LOUISIANA STATE

BOARD OF DENTISTRY

Laws of the State of Louisiana Governing the Practice of Dentistry as Authorized Under Chapter 9, Title 37, Louisiana Revised Statutes

AS AMENDED THROUGH REGULAR SESSION 2015

AND

LOUISIANA ADMINISTRATIVE CODE, TITLE 46, CHAPTER 33

DISCLAIMER
This publication is intended to facilitate the understanding of the Louisiana Dental Practice Act. It is not to be considered an official statement of the law which is found at L.R.S. 37:751 et seq. and Title 46 Chapter 33 of the Louisiana Administrative Code.
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RECOMMENDED INFECTION-CONTROL PRACTICES FOR DENTISTRY, 2003

SUBJECT MATTER INDEX
§751. Definitions; licensure; presumption; short title

A. As used in this Chapter:

1) "Advertisement" and "advertising" means any statement, oral or written, requested and approved by a licensed dentist, disseminated to or displayed before the public or any portion thereof with the intent of selling professional dental services, offering to perform professional dental services, or inducing members of the public to enter into any obligation relating to such professional dental services. This shall apply to an approved statement of any nature regardless of whether it is in the form of paid advertising. "Advertisement" and "advertising" shall not include any communication, oral or written, by a nonprofit entity that meets the statutory, regulatory, and program requirements for grantees supported under Section 330 of the Public Health Service Act, 42 U.S.C. §254b, or its successor. In addition, listing, identifying, or grouping of dentists by an insurance company on a website or by any other means of disseminating information involving a dentist participating with an insurance company and an associated affiliate, including but not limited to a third party payor including, without limitation, a dental health maintenance organization, a dental preferred provider organization, Medicaid, or a dental discount entity, shall not be deemed an advertisement or advertising by the dentist. For the purposes of this Chapter, neither the insurance company nor the associated affiliate shall be deemed a referral company and a listed dentist shall not be considered to be advertising through a referral service by participating with such company or affiliate.

2) "Another state" means each of the several states, other than Louisiana, and includes the District of Columbia, the Commonwealth of Puerto Rico, and the Virgin Islands.

3) "Board" means the Louisiana State Board of Dentistry.

4) "Dental assistant" means a person who is employed by a licensed practicing dentist and performs the duties authorized by the Louisiana State Board of Dentistry only under his direct on-premises supervision, direction, and responsibility.

5) "Dental hygienist" means a person licensed under the provision of this Chapter to perform those duties authorized by the Louisiana State Board of Dentistry as set forth in rules and regulations promulgated by the board in accordance with the Administrative Procedure Act.

6) "Dentistry" means the evaluation, diagnosis, prevention, or treatment, including nonsurgical, surgical, or related procedures, of diseases, disorders, or conditions of the oral cavity, maxillofacial areas or the adjacent and associated structures and their impact on the human body provided by a dentist within the scope of his education, training, and experience, in accordance with the ethics of the profession and applicable law.

7) "Expanded duty dental assistant" means a person who is employed by a licensed practicing dentist and has passed an expanded function for dental assistants course approved by the Louisiana State Board of Dentistry that shall not consist of less than thirty classroom hours, or who has graduated from a dental assisting program accredited by the Commission on Dental Accreditation of the American Dental Association provided the program teaches functions as provided for in LAC 46:XXXIII.502 and .503. An expanded duty dental assistant may perform any functions authorized by the Louisiana State Board of Dentistry for an expanded duty dental assistant under the direct, on-premises supervision, direction, and responsibility of the dentist.

8) "Licensure by credentials" means issuing of a license using a performance record in place of examinations to evaluate theoretical knowledge and clinical skill when an applicant for licensure has been awarded a D.D.S. or D.M.D. degree from a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and holds a dental license or has received a degree or certificate in a dental hygiene education program accredited by the Commission on Dental Accreditation of the American Dental Association and holds a dental hygiene license.
(9) "Reciprocity" means formal reciprocal agreement between two state boards under which a dentist licensed in one state may apply for and receive a license in another state without examination and without fulfilling any other requirements except the usual state license fees.

(10) "Reputable dental school" means one that is recognized as such by the Louisiana State Board of Dentistry according to its rules and regulations.

(11) "Unlicensed person" means a person who is not licensed by the board who illegally practices dentistry or dental hygiene.

B. Any health care provider possessing a degree in dentistry or a dental degree as specifically approved under R.S. 37:771 and a medical degree must be licensed and maintain licensure with the Louisiana State Board of Dentistry prior to and as long as said health care provider practices, engages in, performs, or offers to engage in or perform any of the practices, acts, or operations set forth in this Section or as defined as a specialty of dentistry.

C. A person who represents himself as being able to perform any procedure contained within the definition of dentistry such as taking impressions of the human teeth or jaws or performing any phase of any operation incident to the replacement of tooth or part of tooth or associated tissue by means of a filling, crown, denture, or other appliance or who furnishes, supplies, constructs, and produces, or repairs, or offers to furnish, supply, construct, reproduce or repair or process dentures, bridges, or other substitutes for natural teeth to the user or prospective user is practicing dentistry.

D. Where it is difficult to determine under this Section whether the treatment and attention more properly belongs to the field of dentistry, the dentist shall call in a member of the medical profession to cooperate with him.

E. The fact that any person engages in or performs, or offers to engage in or perform, any of the practices, acts, or operations, set forth in this Section, is prima facie evidence that such person is engaged in the practice of dentistry.

F. This Chapter shall be known and may be cited as the "Dental Practice Act".

§752. Exemptions from license

The licensing provisions of this Chapter shall not apply to:

(1) The rendering of dental relief in emergency cases by a physician or surgeon in the practice of his profession if he is licensed and registered as such under the laws of this state and if he does not reproduce or undertake to reproduce lost parts of the human teeth in the mouth or to restore or replace lost or missing teeth in the mouth.

(2) The practice of dentistry by dentists in the armed services of the United States, the United States Public Health Service, or the United States Department of Veterans Affairs in the discharge of their official duties.

(3) Dental schools or colleges approved by the Louisiana State Board of Dentistry; the practice of dentistry by students in dental schools or colleges approved by the board when acting under the direction and supervision of registered dentists, licensed and acting as instructors or professors; interns in any hospital or institution, but not residents.

(4) The practice of dentistry by licensed dentists of other states or countries at meetings of the Louisiana Dental Association or its component part, alumni meetings of dental colleges, or any other like dental organizations, while appearing as clinicians and by visiting dentists while teaching in the Louisiana State University School of Dentistry System on a part-time basis.

(5) The use of Roentgen or other rays for making roentgenograms, radiograms, or similar records of dental or oral tissues if this service is rendered only under the general direction and supervision of a physician or dentist, and if this service is not offered to the public by any name as an aid or inducement to secure
dental patronage. No person shall announce to the public that it has, leases, owns, or operates a Roentgen or x-ray machine for the purpose of making dental roentgenograms of the human teeth or tissues of the oral cavity, or administering treatment for any disease thereof. The evaluation and interpretation of roentgenograms or radiographs for diagnosis or treatment of dental conditions shall not be performed except by a licensed dentist.

(6) The making of artificial restorations, substitutes, appliances, or materials for the correction of diseases, loss, deformity, malposition, dislocation, fracture, injury of the jaws, teeth, lips, gums, cheeks, palate, or associated tissues or parts, upon written work orders or prescriptions furnished by a licensed and registered dentist on a form approved by the Louisiana State Board of Dentistry as hereinafter set forth, and the use in connection with said work order or prescription of casts, models or from impressions furnished by a licensed or registered dentist.

(7) The making and repairing of prosthetic dentures, bridges, artificial restorations or other structures to be used or worn as substitutes for natural teeth, or appliances for the correction of disease, loss, deformity, malposition, dislocation, fracture of or injury to the jaws, teeth, lips, gums, cheeks, palate, or associated tissues or parts upon a written work order or prescription furnished by a licensed and registered dentist on a form approved by the Louisiana State Board of Dentistry as hereinafter set forth and constructed on, or by use of, casts or models made from impressions taken by a licensed and registered dentist if these prosthetic or orthodontic appliances, or the services rendered in the construction, repair, or alteration thereof are not offered for sale, or use, or delivery to the public or placed or adjusted in the oral cavity, except by licensed and registered dentists.

(8) The practice of dentistry or dental hygiene by licensed dentists or dental hygienists of other states who have obtained a temporary license with the approval of the board, provided the dentists and dental hygienists apply for a full license by taking an examination at the time the next examination is given by the board or by applying for licensure by credentials. The application for examination or for a license by credentials shall be filed with the application for temporary license. If the holder of a temporary license is unsuccessful in passing the examination or is denied a license by credentials, the temporary license shall be permanently revoked and canceled.

(9) (a) Contracting by the spouse or the personal representative of the estate of a deceased dentist or the spouse or the personal representative of a disabled dentist with a licensed dentist to manage the dental practice at an establishment where dental operations, oral surgery, or dental services are provided for the purpose of selling or otherwise disposing of a deceased or a disabled licensee's dental practice for a period not to exceed twenty-four months.

(b) A spouse or personal representative may not:

   (i) Govern the clinical sufficiency, suitability, reliability, or efficacy of a particular service, product, process, or activity as it relates to the care of dentistry.

   (ii) Preclude or otherwise restrict a dentist's ability to exercise independent professional judgment over all qualitative and quantitative aspects of the delivery of dental care.

   (iii) Allow any person other than a dentist to supervise and control the selection, compensation, terms, conditions, obligations, or privileges of employment or retention of clinical personnel in the dental practice.

   (iv) Determine or limit a fee charged by the dentist or limit the methods of payment accepted by the dentist or the dentist's practice.

   (v) Limit or define the scope of services offered by the dentist.

(c) When used in this Section, the following terms shall have the following meanings ascribed to them:

   (i) "Clinical" means those activities described in R.S. 37:751(A)(5).
(ii) "Disabled" has the same meaning as "disabled person" as provided in R.S. 9:3541.21 (3).

(iii) "Personal representative" has the same meaning as provided in R.S. 9:2260.1 (11).

d) The twenty-four month period provided for in this Section begins when:

(i) The dentist is declared legally dead.

(ii) The spouse or personal representative of the disabled dentist files a verified copy of disability status signed by a physician attesting to the dentist's disability with the Louisiana State Board of Dentistry.

e) Notwithstanding any other provision of law to the contrary, nothing in this Section shall prohibit a dentist from contracting with any person or entity for management of a dental practice prior to the death or disability of such dentist subject to R.S. 37:776.

§ 753. Louisiana State Board of Dentistry; appointment of members; term of office; vacancies; nominating meetings; quorum; domicile

A. There is created within the Department of Health and Hospitals the Louisiana State Board of Dentistry which shall carry out the purposes and enforce the provisions of this Chapter, subject to the provisions of R.S. 36:803.

B. The board shall be composed of such qualified and licensed dentists as provided in Subsection C and one qualified and licensed dental hygienist.

C. Each member of the board shall be appointed by the governor as follows:

(1)(a) One dentist shall be appointed from each board district, except that two dentists shall be appointed from District Five and designated as representatives "A" and "B". Should the terms of representatives "A" and "B" expire on the same date, the term of either board member who has served for the least amount of time shall be extended for two years. Each such appointment from an electoral district shall be made from a list of three names of nominees for the respective district submitted to the governor by the board. The district nominees shall be selected from the roster of licensed dentists in the districts at a nominating meeting convened in accordance with the provisions of Subsection F of this Section. The voting domicile of each nominee for appointment and not his office address shall determine his district for purposes of holding office in accordance with the provisions of this Paragraph. The nominating meeting shall be held at least ninety days prior to the vacancy occurring by reason of an expiring term or within thirty days after a vacancy occurring by reason of death, resignation, or for any other reason.

(b) Louisiana shall be divided into nine board districts, as follows:

(i) District One shall be composed of the parishes of Acadia, Evangeline, Iberia, Lafayette, St. Landry, and St. Martin, that portion of St. Mary Parish west of the Calumet Cut Canal, and Vermilion Parish.

(ii) District Two shall be composed of the parishes of Assumption and Lafourche, that portion of St. Mary Parish east of the Calumet Cut Canal, and Terrebonne Parish.

(iii) District Three shall be composed of that portion of Allen Parish north of latitude 30 deg. 45 min., and the parishes of Avoyelles, Catahoula, Concordia, and Grant, that portion of LaSalle Parish south of latitude 31 deg. 53 min., and the parishes of Natchitoches, Rapides, Sabine, Vernon, and Winn.

(iv) District Four shall be composed of the parishes of Caldwell, East Carroll, Franklin, and Jackson, that portion of LaSalle Parish north of latitude 31 deg. 53 min., and the parishes of Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll.
(v) District Five shall be composed of the parishes of Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, and that portion of St. Tammany Parish east of Bayou Lacombe.

(vi) District Six shall be composed of that portion of St. Tammany Parish west of Bayou Lacombe, and the parishes of Tangipahoa and Washington.

(vii) District Seven shall be composed of the parishes of Bienville, Bossier, Caddo, Claiborne, DeSoto, Red River, and Webster.

(viii) District Eight shall be composed of the parishes of Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, West Baton Rouge, and West Feliciana.

(ix) District Nine shall be composed of that portion of Allen Parish south of latitude 30 deg. 45 min., and the parishes of Beauregard, Calcasieu, Cameron, and Jefferson Davis.

(c) District representatives shall be appointed for terms beginning on January first of the following years:

(i) The representatives from Districts 1 and 6: 1993.


(iii) The representatives from District 8: 1995.

(iv) The representatives from Districts 2, 5 (A and B), and 7: 1996.


(2) Three dentists shall be appointed from the state at large.

(a) One seat shall be designated as "At-Large Seat A" and shall be appointed from the state at large from a list of three licensed black dentists certified by the board secretary to the governor. The board secretary shall obtain a list of three nominees for the "At-Large Seat A" position by ballot sent by United States mail to all licensed black dentists in the state at their last known mailing address as indicated in the board files. Each licensed black dentist may nominate any three licensed black dentists by completing the ballot with the full name, residence, address, city, and home telephone number of the three nominees and mailing the ballot to the board offices. The submission of such information on the ballot shall serve as confirmation that the voter has discussed the nomination with the nominees and they have agreed to serve if nominated and appointed by the governor. The ballot shall be mailed by the board secretary at least ninety days prior to any vacancy occurring by reason of an expiring term or within thirty days after a vacancy occurring by reason of death, resignation, or for any other reason. After the board secretary has tabulated all ballots received at the board offices, the names of the three nominees receiving the greatest number of votes shall be certified by the secretary and sent to the governor.

(b) Two seats shall be designated as "At-Large Seats B and C" and shall be appointed from a roster of all licensed dentists in the state. A vacancy occurring in either "At-Large Seat B" or "At-Large Seat C" shall be filled by the governor without the necessity of a nomination or other requirement, except that the appointee shall be licensed and domiciled in the state.

(3) The hygienist shall be appointed from the state at large, from a list of three nominees certified by the board secretary and sent to the governor. The board secretary shall obtain a list of three nominees for the at-large dental hygienist position by ballot sent by United States mail to all licensed dental hygienists in the state at their last known mailing address as indicated in the board.
Each licensed dental hygienist may nominate any three licensed dental hygienists by completing the ballot with the full name, residence, address, city, and home telephone number of the three nominees, and mailing same to the board offices. The submission of such information on the ballot shall serve as confirmation that the voter has discussed the nomination with the nominees and they have agreed to serve if nominated and appointed by the governor. The ballot shall be mailed out by the board secretary at least ninety days prior to any vacancy occurring by reason of an expiring term or within thirty days after a vacancy occurring by reason of death, resignation, or for any other reason. After the board secretary has tabulated all ballots received at the board offices, the names of the three nominees receiving the largest number of votes shall be certified by the secretary and sent to the governor.

(4) In the event the governor declares a state of emergency, all nominating procedures may be delayed for a period of not longer than one hundred eighty days from the date the emergency was first declared by the governor.

D. Each appointment by the governor shall be submitted to the Senate for confirmation.

E.  (1)(a) Each person appointed to the board shall serve a term of five years.

(b) Regardless of a board member's dates of service, including past service, no person shall serve more than a total of ten years on the board, whether such service consists of full or partial terms, or is consecutive or not.

(c) The provisions of Subparagraph (b) of this Paragraph shall not prevent a board member serving on August 1, 2014, from completing his term of service, but shall thereafter apply.

(2) The effective date of appointment or reappointment of a member shall coincide with the expiration date of the previous term.

(3) Each member shall serve until his successor has been appointed.

(4) A vacancy occurring on the board for any reason shall be filled in the same manner as the original appointment was made. However, members appointed to fill vacancies shall only serve for the unexpired term of their predecessors.

F.  (1) The board shall have the authority to regulate nominating meetings, including prescribing the place, date, and time of the meetings, the methods of nomination, and the manner of voting.

(2) The board secretary shall notify each licensee by United States mail at his last known place of business or residence address as indicated in the board files, at least ten days prior to a nominating meeting.

(3) The board secretary or employee designated by the president shall require that each licensee in attendance vote only for those persons duly nominated. Cumulative or proxy voting shall not be permitted. Each licensee must vote for three nominees in order for his ballot to be valid, and any ballot indicating votes for more or less than three nominees shall be null and void. The names of the three persons receiving the greatest number of votes shall be certified by the secretary and sent to the governor.

(4) The voting domicile of each licensee and not his office address shall determine eligibility for voting under this Subsection.

G. No full-time member of the faculty or teaching staff of any university or college having a dental or dental hygiene department in this state shall be appointed to the board. No dentist or dental hygienist may own stock in or operate a dental supply business or commercial laboratory prior to being appointed to the board or while serving on the board. A part-time member of the faculty or teaching staff of any university or college having a dental or dental hygiene department in this state may be appointed to the board as long as the time spent providing instruction at the dental college is no more than eight hours per week.
H. A majority of the members of the board shall constitute a quorum for all purposes including but not limited to the transaction of business, the holding of meetings, administration of examinations, granting of licenses and permits, and the rulemaking functions of the board.

I. The domicile of the Louisiana State Board of Dentistry shall be the city of New Orleans.

I. The domicile of the Louisiana State Board of Dentistry shall be the parish of East Baton Rouge.
J. Each member of the board shall be actively engaged in the practice of dentistry or the practice of dental hygiene at the time of appointment.

§754. Organization of the board; seal; records; meetings

A. The board at its annual meeting shall elect from its members a president and vice-president. The president shall preside at all meetings and serve as the board's executive officer between meetings, however, he shall not vote in board meetings except in case the members present are equally divided. The board shall also appoint a secretary-treasurer who may be but need not be a member of the board.

B. The board shall have an official seal and shall keep proper minutes and records of all its proceedings, which shall be open at all reasonable times to public inspection. The board shall make a complete record of the names and addresses and licenses numbers of persons licensed as dentists and dental hygienists, and of all licenses revoked by it. A transcript of the minutes and record entries, certified by the secretary-treasurer under the seal of the board, shall be evidence of the facts therein stated. The secretary-treasurer shall be the legal custodian of all property, money, minutes, records, proceedings, and seal of the board.

C. The board shall hold one regular meeting each year and special meetings as are necessary. The board shall determine the place within the state and time of all meetings.

§755. Compensation of members

Out of the funds of the board, each board member shall receive one hundred fifty dollars per day and actual reimbursement for reasonable traveling expenses for each day actually engaged in the performance of his official duties. In addition, the president shall be paid a salary in connection with performing the official duties of his office in an amount to be set by the board.

§756. Receipts and disbursements of board

A. All fees received by the board under this Chapter shall be paid to the secretary-treasurer. Disbursements made by the board shall be signed by the president and the secretary-treasurer. In the absence of either the president or secretary-treasurer, the vice president or any employee empowered by the board by majority vote is authorized to sign all disbursements with the remaining authorized signatory.

B. The board may expend the necessary funds for its offices, furniture, fixtures, supplies, equipment, printing, and all other expenses necessary to conduct the board's business.

§757. Patient Records

A. Any dentist licensed to practice in this state shall keep a written record of any dental treatment for a patient, including each service performed, the amount charged for the service, and by whom the bill for the service was paid, whether by the patient or by the patient's representative or insurer.

B. The dentist shall maintain, preserve, and provide copies of the dental treatment records in conformity with R.S. 40:1299.96.
§758. Affiliation with American Association Of Dental Examiners and other associations

The board may affiliate with the American Association of Dental Examiners, associations of deans of dental schools, or other similar professional associations, as an active member, and pay regular annual dues to said associations and send delegates or representatives to the meetings of said associations. Delegates may receive the per diem provided in R.S. 37:755 for the time spent in attending such meetings and reimbursement for actual and necessary traveling expenses.

§759. Report of board

The board shall report its proceedings and the items of its receipts and disbursements for the previous fiscal year to the governor before September first in each year.

§760. Powers and duties of the board

A. The board shall exercise, subject to the provisions of this Chapter, the following powers and duties:

1. Conduct examinations to ascertain qualifications and fitness of applicants for licenses as dentists and dental hygienists. The board may employ dentists and dental hygienists licensed in any state or territory of the United States as defined in R.S. 37:751(A)(1) to participate as examiners to assist the board in conducting clinical licensing examinations. Board members may also participate as examiners for other national or regional clinical testing agencies.

2. Appoint or designate one or more examining committees of dentists, dental hygienists, or professionals possessing appropriate qualifications to conduct physical or mental examinations on a dentist or dental hygienist, to otherwise inquire into the dentist's or dental hygienist's fitness and ability to practice with reasonable skill and safety on patients, and to submit advisory reports and recommendations to the board, when the committee has reasonable cause to believe that such dentist's or dental hygienist's fitness and ability are affected by mental illness or deficiency or physical illness, including but not limited to deterioration through the aging process or excessive use or abuse of alcohol, drugs, or chemicals.

3. Prescribe rules and regulations for examination of candidates.

4. (a) Conduct hearings on proceedings to revoke, limit, or suspend, and to revoke, limit, or suspend a license granted under this Chapter, as well as conduct hearings to sanction unlicensed persons illegally practicing dentistry or dental hygiene, when evidence has been presented showing violation of any of the provisions of this Chapter.

(b) In addition to the powers and duties granted in Subparagraph (a) of this Paragraph, the board may, in its discretion, impose a fine, but shall impose liability for all of the board's costs generated by its investigation, prosecution, judicial review, and appeal of the proceedings, including but not limited to attorney fees, investigative fees and expenses, witness fees and expenses, stenographic costs, and the per diem and expenses of the committee members, against any person licensed pursuant to this Chapter or any unlicensed person when evidence has been presented showing the person is in violation of any of the provisions of this Chapter.

5. Conduct proceedings relative to the refusal of reissuance of licenses, certificates, or authorities, when evidence has been presented showing violation of any of the provisions of this Chapter.

6. Issue licenses, certificates, or authorities in conformity with this Chapter to applicants who have been found qualified. The president may appoint a committee comprised of three or more members of the board which is authorized to issue provisional permits and licenses where authorized by this Chapter and rules of the board, provided that the licenses and certificates so issued must be approved by the full board at its next scheduled meeting.

7. Shall investigate complaints of illegal practice or a violation of this Chapter when evidence is presented to the board.
(8) Adopt rules and regulations in accordance with law and after due promulgation providing for approval of colleges, universities, and training schools for dentists, dental hygienists, and auxiliary personnel; and regulate the practice of licensed dentists and dental hygienists, by prescribing those acts, services, procedures, and practices which may be performed and imposing such requirements and restrictions on the performance thereof as it shall consider proper and necessary to protect and promote the public health and welfare of the citizens of this state. The board may adopt such rules as are necessary to register and charge fees for the licensing activities and other services provided by the board.

(9) The president, or in his discretion, any member of the board may execute, on a case-by-case basis, any affidavit, petition, or subpoena necessary to the issuance of any injunction, declaratory judgment, or other legal process authorized pursuant to this Chapter, including but not limited to a petition in any court of competent jurisdiction for a money judgment for any and all fines and costs payable pursuant to a final administrative adjudication decision or ratified consent decree. This authorization is remedial and shall have retroactive effect.

(10) The president, or in his absence or in his discretion, any member of the board, may administer oaths in the taking of testimony at any hearing before the board or a duly appointed committee of board members on any matters relative to the duties of the board or violation of this Chapter.

(11) Employ legal counsel to carry out the provisions of this Chapter provided the fees of the counsel and the costs of all proceedings, except criminal prosecutions, are paid by the board out of its own funds.

(12) Pass upon the qualifications of applicants for restricted licenses, and any application for a restricted license shall be accompanied by a certification of employment or registration and active participation in a post-graduate program by the dean of such dental school or the director of such hospital, state institution, or state agency seeking to register the applicant and obtain his active participation in a post-graduate program or to employ the applicant. The certifying authority and the holder of the restricted license shall both be responsible for notifying the board immediately upon the termination of employment or registration and active participation as a post-graduate student of said applicant. All holders of restricted licenses shall practice their profession only in connection with the terms of their employment or active participation as a post-graduate student with the school, hospital, state institution, or state agency.

(13) Require and determine by rule, minimum requirements relative to continuing education for relicensure and recertification.

(14)(a) When the board has reasonable cause to believe that dental health care or controlled dangerous substance records relative to a matter under investigation by the board may be created, altered, or destroyed before production for board review, or when the dental health care provider may have engaged in fraudulent conduct or may have provided substandard care, where that substandard care results in death or hospitalization, or is the subject of three or more written patient complaints to the board, or otherwise has violated the Louisiana Dental Practice Act, R.S. 37:776, or R.S. 37:777, the board may apply ex parte by affidavit to the district court including within its district the parish where the licensee resides, practices dentistry or dental hygiene as reflected in the office address on record with the board, or where the licensee may be found, for an administrative warrant authorizing the seizure of dental health care records in whatever form they may be kept, such as on paper or computer discs. The court may issue the administrative warrant requiring immediate production of dental health care records only upon a finding that the board has demonstrated reasonable cause that the dental health care or controlled dangerous substance records described in the application for the administrative warrant do not exist or may be created, altered, or destroyed if production is not immediate, or that the dental health care provider may have engaged in fraudulent conduct regarding the patients whose records are at issue or may have provided substandard care resulting in death or hospitalization, or is the subject of three or more written patient complaints to the board.

