7), C.R.S.) or “indirect supervision” (defined by section 12-220-104(9), C.R.S.) of a dentist, or through “telehealth supervision” (defined by section 12-220-104(15), C.R.S.) for purposes of communication with the supervising dentist. A dentist shall not supervise more than 5 dental hygienists who place interim therapeutic restorations under telehealth supervision. A dentist who supervises a dental hygienist that provides interim therapeutic restorations under telehealth supervision must have a physical practice location in Colorado for purposes of patient referral for follow-up care.

- A. Pursuant to section 12-220-104(10), C.R.S., an “interim therapeutic restoration” or “ITR” means a direct provisional restoration placed to stabilize a tooth on a pediatric or non-pediatric patient until a licensed dentist can assess the need for further definitive treatment and involves the:
 1. Removal of soft material using hand instrumentation, without the use of rotary instrumentation; and the
 2. Subsequent placement of the following restorative materials:
 - a. Glass ionomer.
- B. In order to be eligible for a permit to place an ITR, a dental hygienist must:
 1. Hold a license in good standing to practice dental hygiene in Colorado;
 2. Complete a course developed at the post-secondary education level offered under the direct supervision of a member of the faculty of a Colorado dental or dental hygiene school accredited by the Commission on Dental Accreditation (CODA) or its successor agency that complies with the following uniform training standards:
 - a. Four hours of didactic instruction, including but not limited to:
 - (1) Pulpal anatomy;
 - (2) Principles of adhesive restorative materials;
 - (3) Preparation of the tooth and placement techniques;
 - (4) Diagnostic criteria for interim therapeutic restorations;
 - (5) Evaluation of proper placement and technique; and
 - (6) Protocols for handling sensitivity, complications, or unsuccessful completion and follow-up;

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- b. Four hours of laboratory instruction that includes placement of interim therapeutic restorations on typodont teeth;
 - c. Criteria for evaluating competency through placement of interim therapeutic restorations on a minimum of four teeth under direct supervision of faculty; and
 - d. Clinical evaluations of students must be performed by a dentist with a faculty appointment at an accredited Colorado dental or dental hygiene school.
 3. Carry current professional liability insurance, on his/her own or through the supervising dentist, in the amount specified in section 12-220-147(2), C.R.S.; and
 4. Submit documented proof of completing one of the following experience pathways in dental hygiene practice:
 - a. 2,000 hours of supervised dental hygiene practice after initial dental hygiene licensure;
 - b. 4,000 hours of unsupervised dental hygiene practice after initial dental hygiene licensure; or
 - c. A combination of the hours specified in paragraphs (4)(a) and (4)(b) of this Rule considered on a case-by-case basis by the Board.
 - d. The requirement for submitting documented proof of practice hours is waived for a dental hygienist applying to perform interim therapeutic restorations exclusively under the direct supervision of a dentist.
 - C. A dental hygienist shall not use local anesthesia for the purpose of placing interim therapeutic restorations.
 - D. A dental hygienist may place an ITR only after a supervising dentist provides a diagnosis, treatment plan, and instruction to perform the procedure.
 - E. If an ITR is authorized by a supervising dentist at a location other than the dentist's practice location, the dental hygienist shall provide the patient or the patient's representative with written notification that the care was provided at the direction of the supervising dentist. The dental hygienist shall include in the written notification the dentist's name, practice location address, and telephone number.
 - F. A dental hygienist who obtains a supervising dentist's diagnosis, treatment plan, and instruction to perform an ITR utilizing "telehealth by store-and-forward transfer" (defined by section 12-220-104(14), C.R.S.) shall notify the patient of the patient's right to receive interactive communication with the distant dentist upon request. Communication with the distant dentist may occur either at the time of the consultation or within thirty days after the dental hygienist notifies the patient of the results of the consultation.
 - G. A dental hygienist shall inform the patient or the patient's legal guardian, in writing, and require the patient or the patient's legal guardian to acknowledge by signature, that the ITR is a temporary repair to the tooth and that appropriate follow-up care with a dentist is necessary.
 - H. Pursuant to 12-220-130(1)(nn), C.R.S., the Board may take disciplinary action against an applicant or licensee for failing to comply with the requirements regarding the placement of interim therapeutic restorations.
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1.26 Application of Silver Diamine Fluoride by Dental Hygienists

(Adopted June 14, 2018, Effective August 14, 2018)

Pursuant to sections 12-220-123(1)(e) and 12-220-129, C.R.S., upon completion of a post-secondary course or continuing education as stated in (B)(2) and (3), a dental hygienist may place/apply silver diamine fluoride in a dental office setting under the “direct supervision” (defined by section 12-220-104(7), C.R.S.) or “indirect supervision” (defined by section 12-220-104(9), C.R.S.) of a dentist, or through “telehealth supervision” (defined by section 12-220-104(15), C.R.S.) for purposes of communication with the supervising dentist. A dentist who supervises a dental hygienist that applies silver diamine fluoride under telehealth supervision must have a physical practice location in Colorado for purposes of patient referral for follow-up care.