(b) The administrative warrant shall be personally served on the dental health care provider whose conduct is at issue.
(c) The board shall be allowed to copy actual treatment records when and where they are produced, allowing the dental health care provider to maintain the original treatment records. The board shall retain original radiographs produced by the dental health care provider but will provide the dental health care provider a copy of those radiographs at the time of production by creating a copy for the health care provider by using an appropriate copying device.

(15) Require and determine, by rule, requirements for expedited provisional licenses when a state of emergency has been declared by the governor or the United States government.

(16) Undertake the defense of any employee, agent, or contractor in any lawsuit that arises from the performance of the individual's employment or fulfillment of their contract with the board, provided that the complained-of action that is the subject of the lawsuit arises from any action approved by the board and undertaken or performed by such person within the scope of the duties, powers, and functions of the board and when such person is acting without malice and in the reasonable belief that the action is warranted. The defense obligation described in this Paragraph shall not occur unless and until the Louisiana attorney general has been notified of the pending action in accordance with R.S. 13:5108.1 and has determined that the state of Louisiana will not provide a defense to the employee, agent, or contractor.

B. The board may request and obtain criminal history record information from the state and federal government on any person applying for any license, permit, certificate, or registration which the board is authorized by law to issue in accordance with R.S. 37:763.1.

§ 761. Requirements of applicants for dental license

A. The board shall require that every applicant for a dental license shall:

(1) Be a citizen or possess valid and current legal authority to reside and work in the United States duly issued by the United States Citizenship and Immigration Services or its successor.

(2) Present satisfactory evidence of graduation from a dental college or university approved by the Louisiana State Board of Dentistry, according to its rules and regulations.

(3) Submit for the files of the board a recent picture duly identified and attested; and such other character reference report as shall be required by the board.

(4) Present satisfactory evidence of having taken an examination in the theory and practice of the science of the profession given by the Joint Commission on National Dental Examinations before being accepted for the regular examination given by the board, or pass an examination given by the board in the theory and practice of the science of dentistry in addition to the regular examination given by the Louisiana State Board of Dentistry. Upon receipt of information that the applicant has passed the examination in the theory and practice of the science of the profession given by the Joint Commission on National Dental Examinations, he may be awarded a dental license, but only when all other requirements for licensure have been met. If the applicant fails the examination given by the Joint Commission on National Dental Examinations, he must successfully retake the Louisiana clinical licensing examination after providing satisfactory evidence of subsequently passing the examination given by the Joint Commission on National Dental Examinations.

(5) Possess a current certificate in the American Heart Association cardiopulmonary resuscitation health care provider course, the American Red Cross Professional Rescue Course, or their equivalent.

B. In addition to these requirements, the board may decline to issue or renew a dentist's license for any of the causes listed in R.S. 37:776.

C. An applicant who has successfully completed any national, regional, or independent third-party clinical dental licensing examination approved by the board that shall include procedures performed on human subjects as part of the assessment of restorative clinical competencies and who otherwise satisfies all requirements for a
§761.1 Retired volunteer dental license, issuance, applicant’s requirements; validity; denial; violations; status change; continuing dental education

A. The board may issue a retired volunteer dental license to an applicant to practice dentistry in a community health care clinic as defined in R.S. 9:2799.5(D)(1). Holders of a retired volunteer dental license shall submit with the application to the board a notarized statement that they shall not accept any form of remuneration directly or indirectly for providing dental services. Any application for licensure under this Section shall be in the form and manner designated by the board. The provisions of R.S. 9:2799.5 shall apply to all licenses issued under this Section.

B. The applicant for licensure shall meet all of the following conditions:

(1) The applicant shall maintain, for at least ten years prior to retirement, full licensure in good standing in Louisiana without disciplinary action that restricted the applicant’s license or resulted in the applicant’s license being placed on probation, suspended, restricted, revoked, surrendered, resigned, or otherwise allowed to lapse or expire in lieu of disciplinary action being taken.

(2) The applicant shall have held an active status dental license in good standing in Louisiana within one year prior to the date of application for a retired volunteer dental license; however, the board may waive the one-year requirement in the event that the applicant demonstrates that he possesses the knowledge and skills requisite to the practice of dentistry by successfully completing such examinations required by the board.

(3) The applicant shall be of good moral character and affirm that the applicant has no felony convictions or other criminal convictions that would affect the applicant’s ability to render competent care.

C. For purposes of this Section, a person shall be considered retired from practice if the person’s license has been surrendered or allowed to expire with the intention of ceasing to practice as a dentist for remuneration.

D. A retired volunteer license shall be valid for a period of one year and shall expire annually on June thirty.

E. All documentation and certification shall be submitted to the board for review. Any plan to reestablish competency shall be submitted to and pre-approved by the board. Demonstration of professional ability, skills, and knowledge may be accomplished by successfully completing a reentry program at an accredited dental institution, which will certify the licensee’s proficiency meets or exceeds the competency level required of a graduating student in his senior year from the institution.

F. The board shall deny issuance of a retired volunteer dental license to a person who is not qualified under this Section to hold a retired volunteer dental license. The holder of the retired volunteer dental license shall practice a minimum, on average, eight hours per month. If the community health care clinic at which a retired volunteer dentist seeks to practice permanently ceases operation, the license issued under this Section shall be automatically revoked unless the licensee begins practicing in another community health care clinic for the required minimum number of hours per month within ninety days.

G. The holder of a license under this Section who practices dentistry other than as authorized in this Section shall be guilty of a felony with each day’s violation constituting a separate offense. Upon proof of practice other than as authorized in this Section or of a violation of R.S. 37:776, the board may suspend or revoke the retired volunteer dental license after notice to the licensee. For violations of the dental practice act or rules adopted under the act that are applicable to practice under this Section, the board shall have the same authority to investigate and impose sanctions on retired volunteer license holders as it has for those holding an active license.

H. Any person licensed under this Section may apply to the board for a return to active licensure status by filing an application in the form and manner prescribed by the board and meeting all requirements of this Chapter. Licensees who desire to change a retired volunteer license to an active license and who have not practiced at least one year out of the five years immediately preceding application for an active license shall
document and certify to the board how they have maintained their professional ability, skills, and knowledge and shall be subject, at the board’s discretion, to the provisions of LAC 46:XXXIII.124.

I. The retired volunteer status of a licensee shall be plainly indicated on the face of any retired volunteer license issued under this Section.

J. Holders of a retired volunteer dental license shall comply with the continuing dental education requirements adopted by the board which shall include cardiopulmonary resuscitation (CPR) training.

K. The board may charge an administrative fee for issuing a retired volunteer dental license pursuant to this Section. However, a dentist who possesses an active Louisiana license and who desires to convert the active license to a retired volunteer dental license shall not pay an administrative fee for the conversion.

§762. Licenses; data on

All licenses issued by the board shall bear a serial number, the full name of the licensee, the date of issuance, and the seal of the board; and shall be signed by the president and members of the board.

§763. Application for or acceptance of license or permit; waiver of personal privileges; conditions for surrender of license; certification or registration

A. Any person applying for or accepting a license or permit to practice dentistry or dental hygiene in this state shall, by applying for or accepting said license or permit, be deemed to have given his consent to submit to physical or mental examinations when so directed by the board, acting upon reasonable cause, and to waive all objections as to the admissibility or disclosure of findings, reports, or recommendations pertaining thereto on the grounds of privileged communications or other personal privileges provided for by law.

B. Any person applying for, accepting, or holding a license or permit to practice dentistry or dental hygiene in this state shall be deemed, notwithstanding any privilege of confidentiality, to have given his authorization and consent to the disclosure to the board, by any dentist, physician, or other health care provider and by any health care institution, of any, and all dental or medical records and information pertaining to such person's diagnosis, evaluation, treatment and prognosis for any physical or mental condition, disease, illness, deficiency, or infirmity, when the board is acting upon a bona fide complaint and it has reasonable cause to believe that his fitness and ability to practice dentistry or dental hygiene with reasonable skill and safety may be impaired by mental illness or deficiency, or physical illness, including but not limited to deterioration through the aging process or the loss of motor skills, and/or excessive use or abuse of drugs, including alcohol. However, any records or information obtained by the board pursuant to this Section shall not constitute public records and shall be maintained in confidence by the board until and unless such records or information are admitted into the record of proceedings before the board pursuant to R.S. 37:780. Upon the request of the board, the licensee shall execute a written authorization to allow the board to acquire the health care records as described herein.

C. Unless the board agrees to accept the surrender of a license, permit, certification, or registration of an individual the board regulates, the individual may not surrender the license, permit, certification, nor registration lapse by operation of law while the individual is under investigation or while charges are pending. The board may set conditions on its agreement to accept surrender of a license, permit, certification or registration as it sees fit in these circumstances.

§763.1. Criminal history record information

A. As used in this Section:

(1) “Applicant” means an individual who has made application to the board for the issuance, renewal, or reinstatement of any license, permit, certificate, or registration which the board is authorized by law to issue.

(2) “Bureau” means the Louisiana Bureau of Criminal Identification and Information of the office of state police within the Department of Public Safety and Corrections.
(3) “Criminal history record information” means information collected by the bureau or the Federal Bureau of Investigation of the United States Department of Justice on an individual consisting of identifiable descriptions, notations of arrests, detentions, indictments, bills of information, or any formal criminal charges and any disposition arising therefrom, including sentencing, criminal correctional supervision and release. “Criminal history record information” does not include information collected for intelligence or investigatory purposes nor does it include any identification information which does not indicate involvement of the individual in the criminal justice system.

B. (1) Notwithstanding any other law to the contrary, the board may require an applicant to submit a full set of fingerprints to the board on a form and in such a manner as prescribed by the board so as to permit the board to request and obtain criminal history record information on the applicant.

(2) In addition to all other applicable fees and costs, the board may charge and collect a fee from the applicant to cover the cost incurred by the board in requesting and obtaining the criminal history record information on the applicant.

(3) The board shall promulgate rules and regulations in accordance with the Administrative Procedure Act to implement the provisions of this Subsection.

C. The board may request and obtain the criminal history record information on an applicant whose fingerprints the board has obtained pursuant to this Section from the bureau or from the Federal Bureau of Investigation of the United States Department of Justice.

D. (1) The bureau shall conduct a search of its criminal history record information on the applicant and report the findings of its search to the board no later than sixty days from receipt of a request for such information made by the board and upon the board's submission of an applicant's fingerprints and such other identifying information as may be required by the bureau.

(2) The bureau may charge the board a reasonable processing fee for conducting the search and reporting the findings on the search to the board.

E. If the criminal history record information reported by the bureau to the board fails to provide grounds for disqualification of the applicant under the applicable law administered by the board, the board may forward the applicant's fingerprints and such other identifying information as may be required by the bureau to the Federal Bureau of Investigation of the United States Department of Justice with a request for a search of criminal history record information on the applicant.

F. (1) Criminal history record information shall be considered confidential information and the board, its members, officers, investigators, agents, and attorneys shall use the criminal history record information exclusively to evaluate the applicant's eligibility or disqualification.

(2) Criminal history record information obtained in accordance with this Section shall not be released or otherwise disclosed by the board to any person or agency without the written consent of the applicant unless the release is ordered by a court of competent jurisdiction.

§ 764. Dental hygienist; application for license

A. Every applicant to be licensed as a dental hygienist shall:

(1) Be not less than eighteen years of age.

(2) Be a citizen or a permanent resident of the United States unless otherwise prohibited by the North American Free Trade Agreement.

(3) File with the board a written application upon the form prescribed by the board, verified by oaths, and accompanied by the required fee and a recent unmounted autographed photograph of the applicant.
(4) Present satisfactory evidence of graduation from a training school of dental hygienists approved by the Louisiana State Board of Dentistry, according to its rules and regulations.

(5) Present satisfactory evidence of having taken an examination in the theory and practice of the science of the profession given by the Joint Commission on National Dental Examinations before being accepted for the regular examination given by the board or passing an examination given by the board in the theory and practice of the science of dental hygiene in addition to the regular examination given by the Louisiana State Board of Dentistry. Upon receipt of information that the applicant has passed the examination in the theory and practice of the science of the profession given by the Joint Commission on National Dental Examinations, he may be awarded a dental hygiene license, but only when all other requirements for licensure have been met. If the applicant fails the examination given by the Joint Commission on National Dental Examinations, he must successfully retake the Louisiana clinical licensing examination after providing satisfactory evidence of subsequently passing the examination given by the Joint Commission on National Dental Examinations.

(6) Possesses a current certificate in the American Heart Association cardiopulmonary resuscitation health care provider course, the American Red Cross Professional Rescue Course, or their equivalent.

B. In addition to these requirements, the board may decline to issue or renew a dental hygienist's license for any of the causes listed in R.S. 37:777.

C. Any person who has graduated from a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and who has successfully completed the examination given by the Joint Commission on National Dental Examinations for either the profession of dentistry or dental hygiene may apply for a dental hygiene license.

D. An applicant who has successfully completed any national, regional, or independent third-party clinical dental hygiene licensing examination approved by the board that shall include procedures performed on human subjects as part of the assessment of clinical competencies and who otherwise satisfies all requirements for a dental hygiene license, including satisfactory completion of an examination in jurisprudence and a background check, may be granted a license by examination by applying for licensure in Louisiana within three years following the successful completion of such clinical licensing examination.

§765. Examination of dental hygienist; issuance of license

The applicant for a license as a dental hygienist shall appear before the board at its first examination after the filing of his application and passing an examination consisting of practical and clinical demonstrations and oral and written tests on subjects prescribed in the curricula of recognized dental hygiene schools. If the applicant passes the examinations he shall receive a license from the board, attested by its seal, and signed by its president and board members. The license shall be evidence of his right to practice as a dental hygienist in this state under the provisions and regulations provided for in this Chapter.

§766. Dental hygienists, employment; operations limited

Any licensed dentist licensed in Louisiana of good standing, public school, or federal or state institution where health care is provided may employ a licensed dental hygienist who may perform such duties as may be authorized by the board. A licensed dental hygienist may operate under a licensed Louisiana dentist’s direct or general supervision as defined in LAC 46:XXXIII.108, within the limits prescribed by the board in LAC 46:XXXIII.701. The licensed dental hygienist shall be responsible for providing notification to the board of the name and location of his employer.

§767. Duplicate certificates; issuance

If the loss of a dental license or dental hygiene license is satisfactorily shown, a duplicate shall be issued by the board upon payment of the fee required in R.S. 37:795.
§768. Licensure by credentials

No person who meets all of the criteria established under the provisions of this Chapter and those rules and regulations promulgated by the board relative thereto shall be denied a license based on credentials. Licensure by credentials shall be utilized to evaluate a dentist's and dental hygienist's theoretical knowledge and clinical skill when an applicant for licensure by credentials holds a dental or dental hygiene license in another state. This Chapter shall not be construed to allow licensure by reciprocity, which is prohibited.

§770. Renewals; requirements

A. (1) The secretary of the board shall collect the biennial renewal license fee for dentists and dental hygienists. The license renewal fee shall be set by the board and shall be due and payable no later than the expiration of the current renewal certificate at the board office. Failure to pay this renewal fee before the expiration of the current renewal certificate will provide a basis for the temporary suspension of a Louisiana dental or dental hygiene license. Payment of the license renewal fee made after the current renewal certificate has expired, but prior to a subsequent suspension or revocation of a license as provided in this Chapter shall be accompanied by a delinquency fee as well as any costs or expenses, including attorney fees, which may be caused by the need for the institution of disciplinary proceedings.

(2) The secretary of the board may collect a fee to certify or to recertify the confirmation of expanded duty dental assistants as set forth in rules promulgated by the board.

(3) Any dentist or dental hygienist applying for renewal of a license shall present satisfactory evidence with the license renewal application form that he is currently certified in Cardiopulmonary Resuscitation Course "C" Basic Life Support for Health Care Providers as defined by the American Heart Association, the Red Cross Professional Rescue Course, or an equivalent.

B. The official roster of the board for issuing license renewals or any other official notice shall be the last known mailing address of the dentist, dental hygienist, or expanded duty dental assistant as indicated in the board files.

C. Effective in renewal year 1998, the board may renew the license of a dentist or dental hygienist biennially.

D. Each dentist and dental hygienist shall renew his license as required by the provisions of this Chapter. If a dentist or dental hygienist fails to renew his license by February first of the renewal year, the board shall send a notice advising him that his license shall be revoked for nonpayment at the next available board meeting and shall give the dentist or dental hygienist an opportunity to appear at the board meeting and show cause why his license should not be revoked.

E. Renewal fees for mobile or movable dental offices shall be renewed concurrently with the dentists' license renewal.

F. (1) In addition to all other applicable fees and costs attendant to the issuance, renewal, or reinstatement of any license, certificate, permit, or registration issued to a dentist by the board pursuant to this Chapter, the board shall charge and collect a fee from each dentist and each dental hygienist in an amount set by the board to be utilized for the identification, monitoring, and assistance of, and procurement of treatment for, dentists and dental hygienists suffering from substance abuse, chemical dependency, psychiatric conditions, or physical deficiencies resulting in behavior such as defined in R.S. 37:776(A)(5) and (17) and 777(A)(5) and (24) which may interfere with their ability to practice dentistry or dental hygiene with reasonable skill and safety.

(2) The fee established in this Subsection shall be due and payable at the time of application for the issuance, renewal, or reinstatement of any license, permit, certificate, or registration.

(3) The fee established in this Subsection shall not be collected from a dentist seeking issuance or renewal of a retired volunteer license.
§771.  Right to use title

A dental licensee of this state, graduated from a reputable dental school has the right to use the title "Doctor" or its abbreviation before his name or append to his name the letters: "B.D.S.", "M.D.S.", "L.D.S.", "D.D.S.", "D.M.D." or equivalent letters signifying the dental degree conferred upon him.

§771.1 Dentist fees; discount to an uninsured individual; effect on a dentist’s contracted reimbursement amount

A. Notwithstanding any state or federal provisions to the contrary, a contracted dentist licensed to practice dentistry by the Louisiana State Board of Dentistry may offer a discount for dental care services rendered to an uninsured individual. Any such discount granted by a contracted dentist to an uninsured individual shall not reduce the contracted reimbursement amount between a dentist and a health or dental insurance issuer for dental care services rendered to the issuer’s enrollees, insureds, and subscribers.

B. For the purposes of this Section:

(1) “Contracted dentist” means a dentist licensed to practice dentistry by the Louisiana State Board of Dentistry who has executed a direct, specific contract with a health insurance issuer.

(2) “Contracted reimbursement amount” means the quantity of remuneration a health or dental insurance issuer has agreed to pay a dentist for rendering dental care services in a direct, specific agreement between a dentist and a health or dental insurance issuer.

(3) “Enrollee,” “insured,” or “subscriber” means an individual who is enrolled or insured by a health or dental insurance issuer or who is subscribed to a dental services contractor for dental insurance coverage or prepaid dental services.

(4) “Health or dental insurance issuer” means any entity that offers health or dental insurance coverage through a policy, contract, dental benefit plan, or certificate of insurance subject to state law that regulates the business of insurance. For purposes of this Section, a “health or dental insurance issuer” shall include but not be limited to a dental service contractor as defined and certified pursuant to Part XXXIII of Chapter 1 of Title 22 of the Louisiana Revised Statutes of 1950.

§772.  Anesthetics and prescriptions; patient histories and examinations

A.  (1) A licensed dentist may administer general and local anesthetics and prescribe drugs or medicine necessary or proper in the practice of his profession.

(2) A licensed druggist of this state may fill prescriptions of a licensed dentist of this state for any drug necessary to the practice of dentistry.

B.  (1) A licensed dentist may perform a patient history and examination in a hospital, provided that he has completed a physical evaluation program or course curriculum in an accredited medical or dental school teaching institution, is qualified as a board eligible or board certified oral or maxillofacial surgeon, and his credentials have been approved by the hospital medical staff and he has been approved by the hospital board to perform such procedures. All such patient histories and examinations shall be directly related or incident to any dentistry or oral or maxillofacial surgery procedures.

(2) Patients with known medical problems on admission or arising during hospitalization shall have appropriate medical consultation.

§773.  State and municipal regulations

All persons licensed to practice dentistry in this state shall observe and be subject to all state and municipal regulations relating to the control of contagious and infectious diseases and any and all matters pertaining to public health.
They shall make reports to proper health offices the same as those practicing other professions are required to so report and executing death certificates, when necessary in the practice of their profession. These reports and certificates, in the manner provided by law, shall be accepted by the office or department to whom they are made.

§774. Practice under name of licensee; full disclosure required

Except as provided under Chapter 11 of Title 12 of the Louisiana Revised Statutes of 1950, relating to professional corporations, no person shall:

(1) Practice dentistry under the name of a corporation, company, association, limited liability company, or trade name without full and outward disclosure of his full name, which shall be the name used in his license or renewal certificate as issued by the board, or his commonly used name.

(2) Conduct, maintain, operate, own, or provide a dental office in this state, either directly or indirectly, under the name of a corporation, company, association, limited liability company, or trade name without full and outward disclosure of his full name as it appears on the license or renewal certificate as issued by the board or his commonly used name.

(3) Hold himself out to the public, directly or indirectly, as soliciting patronage or as being qualified to practice dentistry in this state under the name of a corporation, company, association, limited liability company, or trade name without full and outward disclosure of his full name as it appears on the license or renewal certificate as issued by the board or his commonly used name.

(4) Operate, manage, or be employed in any room or office where dental service is rendered or conducted under the name of a corporation, company, association, limited liability company, or trade name without full and outward disclosure of his full name as it appears on the license or renewal certificate as issued by the board or his commonly used name.

(5) Practice dentistry without displaying his full name or his commonly used name as it appears on the license or renewal certificate as issued by the board in front of each dental office location if the office is in a single-story and/or single-occupancy building, or without displaying his full name or his commonly used name as it appears on the license or renewal certificate as issued by the board on the outside of the entrance door of each dental office if the office is in a multi-occupancy and/or multi-story building.

§775. Unprofessional conduct defined

A. As used in this Chapter, "unprofessional conduct" means:

(1) Advertisement of fees for or of free dental services without:

   (a) Fully disclosing all procedures to be included by the dentist in the advertised service, including but not limited to necessary diagnosis, radiographs, restorative treatment, laboratory fees, and post-operative care.

   (b) Fully disclosing that procedures which are customarily included in the service are not included in the service offered for the advertised fee, if such is the case.

   (c) Disclosing within the advertisement the name of the advertising dentist. If one member of an association/partnership advertises, the names of all partners and dentist employees must also appear therein. This is not to include the appearance of the names of those persons merely sharing space with the advertising dentist, but does include all dentists providing dental services to those responding to the advertisement.

(2) Not including in advertisements the name which appears on the license or renewal certificate of the dentist, the dentist's commonly used name, or the name which is authorized under Chapter 11 of Title 12 of the Louisiana Revised Statutes of 1950, as amended, relative to professional dental corporations or the use in advertisements of any name other than that which appears on the license or renewal certificate of the dentist, the dentist's commonly used name, or the name which is authorized under
Chapter 11 of Title 12 of the Louisiana Revised Statutes of 1950, as amended, relative to professional dental corporations.

(3) Any communication about the dentist or the dentist's services which is false, misleading, or deceptive; or the omission of material information from any statement or claim about the dentist or the dentist's services.

(4) (a) Any communication for which the dentist does not have substantiation in hand at the time the claim is made.

(b) The failure to provide said substantiation or records of the content and dissemination of an advertisement to the board upon request.

(c) The failure to keep records of any communication or written statements and claims, including advertising copy, and substantiation for same for a period of two years from the date on which the particular statement or claim is made.

(5) Any communication which is likely to create an unjustified expectation about results the dentist can achieve, or which states or implies that the dentist can achieve results by means that violate this Chapter, the rules and regulations of the board, or other law.

(6) The practice of dentistry or the giving of a public demonstration of skill or methods of practicing dentistry in any place other than a clean, sanitary, and safe facility.

(7) Directly or indirectly offering, giving, receiving, or agreeing to receive any fee or other consideration to or from a third party for the referral of a patient in connection with the performance of a dental service.

(8) Advertising of denture prices which fails to include the following information:

(a) Whether or not the dentures are preformed or prefabricated.

(b) In the case of "immediate dentures", details of required adjustments and other necessary procedures including charges to be made therefor.

(c) Fees for each different grade of denture which the advertiser may offer to persons who respond to the advertisement.

(d) The number of appliances included.

(e) The fact that the advertised price does not include upper and lower dentures, if such is the case. This disclosure must be made in type twice as large as any other type in a print advertisement or repeated three times in an audio advertisement at a decibel level no lower than the loudest level in the advertisement.

(9) (a) Advertising of dental services in any medium which does not contain the dentist's full name as it appears on the license or renewal certificate issued by the board or the dentist's commonly used name, address, and telephone number.

(b) (i) Intentionally releasing inaccurate or misleading information by a dentist to any source that promotes dissemination of inaccurate or misleading information about the dentist by, from, or through such source.

(ii) Failing to take immediate steps to request the correction of inaccurate or misleading information that has been released by a source pursuant to the source's relationship with the dentist.
(iii) For the purposes of this Subparagraph, "source" includes but is not limited to an insurance company, dental health maintenance organization, a dental preferred provider organization, Medicaid, dental discount company, or any other third party.

c) Engaging or hiring an advertising agency or any other agency or person to prepare material to promote the dentist's professional dental services, and thereafter failing to review and approve the material before publication or release, unless the dentist can show the failure to review and approve the material was caused by the failure of the agency or person and not his own.

(10) The use of the name of any deceased or retired and licensed dentist or hygienist, or the name of any licensed dentist or hygienist with a disability, on any office door, directory, stationery, billhead, or any other means of communication any time after one year following the retirement from practice of the dentist or dental hygienist, or twenty-four months following the death or disability of the dentist.

(11) (a) The employment or engaging of the services of any person, firm, or corporation to construct, repair, furnish, supply, or reproduce a prosthetic appliance or any denture, orthodontic appliance, bridge, or other substitute for natural teeth without the dentist furnishing a written work order on a form approved by the board which shall contain:

(i) The name and address of the person, firm, or corporation to which the work order is directed.

(ii) The patient's name or identification number, and if number is used, the patient's name must be written upon duplicate copy retained by the dentist.

(iii) The date on which the work order was written.

(iv) A description of the work to be done, including diagrams if necessary.

(v) Specification of the type and quality of materials to be used.

(vi) The signature of the dentist and number of his license.

(b) The failure of the dentist to retain the original copy of such work orders so furnished for a period of two calendar years in addition to the current year.

(12) The use, in connection with the practice of dentistry, of any practice which is prohibited by law.

B.(1) Notwithstanding any provision of this Section, when it is required by this Section that an advertisement include the name of the advertising dentist, either as it appears on the license or renewal certificate of the dentist or the dentist's commonly used name, or the specialties of all dentists practicing within or under the name of a corporation, company, association, limited liability company, or trade name be disclosed in the advertisement, and the address and telephone number of the dentist, the requirements shall be deemed to be sufficiently satisfied if the names and specialties of all dentists practicing in, with, or under the corporation, company, association, limited liability company, or trade name and the address and telephone number are made available on an internet website fully disclosed in the advertisement, or are provided without delay to any individual requesting the information by contacting the advertiser at a telephone number also disclosed in the advertisement.

(2) Whenever any advertisement is run by or on behalf of a corporation, company, association, limited liability company, or trade name, each dentist practicing in, with, or under the corporation, company, association, limited liability company, or trade name shall be responsible for the content of the advertisement unless an individual dentist practicing in, with, or under the corporation, company, association, limited liability company, or trade name, advises the board in writing prior to the time the board takes any action regarding the advertisement that he assumes sole responsibility for the advertisement. If an individual dentist assumes sole responsibility for the advertisement pursuant to the provisions of this Paragraph, no other dentist shall be responsible for such advertisement.

(3) In order to assist an advertising dentist in determining which language in a communication constitutes unprofessional conduct under Paragraphs (A)(3), (4), and (5) of this Section, whenever the board
determines that an advertisement constitutes unprofessional conduct under Paragraphs (A)(3), (4), or (5) of this Section, unless the communication is a clear violation or the communication involves a general dentist suggesting or implying that he is a specialist, before taking any further action pursuant to R.S. 37:776 and 780, the board shall notify the advertising dentist by mail of its determination and the specific portion of the advertisement that constitutes unprofessional conduct. The dentist shall have thirty days from the date of receipt of the notice by the dentist to correct the portions of the advertisement in violation and submit to the board proof of the correction. If the advertisement is corrected to remove the violation within thirty days of receipt of notice, the board shall take no further action against the advertising dentist for unprofessional conduct with regard to the advertisement. In the event an advertisement cannot be corrected within the thirty days, it shall be deemed sufficient if the dentist submits proof to the board within thirty days of receipt of notice that he has directed that the correction be made at the next publication date. Pursuant to the provisions of this Paragraph, a dentist shall have this right to correct an advertisement deemed by the board to be unprofessional conduct under Paragraphs (A)(3), (4), or (5) of this Section only the first two times notified of such violation; there shall be no right to correct a third or any subsequent violation, whether for the same advertisement or for a subsequent advertisement. If an advertisement is run by or on behalf of a corporation, company, association, limited liability company, or trade name, the aforementioned right to correct shall be limited to two times, regardless of the number of dentists in or associated with the corporation, association, limited liability company, or trade name.

C.(1) Any dentist who wishes to advertise may submit a copy of the proposed advertisement to the board for an advisory opinion on whether the advertisement complies with the requirements of the statutes and rules applicable to dental advertising in Louisiana.

(2) To request the review of a proposed advertisement for an advisory opinion from the board, a dentist shall submit the following to the board at least thirty days in advance of the desired opinion date:

(a) A copy of the advertisement or communication in the form or forms in which it is to be disseminated that is readily capable of duplication by the board, including but not limited to videotapes, audiotapes, print media, and photographs of outdoor advertising.

(b) A typewritten transcript of the advertisement or communication, if any portion of the advertisement or communication is on videotape, audiotape, electronic or digital media, or otherwise not embodied in written or printed form.

(c) A printed copy of all text used in the advertisement.

(d) An accurate English translation, if the advertisement appears or is audible in a language other than English.

(e) If the communication is to be mailed, a sample envelope in which the written communication will be enclosed.

(f) A statement listing all media in which the advertisement or communication will appear, the anticipated frequency of use of the advertisement or communication in each medium in which it will appear, and the anticipated time period during which the advertisement or communication will be used.

(g) Any additional information requested by the board.

(h) The fee for the review of proposed advertising as provided by law.

(3) The advisory opinion issued by the board, though not conclusive, may be used as evidence in any disciplinary proceeding by the board in which an advertising violation is alleged.

(4) If the board subsequently finds that an advertisement determined to be in compliance with the provisions of this Chapter in a prior advisory opinion issued by the board pursuant to this Subsection is in violation of
any provision of this Chapter, the board may require the dentist to change or remove the advertisement. The board shall not take any further action against the dentist unless the dentist fails to take steps either to bring the advertisement into compliance with the provisions of this Chapter or remove the advertisement within thirty days after receipt of notification of the violation.

§776. Causes for nonissuance, suspension, revocation, or imposition of restrictions of dental license

A. The board may refuse to issue or may suspend or revoke any license or permit or impose probationary or other limits or restrictions on any dental license or permit issued under this Chapter for any of the following reasons:

1. Affliction with a contagious or infectious disease.
2. Conviction of a crime or entry of a plea of guilty or nolo contendere to a criminal charge.
3. Fraud, deceit, or perjury in obtaining any diploma, license, or permit issued under the provisions of this Chapter.
4. Providing false testimony before the board or in any judicial proceeding.
5. Habitual indulgence in the use of drugs, narcotics, or intoxicating liquors.
6. Prescribing, dispensing, or administering habit-forming or other legally controlled substances in other than a legal or legitimate manner.
7. Professional or dental incompetency.
8. Dental practice which fails to satisfy the prevailing acceptable standards of dental practice in this state.
9. (a) Division of fees or other remuneration or consideration with any person not licensed to practice dentistry in Louisiana, or an agreement to divide and share fees received for dental services with any non-dentists in return for referral of patients to the licensed dentists, whether or not the patient or legal representative is aware of the arrangement. However, this Paragraph shall not forbid dentists licensed in Louisiana from practicing in a partnership or professional corporation and sharing professional fees or forbid a dentist licensed in Louisiana from employing another dentist licensed in Louisiana. In addition, no dentist licensed in Louisiana shall share professional fees with a dentist whose license is either suspended or revoked during said period of suspension or revocation.
(b) A dentist licensed in Louisiana shall not be forbidden to contract with the spouse or personal representative of the estate of a deceased dentist or the spouse or personal representative of a disabled dentist to manage the dental practice at an establishment where dental operations, oral surgery, or dental services are provided for the purpose of selling, liquidating, or otherwise disposing of the dental practice of a deceased or disabled licensee for a period not to exceed twenty-four months in accordance with the provisions of R.S. 37:752(9). Notwithstanding any other provision of law to the contrary, nothing in this Subparagraph shall prohibit a dentist from contracting with any person or entity for management of a dental practice prior to the death or disability of such dentist subject to Subparagraph (9)(a) of this Section.
10. (a) Employing, procuring, inducing, aiding, or abetting a person not licensed or registered as a dentist to engage in the practice of dentistry or to possess an ownership interest of any kind in a dental practice, but the person practiced upon shall not be an accomplice, employer, procurer, inducer, aider, or abettor within the meaning of this provision.
(b) A dentist licensed in Louisiana may contract with the spouse or personal representative of the estate of a deceased dentist or the spouse or personal representative of a disabled dentist to manage the dental practice at an establishment where dental operations, oral surgery, or dental
services are provided for the purpose of selling, liquidating, or otherwise disposing of the dental practice of a deceased or disabled licensee for a period not to exceed twenty-four months in accordance with the provisions of R.S. 37:752 (9). Notwithstanding any other provisions of law to the contrary, nothing in this Subparagraph shall prohibit a dentist from contracting with any person or entity for management of a dental practice prior to the death or disability of such dentist subject to Subparagraph (10)(a) of this Section.

(11) Employing unlicensed persons to perform work which under this Chapter can be done only by persons licensed to practice dentistry or dental hygiene in this state.

(12) Making any misrepresentations or false promises, directly or indirectly, to influence, persuade, or induce dental patronage.

(13) Professional connection or association with, or lending his name to, another for the illegal practice of dentistry by another, or professional connection or association with any person holding himself out in any manner contrary to this Chapter.

(14) Practicing under any name other than that which appears on the license or renewal certificate, the dentist's commonly used name, or the name which is authorized under Chapter 11 of Title 12 of the Louisiana Revised Statutes of 1950, relating to professional dental corporations.

(15) Unprofessional conduct as defined in R. S. 37:775.

(16) Any conduct intended to deceive or defraud the public.

(17) Conduct which disqualifies the licensee to practice dentistry with safety to the public, including inability to practice dentistry with reasonable skill or safety to patients because of mental illness or deficiency or physical illness, including but not limited to deterioration through the aging process or loss of motor skills.

(18) The refusal of a licensing authority of another state to issue or renew a license, permit, or certificate to practice dentistry in that state, or the revocation, suspension, or other restriction imposed upon a license, permit, or certificate issued by such licensing authority which prevents or restricts practice in that state.

(19) Employing solicitors or subsidizing anyone, or paying or presenting any person money or anything of value for the purpose of securing patients, except as allowed by R.S. 37:775.

(20) Refusing to submit to the examinations and inquiry of medical physicians appointed or designated by the board to inquire into the dentist's physical and mental fitness and ability to practice dentistry with reasonable skill and safety to patients, or following submission to evaluation, failing to comply with the orders or recommendations of said examining physicians.

(21) Making or submitting false or deceptive claims to any patient, insurance company, or indemnity association, company, individual, or governmental authority for the purpose of obtaining monetary compensation for services rendered.

(22) Immoral conduct in exercising the privileges provided for by license or permit issued under this Chapter.

(23) Interdiction or commitment by due process of law.

(24) Violation of any rule, regulation, or order of the board, consent decree agreed upon between the board and the licensee, or any provision of this Chapter.

(25) The failure to pay timely a dentist license renewal fee as required by law.

(26) Non-disclosure of waiving of co-payments to any third party payor.
(27) Failing to cooperate with the board in investigating any matter before the board except for an openly expressed claim of a constitutional privilege; or knowingly failing to respond to a lawful demand from the board for information from any professional licensing or disciplinary authority.

(28) Failing to maintain certification in an approved course of cardiopulmonary resuscitation for the renewal of a dental license.

(29) When license suspension or revocation is otherwise required by law.

B. The board shall establish regulations and procedures to enforce the provisions of this Section.

C. Any license or permit suspended, revoked, or otherwise restricted by the board may be reinstated by the board.

D. The board shall promulgate rules and regulations providing for the expungement of first-time advertising offenses from a licensee's record after a period of three years from the date of the offense; provided however, the licensee has not had subsequent disciplinary actions of any kind taken against him by the board and the licensee has no disciplinary actions pending by the board.

§777. Causes for non-issuance, suspension, revocation, or imposition of restrictions of dental hygienist license

A. The board may refuse to issue or may suspend or revoke any dental hygienist license or permit or impose probationary or other restriction on any license or permit issued under this Chapter for any of the following reasons:

(1) Affliction with a contagious or infectious disease.

(2) Conviction of a crime or entry of a plea of guilty or nolo contendere to a criminal charge.

(3) Fraud, deceit, or perjury in obtaining any diploma, license, or permit issued under the provisions of this Chapter.

(4) Providing false testimony before the board or in any judicial proceeding.

(5) Habitual indulgence in the use of drugs, narcotics, or intoxicating liquors.

(6) Making any misrepresentations or false promises, directly or indirectly, to influence, persuade, or induce dental patronage.

(7) Any conduct intended to deceive or defraud the public.

(8) The refusal of a licensing authority of another state to issue or renew a license, permit, or certificate of dental hygiene in that state, or the revocation, suspension, or other restriction imposed upon a license, permit, or certificate issued by such licensing authority which prevents or restricts practice in that state.

(9) Performance of any operation or procedure other than that permitted under the provisions of this Chapter.

(10) Professional or dental hygiene incompetency.

(11) Dental hygiene practice which fails to satisfy the prevailing acceptable standards in this state.

(12) Employing, procuring, inducing, aiding, or abetting a person not licensed or registered as a dental hygienist or dentist to engage in the practice of dental hygiene or dentistry; but the person practiced upon shall not be an accomplice, employer, procurer, inducer, aider, or abettor within the meaning of this provision.
(13) Assisting or authorizing unlicensed persons to perform work which under this Chapter can only be done by persons licensed to practice dental hygiene.

(14) Conduct which being contrary to the provisions of this Chapter disqualifies the licensee to practice dental hygiene with safety to the public, including inability to practice dental hygiene with reasonable skill or safety to patients because of mental illness or deficiency, physical illness, including but not limited to deterioration through the aging process or loss of motor skills.

(15) Employing solicitors or subsidizing anyone, or paying or presenting any person money or anything of value for the purpose of securing patients, other than advertising permitted by law.

(16) Interdiction or commitment by due process of law.

(17) The use of advertising without disclosing the name and address of the licensed dentist under whom the dental hygienist operates as defined in R.S. 37:766.

(18) Violation of any rule or regulation of the board, or any provision of this Chapter.

(19) Refusing to submit to the examinations and inquiry of medical physicians appointed or designated by the board to inquire into the dental hygienist's physical and mental fitness and ability to practice dental hygiene with reasonable skill and safety to patients, or following submission to evaluation, failing to comply with the orders or recommendations of said examining physicians.

(20) The failure to pay timely a dental hygiene license renewal fee as required by law.

(21) Failing to cooperate with the board in investigating any matter before the board except for an openly expressed claim of a constitutional privilege; or knowingly failing to respond to a lawful demand from the board for information from any professional licensing or disciplinary authority.

(22) Failing to maintain certification in an approved course of cardiopulmonary resuscitation for the renewal of a dental hygienist license.

(23) When license suspension or revocation is otherwise required by law.

(24) Conduct which disqualifies the licensee to practice dental hygiene with safety to the public, including inability to practice dental hygiene with reasonable skill or safety to patients because of mental illness or deficiency or physical illness, including but not limited to deterioration through the aging process or loss of motor skills.

(25) Violation of any rule, regulation, order of the board, consent decree agreed upon between the board and the licensee, or any provision of this Chapter.

B. The board shall establish regulations and procedures to enforce the provisions of this Section.

C. Any license or permit suspended, revoked, or otherwise restricted by the board may be reinstated by the board.

§778. Board to hear charges against dentists, dental hygienists, and any person practicing dentistry

The board shall hear and determine all charges against any licensed dentist, licensed dental hygienist, or any person practicing dentistry as defined in R.S. 37:751 for violation of any of the provisions of this Chapter. It may in all cases suspend or revoke the license and reinstate any license if suspended or revoked.

§779. Filing of administrative complaint or charge; appointment of committee to hear charge; quorum

A. Any administrative complaint or charge for a violation of this Chapter shall be made under oath either by the secretary-treasurer or any member of the board, noticed and docketed for hearing, and submitted to the president of the board, who shall appoint a committee of three or more members of the board to hear the administrative complaint or charge. The president and the member of the board making the charge or
residing in the same board electoral district as the individual charged shall be ineligible to sit as a member of the committee. The president shall designate the time and place of the hearing.

B. Where the charge is made by a citizen, he should state to the secretary-treasurer or any member of the board, the sources of his information and the grounds of his belief, and the secretary-treasurer, a member, an inspector, or any agent of the board shall substantiate the charge by determining that the citizen is informed and has reasonable cause to believe that the charge is true, after which an administrative complaint or charge may be issued, and noticed and docketed for hearing by the board, as set forth in Subsection A.

C. At any hearing held pursuant thereto, a majority of the committee shall constitute a quorum and an affirmative vote by a majority of the committee members present shall be required for any disposition, action, or decision at the conclusion of the hearing.

D. For purposes of this Chapter and Section, a hearing shall be the same as an adjudication defined under the Administrative Procedure Act.

§780. Hearing; notice; penalty; interest

A. (1) In all cases where a charge is made against any unlicensed person, licensed dentist, or licensed dental hygienist practicing in this state, the president of the board, before any hearing of the charge, shall furnish the accused with a copy of such charges and a notice of the time and place of the hearing. The president shall also notify the accused to attend the hearing and inform him that he may appear with counsel, that he may produce witnesses and give competent evidence under oath, and that he has the right to cross-examine witnesses appearing against him and giving testimony under oath. Service of this notice shall be personal or by delivery to the place of business or residence of the accused, at least twenty days before the time fixed for the hearing or before the time and place to which adjourned.

(2) When required by law to afford a licensee an opportunity to demonstrate his compliance with the provisions of this Chapter, the president, or any employee of the board designated by the president, shall provide notice to the licensee that the board intends to institute formal proceedings against the licensee, and to afford the licensee an opportunity to demonstrate his compliance with the Chapter. Said notice shall contain sufficient information to advise the licensee of the nature of the allegations against him. The notice will advise the licensee that he may appear with counsel. The notice shall inform the licensee of the time and place of the meeting, and may be served on the licensee in the same manner as in Paragraph (1) of this Subsection or by certified mail. Upon receipt of said notice, the licensee shall have ten calendar days in which to request an opportunity to demonstrate his compliance with the provisions of this Chapter.

B. (1) The committee hearing the charge may cause the testimony adduced to be reduced to writing or stenographic record. Should the committee after due hearing find that the charges filed against the licensee or the unlicensed person are sustained by clear and convincing evidence, it may revoke, suspend, restrict, fine, place on probation, reprimand, or admonish, or any or all of the above, the licensed dentist or licensed dental hygienist. The committee may levy an administrative fine, but it shall assess all of the board's costs, from the start of the investigation through an administrative hearing, judicial review, and any appeals, as set forth in this Section, against the licensee or the unlicensed person. Any costs assessed by the committee shall not include costs related solely to a charge in a formal complaint in a disciplinary proceeding instituted by the board which is later dismissed or not proven at an administrative adjudication. Nothing in this Paragraph shall prohibit the board from assessing eligible costs related to additional violations when the investigation of a complaint leads to the discovery of such additional violations proven at an administrative adjudication.

B. (2) Any fine imposed pursuant to this Section shall not be less than five hundred dollars nor more than five thousand dollars for each offense.
(3) After a hearing wherein a charge, or a number of charges, is proven by clear and convincing evidence, and even if there is no fine imposed, the unlicensed person, the licensed dentist, or licensed dental hygienist shall pay, not later than the thirtieth day after the decision is made by the committee, all costs, from the start of the investigation through an administrative hearing, judicial review, and any appeals, including but not limited to stenographer fees, attorney fees, investigative fees and expenses, witness fees and expenses, and the per diem and expenses of the committee members, as detailed in a recapitulation of said costs provided by the board to the licensee or unlicensed person. If, for any reason, the money portion of the committee's decision is not paid by the unlicensed person, licensed dentist, or licensed dental hygienist for fines and costs imposed pursuant to this Section, the board may recover any and all reasonable attorney fees in association with the collection of them.

(4) The committee shall release to the public the result of any decision rendered by it after it has become final.

(5) Regardless of medium, each advertisement found by the committee to be in violation of the provisions of this Chapter shall be considered a single violation, regardless of the actual number of violations occurring in the advertisement or the number of dentists included in the advertisement. Notwithstanding any other provision of this Section, any fine imposed pursuant to this Section for an advertising violation shall be not less than five hundred dollars nor more than five thousand dollars for the first offense, and the maximum allowable amount of such fine shall increase incrementally by five thousand dollars for each subsequent offense.

C. Any suspension or revocation ordered by the committee or board shall take from the licensed dentist or licensed dental hygienist all rights and privileges acquired under the license issued to him.

§781. Issuance of subpoenas; production of patient records; maintenance of confidentiality

A. The president or any member of the board may issue investigative subpoenas, subpoenas or subpoenas duces tecum requiring the attendance and testimony under oath of witnesses and the production of any evidence or documentation that relates to any matter properly under investigation or in question before the board or committee or attorney acting on behalf of the board conducting the hearing or investigation. Any subpoena authorized in this Subsection may be served in any manner authorized by the Administrative Procedure Act, the Code of Civil Procedure, including, but not limited to, by certified mail or by private process server. The board may obtain sworn testimony taken before a certified court reporter from any individual, licensed or not licensed by the board, who may possess any information concerning the matter under investigation.

B. In case of refusal to obey a subpoena or subpoena duces tecum issued to any person or entity, the board, or the respondent named in a formal disciplinary proceeding who has requested the issuance of the subpoena as set forth in Chapter 9 of the board rules, may apply to any district court within the jurisdiction where the inquiry is carried on or within the jurisdiction where such person or entity is found, resides, or transacts business, to issue to such person or entity an order requiring him to appear before the board, its member, agent, or agency, to produce evidence if ordered or to give testimony concerning the matter under investigation or in question, and to pay the reasonable attorney fees caused by the filing and prosecution of such application should the board prevail on it. Any failure to obey this order of the court may be punished by the court as a contempt.

C. The board may require the attendance of witnesses who are summoned or to whomever a subpoena duces tecum is issued in all matters arising in the course of its duties, and at an investigation, the board shall take any oral or written proof, for or against any unlicensed person, or the person whose license is sought to be suspended or revoked, that will best present the facts.

D. Notwithstanding any privilege or confidentiality recognized by law, no dentist or entity providing dental services with which such dentist is affiliated shall, acting under any such privilege, fail or refuse to respond to a lawfully issued subpoena of the board for any dental/medical information, testimony, records, data, reports or other documents, tangible items, or information relative to any patient treated by any such dentist under investigation. However, the identity of any patient identified in or by such records or information shall be maintained in confidence by the board and shall be deemed a privilege of confidentiality existing in favor of any such patient. For the purpose of maintaining such confidentiality
of patient identity, the board shall cause any such dental/medical records or the transcript of any such testimony to be altered so as to prevent the disclosure of the identity of the patient to whom such records or testimony relates.

E. Any person or entity charging the board a fee for the production of documents ordered to be produced by the board under a subpoena or subpoena duces tecum issued by the board shall conform to those charges set forth in R.S. 40:1299.96 to reflect reasonable or adequate compensation.

§782. Authority to contract for and employ necessary personnel; purchase of immovable property

The board is authorized to contract for and employ such professional, investigative, stenographic, and clerical personnel as are required to properly discharge the duties of the board as set forth in this Chapter, and to purchase immovable property to conduct the board's operations, provided that the fees and salaries of said personnel and the funds for the purchase of immovables shall be paid entirely from fees collected by the board under the provisions of R.S. 37:770 and 795.

§783 Reinstatement or reissuance of license

A. The board may, if the action is warranted, reinstate the license of a dentist or dental hygienist if suspended, or reissue a new license if revoked. If a license is reinstated or reissued following previously applied sanctions relative to a violation of this Chapter, said reinstated or reissued license shall have affixed thereto, an attachment or addendum specifically setting forth any restrictions placed upon said reinstated or reissued license by the board.

B. In case of reinstatement, the reinstated dentist or dental hygienist shall pay all costs or fines, or both, and a reinstatement fee as provided for in the board's fee schedule established pursuant to R. S. 37:795.

C. In case of reissuance, the dentist or dental hygienist whose license has been revoked may be relicensed without an examination upon proper application and payment of all costs or fines, or both, and a relicensing fee as provided for in the board's fee schedule established pursuant to R. S. 37:795 and completion of required continuing education if suspension is over one year.

D. The procedure for the submission of requests, and the approval or denial of requests for reinstatement or reissuance of a license shall be determined by board policy which shall afford applicants for reinstatement or reissuance an opportunity to present their requests.

§784. Persons whose license suspended or revoked prohibited from practicing

Any dentist or dental hygienist whose license is suspended or revoked in accordance with this Chapter shall be deemed an unlicensed person during the period of the suspension or revocation, and shall be subject to the penalties prescribed for unlicensed persons if he practices during the period of suspension or revocation. The board retains jurisdiction over all such unlicensed persons relative to violations of and enforcement of the provisions of this Chapter.

§785. Criminal actions and injunctions simultaneous with administrative proceedings before board

Administrative proceedings under this Chapter before the board are not exclusive remedies. Criminal action under the terms of this Chapter may be simultaneously instituted and maintained against the accused for any violation of this Chapter. The board may also separately or simultaneously bring and carry on an action by injunction to restrain a licensed or unlicensed individual from further violation of any of the provisions of this Chapter during the pendency of the criminal proceeding or proceedings before the board and against any unlawful practice thereafter.

§786. Judicial review of adjudication


A. (1) Where the board, whether through a disciplinary committee or the entire board, renders a decision in an administrative adjudication, the party aggrieved by it may resort to the civil district court for the parish of Orleans for judicial review. Any such appeals shall be filed in the court in
the same manner as original suits are instituted therein. A preliminary, procedural, or intermediate agency action or ruling is immediately reviewable if review of the final agency decision would not provide an adequate remedy and would inflict irreparable injury.


A. (1) Where the board, whether through a disciplinary committee or the entire board, renders a decision in an administrative adjudication, the party aggrieved by it may resort to the Nineteenth Judicial District in the parish of East Baton Rouge for judicial review. Any such appeals shall be filed in the court in the same manner as original suits are instituted therein. A preliminary, procedural, or intermediate agency action or ruling is immediately reviewable if review of the final agency decision would not provide an adequate remedy and would inflict irreparable injury.