- A. The application of silver diamine fluoride may not be assigned to an unlicensed professional.
- B. In order to be eligible to apply silver diamine fluoride, a dental hygienist must:
 - 1. Hold a license in good standing to practice dental hygiene in Colorado;
 - 2. Successfully complete training that covers a minimum of one hour of live and interactive instruction, including but not limited to:
 - a. Instruction on the use of proper placement and techniques of silver diamine fluoride (SDF);
 - b. Limitations of SDF;
 - c. Uses for SDF in clinical practice;
 - d. Mechanisms of action of SDF;
 - e. Diagnostic criteria, contraindications and limitations of SDF; and
 - f. Protocols for handling sensitivity, complications, or unsuccessful completion and follow up.
 - 3. Training must be obtained through a course provided or recognized by any of the following organizations (or a successor organization):
 - a. A Commission on Dental Accreditation (CODA) accredited institution;
 - b. The American Dental Association (ADA) Continuing Education Recognition Program (CERP);
 - c. The Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE); or
 - d. The American Medical Association (AMA).
 - 4. Carry current professional liability insurance, on his/her own or through the supervising dentist, in the amount specified in section 12-220-147, C.R.S.
 - 5. For indirect supervision or telehealth supervision have a collaborative agreement with a Dentist that describes the silver diamine fluoride protocols, any restrictions or limitations, follow-up and referral mechanisms.

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- a. The dental hygienist shall:
 - (1) Retain the collaborative agreement with the collaborating dentist's signature on file;
 - (2) Review the agreement annually; and
 - (3) Update the agreement as necessary.
 - b. The collaborative agreement is subject to Board review and the dental hygienist shall provide the plan to the Board upon request.
- C. When applying silver diamine fluoride pursuant to this Rule, at a minimum, the following must be documented in the patient's record:
- 1. Teeth treated;
 - 2. Date of the procedure;
 - 3. Rationale for applying the agent; and
 - 4. Any required disclosures.
- D. If the application of silver diamine fluoride is authorized by a supervising dentist at a location other than the dentist's practice location, the dental hygienist shall provide the patient or the patient's representative with written notification that the application of silver diamine fluoride is being provided in collaboration with the supervising dentist. The dental hygienist shall include in the written notification the dentist's name, practice location address, and telephone number.
- E. A dental hygienist who applies silver diamine fluoride in collaboration with a supervising dentist utilizing "telehealth by store-and-forward transfer" (defined by section 12-220-104(14), C.R.S.) shall notify the patient of the patient's right to receive interactive communication with the distant dentist upon request. Communication with the distant dentist may occur either at the time of the consultation or within thirty days after the dental hygienist notifies the patient of the results of the consultation.
- F. Pursuant to 12-220-130(1)(oo), C.R.S., the Board may take disciplinary action against an applicant or licensee for failing to comply with the requirements regarding the application of silver diamine fluoride.

Editor's Notes

History

Rules XVII, XXVI eff. 07/01/2007.

Rules XXVI, XXIX, XXX eff. 12/31/2007.

Rule XXVI eff. 11/30/2008.

Rule III eff. 05/30/2009.

Rule III eff. 12/30/2009.

Rules III, XIV-XXX eff. 03/30/2010.

Rules I-IX, XI-XIII, XV-XXII eff. 12/30/2011.

Rules I-III, IX, XI-XIII, XXIII-XXIV eff. 03/30/2015. Rule XVI repealed eff. 03/30/2015.

Rules XIII, XIV, XXIV eff. 06/30/2015.

Rule XXIII eff. 03/16/2016.

Rules I, III, IV, V, IX, X, XIV, XV, XVI, XVIII, XX, XXI, XXIII, XXIV, XXV eff. 06/30/2016. Rules VI, VII, VIII, XIX, XXII repealed eff. 06/30/2016.

Rule XVII eff. 09/14/2016.

Rule XIII eff. 03/17/2018.

Rule XXIV eff. 07/03/2018.

Rule XXVI eff. 08/14/2018.

Rules III, XXVI eff. 07/01/2019.