(2) Petitions for judicial review of interlocutory administrative decisions shall be filed within fifteen days of the ruling at issue.

(3) A petition for judicial review of a final decision of the disciplinary committee shall be filed within thirty days of the mailing of the final decision by the agency or, if a rehearing is requested, within thirty days after the mailing of the notice of the decision thereon. A copy of the petition for judicial review shall be served upon the agency and all parties of record.

B. Neither the board nor any person acting on behalf of the board shall be entitled to judicial review of any decision rendered by the board or any disciplinary committee thereof.

NOTE: Subsection (C) of this Section eff. until Jan. 1, 2017. See Acts 2014, No. 866, §§1, 2, eff. Jan. 1, 2017.

C. All proceedings in the civil district court for the parish of Orleans and appellate courts arising under this Section are civil in nature and shall be heard summarily by the court without a jury, shall take precedence over other civil cases, and shall be tried in chambers or in open court, in and out of term.

NOTE: Subsection (C) of this Section as amended by Acts 2014, No. 866, §§1, 2, eff. Jan. 1, 2017.

C. All proceedings in the Nineteenth Judicial District in the parish of East Baton Rouge and appellate courts arising under this Section are civil in nature and shall be heard summarily by the court without a jury, shall take precedence over other civil cases, and shall be tried in chambers or in open court, in and out of term.

D. (1) In any case appealed to the civil district court under the provisions of this Section, the party seeking judicial review shall furnish security in accordance with the following rules:

(a) For that portion of a decision issued under R.S. 37:780 pertaining to payment of a sum of money, the amount of security shall exceed by one-half the amount of the money portion of the decision.

(b) In all other respects, the security shall be fixed by the court at an amount sufficient to assure satisfaction of the decision rendered by the board.

(2) Any security furnished under the provisions of this Section shall be in favor of the board and shall be furnished as security for the judicial review of the complaining party in civil district court and any judgment by the district court against him shall be paid or satisfied from the proceeds of the sale of his property, or from the security posted under the provisions of this Section. Mortgages on immovable property are adequate security, but only where the mortgage is applied to unencumbered immovables; mortgages in other than a first position are unacceptable as security under this Section.

(3) The security required under the provisions of this Section shall be annexed, by the complaining party or appellant, to the petition for judicial review filed in the civil district court. If the complaining party seeking judicial review fails to annex satisfactory security to the petition for judicial review, within the time specified for the filing of said appeal, the trial court, on its own motion or upon motion by the board, and after a hearing held within five days of service of the motion, shall:
(a) Enter a formal order of dismissal on the grounds of abandonment; or

(b) Grant a three-day period within which said security shall be filed in the record, in default of which the petition for judicial review shall be dismissed as abandoned.

(4) Service of the motion described in Paragraph (3) of this Subsection may be effected by the methods provided in Code of Civil Procedure Article 1313.

E. Notwithstanding appellant's compliance with the requirements of this Section, the district court shall issue no stay for that portion of the board's decision which does not involve a sum of money unless the appellant satisfies the requirements of R.S. 37:786.1.

F. The provisions of this Section shall apply to any unlicensed person who has been sanctioned by the board for any violation of R.S. 37:788.

G. If before the date set for hearing application is made to the court for leave to present additional evidence, and it is shown to the satisfaction of the court that the additional evidence is material and that there were good reasons for failure to present it in the proceeding before the board, the court may order that the additional evidence be taken before the board upon conditions determined by the court. The board may modify its findings and decisions by reason of the additional evidence and shall file that evidence and any modifications, new findings, or decisions with the reviewing court.

H. The review shall be conducted by the court without a jury and shall be confined to the record. In cases of alleged irregularities in procedure before the agency, not shown in the record, proof thereon may be taken in the court. The court, upon request, shall hear oral argument and receive written briefs.

I. The court may affirm the decision of the board or remand the case for further proceedings. The court may reverse or modify the decision if substantial rights of the party seeking judicial review have been prejudiced because the administrative tribunal's findings, inferences, conclusions, or decisions are:

   (1) In violation of constitutional or statutory provisions;
   (2) In excess of the statutory authority of the agency;
   (3) Made upon unlawful procedure;
   (4) Affected by other error of law;
   (5) Arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion; or
   (6) Not supported and sustainable by clear and convincing evidence as determined by the reviewing court. In the application of this rule, the court shall make its own evaluation of the record reviewed in its entirety upon judicial review. In the application of the rule, where the agency has the opportunity to judge the credibility of witnesses by first-hand observation of demeanor on the witness stand that the reviewing court does not, due regard shall be given to the agency's determination of credibility issues.

§786.1 Stay of board decision

A. Absent agreement of counsel for all parties, no stay of enforcement of a decision issued under R.S. 37:780 or for a violation of R.S. 37:788, during the pendency of an appeal under R.S. 37:786 shall be granted unless the civil district court for the parish of Orleans finds that the applicant has established:
(1) That the issuance of the stay does not threaten harm to other interested parties, including the Louisiana State Board of Dentistry, and persons for whom the applicant may render dental or dental hygiene services.

(2) That the issuance of the stay does not constitute a threat to the health and welfare of the citizens of the state.

B. No stay shall be granted ex parte. The court shall schedule a hearing on the request for a stay order within ten days from filing. The decision shall be rendered within five days after the conclusion of the hearing.

C. No judicial order staying or enjoining the effectiveness or enforcement of a final decision or order of the board in an adjudication proceeding, whether issued pursuant to R.S. 49:964(C) or otherwise, shall be effective, or be issued to be effective, longer than:

(1) One hundred twenty days from the date on which the board's decision or order was rendered; or

(2) The date on which the court enters judgment in a proceeding for judicial review of the board's decision or order pursuant to R.S. 49:964, whichever occurs first.

§787. Duty of attorney general

The Attorney General shall see that all violations of the provisions of this Chapter are vigorously and promptly prosecuted by the various district attorneys throughout the state.

§788. Violations

A. No person shall practice dentistry or dental hygiene or attempt or offer to practice within the state without first having been authorized and issued a license by the board; nor shall any person practice dentistry or dental hygiene or attempt or offer to practice within the state during any period of suspension of his license by the board or after revocation by the board of any license theretofore issued to the offending person.

B. (1) In addition to any other civil remedy or criminal penalty provided for in this Chapter, the board may issue a subpoena to any person or persons who the board has probable cause to believe has engaged in the practice of dentistry or dental hygiene without a currently valid license or permit.

(2) Subpoenas issued by the board shall comply with the notice requirements of R.S. 49:955 and R.S. 37:781. These subpoenas shall be served upon the unlicensed individual personally or by any type of mailing requiring a return receipt and shall include a statement of the manner in which the unlicensed person shall be required to respond to the board.

(3) Whoever violates the provisions of this Section may also be prosecuted criminally by the District Attorney and, if convicted, shall be imprisoned with or without hard labor for not more than five years or fined not more than $5,000, or both. Each unauthorized act shall constitute a separate offense.

(4) The fact that any unlicensed person engages in or performs or offers to engage in or perform any of the practices, acts, or operations set forth in R.S. 37:751 (A)(5) is prima facie evidence that such person is engaged in the illegal practice of dentistry or dental hygiene.

(5) No person practicing dentistry or dental hygiene without a currently valid license or temporary permit shall have the right to receive any compensation for services so rendered. In addition to any other penalties imposed under R.S. 37:789, any person who practices dentistry or dental hygiene without a license shall return any fees collected for practicing dentistry or dental hygiene and shall be liable for any damages resulting from negligence.

(6) All rights and privileges afforded by the Administrative Procedure Act are specifically reserved to any party aggrieved by any decision of the board.
C. If the board has reasonable cause to believe that an expanded duty dental assistant has violated any of the provisions of this Chapter, the board may suspend, rescind, or revoke the confirmation of the certification of the expanded duty dental assistant after a hearing is conducted.

§789. Penalties; cease and desist orders

A. The board may institute any action in a court of competent jurisdiction necessary to enforce compliance with any provision of this Chapter or with any regulation or subpoena, made pursuant to the provisions of this Chapter, including a writ of injunction enjoining any person practicing dentistry or dental hygiene until such person obtains a license under the provisions of this Chapter. Any injunction issued pursuant to this Chapter shall not be subject to being released upon bond.

B. In addition to the administrative penalties provided for in this Chapter, the board, acting through its president, may issue an order to any person or entity engaged in the unlicensed practice of dentistry, directing such person or entity to cease and desist from the unlicensed practice of dentistry.

C. If the person or entity to whom the board directs a cease and desist order does not cease and desist the prohibited activity, conduct, or practice within two days of receipt of such order by certified mail or hand delivery, the board, through its president, may seek on behalf of the board a writ of injunction in any court of competent jurisdiction and proper venue enjoining such person or entity from engaging in the unlicensed practice of dentistry. The injunction shall not be subject to being released upon bond.

D. In the suit for an injunction, the board may demand of the defendant a penalty of not more than five thousand dollars, as well as reasonable attorney fees and court costs. This judgment for penalty, attorney fees, and costs may be rendered in the same judgment as the injunction.

§790. Forgery; penalty

No person shall file or attempt to file, as his own, the diploma or license of another, or a forged affidavit of identification or qualification.

Whoever violates this Section shall be fined not more than five thousand dollars, or imprisoned with or without hard labor for not more than ten years, or both.

§791. Protected action and communication

A. There shall be no liability on the part of and no action for damages against:

(1) Any member of the board, or its agents or employees, or any member of an examining committee of dentists appointed or designated by the board, for any action undertaken or performed by such person within the scope of the duties, powers, and functions of the board or such examining committee as provided for in this Chapter when such person is acting without malice and in the reasonable belief that the action taken by him is warranted; or

(2) Any person providing information to the board, its agents or employees, or to an examining committee of dentists appointed or designated by the board, whether a witness, participating in an impaired dentist or dental hygienist intervention (the act of interceding in behalf of an individual who is abusing, or is dependent on, one or more psychoactive drugs, with the aim of overcoming denial, interrupting drug-taking behavior, or inducing the individual to seek and initiate treatment), or otherwise. Such a person shall not be held liable in damages under any law of the state of Louisiana or any political subdivision thereof, by reason of having provided such information, unless such information is false and the person providing it knew that such information was false.

(3) Any nonprofit corporation, foundation, or organization that enters into any agreement with the board related to the operation of any committee or program to identify, investigate, counsel, monitor, or assist any licensed physician who suffers or may suffer from alcohol or substance abuse or a physical or mental condition which could compromise such dentist's fitness and ability to practice dentistry with reasonable skill and safety to patients, for any investigation, action, report, recommendation, decision, or opinion undertaken, performed, or made in connection with or on behalf of such committee or
program, without malice and in the reasonable belief that such investigation, action, report, recommendation, decision, or opinion was warranted.

(4) Any person who serves as a director, trustee, officer, employee, consultant, or attorney for or who otherwise works for or is associated with any nonprofit corporation, foundation, or organization as described in Paragraph (3) of this Subsection.

B. In any suit brought against any individual or entity described in Subsection A of this Section, when that individual or entity substantially prevails in such suit, the court shall, at the conclusion of the action, award to the individual or entity described in Subsection A of this Section and assess against the claimant the cost of defending the suit attributable to such claim, including reasonable attorney fees, if the claim, or the claimant's conduct during the litigation of the claim, was either frivolous, unreasonable, without foundation, or in bad faith. For the purpose of this Subsection, the individual or entity described in Subsection A of this Section shall not be considered to have substantially prevailed when the claimant obtains an award for damages or permanent injunctive or declaratory relief.

§792. Dental x-ray functions by dental assistants; qualifications

A. Any dental assistant employed by a licensed dentist on the effective date of this Section and for a period of at least one year prior to the effective date of this Section shall be deemed to be authorized to take dental x-rays.

B. Any dental assistant who does not meet the employment criteria set forth in R.S. 37:792(A) shall attend and successfully complete a course in x-ray function and safety approved by the Louisiana State Board of Dentistry within six months after commencement of employment by a licensed dentist. Any such assistant shall be deemed to be authorized to take dental x-rays only upon compliance with this Subsection.

C. (1) The dentist employer shall certify to the board that any dental assistant employed by him either:

(a) Meets the employment criteria set forth in R.S. 37:792(A), or that the assistant has attended and completed a course in dental x-ray function and safety, or

(b) That the assistant has not attended such course but has been employed less than six months.

(2) Such certification shall be required upon renewal of any dental license by the dentist.

D. A dental assistant shall perform all dental x-ray functions solely under the direct supervision of a licensed dentist and on the premises of the dental office.

§792.1 Duties of a dental assistant and an expanded duty dental assistant

A. A dental assistant may perform only those duties in accordance with rules promulgated by the board, and then only under the direct on-premises supervision, direction, and responsibility of the dentist who employs him or her or a dentist who assumes responsibility for the treatment of that patient, and as ordered by the dentist.

B. An expanded duty dental assistant shall perform only those duties which are in accordance with rules promulgated by the board, and then only under the direct, on-premises supervision, direction, and responsibility of the dentist who employs him or her or a dentist who assumes responsibility for the treatment of that patient, and as ordered by the dentist.

C. A licensed dentist is prohibited from:

(1) Delegating an act to an individual who, by order of the board, is prohibited from performing the dental procedure.

(2) Delegating the performance of any of the following procedures to a person not licensed as a dentist or dental hygienist:
(a) Removal of calculus, deposits, or accretions from the natural and restored surfaces of exposed teeth and restoration in the human mouth.

(b) Root planing or smoothing of roughened root surfaces or exposed teeth.

(c) Any other procedure the delegation of which is prohibited by the rules of the board.

D. The board shall promulgate rules and regulations in accordance with the provisions of this Section, regarding the dental procedures that may be appropriately delegated by the dentist, including a determination as to which delegated dental procedures require competency testing before a person may perform the procedure and establish training requirements.

E. Any dental procedure that is delegated by a dentist to a dental assistant may also be delegated to a dental hygienist.


§793. Nitrous oxide inhalation analgesia; enteral moderate sedation; parenteral sedation; deep sedation; general anesthesia; definitions; permits; credentials; reporting; fees; limitations; exceptions

A. As used in this Section, the following terms have the meanings ascribed to them unless the context clearly indicates otherwise:

(1) "Analgesia" is the diminution or elimination of pain in the patient.

(2) "Board" is the Louisiana State Board of Dentistry.

(3) "Deep sedation" is a drug-induced depression of consciousness during which a patient cannot be easily aroused but responds purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. A patient may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(4) "General anesthesia" is a drug-induced loss on consciousness during which a patient is not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. A patient often requires 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.

(5) "Local anesthesia" is the elimination of sensations, especially pain, in one part of the body by the topical application or regional injection of a drug.

(6) "Minimal sedation", except as provided in Paragraph (C)(9) of this Section, is a minimally depressed level of consciousness, produced by a pharmacological method, which allows the patient to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal commands. The drugs or techniques used to produce minimal sedation should have a margin of safety which is sufficient never to cause unintended loss of consciousness. A patient whose only response is reflex withdrawal from repeated painful stimuli shall not be considered to be in a state of minimal sedation.

(7) "Moderate sedation", except as provided in Paragraph (C)(9) of this Section, is a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No intervention is required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. The drugs or techniques used to produce moderate sedation should have a margin of safety which is sufficient to render unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of
consciousness than is the intent of the dentist. A patient whose only response is reflex withdrawal from a painful stimulus shall not be considered to be in a state of moderate sedation.

B. The following terms describing routes of administration shall have the meanings ascribed to them unless the context clearly indicates otherwise:

(1) "Combined moderate sedation" is any means of obtaining moderate sedation utilizing both inhalation analgesia and either an enteral or parenteral moderate sedation technique.

(2) "Enteral" is any technique of drug administration in which the drug is absorbed through the gastrointestinal (GI) tract or oral mucosa. Examples are oral, rectal, and sublingual.

(3) "Inhalation" is a technique of drug administration in which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed. An example is nitrous oxide-oxygen inhalation sedation.

(4) "Parenteral" is any technique of drug administration in which the drug bypasses the gastrointestinal (GI) tract. Examples are intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), and subcutaneous (SC).

(5) A dental hygienist who administers nitrous oxide inhalation analgesia in a dental practice shall receive a personal permit from the board and shall be in compliance with board rules and regulations which shall include educational requirements.

C. (1) When nitrous oxide inhalation analgesia, enteral moderate sedation, parenteral moderate sedation, deep sedation, or general anesthesia are used in a dental practice, board authorization shall be obtained in compliance with board rules and regulations to ensure that these procedures are performed in a properly staffed, designed, and equipped facility capable of handling the procedures, problems, and emergency incidents thereto for the level of anesthesia administered. Adequacy of the facility and competence of the anesthesia team shall be determined by the board through the use of qualified anesthesia consultants.

(2) A dentist who administers nitrous oxide inhalation analgesia, enteral moderate sedation, parenteral moderate sedation, deep sedation, or general anesthesia in a dental practice shall receive a personal permit from the board for the deepest level of anesthesia or analgesia to be administered and shall be in compliance with board rules and regulations.

(3) When nitrous oxide inhalation analgesia, enteral moderate sedation, parenteral moderate sedation, deep sedation, or general anesthesia is administered in any dental office or facility, each office shall receive an office permit from the board for the deepest level of anesthesia or analgesia to be administered and must be in compliance with board rules and regulations.


(6) Minimal sedation.

(a) The following definitions apply to administration of minimal sedation:

(i) "Incremental dosing" is the administration of multiple doses of a drug, not to exceed the MRD of that drug, until a desired effect is reached.

(ii) "Maximum recommended dose" or "MRD" is the maximum dose of a drug as recommended by the United States Food and Drug Administration (FDA), and as printed in FDA-approved labeling for unmonitored home use of that drug.

(iii) "Supplemental dosing" is a single additional dose of the initial dose of the initial drug administered to a patient under minimal sedation as may be necessary in a prolonged procedure. The supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined that the clinical half-life of the initial.
dosing has passed. The total aggregate dose of the drug shall not exceed one and one-half times the MRD of the drug on the day of the treatment.

(b) When minimal sedation of an adult is intended, the appropriate initial dosing of a single enteral drug is no more than the MRD of a drug that can be prescribed for unmonitored home use.

c) Permits shall not be required for the induction of minimal sedation on a patient in a dental practice. Such induction of minimal sedation shall include the administration of an enteral sedative, narcotic analgesic medication, or both, administered in doses not exceeding the MRD as printed in FDA-approved labeling for unmonitored home use of the respective drugs.

d) Except in extremely unusual circumstances, the cumulative dose shall not exceed the MRD. It is understood that even at appropriate doses, a patient may occasionally drift into a state that is deeper than minimal sedation. If the intent was to achieve minimal sedation and such sedation was conducted in accordance with the provisions of this Paragraph, then such circumstance shall not in itself constitute a violation of this Chapter. A permit shall not be required for the perioperative use of medication for the purpose of effecting minimal sedation.

(7) Moderate or greater sedation.

(a) The following definition shall apply to the administration of moderate or greater sedation: "titration" means administration of incremental doses of a drug until a desired effect is reached.

(b) Knowledge of the time of onset, peak response, and duration of action of each drug is essential to avoid oversedation. Although the concept of titration of a drug to the desired level of sedation is critical for patient safety, when the intent is moderate sedation, one must know whether the previous dose has taken full effect before administering an additional drug increment.

(8) No dentist licensed in accordance with the provisions of this Chapter shall use any enteral medication to induce moderate sedation unless such dentist has obtained a permit for such use in accordance with the provisions of this Chapter.

(9) For a patient under thirteen years of age, the administration of more than one agent of any type, including nitrous oxide, shall be considered moderate sedation, not minimal sedation, and shall require a full moderate sedation permit.

D. The applicant shall comply with the board's rules and shall furnish the board with qualifying documents that substantiate his credentials relative to the permit requested.

E. (1) Each licensed dentist or dental hygienist in the practice of dentistry or dental hygiene in this state shall submit a written report within a period of ten days to the board of any mortality or other incident which results in temporary or permanent physical or mental injury to a patient requiring hospitalization of the patient during or as a result of administration by the dentist or dental hygienist of local anesthesia, enteral sedation, nitrous oxide inhalation analgesia, parenteral moderate sedation, deep sedation, or general anesthesia.

(2) The report shall include detailed information pertaining to the following:

(a) Description of dental procedure.

(b) Description of pre-operative physical condition of patient.

(c) A description of all drugs and dosages administered.

(d) Detailed description of techniques utilized in administering the drugs given.

(e) Description of adverse occurrence which shall include:
   (i) Description in detail of the symptoms of any complications including but not limited to onset and type of symptoms in patient.
(ii) Treatment instituted on the patient.

(iii) Response of the patient to the treatment.

(f) Description of the patient's condition on termination of any procedures undertaken.

(3) Failure to comply with the required reporting procedures stipulated herein may result in disciplinary action by the board. The information from a dentist or dental hygienist required under this Subsection may be a prerequisite for the issuance or renewal of his license or permit to practice dentistry or dental hygiene.

F. An initial authorization permit fee shall be charged, and an annual renewal fee may be charged by the board for each dentist and dental hygienist and facility making an application under this Section as set forth in the board's rules. Such fees shall be due and payable to the board at the same time as license renewal as provided for in R.S. 37:770 and 795.

G. The authority for the administration of anesthetic and sedative agents as described in this Section shall be limited as follows:

(1) The administration of enteral moderate sedation, parenteral moderate sedation, deep sedation, and general anesthesia shall be limited to qualified dentists licensed by the board for use on dental patients.

(2) The administration of nitrous oxide inhalation analgesia shall be limited to qualified dentists and dental hygienists licensed by the board for use on dental patients. Dental hygienists shall administer nitrous oxide inhalation analgesia only under the direct supervision of a dentist licensed by the Louisiana State Board of Dentistry to whom the board has issued a permit to administer nitrous oxide inhalation analgesia.

H. (1) The office permit is not required when the facility is part of a hospital or an outpatient surgical center which meets or exceeds the requirements set forth in Louisiana Administrative Code (Title 46-Professional and Occupational Standards-Part XXXIII Dental Health Professions), Chapter 15. The reporting requirements of Subsection E of this Section shall apply to those practicing in a facility exempt from the office permit requirement.

(2) A personal permit is not required when the dentist uses the services of a third-party medical doctor, third-party doctor of osteopathy who specializes in anesthesiology, third-party certified registered nurse anesthetist, or an oral and maxillofacial surgeon who is permitted by the board to administer moderate sedation, deep sedation, and general anesthesia. Provided that the third-party anesthetist must remain on the premises of the dental facility until any patient given parenteral drugs is sufficiently recovered. However, when the requirement for obtaining a personal permit is waived by the board under the provisions of this Chapter with regard to the utilization of any third party provided for in this Paragraph, the dentist may utilize only the services of a third party previously determined by the board to be in compliance with the board's requirements for the administration of anesthesia in the dental facility following the initial inspection in relation to the application and equipment of the provider of anesthesia. Except for oral and maxillofacial surgeons, third-party anesthesia providers authorized pursuant to this Paragraph shall not be required to obtain a permit from the board or pay any fees or other assessments to the board.

I. The board reserves the right to inspect the facilities and/or assess the personnel covered under this Section. This inspection/assessment shall be conducted by a qualified person or committee duly appointed by the board. Such inspection and/or assessment may occur when a permit is requested or has been issued in accordance with the board's rules.

§794. Dispensing and administering controlled substances; records

A. Any dentist qualified to dispense or administer controlled substances shall properly label all such controlled substances in accordance with all applicable federal laws and regulations and shall maintain prescription files on any controlled substances he sells, administers, or dispenses.
B. A record shall be kept daily showing all dispensations and administrations of all controlled substances and shall clearly identify the controlled substances dispensed or administered, the individual to whom each controlled substance was dispensed or administered, the date of the dispensation or administration, and the amount of the controlled substance dispensed or administered.

C. All licensees who dispense or administer controlled substances in their dental practice shall keep an inventory at each practice location where controlled substances are dispensed or administered. There shall be an initial inventory in accordance with 21 CFR 1304.11 on the first date he takes control of controlled substances for distribution or administration at any location. In the event a person opens a practice with no controlled substances on hand, he shall record this fact as his initial inventory. A biennial inventory shall be taken within four days of the two-year anniversary of the initial inventory.

D. The controlled substances log shall be readily retrievable immediately upon the request of the board, its agents, or employees.

§795. Fees and costs

A. The board is authorized, by rule, in accordance with the Administrative Procedure Act, to establish fees and costs to be imposed for the purpose of implementing and enforcing the provisions of this Chapter. However, the board may, by a majority vote, reduce the amount of or waive the collection of any such fees. The fees established under the provisions of this Section shall be paid to the secretary-treasurer.

B. Notwithstanding any other provision of this Chapter, the fees and costs established by the board shall be not less nor more than the range created by the following schedule:

<table>
<thead>
<tr>
<th>(1)</th>
<th>Miscellaneous fees and costs</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Photocopies of documents, per page</td>
<td>$.50</td>
<td>$1.00</td>
</tr>
<tr>
<td>(b)</td>
<td>Certification of document as true copy</td>
<td>$5.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>(c)</td>
<td>Certification of document as official record</td>
<td>$5.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>(d)</td>
<td>Certification of good-standing license</td>
<td>$20.00</td>
<td>$40.00</td>
</tr>
<tr>
<td>(e)</td>
<td>Official list of all licensed dentists</td>
<td>$500.00</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>(f)</td>
<td>Official list of all licensed dental hygienists</td>
<td>500.00</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>(g)</td>
<td>Up to one-half of an official list of all licensed dentists and dental hygienists</td>
<td>$250.00</td>
<td>$500.00</td>
</tr>
<tr>
<td>(h)</td>
<td>Handling and mailing per page</td>
<td>$1.00</td>
<td>$2.00</td>
</tr>
<tr>
<td>(i)</td>
<td>Bound copy of Dental Practice Act</td>
<td>$35.00</td>
<td>$45.00</td>
</tr>
<tr>
<td>(j)</td>
<td>Unbound copy of Dental Practice Act</td>
<td>$25.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>(k)</td>
<td>Criminal history background check</td>
<td>$50.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>(l)</td>
<td>Retired volunteer dental license</td>
<td>$50.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>(m)</td>
<td>Expanded Duty Dental certificate confirmation</td>
<td>$100.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>(n)</td>
<td>Review of proposed advertising</td>
<td>$150.00</td>
<td>$300.00</td>
</tr>
</tbody>
</table>
2) Licenses, permits, and examinations for dentists

<table>
<thead>
<tr>
<th>Description</th>
<th>Before Jan 1</th>
<th>Jan 1 or After</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Examination and licensing of dental applicants</td>
<td>$300.00</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>(ii) Make-up examination per portion</td>
<td>$150.00</td>
<td>$250.00</td>
</tr>
<tr>
<td>(iii) Licensing of dental applicants who have successfully completed an</td>
<td>$300.00</td>
<td>$800.00</td>
</tr>
<tr>
<td>examination by another jurisdiction which is accepted by the board</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iv) Provisional dental license during emergency</td>
<td>$100.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>(b) Temporary dental license</td>
<td>$100.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>(c) Issuance of a restricted license (excluding advanced education students</td>
<td>$200.00</td>
<td>$400.00</td>
</tr>
<tr>
<td>and dental residents)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Biennial renewal fee for dental license</td>
<td>$100.00</td>
<td>$600.00</td>
</tr>
<tr>
<td>(e) Annual or biannual renewal fee for restricted dental license (excluding</td>
<td>$100.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>advanced education students and dental residents)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) Replacement of dental license, certificate, or temporary permit</td>
<td>$50.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>(g) Delinquency fee in addition to renewal fee for any dental license</td>
<td>$250.00</td>
<td>$400.00</td>
</tr>
<tr>
<td>(h) Reinstatement of a license which has been suspended, revoked, or which</td>
<td>$500.00</td>
<td>$800.00</td>
</tr>
<tr>
<td>has lapsed by nonrenewal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Restricted dental license, advanced education students and dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>residents:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) For period July 1 - December 31</td>
<td>$100.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>(ii) For each full year (January 1 - December 31 thereafter)</td>
<td>$200.00</td>
<td>$400.00</td>
</tr>
<tr>
<td>(iii) For period January 1 - June 30</td>
<td>$100.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>(j) Dental application and licensure by credentials (nonrefundable)</td>
<td>$1,500.00</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>(k) Application and permitting for mobile or movable dental office</td>
<td>$250.00</td>
<td>$250.00</td>
</tr>
<tr>
<td>(l) Biennial renewal of mobile or movable dental office</td>
<td>$400.00</td>
<td>$400.00</td>
</tr>
<tr>
<td>(m) Application and permitting for general or parenteral anesthesia permit</td>
<td>$50.00</td>
<td>$500.00</td>
</tr>
<tr>
<td>(n) Application and permitting for nitrous oxide permit</td>
<td>$50.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>(o) Renewal of nitrous oxide anesthesia permit</td>
<td>$50.00</td>
<td>$100.00</td>
</tr>
</tbody>
</table>
(p) Renewal of general sedation and parenteral anesthesia permits $100.00 $300.00
(q) Application and permitting for enteral moderate sedation $100.00 $400.00
(r) Renewal of enteral moderate sedation permit $50.00 $100.00
(s) Application and permitting for pediatric moderate sedation permit $100.00 $400.00
(t) Renewal of pediatric conscious sedation permit $50.00 $100.00
(u) Expungement of first time advertisement violations $500.00 $1,000.00
(v) Fee to support well-being program $25.00 $50.00

(3) Licenses, permits, and examinations for dental hygienists

(a) (i) Examination and licensing of dental hygienist applicants $100.00 $400.00
(ii) Make-up examination per portion $50.00 $100.00
(iii) Licensing of dental hygiene applicants who have successfully completed an examination administered by another jurisdiction which is accepted by the board $100.00 $500.00
(iv) Provisional dental hygiene license during emergency $100.00 $300.00

(b) Temporary dental hygienist permit $100.00 $200.00

(c) Biennial renewal fee for dental hygienist license $30.00 $200.00

(d) Replacement or duplicate dental hygienist license, certificate, or temporary permit $50.00 $100.00

(e) Delinquency fee in addition to renewal fee for any dental hygienists license $100.00 $200.00

(f) Reinstatement of a dental hygienist license which has been suspended, revoked, or which has lapsed by nonrenewal $250.00 $500.00

(g) Dental hygiene application and licensure by credentials (nonrefundable) $600.00 $1,500.00

(h) Examinations and permitting of dental hygiene applicants for administration of local anesthesia $50.00 $50.00

(i) Renewal fee for dental hygienist's administration of local anesthesia $50.00 $50.00

(j) Examinations and permitting of dental hygiene applicants for administration of nitrous oxide anesthesia $50.00 $50.00
(k) Renewal fee for dental hygienists' administration of nitrous oxide anesthesia

(l) Criminal history background check

(m) Fee to support well-being program

C. All Louisiana candidates for licensure who take national or regional clinical licensing examinations shall pay the examination fees directly to the examining agency administering such clinical examinations.

§796. Louisiana State Board of Dentistry; adoption of rules relating to the providing of dental services at mobile dental clinics and locations other than the dental office

A. The Louisiana State Board of Dentistry shall adopt rules relating to the providing of dental services at mobile dental clinics and locations other than the dental office.

B. The rules shall include but not be limited to:

(1) Guidelines and criteria for the permitting of dentists who wish to provide dental services at mobile dental clinics and locations other than their office.

(2) Guidelines and criteria for record keeping regarding the services provided.

(3) Guidelines and criteria for the practice standards and the types of dental services which may be provided at mobile dental clinics and locations other than the dental office.

(4) Guidelines and criteria requiring a signed consent form from the parent or guardian prior to providing dental services to a minor.

(5) Guidelines and criteria providing for parental consultation and involvement regarding the providing of dental services to a minor.

(6) Guidelines and criteria regarding the equipment and standards which shall be maintained in order to provide dental services at mobile dental clinics and locations other than the dental office.

(7) Provisions for the inspection by the Louisiana State Board of Dentistry of mobile dental clinics and locations offering dental services other than the dental office and health care facilities licensed by the Department of Health and Hospitals.

(8) Guidelines and criteria for the disposal of infectious waste associated with providing dental services at mobile dental clinics and locations other than the dental office.

C. All rules shall be adopted in accordance with the provisions of the Administrative Procedure Act.

D. Nothing in this Section shall be construed to prohibit the Louisiana State Board of Dentistry from adopting emergency rules as otherwise provided for in the Administrative Procedure Act.

E. The rules provided for by this Section shall be adopted by January 1, 2011.

F. Notwithstanding any other provision of law to the contrary, the failure to adopt rules as provided by the provisions of Subsection B of this Section by January 1, 2011, shall be grounds for the immediate removal of the members of the Louisiana State Board of Dentistry.

§796.1. Requirements to provide dental services at mobile dental clinics and locations other than the dental office; permit; hold harmless

A. Upon promulgation of rules pursuant to this Section and R.S. 37:796, a person offering dental services at a mobile dental clinic or a location other than the dental office shall:
(1) Be a dentist licensed in Louisiana who is in good standing with the Louisiana Board of Dentistry.

(2) Have received a permit from Louisiana State Board of Dentistry to provide dental services at a mobile dental clinic or a location other than the dental office. The permit shall be issued pursuant to the provisions of this Section and in accordance with rules adopted pursuant to the Administrative Procedure Act.

B. The board shall promulgate rules and regulations pertaining to licensure requirements for all nonresident officers, managers, and partners of any business entity engaged or contracted to provide administrative or management services in support of a mobile dental clinic or a dentist providing services in locations other than a dental office.

C. Upon promulgation of rules pursuant to this Section and R.S. 37:796, no dental services shall be offered at a mobile clinic or a location other than the dental office unless the dentist has been issued a permit to provide those services as provided for by this Section.

§797. Employment or contracting with certain nonprofit entities

No provision in this Chapter shall be construed to prohibit any person licensed under the provisions of this Chapter from being an employee or independent contractor of a nonprofit entity that meets the statutory, regulatory and program requirements for grantees supported under Section 330 of the Public Health Service Act (42 U.S.C. §254b) or its successor.
Chapter 1. General Provisions

§103. Evidence of Graduation

A.1. All applicants for a dental license shall furnish the board with satisfactory evidence of graduation from an accredited dental school, dental college, or educational program. An accredited dental school, dental college, or educational program shall be one that has been certified as accredited by the Commission on Dental Accreditation of the American Dental Association (CODA).

2. An applicant for a dental license who did not attend an accredited dental school or dental college must successfully complete a post-graduate CODA-approved program in either general dentistry or one of the board-approved specialties listed in §122.

   a. An acceptable general dentistry post-graduate program shall consist of at least two complete, consecutive years of training in no more than two CODA-approved institutions or programs. The board does not accept an accumulation of incomplete programs to satisfy this requirement.

   b. An acceptable specialty post-graduate program shall consist of at least two consecutive years at the same institution. The board does not accept an accumulation of programs which are less than two years in length to satisfy this requirement.

   c. If granted a dental license, an applicant who fulfills his or her dental education requirement through a CODA-approved post-graduate program will be required to practice in only the field in which he or she obtained the two years of post-graduate training.

B. All applicants for a dental hygiene license shall furnish the board with satisfactory evidence of graduation from an accredited dental hygiene school, dental hygiene college, or educational program of at least two years in length.

C. The phrase satisfactory evidence of graduation from an accredited dental school, dental college or educational program shall mean receipt of satisfactory evidence from the dean of the applicant's school specifically stating that the applicant will indeed graduate within 90 days following the successful completion of a board-approved clinical licensing examination.

D. The president of the board shall withhold his signature on the license of the applicant pending receipt of satisfactory evidence of graduation before awarding the applicant's license to practice dentistry or dental hygiene in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§104. Display of License

A. All Louisiana licensees holding either a dental or dental hygiene license shall display their license in full and open view for all patients to observe along with all current renewal permits of said license.

B. All certificates or permits authorizing the administration of anesthesia, analgesia or sedation shall also be displayed in full and open view in close proximity to those licenses and renewal certificates required by this rule to be kept in open and full view for the public to observe.

C. When licensees provide dental services in more than one facility, a copy of those licenses and/or certificates shall suffice in place of the original and said copy shall be displayed in full and open view for all patients to see.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§105. Restricted Licensees

A. All applicants for a restricted license must successfully complete the Louisiana State Board of Dentistry examination in jurisprudence within 60 days of receiving said license, except those licenses issued for less than one year.

B. All recipients of restricted licenses who are members of the faculty of the LSU system, graduates of a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and otherwise meet all requirements for a general license must receive same within two years from receipt of the original restricted license by successfully completing the LSBD clinical licensure examination or by credentials, provided that where a holder of a restricted license has been so licensed without interruption since January 1, 1990, he may continue to hold a restricted license without the necessity of meeting the requirements for a general license.

C. All applicants for restricted licenses who graduated from a dental school not accredited by the Commission on Dental Accreditation of the American Dental Association and are part of the faculty of the LSU system, must submit with the restricted license application:
1. a letter from the dean of the dental school that he/she attended attesting to the applicant's successful completion of the course of study; and

2. a letter from the LSU system showing that the applicant is or is expected to be a member of its faculty, and verifying the competency of the applicant. The LSU system is responsible to notify the board as to any termination of employment of any faculty member or graduate student holding a restricted license.

D. Restricted licenses may be issued to residents and/or graduate students in the LSU system, but those licenses are only valid during the time the applicant is a resident and/or graduate student in the LSU system.

E. Oral surgery residents who attend medical school as a requirement of their residency training may keep their restricted license active during medical school, but may only work in the hospital, or its affiliates sponsoring the residency.

F. Part-time faculty of the LSU system shall be exempt from the licensure requirements of §105.B and C. However, part-time faculty in the LSU system shall be required to successfully complete the examination in jurisprudence as required in §105.A.

G. All LSU system faculty must possess either a restricted or unrestricted license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§106. Parental Consent

A. No dentist is to replace a tooth or part of a tooth or associated tissue by means of a filling, cap, or crown on any person under the age of 18 years without the prior consent of the minor's parent or guardian.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§108. Levels and Definitions of Supervision

A. Licensed dentists who employ dental assistants, expanded duty dental assistants, and dental hygienists shall be responsible for the supervision of those employees' authorized duties. Authorized duties of dental assistants, expanded duty dental assistants, and dental hygienists may also be under the supervision of a licensed dentist who assumes responsibility for the treatment of that patient.

1. Direct Supervision. A licensed dentist personally diagnoses the condition to be treated; personally authorizes the procedures; is in the dental office or treatment facility during the performance of the authorized procedures; and, before dismissal of the patient, evaluates the performance of the dental assistant, expanded duty dental assistant, or dental hygienist.

2. General Supervision. The licensed dentist has authorized the procedures, which are being carried out by the dental hygienist in accordance with the dentist's treatment plan; however, the dentist is not required to be present in the dental office or treatment facility during the performance of the supervised procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 24:1112 (June 1998).

§110. Licensees Suffering Impairment Due to Alcohol or Substance Abuse

A. After considerable study and review of other state practices in regards to evaluation, diagnosis, prognosis, and treatment of licensees suffering impairment through chemical or drug abuse, the board shall hereby abide by the following procedures.

1. Where possible, a member of the Louisiana State Board of Dentistry may attend said intervention on either an official or unofficial basis according to his judgment in each particular case.

2. If the alleged impaired licensee fails to comply with the wishes and instructions of the intervention within seven days following said intervention, the board may order said alleged licensee into a properly equipped and board-approved facility for evaluation and, if necessary, treatment for the impairment, if same is proven positive. Should the evaluation prove that the licensee is not impaired, the cost of the evaluation shall be borne by the board. If the evaluation is positive for impairment, the cost for evaluation and all treatment thereof shall be borne by the licensee.

3. Should the alleged impaired licensee fail to comply with the order of the board relative to evaluation and treatment, formal proceedings may be brought against the alleged impaired licensee as soon as practicality dictates.

B. Any adverse action taken as a result thereof shall be reported to the National Practitioner Data Bank. However, if there is no action taken by the board in these matters, any required reporting to the National Practitioner Data Bank shall not be the responsibility of the Louisiana State Board of Dentistry.

C. If the impaired licensee has violated any other provisions of the Louisiana Dental Practice Act, said violation shall be prosecuted and any subsequent action taken thereof shall be reported to the National Practitioner Data Bank.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(2) and (8).


§112. Avoidance of Conflict of Interest by Board Members

A. No board member, during his or her term of office, shall simultaneously serve or hold the following appointive...
or elective offices in any local or statewide voluntary dental or dental hygiene association, organization, or society:

1. president;
2. president-elect;
3. vice-president;
4. secretary;
5. treasurer;
6. board of directors (elected or ex-officio);
7. peer review committee;
8. delegate or alternate delegate.

B. However, §112 shall not prohibit a board member from participating in any capacity relative to the administration of continuing education in any local or statewide voluntary dental association, organization, or society.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 24:1113 (June 1998).

§113. Public Comment at Board Meetings

A. A public comment period shall be held at or near the beginning of each board meeting, or any other time deemed appropriate by the board president. Persons desiring to present public comments shall notify the board or its executive director prior to the beginning of the meeting. However, to assure that an opportunity is afforded all persons who desire to make public comments, the board president shall inquire at the beginning of the meeting if there are additional persons who wish to comment. The board president shall allot the time available for the public comments in an equitable manner among those persons desiring to comment, limiting each person to a maximum of three minutes, with the total comment period not to exceed 30 minutes. Each person making public comments shall identify himself and the group, organization or company, if any, he represents.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1776 (August 2002).

§114. Reinstatement of Licenses Revoked for Non-Payment

A. The board may reinstate a Louisiana dental or dental hygiene license which was revoked due to non-renewal provided that the former licensee:

1. has submitted the fully completed required application form with all supporting data and certification of competency of good character;
2. has paid all required fees;
3. has, if deemed necessary by the board, appeared for a personal interview before the board;
4. possesses a current certificate in the American Heart Association cardiopulmonary resuscitation health care provider course, the American Red Cross professional rescue course, or their equivalent; and
5. has complied with applicable provisions of §124.

B. Regardless of the former licensee’s compliance with the foregoing and the requirements listed in §124, the board may refuse to reinstate a license for any of the following:

1. any material misrepresentation or omission in the application; or
2. any disciplinary action or sanctions taken against an applicant’s license in another jurisdiction; or

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§116. Reconsideration of Adverse Sanctions

A. Any person wishing to initiate an application for reconsideration of an adverse disciplinary decision of the board or consent decree must make the request in writing and it shall be received by the board at its office no later than 30 days prior to the next scheduled meeting of the board in order for it to be placed on the board agenda for consideration. The request for reconsideration of adverse sanctions shall be filed with the board in conformity with LAC 46:XXXIII.911.

B. The request for reconsideration should be accompanied by supporting documentation and other pertinent information demonstrating his/her professional and/or personal rehabilitation since the adverse disciplinary sanctions or decision of the board.

C. If timely received, the applicant's written request and all supporting documentation and/or information are delivered to the board's disciplinary committee which originally rendered the adverse decision to the applicant, and said committee shall determine if the applicant's request for reconsideration has substantial merit. In the course of the committee's review, if it deems necessary, it may require the applicant and all supporting references to appear in person before the committee for the purpose of affording the committee an opportunity to personally interview each person. All expenses for the attendance of the applicant and his/her personal references shall be borne by the applicant. Because of the nature of the request, the committee may entertain it in executive session at the option of the applicant. Moreover, the committee shall prescribe time limitations for all speakers appearing before it and order such other considerations as will promote a fair and orderly review of the subject matter. After review of the documentation and completion of the interviews, if any, the committee will determine if the request for reconsideration has sufficient merit to warrant the committee's favorable recommendation to the full board. If the committee rules
favorably to the applicant, then the applicant's entire request for reconsideration and all supporting documentation and/or information are forwarded to the full board for its further consideration at the next scheduled board meeting.

D. If the committee decides that the application is without substantial merit, it shall so inform the officers of the board and, thereafter, one officer shall be appointed to notify the applicant, in writing, of said unfavorable action. The applicant is not thereafter entitled to appear before the full board relative to this application; only applications which have been found to have substantial merit by the committee are to be submitted to the full board.

E. The full board, at its next meeting, may consider those applicants found by the committee to have substantial merit in open meeting if requested to do so by the applicant. In the absence of such request, the board shall entertain the matter in executive session. In the course of the board's review, if it deems necessary, it may require the applicant and all supporting references to appear in person before the board for the purpose of affording the board an opportunity to interview each person first hand. All expenses for the attendance of the applicant and his/her personal references shall be borne by the applicant. Moreover, the board shall prescribe time limitations for all speakers appearing before it and order such other considerations as will promote a fair and orderly meeting.

F. If the full board concurs with the favorable recommendations of the disciplinary committee, then the board shall decide upon the exact terms and conditions of any amendment, modification, or other change in the recommendation of the disciplinary committee, then the board shall decide upon the exact terms and conditions of any amendment, modification, or other change in the original decision rendered against the applicant. Thereafter, the applicant shall be notified, in writing, of the board's decision.

G. If the full board does not concur with the favorable recommendations of the disciplinary committee, then the board shall so notify the applicant in writing.

H. Any person desiring to file an application for a reconsideration with the board shall be permitted to do so only after 12 months following the board's decision or ratification of a consent decree and only once every 12 months thereafter, unless new and compelling information becomes available. If an application is denied, then that person must wait at least until the expiration of 12 months from the date appearing on the board's denial letter before submitting a subsequent application.

I. A licensee may request a reconsideration of adverse sanctions a maximum of three times for the same disciplinary matter. Any applications beyond this limit will be considered at the discretion of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§120. Temporary Licenses

A. Temporary Licenses for Dentists. In order to protect the public and to avoid abuses of the exemption granted in R.S. 37:752(8), the board will not issue temporary dental licenses except to those applicants applying for a license by credentials under the provisions of R.S. 37:3651 upon their application and payment of applicable fees.

B. Temporary Licenses for Dental Hygienists. The board may issue temporary dental hygiene licenses to the following applicants:

1. those dental hygiene license by credentials applicants who have met all criteria specified in §706 prior to the next regularly scheduled board meeting and have requested and paid all fees associated with a temporary dental hygiene license; or

2. those dental hygiene license by credentials applicants who are applying under the provisions of R.S. 37:3651 upon their application and payment of applicable fees.

C. Under the provisions of R.S. 37:3651, military trained dentists or hygienists applying for a license by credentials who do not meet the practice requirements specified in §306.A.4.a-d or §706.A.4.a-b may apply for a temporary license in order to fulfill the practice requirements. Applicants must first apply for a license by credentials by meeting all other requirements listed in §306 or §706 and show their eligibility by providing the following documentation:

   1. proof of good standing of current, nonrestricted license in another jurisdiction;

   2. proof that there has been no disciplinary action against the applicant's professional license in any jurisdiction;

   3. proof of any military specialty training; and

   4. proof of current active duty status and orders to be stationed in Louisiana; or

   5. proof of honorable discharge within the 12 months immediately preceding the date of license by credentials application.

D. Under the provisions of R.S. 37:3651, the spouse of an active duty military member applying for a license by credentials who does not meet the practice requirements specified in §306.A.4.a-d or §706.A.4.a-b may apply for a temporary license in order to fulfill the practice requirements. Applicants must first apply for a license by credentials by meeting all other requirements listed in §306 or §706 and show their eligibility by providing the following documentation:

   1. proof of good standing of current, nonrestricted license in another jurisdiction;

   2. proof that there has been no disciplinary action against the applicant’s professional license in any jurisdiction;
3. proof of military member’s current active duty status;
4. proof of current marriage to the active military member; and
5. proof of military member’s orders to be stationed in Louisiana.

E. Any application for a temporary license shall be accompanied by the applicant’s license by credentials application and applicable fees.

F. Temporary license holders must practice within the state of Louisiana.

G. Temporary licenses granted under this Section shall be issued for no longer than six months. The licensee must submit documentation of satisfaction of the practice requirement to renew any temporary license for a subsequent six-month period.

H. In no case shall a temporary dental license be valid for longer than three years.

I. In no case shall a temporary dental hygiene license be valid for longer than one year.

J. Temporary licenses may be revoked:
2. should the board deny the application for any reason set forth in §307 or §707; or
3. for failure to satisfactorily prove the licensee’s practice in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§122. Scopes of Practice

A. The board has reviewed and approved the "Standards for Advanced Specialty Education Programs" set forth by the Commission on Dental Accreditation of the American Dental Association and approves of the following specialties:
1. dental public health;
2. endodontics;
3. oral and maxillofacial surgery;
4. oral pathology;
5. orthodontic and facial orthopedics;
6. pediatric dentistry;
7. periodontics;
8. prosthodontics; and
9. oral and maxillofacial radiology.

B. The board approves of the definition of the specialties listed in §122.A and as set forth in §301.D, and acknowledges that those definitions set forth the scope of practice of said specialties.

C. A licensed dentist is recognized as a specialist in Louisiana if the dentist meets the standards set forth below.

1. The licensed dentist seeking specialty recognition must have successfully completed an ADA accredited post-doctoral program for each specialty.
2. The requirements of Paragraph C.1 of this Section shall not apply to otherwise qualified specialists who have announced their ADA approved specialty prior to the date of promulgation of this rule.
3. Specialists must provide the board with satisfactory documentation of their specialty training.

4. Specialists are required to limit their practice exclusively to the indicated specialty area(s) as defined by the board and its rules.

5. A specialist who wishes to practice general dentistry must be evaluated by the board in accordance with LAC 46:XXXIII.124 to determine the need of remediation prior to practicing general dentistry.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§124. Guidelines for Returning to Active Practice

A. Section 124 is intended to provide guidelines to enable the board to provide evaluation and remediation to dentists and dental hygienists who have not actively practiced their professions for a sufficient length of time for any reason which would justify various levels of remediation to assure the board that the dentist or dental hygienist is sufficiently qualified to again practice on the public. This Section applies whether or not a license has been inactivated.

B. In all cases where a dentist or dental hygienist has not practiced their profession due to a problem concerning unprofessional conduct, substance abuse, criminal activity, or other issues concerning moral turpitude, said dentist or dental hygienist may be assessed by a psychiatrist or psychologist of the board's choosing to determine remediability. The cost of the assessment shall be borne by the dentist or dental hygienist.

C. Evaluations of the diagnostic, clinical, and laboratory skills of the dentist or dental hygienist shall be evaluated by an entity of the board's choosing. The costs of the evaluation shall be borne by the dentist or dental hygienist. Evaluations may include, but not be limited to, comprehensive table examinations, written examinations, and clinical examinations. These examinations shall cover those areas of dentistry the board feels are necessary to have evaluated.
D. When a licensee has been inactive for a period of three months to one year, it is the prerogative of the board to have the licensee evaluated in any specific or all fields of dentistry or dental hygiene as deemed necessary by the board.

E. In all cases where a license has been suspended for a period of three months or more, the dentist or dental hygienist shall successfully complete a course in ethics as determined by the board in addition to any other requirements at the discretion of the board.

F. When a licensee has not practiced for one year or greater, an evaluation by a dentist and/or specialist appointed by the board shall be conducted. Varying degrees of remediation shall be determined by the board on a case-by-case basis. Areas of specific concern for general dentists are:

1. oral diagnosis/treatment planning;
2. dental materials;
3. operative dentistry;
4. fixed prosthodontics;
5. removable prosthodontics;
6. periodontics;
7. endodontics;
8. pain control/pharmacology;
9. nitrous oxide sedation;
10. cardiopulmonary resuscitation;
11. infection control;
12. OSHA regulations;
13. jurisprudence;
14. implantology;
15. ethics;
16. oral surgery;
17. orthodontics.

G. Specialists may be evaluated by other specialists in that field appointed by the board, or oral examinations, or written examinations.

H. Dental hygienists shall be evaluated on all areas of dental hygiene for which they are authorized to perform. These evaluations may be performed by written and/or clinical examinations.

I. When a license has been inactive for one year or greater, the licensee must submit to a fingerprint background check.

J. When a license has been inactive or a licensee has not practiced for one year or greater, the licensee will be required to successfully pass an examination administered by the board testing the licensee’s knowledge of the Louisiana Dental Practice Act and the jurisprudence affecting same. In addition, within 120 days of the reinstatement of a license or the licensee’s return to active practice, the licensee will be required to complete one-half of the continuing education requirement for relicensure as described in §§1611 and 1613. The continuing education courses shall include a board-approved cardiopulmonary resuscitation course.

K. In all cases, the board has the discretion to prescribe any course of remediation it deems fit and proper, including, but not limited to, requiring further education at a dental or dental hygiene school, participation in mini-residencies, or practicing only under the direct supervision of other licensed dentists.

L. Any dentist or dental hygienist who is authorized to return to active practice with restrictions or requirements on their license who do not completely satisfy said requirements or restrictions shall be subject to sanctions, including, but not limited to, revocation of their license whether or not a complaint has been received by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§128. Provisional Licensure for Dental Healthcare Workers Providing Gratuitous Services

A. The Board of Dentistry may grant a provisional license not to exceed 60 days in duration for any dentist or dental hygienist who is in good standing in the state of their licensure and who wishes to provide gratuitous services to the citizens of Louisiana at sites specified by the Department of Health and Hospitals provided:

1. the applicant is verified by the board to be in good standing in the state of licensure where the applicant is licensed;
2. the applicant provides satisfactory documentation to the board that the dental healthcare provider is assigned to provide gratuitous services at sites specified by the Department of Health and Hospitals;
3. the applicant agrees to render services on a gratuitous basis with no revenue of any kind to be derived whatsoever from the provision of dental services within the state of Louisiana.

B. The board may renew this provisional license for no more than an additional 60 days.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6) and (8) and R.S. 49:953(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 32:1227 (July 2006).

§132. Administration of Botox and Dermal Fillers

A. The board does not issue permits for the administration of Botox or dermal fillers. The board does not regulate dental materials of any type. However, due to the
ranging utilization of these materials by dentists, the board sets forth the following requirements.

B. Before administering Botox or dermal fillers, a dentist must have either received satisfactory training in a dental institution accredited by the Commission on Dental Accreditation of the American Dental Association or successfully completed a continuing education course of instruction that includes at a minimum the following:

1. patient assessment and consultation for Botox and dermal fillers;
2. indications and contraindications for these techniques;
3. safety and risk issues for botulinum neurotoxin/dermal fillers injectable therapy;
4. proper preparation and delivery techniques for desired outcomes;
5. enhancing and finishing esthetic dentistry cases with dermal fillers;
6. botulinum neurotoxin treatment of temporomandibular joint syndrome and bruxism;
7. knowledge of adverse reactions and management and treatment of possible complications;
8. patient evaluation for best esthetic and therapeutic outcomes;
9. integrating botulinum neurotoxin and dermal filler therapy into dental therapeutic and esthetic treatment plans;
10. live patient hands-on training including diagnosis, treatment planning, and proper dosing and delivery of Botox and dermal fillers.

C. Botox and dermal fillers shall only be administered in dental offices using universal precautions as required by the Federal Centers for Disease Control.

D. All dental auxiliaries are prohibited from administering either Botox or dermal fillers.

E. Continuing education courses shall be approved or sponsored by one or more of the entities set forth in LAC 46:XXXIII.1615.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:760 (8).

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 37:3513 (December 2011).

### Chapter 3. Dentists

#### §301. Advertising and Soliciting by Dentists

A. Scope. This Section provides for advertising requirements in addition to those set forth in R.S. 37:774 and R.S. 37:775 for dentists licensed and practicing in this state. The provisions in this Section shall govern any and all forms of advertisements including but not limited to all forms of printed and electronic media and direct or telephone solicitations.

B. Identification of Licensee. All advertising in any medium must identify the Louisiana licensed dentist who sponsors or benefits from, and assumes total responsibility for, the advertisement. The term identify shall mean the use of the licensee's commonly used name or the name appearing on his dental license or renewal certificate, together with the current address and telephone number the licensee has on file with the board.

C. Approved Specialties. The board has reviewed and approved the "Standards for Advanced Specialty Education Programs" set forth by the Commission on Dental Accreditation of the American Dental Association and approves only the following specialties:

1. dental public health;
2. endodontics;
3. oral and maxillofacial surgery;
4. oral pathology;
5. orthodontics and dentofacial orthopedics;
6. pediatric dentistry;
7. periodontics;
8. prosthodontics; and
9. oral and maxillofacial radiology.

D. Definitions

*Advertisement and Advertising*—any statement, oral or written, disseminated to or displayed before the public or any portion thereof with the intent of furthering the purpose, either directly or indirectly, of selling professional services, or offering to perform professional services, or inducing members of the public to enter into any obligation relating to such professional services. The provisions of this Section shall apply to advertising of any nature regardless of whether it is in the form of paid advertising.

*Dental Public Health*—the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs, as well as the prevention and control of dental diseases on a community basis. Implicit in this definition is the requirement that the specialist have broad knowledge and skills in public health administration, research methodology, the prevention and control of oral diseases, the delivery and financing of oral health care, and the identification and development of resources to accomplish health goals.

*Endodontics*—the branch of dentistry that is concerned with the morphology, physiology, and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention, and treatment of diseases and injuries of the pulp; and associated periradiculard condition.
Oral and Maxillofacial Radiology—the specialty of dentistry and the discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy, in a manner that minimizes risk to the patient, operator and the public, that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.

Oral and Maxillofacial Surgery—the specialty of dentistry which includes the diagnosis, surgical, and adjunctive treatment of diseases, injuries and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

Oral Pathology—the specialty of dentistry and discipline of pathology which deals with the causes, processes and effect of these diseases. The practice of oral pathology includes research, diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations, and management of patients.

Orthodontics and Dentofacial Orthopedics—the area of dentistry concerned with the supervision, guidance, and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception, and treatment of all forms of malocclusion of the teeth and associated alterations of their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiological and aesthetic harmony among facial and cranial structures.

Pediatric Dentistry—an age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

Periodontics—that specialty of dentistry which encompasses the prevention, diagnosis, and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes; the maintenance of the health, function and esthetics of these structures and tissues; and the replacement of lost teeth and supporting structures by grafting or implantation of natural and synthetic devices and materials.

Prosthodontics—the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or maxillofacial tissues using biocompatible substitutes.

E. Prohibition on Misrepresentative or Fraudulent Advertising. No dentist shall disseminate or cause the dissemination of any advertisement or advertising which is in any way fraudulent, false, deceptive, or misleading in form or content. Additionally, no dentist shall disseminate or cause the dissemination of any advertisement or advertising which:

1. contains misrepresentations of fact;
2. is likely to mislead or deceive because in its context or in the context in which it is presented makes only a partial disclosure of relevant facts;
3. contains laudatory statements about the dentist or group of dentists;
4. is intended or likely to create false, unjustified expectations of favorable results;
5. relates to the quality of dental services provided as compared to other available dental services;
6. advertises any procedure mandated or prohibited by law;
7. contains other representations or implications that in reasonable probability will cause an ordinarily prudent person to misunderstand or to be deceived. For example, it is fraudulent, false, deceptive, and misleading for a dentist who utilizes a laser in his dental practice to advertise that the use of lasers is painless, heals faster, or provides better results than other dental procedures. However, a dentist may advertise that he treats patients with a laser in certain circumstances.

F. Advertising through or with Referral Services. Any dentist who advertises by, through or with a referral service shall be held responsible for the contents of such advertising, and all advertisements shall comply with this rule.

G. Disclosure of Area of Practice

1. Specialists must disclose their specialties in print larger than and/or bolder and noticeably more prominent than any service offered in their specialty or related area of dentistry.
2. Those dentists who have not completed a post-doctoral training program in an approved specialty of dentistry listed in §301.C must advertise their areas of practice in such a way that the public is not misled into believing that the dentist has met the educational requirements for the specialties listed.
3. Anyone not qualified for the specialties listed in §301.C must disclose "General Dentistry" or "Family Dentistry" in print larger and/or bolder and noticeably more prominent than any area of practice or service advertised.
4. Those group practices which include general dentists and specialists must list the phrase "General Dentistry and Specialty Practice" or "Family Dentistry and Specialty Practice" larger and/or bolder and noticeably more prominent than any service offered. All dentists associated with the group and their area of practice shall be listed.
H. Prohibition on Advertising Names of Persons Not Involved in Practice. Advertising which includes the name of a person who is neither actually involved in the practice of dentistry at the advertised location nor an owner of the practice being advertised is not permitted. However, to facilitate the smooth transition of a practice after its sale from one licensee to another, it is permissible to identify the previous owner in advertising by the new owner for a reasonable period of time not to exceed a period of 24 months. If a practice is being managed in transition following the death or disablement of a dentist, it is permissible to identify the deceased or disabled dentist in advertising for a period not to exceed 24 months following the death or disability of said dentist. This rule does not provide authority to use a previous owner's name in any advertising without first obtaining that licensee's or his legal representative's written permission to do so.

I. Advertisement of Fees and Discounted Services

1. An appropriate disclosure regarding advertised fees is necessary to protect the public so all procedures or devices which are advertised with fees must adequately describe the procedure or device in such a way that a layperson is not misled. Proof of customary fee must be available if discounted fees are advertised, and the true fee from which the discount is taken must be in the advertisement also.

2. Any advertisement containing fee information shall contain a disclaimer statement that the fee is a minimum fee, and that the charges may increase depending on the treatment required, if any.

3. Any advertised fee for a dental service shall state a specified period during which the fee is in effect or that service shall remain available at or below the advertised fee for at least 90 days following the final advertisement for that service.

J. Appendages. In addition to those appendages required by law pertaining to one's business entity such as Professional Dental Corporation (P.C.) or Dental Limited Liability Company (L.L.C.), dentists may only use those abbreviations or appendages as specified under R.S. 37:771 or other degrees earned from accredited colleges or universities after their names. Fellowships, awards, membership in academies, or non-degree boards may be spelled out in their entirety under one's name, but not appended to the name so as to avoid confusion to the consumer. However, fellowships, awards, memberships in academies and non-degree boards may be appended to names in newsletters which are not intended for publication or dissemination to the public but which remain peculiar to dentists or dental hygienists. An example is the "Pelican Pouch" which is a newsletter which goes out to members of the Academy of General Dentistry. It is permissible for persons to append "F.A.G.D." after their names in newsletters such as this.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§304. Address of Dental Practice and Mailing Address

A. Each dentist shall inform the Louisiana State Board of Dentistry of his official mailing address and all office addresses at which the dentist practices dentistry within 30 days of changing his official mailing address or commencing practice at each location if the dentist practices for more than 30 days in a 1-year period at the new location.

B. Failure of a dentist to notify the board within 30 days of any change of official mailing address or office move or relocation will result in the imposition of any one or more of the penalties set forth in R.S. 37:780(B).

C. Within 30 days following the abandonment of any office located within Louisiana, all signs or references to the practice of dentistry at said former office by the dentist shall be removed. This pertains to all references whether attached or not attached to the abandoned premises. A licensee's failure to remove said signs in accordance with this Section will result in the imposition of any one or more of the penalties set forth in R.S. 37:780(B).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§306. Requirements of Applicants for Dental Licensure by Credentials

A. The board may issue a license by credentials in lieu of an examination administered by a board approved clinical licensing examination agency provided that the applicant provides to the board satisfactory documentation evidencing that the applicant:

1. meets all requirements set forth in R.S. 37:761 and 37:768, and LAC 46:XXXIII.103 and 1805;

2. has satisfactorily passed an examination administered by the Louisiana State Board of Dentistry testing the applicant’s knowledge of the Louisiana Dental Practice Act and the jurisprudence affecting same;

3. currently possesses a nonrestricted license in another state as defined in R.S. 37:751(A)(1);

4. has been in active practice, while possessing a nonrestricted license in another state, by:
   a. working full-time as a dentist at a minimum of 1,000 hours per year for the preceding three years before applying for licensure in Louisiana; or
b. working full-time in dental education as a teacher for a minimum of three years immediately prior to applying for licensure in Louisiana; or

c. having successfully completed a two-year general dentistry residency program, and applying for a Louisiana dental license by credentials within 180 days of his completion of the program; or

d. having successfully completed a residency program in one of the board-recognized dental specialties as defined in §301, and applying for a Louisiana dental license by credentials within 180 days of his completion of the program;

5. successfully completed an initial licensure examination that included procedures on a live patient;

6. has not failed any clinical licensure examination a total of three or more times. This number includes the accumulation of all examinations taken regardless of the testing agency. This number excludes failures of clinical examinations taken prior to an applicant’s final year of dental school. A make-up examination counts as an examination;

7. is endorsed as being in good standing by the state board of dentistry in the state of current practice and all prior states of licensure and practice;

8. has no pending criminal charges against him/her;

9. has paid all nonrefundable costs and fees;

10. has fully completed the required application form with all supporting data and certification of competency and good character;

11. has submitted Drug Enforcement Administration registration certificate number and state narcotics license number in all states wherein same are held or have been held;

12. has submitted one recent passport type color photograph;

13. has accounted for all units of time since graduation from dental school;

14. has furnished three affidavits of recommendation from professional associates (unrelated to the applicant) who have knowledge of the applicant’s ability to practice dentistry after the applicant’s graduation from dental school;

15. has no physical or psychological impairments which would, in the judgment of the board, adversely affect his/her ability to practice dentistry;

16. has completed continuing education in compliance with the rules of all states in which he is currently licensed and practicing;

17. has, if deemed necessary by the board, appeared for a personal interview before the board;

18. has shown or provided a sworn affidavit that there are no unresolved complaints against him/her;

19. has provided satisfactory explanation of any and all malpractice insurance payments made on the behalf of the applicant or any of the applicant’s employers; and

20. has shown that his/her professional liability insurance has never been revoked, modified, or nonrenewed.

B. Licensure by credentials shall be granted subject to the provisions of §307.A.

C. The holder of a license issued under this section shall establish a practice location and actively practice dentistry, as defined in R.S. 37:751, in Louisiana within one year from the date the license is issued. The license issued under this section shall be void upon a finding by the board that the licensee fails to limit the licensee’s practice to Louisiana or that the licensee no longer actively practices dentistry in Louisiana. However, when a dentist licensed under this section faces possible board action to void the dentist’s license for failure to limit the dentist’s practice to Louisiana, if the dentist demonstrates to the board that out-of-state practice actions were in connection with formal contract or employment arrangements for the dentist to provide needed clinical dental care to patients who are part of an identified ethnic or racial minority group living in a region of the other state with low access to dental care, the board, in its discretion, may waive the in-state limitations on the out-of-state practice for a maximum of 12 months.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:768.


§307. Criteria to be Utilized to Determine Professional Competence, Conduct and Ethics of an Applicant Seeking Licensure by Credentials

A. The following procedures shall be utilized by the board in determining the professional ability, conduct, and character of all applicants for a dental license in Louisiana by licensure by credentials:

1. information from the National Practitioner Data Bank and/or the American Association of Dental Examiners’ Clearinghouse for Disciplinary Information;

2. questioning under oath;

3. drug testing if reasonable cause is presented;

4. background check for criminal or fraudulent activities or conduct reflecting upon one’s professional conduct or ability;

5. the board reserves the right to conduct investigations into any and all information provided to
satisfy statutory or regulatory requirements for licensure by credentials.

B. Regardless of the applicant’s compliance with the foregoing and the requirements listed in §306, the board may refuse to issue a dental license based on the applicant’s credentials for any of the following:

1. any material misrepresentation or omission in the application; or

2. any disciplinary action or sanctions taken against an applicant’s license in another jurisdiction; or


C. False or fraudulent statements or material omission will result in suspension or revocation of licensure if discovered after issuance of a license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§308. Licensure by Credentials for Those Applicants Possessing D.D.S., D.M.D. and/or M.D. Degrees

A. The board shall issue a license to an applicant without the necessity of further examination except as required by R.S. 37:761, if it is determined that the applicant meets the requirements of §306 of this Chapter or:

1. is a graduate, with either a D.D.S. or D.M.D., of an accredited dental school or college or of a dental department of a university approved by the board and accredited by the Commission on Dental Accreditation of the American Dental Association; and

2. is licensed to practice dentistry in another state as defined in R.S. 37:751(A)(1); and

3. has successfully completed a graduate training program in a recognized specialty branch of dentistry; or has completed a residency in general dentistry as recognized by the American Dental Association; and

4. is currently duly licensed to practice medicine in this state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:768.


§310. Transportation Provided to Patients by Dentists

A. When transportation is provided to a patient by a dentist, or his agent, for the purpose of providing dental care to that patient, transportation must be provided for all subsequent follow-up treatments for the patient until all diagnosed treatment is completed. The dentist must keep written documentation for a minimum of three years following the initial visit by the patient evidencing his providing of transportation and/or his offer to provide transportation. An offer to provide transportation shall contain a signature by the patient, or the patient's parent or guardian, showing that they accepted or declined the offer of transportation for dental care. Lack of documentation shall be prima facie evidence that the offer to provide transportation was not made by the dentist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 21:573 (June 1995).

§313. Portable and Mobile Dentistry

A. Definitions

Mobile Dental Clinic or Mobile Dental Unit—any self-contained facility in which dentistry will be practiced which may be moved, towed, or transported from one location to another using fixed dental equipment and plumbing.

Mobile Operator—a dentist licensed in Louisiana who has registered a Mobile Dental Clinic or Mobile Dental Unit with the dental board pursuant to these rules and who provides dental services in a Mobile Dental Clinic or Mobile Dental Unit either directly and/or through Louisiana licensed dentist associates.

Mobile Operator Permit—an authorization given to a Louisiana licensed dentist for the physical use of a mobile dental clinic or mobile dental unit in which to provide dental services. One mobile operator permit is required for each mobile clinic regardless of the number of dentists who practice in the clinic.

Operation—the activity conducted by Mobile or Portable Operators.

Operator—a licensed Louisiana dentist that has a current Mobile or Portable Operator Permit.

Portable Dental Clinic—the use of portable dental delivery equipment which is set-up on site to provide dental services at locations other than a Mobile Dental Clinic or Mobile Dental Unit and other than a dental office and uses non-fixed dental equipment and plumbing.

Portable Operator—a dentist licensed in Louisiana providing dental services at a location other than a mobile dental clinic or mobile dental unit and other than a fixed dental office either directly and/or through Louisiana licensed dentist associates. One portable operator permit is required for each set of portable dental equipment regardless of the number of dentists who work in the portable dental clinic.

Portable Operator Permit—an authorization given to a Louisiana licensed dentist to provide dental services at locations other than a Mobile Dental Clinic or Mobile Dental Unit and other than a dental office. The Portable Operator Permit is required of the owner of the Operation and does not apply to any dentist employed or contracted with the owner of the Operation.

B. Exemptions

1. Exempt from the requirements of these regulations for portable or mobile dentistry and for the use of a mobile
dental clinic, mobile dental unit, or portable dental clinic are all federal, state, or local governmental agencies.

2. Dentists licensed to practice in Louisiana who have not registered with the board to operate a mobile dental facility or a portable dental operation may provide dental services through the use of dental instruments, materials, and equipment taken out of a dental office without registering if the service is provided as emergency treatment for their patients of record.

3. The services are limited to dental sealants, screenings, cleanings, radiographs, and fluoride treatments provided that such services are performed at no charge to the patient, the patient’s parent or guardian, or any third-party payor.

4. Dentist licensed to practice in Louisiana who limit their mobile or portable practice to taking impressions and delivering mouthguards and removable dentures.

C. Application and Criteria for Permit

1. To operate mobile or portable operations a dentist must be licensed in Louisiana, in good standing with the dental board, and must have a mobile operator permit, a portable operator permit, or both.

2. A dentist licensed in Louisiana desiring to obtain a mobile operator permit from the dental board in order to provide dental services in a mobile dental clinic or mobile dental unit, shall apply to the dental board for a mobile operator permit on an application form to be provided by the dental board and by providing evidence of compliance with the requirements of this section and paying all appropriate fees.

3. A dentist licensed in Louisiana desiring to obtain a portable operator permit to provide dental services at locations other than his office, shall apply to the dental board for a portable operator permit on an application form to be provided by the dental board and by providing evidence of compliance with the requirements of this section and paying all appropriate fees.

4. Any Louisiana licensed dentist with an existing portable or mobile dental practice shall be entitled to continue operating their portable or mobile dental practice under the prior existing dental board regulations until the necessary permits are granted so long as all application and supporting documentation are submitted for the new permits within 60 days of this rule taking effect.

5. All mobile or portable operations must conform to all existing and applicable Dental Practice Act rules and regulations, federal, state, and local laws, regulations, and ordinances including those relative to radiographic equipment, flammability, construction, sanitation, zoning, OSHA regulations, and applicable Federal Centers for Disease Control Guidelines and Prevention, Louisiana Department of Health and Hospital regulations including those for medical waste transportation, and the applicant possesses any applicable parish and city licenses or permits to operate the unit.

6. Each mobile dental clinic or mobile dental unit shall have:
   a. ready access to a ramp or lift if necessary;
   b. a properly functioning sterilization system;
   c. ready access to an adequate supply of potable water;
   d. ready access to toilet facilities if necessary;
   e. a covered galvanized, stainless steel, or other non-corrosive container for deposit of refuse and waste materials;
   f. an emergency kit available at all times;
   g. portable oxygen available at all times;
   h. sharps containers and red biohazard bags available on site;
   i. properly functioning radiograph equipment producing fully developed x-rays of diagnostic quality;
   j. suction equipment to achieve a minimum level of three cubic feet per minute.

7. Each portable dental clinic shall have:
   a. ready access to an adequate supply of potable water;
   b. ready access to toilet facilities if necessary;
   c. a covered galvanized, stainless steel, or other non-corrosive container for deposit of refuse and waste materials;
   d. an emergency kit available at all times;
   e. portable oxygen available at all times;
   f. sharps containers and red biohazard bags available on site;
   g. a properly functioning sterilization system;
   h. properly functioning radiograph equipment producing fully developed x-rays of diagnostic quality;
   i. suction equipment to achieve a minimum level of three cubic feet per minute.

8. The mobile dental clinic, mobile dental unit, or portable dental clinic shall be inspected in a timely fashion by a dental board member or a staff evaluator prior to receiving approval to operate.

9. During operations the mobile dental clinic, mobile dental unit, or portable dental clinic shall prominently display all applicable licenses and permits in compliance with §104 of these rules. These documents may be kept in a notebook labeled Licenses and Permits. Copies of licenses and permits are acceptable.

10. Transferability. Neither the mobile or portable permits are transferable.
11. Renewal. Mobile or portable permits expire at the same time as the operator's dental license but shall be renewed at the time the operator renews his or her dental license by completing the renewal form and paying all applicable fees.

D. Record Keeping. The operator or operation shall maintain an official business or mailing and actual, physical address of record which shall not be a post office box except where mail is deliverable to a post office box only and a 24 hour emergency telephone number which shall be filed with the board. The dental board shall be notified within 30 days of any change in the address of record. All written or printed, or electronic documents available from or issued by the operator or operation shall contain the official address of record of the operator or operation. When not in transit, all dental and official records, printed or electronic shall be maintained or available at the official office address of record, in conformity with all record-keeping requirements and provide at no cost within 24 hours via electronic means or 72 hours by other means upon receipt of a HIPAA compliant request with a satisfactory release.

E. Practice Standards

1. All operators and dentists providing care in mobile dental clinics, mobile dental units, or portable dental clinics shall maintain and uphold the prevailing standard of dental care.

2. Anesthesia in all operations shall be limited to local anesthetics only.

3. An operator or operation must have communication facilities immediately available which will enable the operator thereof to contact necessary parties in the event of a medical or dental emergency including 911 capabilities.

4. An operator or operation which accepts a patient and provides preventative treatment, including prophylaxis, radiographs, and fluoride shall make appropriate referrals for follow-up treatment when indicated in the dentist’s professional judgment and is subject to the prevailing standard of dental care.

5. An operator or operation must ensure that all dental services are provided in a clean, sanitary place, and in compliance with applicable Federal Centers for Disease Control and Prevention Guidelines, the Dental Practice Act and regulations, federal, state, and local laws, regulations, and ordinances including those relative to radiographic equipment, flammability, construction, sanitation, zoning, Louisiana Department of Health and Hospital regulations including those for medical waste transportation, and the applicant possesses any applicable parish and city licenses or permits to operate the unit.

6. An operator shall identify and advise the dental board within 30 days of any personnel change relative to all licensed dentists and dental hygienists, associated with the provision of dental services by providing their full names, addresses, telephone numbers, and license numbers.

7. At all times the mobile or portable dental activities shall be under the supervision of the dentist with the operator permit or any dentist working in that practice subject to direct and general supervision stipulations found in §701. Any dentist or dental hygienist rendering services shall be licensed and in good standing with the dental board.

8. Although the operator and operation is responsible for providing emergency follow-up care, the operator or operation must certify and provide the dental board a copy of a written agreement for emergency follow-up care for patients treated at said locations and the agreement is to include identification of and arrangements for treatment in a dental facility which is permanently established within 25 miles of the treatment site. When the operator has demonstrated no emergency facility is available within the area, the board may grant a distance waiver of this rule to promote and foster access to dental care.

9. When radiographs are to be made by the operator or operation, a lead apron which includes a thyroid collar shall be utilized and adequate protection for the x-ray technician shall be utilized.

10. There shall be a designated room with a minimum of 100 square feet where portable dentistry will occur and other children will not be present either during or immediately after dental procedures. Also prior to providing treatment a surgical prophylactic rinse shall be administered to the patient.

F. Cessation of Operations

1. Upon cessation of the operation, the operator shall notify the dental board within 30 days of the last day of operation in writing of the final disposition of patient records and charts.

2. If the operation is sold, a new registration application must be filed with the board.

3. Upon choosing to discontinue practice or services, the operator or operation shall notify within 30 days all patients where and how they may obtain their dental records.

4. The operator or operation shall make reasonable arrangements with the active patients of the operation for the transfer of the patients’ records, including radiographs or diagnostic quality copies thereof, to the succeeding practitioner or, at the written request of the patient, to the patient.

5. As used in this section "active patient" applies and refers to a person whom the operation has examined, treated, cared for, or otherwise consulted with during the two-year period prior to discontinuation of practice, or moving.

G. Consent Forms for Minors. No services may be performed on minors without a signed consent form from the parent or guardian, which includes the following:

1. a statement that if the minor already has a dentist, the parent or guardian should continue to arrange dental care through that provider;
2. a statement that a parent or guardian may attend all dental visits and the form provides a telephone number and address where the parent or guardian can contact the operator's office if they wish to be at the school, facility or site when the minor is being treated. If the parent or guardian contacts the operator's office requesting to be present at the dental visit when their child is being treated, then the operator shall notify the parent or guardian when dental care is to be rendered so the parent or guardian can be present. This notice shall be provided to the parent or guardian at least five calendar days before dental care is to be rendered to the patient. If the operator is unable to reach the parent or guardian on the first attempt, he shall make at least two more attempts before treatment is to be provided. If the parent or guardian requests to be present, but does not appear at the site where the treatment is being provided no dental care shall be rendered to that patient;

3. a telephone number for emergency services;

4. the telephone number of the parent or guardian. If the parent or guardian fails to include a contact phone number, then no dental services can be provided to that minor;

5. the consent form shall be provided in duplicate in order for the parent or guardian to be provided a copy;

6. confirmation that the patient, parent or legal guardian further understands treatment through such mobile dental or portable dental providers may affect future Medicaid and insurance benefits for the patient for one year;

7. a conspicuous statement that the parent or guardian should contact the operator at the operator’s toll free number if the parent or guardian has any questions whatsoever regarding the information provided or the consent form to be signed. The operator shall make a notation in the patient’s chart regarding all questions and answers between the two parties.

H. Information for Patients

1. All consent forms shall include but not be limited to the following:

a. a complete listing of all procedures which may be performed by the operator which shall include a description of the risks and potential complications;

b. a description of all behavior management procedures which may be involved in the provision of dental treatment, and those risks associated with such dental treatment or course of dental treatment, which would ordinarily have been disclosed under the same or similar circumstances by dentists with the same or similar training and experience. The parent or guardian should be encouraged to call the operator if he or she has any questions concerning any of the above. All questions must be answered in a satisfactory manner. A check box or similar feature should appear by each type of procedure listed and appropriate instructions provided so that a parent or guardian may give permission for treatment of a minor to include only those procedures specifically chosen from the list and the behavior management procedures;

c. a statement encouraging the parent or guardian to be present during the treatment of the patient in order to assist the dentist, if necessary, with behavior management;

d. a notation that treatment cannot be rendered on a minor patient unless his or her medical history has been updated within the past six months. A space on the consent form shall include a place for the parent to list any medical or dental problems which the patient may have;

e. an explanation of the notice of the operator’s privacy practices which shall be in conformity with all federal and state laws.

2. When appropriate, during or at the conclusion of each patient’s visit to the operation, the patient shall be provided with an information sheet and a copy shall be mailed to the patient’s home. If the patient has provided consent to an institutional facility to access the patient’s dental health records, the institution shall also be provided with a copy of the information sheet. An institutional facility includes, but is not limited to, a long-term care facility or school.

3. The information sheet as required herein shall include the following:

a. 24-hour toll free as well as an in-state telephone number and address where the parent, guardian, or patient can contact the operator's office for questions or emergency dental care;

b. the name of the dentist who provided services;

c. a description of the treatment rendered;

d. referral information if necessary;

e. post-operative instructions as necessary.

I. Standards for Equipment

1. The equipment and supplies shall be of a type and condition that allows the dentist providing dental services to meet the prevailing standard of dental care.

2. The equipment and supplies shall be subject to inspection by any dental board member, staff member or agent of the dental board.

J. Inspection of Mobile and Portable Operations

1. Inspections of mobile dental clinics, mobile dental units, or a portable operator location of service may be conducted by any dental board member, staff member, or agent of the dental board.

2. The operator shall provide notice to the board no later than 24 hours before providing dental services at a school. Said notice shall disclose the date, time, identity of all dental health care providers and the location. If the location is a school, the operator shall notify the principal of the school in writing before services are commenced that the dental team is required by law to allow board inspectors on campus in order to conduct unannounced inspections. That
notification letter will include the principal’s name and phone number and a copy of it will be sent to the board prior to commencing services at any given school.

3. The dental board shall be provided with a list of all sites, including addresses where the operator shall conduct mobile or portable activities, at the time the permit is applied for and it shall be updated as necessary every 30 days.

K. Disposal of Infectious Waste. An operator or operation must handle and dispose of all waste in accordance with §1001 of the board’s rules. The transporting of any biohazardous wastes shall be done in compliance with the Louisiana Department of Health and Hospital regulations for the handling and transportation of medical waste.

L. Non-resident Management and Administration Rules

1. Any operator or operation that contracts with or engages any company or entity ("administrative company") to provide management or administrative services shall not enter into a relationship which causes the dentist or his business entity to be in violation of R.S. 37:776(A)(9) which provides as follows:

(a) Division of fees or other remuneration or consideration with any person not licensed to practice dentistry in Louisiana, or an agreement to divide and share fees received for dental services with any non-dentists in return for referral of patients to the licensed dentists, whether or not the patient or legal representative is aware of the arrangement. However, this Paragraph shall not forbid dentists licensed in Louisiana from practicing in a partnership or professional corporation and sharing professional fees or forbid a dentist licensed in Louisiana from employing another dentist licensed in Louisiana. In addition, no dentist licensed in Louisiana shall share professional fees with a dentist whose license is either suspended or revoked during said period of suspension or revocation.

and R.S. 37:776(A)(10) which provides as follows:

(a) Employing, procuring, inducing, aiding, or abetting a person not licensed or registered as a dentist to engage in the practice of dentistry or to possess an ownership interest of any kind in a dental practice, but the person practiced upon shall not be an accomplice, employer, procurer, inducer, aider, or abettor within the meaning of this provision.

2. The operator must provide to the board proof that the administrative company is authorized to conduct business in the State and has a valid Certificate of Good Standing issued by the Louisiana Secretary of State.

3. An administrative company shall not be permitted to perform any duties or services that are exclusively a Louisiana licensed dentist’s responsibility under the Louisiana Dental Practice Act, including the following:

a. own a mobile or portable dental practice;
b. provide dental care;
c. determine what dental services should or should not be offered to a patient;
d. establish infection control procedures and standards;
e. determine patient charges and collection policies;
f. determine when a patient should or should not be referred and where the patient shall be referred;
g. establish HIPAA standards;
h. select and employ associated dentists and dental staff.

M. Miscellaneous Provisions

1. All dental health care providers of mobile or portable dentistry shall wear in a conspicuous place on their person a name tag identifying them and their position (D.D.S., R.D.H., EDDA, or D.A.).

2. All mobile or portable dentistry providers shall have written protocols for each of the following areas which shall be kept at the operator’s office and with all applicable licenses and permits:

a. sterilization procedures, including where dedicated and observable sterilization areas are located;
b. transportation of all waste materials, instruments and equipment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8), and Act 429 of the Regular Legislative Session of 2009.


§316. Disclosure of Financial Interest by Referring Dental Health Care Provider


B. No dental health care provider shall make referrals outside the same group practice as that of the referring dental health care provider to any licensed health care facility, or provider of health care goods and services, including, but not limited to, providers of clinical laboratory services, diagnostic services, medicinal suppliers, and therapeutic services when the referring dental health care provider has a financial interest served by such referrals, unless in advance of any such referral, the referring dental health care provider discloses to the patient, in writing, the existence of such financial interest. Nothing herein shall be construed to allow any Louisiana dentist or dental hygienist to violate R.S. 37:776(A)(9) or 37:777(A)(15), which prohibits patient referrals in return for the payment of something of value, except as provided therein, whether or not the arrangement is first disclosed, in writing, to the patient.

C. Financial Interest—a significant ownership or investment interest established through debt, equity, or other means and held by a dental health care provider or a member of a dental health care provider's immediate family, or any form of direct or indirect remuneration for referral.

D. It shall be a violation of §316 for any licensee to enter into any arrangement or scheme, including cross-referral arrangements, if the licensee knows, or should know, that he
or she has a principal purpose of insuring referrals by the licensee to a particular entity, which referral, if made directly by the licensee, would be a violation of §316.

E. Notwithstanding any other law to the contrary, any dental health care provider who violates the provisions of §316 shall refund all such sums received in payment for the goods and services furnished or rendered without disclosure of financial interest. Such a refund shall be paid to the individual patient, third-party payor, or other entity which made the payment.

F. Any violation of §316 constitutes grounds for the suspension or revocation of a license in addition to any other fines or restrictions on a dental license commensurate with the circumstances.

G. A dental healthcare provider may make a referral of a patient outside the dental healthcare provider's group practice for provision of healthcare items or services by other healthcare providers in which the referring dental healthcare provider has a financial interest as defined in Subsection C of this Section provided that the dental healthcare provider discloses in advance to the patient his/her financial interest. This disclosure must be in writing and shall be furnished to the patient, or the patient's authorized representative, prior to or at the time of making the referral, and shall include:

1. the dental healthcare provider's name, address, and telephone number;
2. the name and address of the healthcare provider to whom the patient is being referred by the dental healthcare provider;
3. the nature of the items or services which the patient is to receive from the healthcare provider to which the patient is being referred; and
4. the existence and nature of the dental healthcare provider's financial interest in the healthcare provider to which the patient is being referred.

H. The form of the disclosure required in this Section may include a signed acknowledgment by the patient or the patient's authorized representative that the required disclosure has been given.

I. Notice to a patient given substantially in the form of "Disclosure of Financial Interest" form prescribed in the Appendix to this rule shall be presumptively deemed to satisfy the disclosure requirements of this Section.

J. Proportionate return on investment payments or distributions by an entity representing a direct return on investment based upon a percentage of ownership shall not be deemed a payment prohibited by R.S. 37:1745.B or by §316 of these rules, provided that:

1. the amount of payment to an investor in return for the investment interest is directly proportional to the amount or value of the capital investment (including the fair market value of any pre-operational services rendered) of that investor;
2. the terms on which an investment was or is offered to an investor who is in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity must be no different from the terms offered to other investors;

3. the terms on which an investment was or is offered to an investor who is in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity must not be related to the previous or expected volume of referrals, items or services furnished, or the amount of business otherwise generated from that investor to the entity;

4. there is no requirement that an investor make referrals to, be in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity as a condition for becoming or remaining an investor;

5. the entity or any investor does not market or furnish the entity's items or services to investors differently than to non-investors; and

6. the entity does not loan funds to or guarantee a loan for an investor who is in a position to make or influence referrals to, furnish items or services to, or otherwise generate business for the entity if the investor uses any part of such loan to obtain the investment interest.

K. General Exceptions. Any payment, remuneration, practice or arrangement which is not prohibited by or unlawful under §1128B(b) of the federal Social Security Act (act), 42 U.S.C. §1320a-7(b)(b), as amended, with respect to health care items or services for which payment may be made under Title XVII or Title XIX of the act, including those payments and practices sanctioned by the secretary of the United States Department of Health and Human Services, through the Office of Inspector General, pursuant to §1128B(b)(3)(E) of the Act, through regulations promulgated at 42 CFR §1001.952, as the same may hereafter be amended, shall not be deemed a payment prohibited by R.S. 37:1745.B or by §316 of these rules with respect to health care items or services for which payment may be made by any patient or private or governmental payor.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and mandated by R.S. 37:1744.


§320. Required Inventories

A. The purpose of §320 is to supplement R.S. 37:794, "Dispensing of Controlled Substances; Records."

B. All licensees handling controlled substances in schedules I, II, III, IV, or V shall prepare a complete and accurate inventory of each such substance in his or her possession or under his or her control. All licensees will have records open for inspection by the Department of Health and Hospitals, the Drug Enforcement Administration, and the Louisiana state Board of Dentistry.
C. This inventory shall list a common or established name of each such controlled substance.

D. If the controlled substances are in dosage unit form, it will fully identify the form (e.g., amphetamine sulfate, 10 mg. tablets), and record the number of dosage units. If the controlled substance is in an ingredient in a powder, crystalline, liquid, bead, or other form, this inventory will fully identify the form (e.g., dextroamphetamine sulfate, elixir, 5 mg. per 5 ml.) and record the amount of each form.

E. This inventory shall be placed on the record separate from other business, professional, or required records. This record shall be prepared, dated, and signed by the dentist under whose control the controlled substances are placed.

F. The record shall be kept for a period of at least two years from the date of preparation. Inventory records shall be prepared in accordance with the provisions of §320.F every two years on the anniversary date of the initial inventory. These inventories may coincide with the dentist’s regular fiscal inventory, provided that he maintains his records of receipt, distribution, and dispensing in such a manner as to facilitate complete accounting for his or her handling of controlled substance (perpetual inventory control).

G. Any dentist failing to comply with the above conditions shall be deemed to have violated R.S. 37:776(A)(24) and R.S. 37:794.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 25:512 (March 1999).

§322. Expungement of Disciplinary Actions

A. A dentist may apply for the expungement of a first time advertising violation provided:

1. a period of three years has elapsed from the date the consent decree was executed by the board president or order issued after a disciplinary hearing;

2. the dentist has not had any subsequent disciplinary actions of any kind taken against him by the board or any other licensing or certifying agency since the initial advertising violation in question;

3. has no disciplinary actions or investigations pending at the time of request;

4. the board will retain all records relative to the first advertising violation, and it may use same in connection with future disciplinary proceedings, if any.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 33:2562 (December 2007).

Chapter 4. Fees and Costs

Subchapter A. General Provisions

§401. Scope of Chapter

A. The rules of this Chapter prescribe the fees and costs payable to and recoverable by the board with respect to the various services and functions performed by the board for or on behalf of the applicants for licensure, certification or registration, the holders of licenses and certificates issued by the board and the public.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:795.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:791 (November 1988).

§403. Form of Payment Required

A. With the exception of nonrestricted dental and dental hygiene license and permit renewal fees, payments to the board of fees or costs shall be made in U.S. funds in the form of a check, a certified check, a cashier’s check or a money order.

B. Nonrestricted dentists and all dental hygienists shall pay license and permit renewal fees to the board in U.S. funds in the form of a check, a certified check, a cashier’s check, a money order, or a credit card.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:795.


§405. Payments Nonrefundable

A. Except as may be expressly provided by these rules, all fees and costs paid to the board shall be nonrefundable in their entirety. All licenses renewed for two years shall be paid in full whether the licensee intends to retire within the two-year period or not.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:795.


§407. Dishonored Checks

A. In addition to the amount of fees and costs elsewhere prescribed in this Chapter, a handling fee of $50 shall be payable to the board by any person who, in payment of fees or costs, tenders to the board any check or other instrument which is dishonored or marked as an NSF check by the financial institution against which it is written or drawn. The handling fee shall be paid to the board within the notified period of time.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:795.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:791 (November 1988).
§409. **Term of License; Renewal**

A. All nonrestricted licenses shall be renewed biennially and will expire on December 31 of each calendar year of the renewal period. License renewal notifications are to be mailed by the board to licensed dentists and dental hygienists at their last known mailing address as indicated in the board files.

B. All restricted dental licenses shall expire annually on June 30. Restricted license renewal notifications are to be sent to the dentists’ employing dental school or facility.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:760(8).


### Subchapter B. General Fees and Costs

§411. **Miscellaneous Fees and Costs**

A. For providing the services indicated, the following fees shall be payable in advance to the board:

1. photocopies of documents, per page—$0.50;
2. certification of document as true copy—$5.00;
3. certification of document as official record—$5.00;
4. certification of good standing for licensee—$25.00;
5. official list of all licensed dentists—$500.00;
6. official list of all licensed dental hygienists—$500.00;
7. up to one-half of an official list of all licensed dentists or all licensed dental hygienists—$250.00;
8. handling and mailing costs, per page—$1.00;
9. bound copy of Dental Practice Act—$35.00;
10. unbound copy of Dental Practice Act—$25.00.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:760(8) and R.S. 37:795.


### Subchapter C. Fees for Dentists

§413. **Scope of Subchapter**

A. The rules of this Subchapter prescribe the fees and costs applicable to the licensing, certification and registration of dentists.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:795.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:791 (November 1988).

§415. **Licenses, Permits, and Examinations (Dentists)**

A. For processing applications for licensure, permits, and examinations, the following non-refundable fees shall be payable in advance to the board:

1. examination and licensing of dental applicant—$750:
   a. licensing of dental applicants who have successfully completed an examination administered by another jurisdiction which is accepted by the board—$300;
2. temporary dental license—$100;
3. issuance of a restricted dental license (excluding advanced education students and dental residents)—$200;
4. biennial renewal fee for dental license—$540;
5. annual renewal fee for restricted dental license (excluding advanced education students and dental residents)—$150;
6. replacement or duplicate dental license, certificate, temporary permit—$50;
7. delinquency fee in addition to renewal fee for any dental license—$250;
8. reinstatement of a license which has been suspended, revoked or which has lapsed by non-renewal—$500;
9. restricted dental license, advanced education students and dental residents:
   a. for period July 1-December 31—$100;
   b. for each full year (January 1-December 31) thereafter—$200;
   c. for period January 1-June 30—$100;
10. dental application and licensure by credentials (nonrefundable)—$2,000;
11. application and permitting for general or parenteral anesthesia permit—$400;
12. application and permitting for nitrous oxide anesthesia permit—$50;
13. renewal of general sedation or parenteral anesthesia permit—$200;
14. renewal of nitrous oxide anesthesia permit—$50;
15. biennial application and permit for mobile or movable dental office—$400;
16. criminal history background check—$200;
17. clinical licensing examination makeup fee per portion—$150;
18. retired volunteer dental license—$50;
19. application and permitting for enteral moderate sedation office permit—$100;
20. application and permitting for enteral moderate sedation personal permit—$100;
21. renewal of enteral moderate sedation permit for adult patients—$50;
22. renewal of enteral moderate sedation permit for pediatric patients—$50;
23. expungement of first-time advertising violation—$500;
24. application and permitting for mobile or movable dental office—$250;
25. annual fee to support well-being program—$25.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:795.

Subchapter D. Fees for Dental Hygienists

§417. Scope of Subchapter
A. The rules of this Subchapter prescribe the fees and costs applicable to the licensing, certification and registration of dental hygienists.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:795.
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:792 (November 1988).

§419. Licenses, Permits and Examinations (Dental Hygienists)
A. For processing applications for licensure, permits, and examinations, the following fees shall be payable in advance to the board:
1. examination and licensing of dental hygienist applicant—$250:
   a. licensing of dental hygiene applications who have successfully completed an examination administered by another jurisdiction which is accepted by the board—$150;
2. temporary dental hygienist permit—$100;
3. biennial renewal fee for dental hygienists—$220;
4. replacement or duplicate dental hygienist license, certificate, temporary permit—$50;
5. delinquency fee in addition to renewal fee for any dental hygienist license—$100;
6. reinstatement of a dental hygienist license which has been suspended, revoked, or which has lapsed by non-renewal—$250;
7. dental hygiene application and licensure by credentials (nonrefundable)—$800;
8. examination and permitting of dental hygiene applicants for administration of local anesthesia—$50;
9. renewal fee for dental hygienists' administration of local anesthesia—$50;
10. criminal history background check—$100;
11. clinical licensing examination makeup fee per portion—$50;
12. examination and permitting of dental hygiene applicants for administration of nitrous oxide inhalation analgesia—$50;
13. renewal fee for dental hygienists' administration of nitrous oxide inhalation analgesia—$50;
14. annual fee to support well-being program—$15.


Subchapter E. Fees for Expanded Duty Dental Assistant

§420. Certificate Confirmation and Reconfirmation Fees
A. For processing applications for certificate confirmations, the following fees shall be payable in advance to the board:
1. initial certificate confirmation fee—$100;
2. certificate reconfirmation fee (not more than once every three calendar years)—$25.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

Subchapter F. Adjudication Proceedings Costs

§421. Subpoenas
A. For issuance of a subpoena or subpoena duces tecum with respect to an administrative hearing, a fee of $15 shall
Chapter 5. Dental Assistants

§501. Authorized Duties

A. A dental assistant is one who is employed by and works in the office of a licensed, practicing dentist and performs the duties authorized by the Louisiana State Board of Dentistry under the direct on-premises supervision, direction and responsibility of the dentist.

B. A dental assistant may only perform the following under the direct on-premises supervision of the dentist who employs her or him as directly ordered by the dentist:

1. serve as the dentist's chair side assistant;
2. take and develop dental radiographs and intra-oral photographs;
3. take and record pulse, blood pressure and temperature;
4. apply:
   a. non-aerosol topical anesthetics;
   b. topical fluorides following prophylaxis by a dentist or dental hygienist;
   c. desensitizing agents;
   d. non-endodontic oxygenating agents;
5. chart existing restorations and missing teeth, floss teeth and make preliminary inspections of the mouth and teeth with a mouth mirror and floss only;
6. give intra-oral instructions and demonstrations on oral hygiene procedures;
7. receive removable prostheses for cleaning or repair work;
8. remove cement from dental restorations and appliances, with hand instruments, limited to the clinical crown;
9. make dental plaque smears;
10. place or remove preformed crowns or bands for determining size only when recommended by the dentist and only under his or her supervision;
11. place or remove ligatures, cut and tuck ligatures, remove tension devices and any loose or broken bands or arch wires;
12. place a removable retaining device in the mouth of a patient;
13. remove final impressions;
14. apply and remove rubber dams;
15. make preliminary study model impressions and opposing model impressions;
16. fabricate and remove interim crowns or bridges (interim meaning temporary while permanent restoration is being fabricated);
17. condition teeth prior to placement of orthodontics bands or brackets;
18. place or remove temporary orthodontic separating devices;
19. remove sutures, post-extraction dressing and surgical ligature ties.

C. exception: a dental assistant who has been employed by a licensed, practicing dentist and has worked as a dental assistant prior to July 30, 1992, may continue performing the following duties without registering as an expanded duty dental assistant. These duties must also be performed under the direct, on-premises supervision of the dentist:

1. apply cavity liners, excluding capping of exposed pulpal tissue;
2. place, wedge or remove matrices for restoration by the dentist;
3. place and remove periodontal dressings;
4. place and remove retraction cords.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§502. Authorized Duties of Expanded Duty Dental Assistants

A. A person licensed to practice dentistry in the State of Louisiana may delegate to any expanded duty dental assistant any chairside dental act that said dentist deems reasonable, using sound professional judgment. Such act must be performed properly and safely on the patient and must be reversible in nature. Furthermore, the act must be under the direct supervision of the treating dentist. However, a dentist may not delegate to an expanded duty dental assistant:

1. periodontal screening and probing, or subgingival exploration for hard and soft deposits and sulcular irrigations;
2. the removal of calculus, deposits or accretions from the natural and restored surfaces of teeth or dental implants in the human mouth using hand, ultrasonic, sonic, or air polishing instruments;
3. root planing or the smoothing and polishing of roughened root surfaces using hand, ultrasonic, or sonic instruments;
4. placement and removal of antimicrobial agents;
5. comprehensive examination or diagnosis and treatment planning;
6. a surgical or cutting procedure on hard or soft tissue including laser and micro abrasion reduction of tooth material;
7. the prescription of a drug, medication, or work authorization;
8. the taking of an impression for a final fixed or removable restoration or prosthesis;
9. the final placement and intraoral adjustment of a fixed appliance;
10. the final placement and intraoral or extraoral adjustment of a removable appliance;
11. the making of any intraoral occlusal adjustment;
12. the performance of direct pulp capping or pulpotomy;
13. the placement or finishing of any final restoration;
14. the final placement of orthodontic bands or brackets except in indirect bonding procedures in which the dentist has either performed the final placement of the brackets on the model or when the dentist has written a detailed prescription to the laboratory for placement of the bracket;
15. the administration of a local anesthetic, parenteral, intravenous (IV), inhalation sedative agent or any general anesthetic agent.

B. The delegating dentist shall remain responsible for any dental act performed by an expanded duty dental assistant.

C. Certified expanded duty dental assistants may not hold themselves out to the public as authorized to practice dentistry or dental hygiene.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§503. Guide to Curriculum Development for Expanded Duty Dental Assistants

A. Cognitive Objectives. Before becoming registered to perform expanded duty dental assistant functions, dental assistants should be tested on the reasons for doing these procedures, the criteria for correct performance of these procedures, and the effects of improper performance of these procedures. The dental assistant shall be familiar with the state Dental Practice Act and the rules and regulations governing dental auxiliaries. This testing shall be included within at least 30 hours of instruction.

B. The following is a model outline for the expanded duty dental assistant course. The hours are to be allocated by the instructor in accordance with current law:

1. introduction: What is an expanded duty dental assistant?
2. jurisprudence: legal duties of auxiliaries; limitation of auxiliary services; responsibility of dentists for all service provided under dentist's supervision; responsibility of auxiliaries to perform only those functions that are legally delegated; penalties for violation of Dental Practice Act; and mechanism to report to the board violations of dentists and/or auxiliaries;
3. infection control and prevention of disease transmission; dental assistants' responsibilities in upholding universal barrier techniques; and OSHA rules;
4. handling dental emergencies;
5. charting;
6. oral anatomy; morphology of the teeth; and medical and dental history for the dentist's review (vital signs, drug evaluation, medical laboratory reports, ascertaining the patient's chief dental problem);
7. overview of dental materials: cavity liners, temporary crown materials, periodontal dressings, post-surgical packs and acid-etch materials;
8. coronal polishing: rationale, materials, techniques and contraindications;
9. lab on coronal polishing and performance evaluation; half of the lab period shall be spent practicing on typodonts while the second half shall be spent practicing on partners;
10. lecture on use of gingival retraction cords; types of cords placement; and removal of cords;
11. lab on placement and removal of retraction cords; and performance evaluation-lab period shall be practicing on mannequins;
12. lab on placement of cavity liners; placement of temporary restorations; fabrications and placement of temporary crowns; placement of periodontal dressings; placement of post-surgical packs; performance of acid-etch techniques; placement and removal of wedges and matrices; and performance evaluation;
13. lecture on monitoring nitrous oxide/oxygen (N₂O/O₂) sedation;
14. Cardiopulmonary Resuscitation Course "C," Basic Life Support for Health Care Providers as defined by the American Heart Association or the Red Cross Professional Rescue Course; this course may count for three hours of instruction provided this course has been successfully completed within six months prior to certification;
15. clinical exam instructions;
16. clinical and written exams;
17. lecture on the placement of pit and fissure sealants;
18. lab on placement of pit and fissure sealants; performance evaluation lab shall be practicing on typodonts.

C. All applicants for expanded duty dental assistant certificate confirmation must successfully complete a course in X-ray function and safety approved by the Louisiana State Board of Dentistry. Any dental assistant who may have been grandfathered in 1984 with the amendment to R.S. 37:792 must still take a radiology course as described herein in order to seek the certificate confirmation as an expanded duty dental assistant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§508. Dental Assistants Graduating from Dental Assisting Schools Approved by the Commission on Dental Accreditation

A. Since the inception of R.S. 37:751(A)(7) defining an expanded duty dental assistant as a graduate from a dental assisting program accredited by the Commission on Dental Accreditation of the American Dental Association, many changes in technology and dental materials have taken place, and in the interest of the protection of the public those persons seeking expanded duty dental assistant status and who have graduated from CODA accredited schools, must comply with the following:

1. present satisfactory documentation from their dental assisting school evidencing training in all functions which expanded duty dental assistants are allowed to perform. If their training is inadequate, they must undergo remediation in a program approved by the board; or

2. complete a full expanded duty dental assistant program approved by the Louisiana State Board of Dentistry.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§512. Sanctions

A. Any dental assistant or expanded duty dental assistant who administers nitrous oxide inhalation anesthesia is subject to severe sanctions for practicing dentistry without a license. The dentist under whose instructions he or she performed the procedure will be subject to severe sanctions up to and including revocation of his or her dental license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 27:1892 (November 2001).

Chapter 6. Dentists Employing Nurses

§601. Authorized Duties

A. A dentist employing a registered nurse may assign any duty which the nurse is not prohibited from performing under:

1. the Nurse Practice Act, R.S. 37:911, et seq.; or

2. the Dental Practice Act, R.S. 37:751, et seq., as either may be amended from time to time.

B. Nothing herein contained shall be construed as empowering the Louisiana State Board of Dentistry to regulate nurses or the practice of nursing.

C. In the event of any conflict between the provisions of this rule and the provisions of the Nurse Practice Act, the provisions of the Nurse Practice Act shall prevail.
Chapter 7. Dental Hygienists

§701. Authorized Duties
A. Dental hygienists are expressly authorized to perform the procedure referred to as an oral prophylaxis, which is defined as the removal of plaque, calculus and stains from the exposed and unexposed surfaces of the teeth by scaling and polishing as a preventive measure for the control of local irritational factors.

B. A person licensed to practice dentistry in the state of Louisiana may delegate to any dental hygienist any chairside dental act which said dentist deems reasonable, using sound professional judgment. Such act must be performed properly and safely on the patient. Furthermore, the act must be under the direct on-premises supervision of the treating dentist. However, dental hygienists who perform authorized duties in any public institution or school may perform authorized duties (which shall not include the administration of nitrous oxide inhalation or local anesthesia, and root planing, which must be under direct supervision) under the general supervision of a licensed dentist. A dentist may not delegate to a dental hygienist:

1. comprehensive examination or diagnosis and treatment planning;
2. a surgical or cutting procedure on hard or soft tissue including laser and micro abrasion reduction of tooth material;
3. the prescription of a drug, medication, or work authorization;
4. the taking of an impression for a final fixed or removable restoration or prosthesis;
5. the final placement and intraoral adjustment of a fixed appliance;
6. the final placement and intraoral or extraoral adjustment of a removable appliance;
7. the making of any intraoral occlusal adjustment;
8. the performance of direct pulp capping or pulpotomy;
9. the placement or finishing of any final restoration except for the polishing of an amalgam restoration;
10. the final placement of orthodontic bands or brackets except in indirect bonding procedures in which the dentist has either performed the final placement of the brackets on the model or when the dentist has written a detailed prescription to the laboratory for placement of the bracket; and
11. the administration of parenteral, intravenous (IV), or any general anesthetic agent.

C. The delegating dentist shall remain responsible for any dental act performed by a dental hygienist.

D. Registered dental hygienists may not hold themselves out to the public as authorized to practice dentistry.

E. In accordance with Act 744 of the regular session of the Louisiana Legislature, effective June 29, 2006, dental hygienists may work under the general supervision of dentists licensed to practice in the state of Louisiana.

F. Under general supervision, a dental hygienist may provide to patients of record, for not more than five consecutive business days, all dental hygiene services (except the administration of nitrous oxide inhalation or local anesthesia, and root planing which must be under direct supervision) if all of the following conditions are satisfied:

1. the dental hygienist has at least one year of full time practice of dental hygiene;
2. the dental hygienist has current CPR certification and complies with the established protocols for emergencies which the supervising dentist has established;
3. the supervising dentist has examined the patient of record not more than nine months prior to the date that the dental hygienist provides the dental hygiene services;
4. the dental hygienist provides dental hygiene services to the patient of record in accordance with a written treatment protocol prescribed by the supervising dentist for the patient;
5. the patient of record is notified in advance of the appointment that the supervising dentist will be absent from the location;
6. no licensed dental hygienist, under general supervision, may delegate or supervise any dental hygiene duties for an expanded duty dental assistant; and
7. the dentist is responsible for all actions of the dental hygienist during treatment of patients under general supervision;
8. dental hygienists may perform light enhanced teeth whitening procedures such as Zoom® under general supervision.

G. The following limitations also apply to the practice of dental hygiene under general supervision:

1. No entity other than a public institution or school supervised by a Louisiana licensed dentist, or an office owned by a dentist or group of dentists licensed in Louisiana, may employ dental hygienists to provide treatment for patients of record under general supervision.

2. No duly licensed and registered dentist shall supervise more than two dental hygienists under general supervision at any one time.

3. No duly licensed and registered dentist shall supervise a dental hygienist for more than five consecutive business days or for more than 20 total days in any calendar year.

4. No patient can be seen twice consecutively under general supervision.
5. An examination fee must not be charged if a patient is seen under general supervision.

6. No person shall practice dental hygiene in a manner which is separate or independent from a supervising dentist, or establish or maintain an office or a practice that is primarily devoted to providing dental hygiene services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§703. Address of Employment and Mailing Address

A. Each dental hygienist shall inform the Louisiana State Board of Dentistry of his or her official mailing address and all office addresses at which the dental hygienist is employed as a dental hygienist and the name of the employing dentist. Failure of a dental hygienist to notify the board within 30 days of a change in the mailing address or address of employment as a dental hygienist and the name of the new employing dentist will result in the imposition of any one or more of the penalties set forth in R.S. 37:780(B).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§705. Prohibition against Illegal Conduct by Dental Hygienists

A. Dental hygienists are prohibited from engaging in any conduct, in connection with their practice of dental hygiene, which is prohibited by law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 14:791 (November 1988).

§706. Requirements of Applicants for Licensure by Credentials (Hygienists)

A. The board may issue a license by credentials in lieu of an examination administered by a board-approved clinical licensing examination agency provided that the applicant provides to the board satisfactory documentation evidencing that the applicant:

1. meets all requirements set forth in R.S. 37:764 and 37:768, and LAC 46:XXXIII.103 and 1805;

2. has satisfactorily passed an examination administered by the Louisiana State Board of Dentistry testing the applicant’s knowledge of the Louisiana Dental Practice Act and the jurisprudence affecting same;

3. currently possesses a nonrestricted license in another state as defined in R.S. 37:751(A)(1);

4. has been in active practice, while possessing a nonrestricted license in another state, by:
   a. working full-time as a dental hygienist at a minimum of 1,000 hours per year for the preceding year before applying for licensure in Louisiana; or
   b. working full-time in dental hygiene education as a teacher for a minimum of one year immediately prior to applying for licensure in Louisiana;

5. successfully completed an initial licensure examination that included procedures on a live patient;

6. has not failed any clinical licensure examination a total of three or more times. This number includes the accumulation of all examinations taken regardless of the testing agency. A make-up examination counts as an examination;

7. is endorsed as being in good standing by the state board of dentistry in the state of current practice and all prior states of licensure and practice;

8. has no pending criminal charges against him/her;

9. has paid all nonrefundable costs and fees;

10. has fully completed the required application form with all supporting data and certification of competency and good character;

11. has submitted one recent passport type color photograph;

12. has accounted for all units of time since graduation from dental hygiene school;

13. has furnished three affidavits of recommendation from professional associates (unrelated to the applicant) who have knowledge of the applicant’s ability to practice dental hygiene after the applicant’s graduation from dental hygiene school;

14. has no physical or psychological impairments which would, in the judgment of the board, adversely affect his/her ability to practice dentistry;

15. has completed continuing education in compliance with the rules of all states in which he is currently licensed and practicing;

16. has, if deemed necessary by the board, appeared for a personal interview before the board;

17. has shown or provided a sworn affidavit that there are no unresolved complaints against him/her;

18. has provided satisfactory explanation of any and all malpractice insurance payments made on the behalf of the applicant or any of the applicant’s employers; and

19. has shown that his/her professional liability insurance has never been revoked, modified, or nonrenewed.

B. Licensure by credentials shall be granted subject to the provisions of §707.A.
§707. Criteria to be Utilized to Determine Professional Competence, Conduct and Ethics of an Applicant Seeking Licensure by Credentials

A. The following procedures shall be utilized by the board in determining the professional ability, conduct, and character of all applicants for a dental hygiene license in Louisiana by licensure by credentials:

1. information from the National Practitioner Data Bank and/or the American Association of Dental Examiners' Clearinghouse for Disciplinary Information;
2. questioning under oath;
3. drug testing if reasonable cause is presented;
4. background check for criminal or fraudulent activities or conduct reflecting upon one's professional conduct or ability;
5. the board reserves the right to conduct investigations into any and all information provided to satisfy statutory or regulatory requirements for licensure by credentials.

B. Regardless of the applicant’s compliance with the foregoing and the requirements listed in §706, the board may refuse to issue a dental hygiene license based on the applicant’s credentials for any of the following:

1. any material misrepresentation or omission in the application; or
2. any disciplinary action or sanctions taken against an applicant’s license in another jurisdiction; or
3. any reason listed in R.S. 37:775 or R.S. 37:777.

C. False or fraudulent statements or material omission will result in suspension or revocation of licensure if discovered after issuance of a license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:768.


§708. Advertising by Dental Hygienists

A. Dental hygienists may advertise their practice of dental hygiene provided it is in conjunction with advertising by a dentist who employs him or her. No individual advertisement by a dental hygienist is allowed.

B. Dental hygienists may use the appendage "R.D.H." or other degrees earned from accredited colleges or universities after their names. Fellowships, awards, membership in academies, or nondegree boards may be spelled out in their entirety under one's name, but not appended to the name so as to avoid confusion to the consumer.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 22:23 (January 1996).

§710. Administration of Local Anesthesia for Dental Purposes

A. After satisfying the board of his or her competence to administer local anesthesia, a licensed dental hygienist may qualify for a special endorsement to administer local anesthesia for dental procedures under the direct on-premises supervision of a licensed dentist.

B. Competence to administer local anesthesia must be demonstrated to the board by successful completion of a course of study of at least 32 hours of instruction in a formal program in administration of local anesthesia sponsored by an institutional program accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the board. A certificate of course completion and a copy of the syllabus must be submitted to the board for approval. The course must include didactic studies and clinical experience in the administration of long buccal, maxillary and mandibular infiltration anesthesia, mental block anesthesia, lingual nerve block, inferior alveolar nerve block anesthesia, medical history and physical evaluation of the patient, and the prevention, diagnosis, and management of medical emergencies which can be encountered in the dental patient. A minimum of 20 satisfactory injections is required.

C. The curriculum for required study must include, but is not necessarily limited to:

1. medical history evaluation procedures;
2. physical evaluation;
3. CPR certification in accordance with board rules;
4. understanding pharmacology of local anesthesia and vasoconstrictors;
5. local anesthesia, didactic, and clinical course:
   a. anatomy of head, neck, and oral cavity as it relates to administering local anesthetic agents;
   b. indications and contraindications for administration of local anesthesia;
   c. selection and preparation of the armamentaria and record keeping for administering various local anesthetic agents;
   d. medical and legal management complications;
   e. recognition and management of post-injection complications and management of reactions to injections;
   f. proper infection control techniques with regard to local anesthesia and proper disposal of sharps;
§370. Local Anesthesia

A. A licensed dentist who is licensed to practice dentistry in the state of Louisiana and who performs such a procedure is subject to severe sanctions up to and including revocation of his/her license. The dentist under whose instructions he/she performed the procedure will be subject to severe sanctions up to and including revocation of the dentist's license.

§372. Nitrous Oxide Inhalation Analgesia

A. After satisfying the board of his or her competence to administer nitrous oxide inhalation analgesia, a licensed dental hygienist may qualify for a special endorsement to administer nitrous oxide inhalation analgesia for dental procedures under the direct on-premises supervision of a licensed dentist who currently holds a personal permit for the administration of nitrous oxide or higher level of anesthesia in an office location at which there currently exists an office permit for the administration of nitrous oxide or higher level of anesthesia.

B. No dental hygienist shall use nitrous oxide inhalation analgesia unless said dental hygienist has received authorization by the board evidenced by receipt of a permit from the board.

C. In order to receive authorization the dental hygienist must show and produce evidence that he/she complies with the following provisions:

1. completion of a board-approved course which conforms to American Dental Association guidelines as described in §1503 of these rules; and

2. provide proof of current certification in cardiopulmonary resuscitation, Course "C," Basic Life Support for the Healthcare Provider as defined by the American Heart Association, or its equivalent.

D. The permit to administer nitrous oxide inhalation analgesia shall expire with the expiration of the dental hygienist's license to practice dental hygiene.


Chapter 8. Complaints, Investigation, and Informal Resolution

§801. Complaints and Investigation

A. Complaints to the board about licensees or about individuals practicing without a license must be in writing to be considered by the board, although the board president has discretion to accept an oral complaint. Complaints can come from any source, including but not limited to the general public, board members and governmental agencies or their contractors.

B. When a complaint is received by the board, the complaint is sent for investigation to a committee of one or more board members. This committee is called the Disciplinary Oversight Committee (hereinafter referred to as...
The DOC generally consists of three board members chosen by the executive director of the board, but may consist of as few as one member. The board member from the same district as the licensee being investigated is not eligible to serve on the DOC. The board president is also not eligible to serve on the DOC during his term.

C. If for any reason, through recusal or otherwise, there are not enough board members to form a three-person DOC, the board president may appoint any Louisiana-licensed dentists and/or hygienists to serve on the DOC. The only restriction on the licensees to be appointed is that their home address in the board records not be within the same board electoral district as the home address of the licensee being investigated, if the subject of the investigation is a licensee.

D. The board president has discretion regarding whether to request a response from the subject of the complaint prior to sending the complaint to the DOC. If a response is requested, the subject of the complaint shall be given a reasonable amount of time under the circumstances to respond, and if the subject of the complaint responds, the response, along with the complaint and/or a summary of the allegations, shall be sent to the DOC.

E. The subject of the complaint will be provided with a copy of the complaint if a response is requested of the subject of the complaint except in circumstances where the board president in his discretion feels that the complaint should not be provided or that the identity of the person or entity making the complaint should remain confidential.

F. The board president may choose to have some preliminary investigation done prior to sending the matter to the DOC. Generally, this would include, but is not limited to, obtaining patient records for the DOC to review.

G. The complaint, a response from the licensee if one is requested and received, and any investigative materials gathered by the board, are sent to each member of the DOC. Each member then reviews the materials and conducts any research that he feels is appropriate, then makes a recommendation on how he believes the board should proceed in the matter. The recommendation is provided by the DOC member to the executive director of the board. Once all of the recommendations from the DOC member(s) are received by the executive director, the executive director informs the board president of the recommendations. Taking the recommendations into consideration, the board president chooses a course of action for the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 42:56 (January 2016).

§803. Recommendations by the Disciplinary Oversight Committee (DOC)

A. If the subject of the complaint is a licensee or a former licensee, the recommendations of the Disciplinary Oversight Committee (“DOC”) can include, but are not limited to, any of the following:

1. send the licensee a letter of concern. This letter of concern is not considered a sanction; it is sent when there is concern that there may have been a violation, but it is not clear that there has been a violation. The letter of concern is not made public, but is kept in the board records for future reference;

2. additional investigation by the board. If additional investigation is determined by the board president to be appropriate, then the board conducts additional investigation, after which the matter, along with the additional investigation materials, is sent back to the DOC for a second recommendation, which is again provided for determination to the board president;

3. informal resolution via correspondence. The licensee may, via correspondence, be offered an informal settlement of the matter;

4. informal dentist-to-dentist conference. The licensee may be offered the opportunity to meet with members of the DOC on an informal basis to discuss the allegations in the complaint;

5. formal adjudication. If formal adjudication is chosen, a new committee is formed to hear the charges against the licensee and formal charges are filed;

6. take no action against the licensee;

7. refer the complainant to the Louisiana Dental Association’s voluntary peer review program and take no action against the licensee;

8. ask a court for injunctive relief. If a former licensee is practicing without a license, this option to ask a court to enjoin the licensee from practicing, along with all of the above options, is available;

9. refer to the authorities for criminal charges.

B. If the complaint is against a non-licensee who has never held a Louisiana license, the recommendations of the DOC can include, but are not limited to any of the following:

1. take no action against the subject of the complaint;

2. asking a court for injunctive relief;

3. refer to the authorities for criminal charges.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 42:56 (January 2016).

§805. Informal Dentist-to-Dentist Meeting

A. If during the investigative phase of matter the option of an informal dentist-to-dentist meeting is chosen by the board, the licensee shall be invited via a correspondence to the informal meeting to meet on an informal basis with the members of the DOC to discuss issues raised by the complaint.

B. The licensee has the option to make an electronic recording of the informal meeting. If the licensee chooses
this option, the board is allowed to make its own recording. If the licensee does not choose this option, no recording is to be made. Only electronic recordings are allowed. Due to the informal nature of the meeting, a court reporter or transcriptionist is not allowed in the meeting.

C. The discussions that take place during the informal meeting shall not be used against the licensee if the matter later goes to a formal hearing, unless the licensee chooses the option of electronically recording the meeting, in which case the board will make its own copy of the meeting and will use anything said during the meeting at any subsequent formal proceeding.

D. The meeting is voluntary. The licensee is not required to attend.

E. The meeting is strictly dentist-to-dentist; only the licensee and the DOC members are eligible to be present in the room during the informal meeting.

F. Although only dentists are allowed in the room during the meeting, if the licensee wishes, at any time during the meeting, he may pause the meeting so he can consult his attorney, who is allowed to be present at the board during the meeting, or to call an attorney.

G. The DOC does not have the power to sanction the licensee. It only makes recommendations to the board about how to proceed. If the matter goes to a formal hearing, a second committee will be appointed. Only the second committee has the power to sanction. However, the DOC may attempt to negotiate a settlement with the licensee, which, if agreed to, becomes final and valid only after ratification by the full board. If the full board declines to ratify the settlement, the matter goes back to the DOC for further recommendations.

H. If the licensee and the DOC members negotiate a settlement, the licensee may, but will not be required to, sign the settlement on the same day as the informal meeting. The licensee will be allowed, if he chooses, to take a draft of the settlement home to think about it or to consult an attorney rather than to sign on the day of the informal meeting. If the licensee chooses the option of taking the draft home, he shall be granted at least three business days to consider the settlement offer.

I. If a negotiated settlement occurs during the informal meeting and the licensee is offered a consent decree to settle the matter, prior to the licensee signing the consent decree, the board shall turn over whatever evidence in its possession at the time that it would intend to put into evidence at a formal hearing, if there were to be a formal hearing.

J. If the matter is resolved, subject to board approval, through a consent decree negotiated at the informal meeting or as the result of the informal meeting, the consent decree is treated as a final action by the board, as set forth in R.S. 37:780(B), if ratified by the entire board.

K. If the matter is not resolved to the satisfaction of all parties at the informal meeting, or in the time period after the informal meeting that the licensee has been given to consider a proposed settlement, then, after the board member(s) assigned to conduct the informal meeting have reported to the president of the board, the latter may then determine whatever further action, if any, he deems necessary, including but not limited to formal adjudication.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 42:57 (January 2016).

Chapter 9. Formal Adjudication

§901. Scope of Chapter

A. The rules of Chapter 9 govern the board's initiation and adjudication of administrative complaints providing cause under law for the suspension or revocation, of a license issued by the board, imposition of probation on or other disciplinary action against persons holding licenses, permits, certifications, or registrations issued by the board, applicants therefor, or any non-licensed person illegally practicing dentistry or dental hygiene. The rules of Chapter 9 are promulgated in order to supplement the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and the Dental Practice Act, R.S. 37:751 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760 (4), (5), and (8).


§903. Initiation of Proceedings

A. When determined by the president that a formal adjudication is warranted, proceedings to adjudicate an administrative enforcement action shall be initiated by serving the complaint filed in accordance with §905 of this Chapter. Service of the complaint on the licensee may be accomplished by personal delivery to the licensee by an agent of the board, or delivery by certified U.S. Mail return receipt requested or courier at the most current mailing address of the licensee as indicated in the official records of the board. This complaint may be signed by either the president or a board member or employee designated by the president. Said notice shall name the accused licensee as respondent.

B. If the public health, safety, and/or welfare imperatively requires emergency action, the board, through its president, may order an interim suspension of a dental or dental hygiene license pending formal disciplinary proceedings, as provided in R.S. 49:961(C). The president shall appoint one or more board members to hear the evidence in support of an immediate interim suspension and to make recommendations to the board president, who shall thereafter issue whatever order of interim suspension pending formal adjudication as is warranted by the circumstances.

C. When determined by the president that a formal adjudication is warranted, the board president shall appoint a
committee of three or more board members to hear and rule on the charges. This committee is referred to as the Disciplinary Committee, and no board member who served on the Disciplinary Oversight Committee during the investigatory phase of the matter being brought to formal adjudication shall be eligible to serve on the Disciplinary Committee. The board president and any member of the board residing in the same board electoral district as the individual charged shall be ineligible to sit as a member of the Disciplinary Committee. The president shall appoint one member of the Disciplinary Committee to serve as its chairman.

D. If for any reason, through recusal or otherwise, there are not enough board members to form a three-person Disciplinary Committee, the board president may appoint any Louisiana licensed dentists and/or hygienists to serve on the Disciplinary Committee. The only restriction on the licensees to be appointed is that their home address in the board records not be within the same board electoral district as the home address of the licensee being investigated, if the subject of the investigation is a licensee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4) and (8).


§905. Complaint

A. The complaint shall set forth, in separately numbered paragraphs, a concise statement of the material facts and matters alleged and to be proven by the board including the facts giving rise to the board's jurisdiction over the respondent, the facts constituting legal cause under law for administrative action against the respondent, and the statutory or regulatory provisions alleged to have been violated by respondent. The complaint shall conclude with a description of the administrative sanctions or other relief which may be imposed by the board and shall bear the name, address and telephone number of complaint counsel engaged by the board to prosecute the adjudication.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry LR 19:1318 (October 1993).

§907. Notice of Hearing

A. Upon the filing of an administrative complaint pursuant to §903 and §905 of this Chapter, the board shall schedule the complaint for hearing before the committee not fewer than 45 days nor more than 180 days thereafter; provided, however, that such time may be lengthened or shortened as the board determines may be necessary or appropriate to protect the public interest or upon motion of the complaint counsel or respondent pursuant to a showing of proper grounds. In the event that the respondent's license, permit, certification, or registration has been suspended by the board pending hearing, pursuant to R.S. 49:961(C), formal adjudication of the complaint shall be noticed and scheduled not more than 45 days after the filing of the complaint; provided, however, that such time may be lengthened or shortened as the board determines may be necessary or appropriate to protect the public interest or upon motion of the complaint counsel or respondent pursuant to a showing of proper grounds.

B. A written notice accompanied by the complaint of the time, date, and place of the scheduled hearing regarding the matters set forth in the complaint shall be sent to the respondent by personal delivery to the licensee by an agent of the board, or delivery by certified U.S. Mail return receipt requested or courier at the most current mailing address of the licensee as indicated in the official records of the board. This notice shall include a statement of the legal authority and jurisdiction under which the hearing is to be held and shall be accompanied by a certified copy of the administrative complaint. In the event respondent fails to answer within the prescribed time, or the time as extended, the factual allegations contained within the administrative complaint shall be deemed admitted and proven by clear and convincing evidence.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4) and (8).


§909. Response to Complaint; Notice of Representation

A. Within 15 days of service of the complaint, or such longer time as the committee, on motion of the respondent may permit, the respondent may answer the complaint, admitting or denying each of the allegations of fact and of law set forth therein. Any matters admitted by respondent shall be deemed proved and established for purposes of adjudication. In the event that respondent does not file a response to the complaint, all matters asserted therein shall be deemed admitted.

B. Any respondent may be represented in an adjudication proceeding before the board by an attorney at law duly admitted to practice in this state. Upon receipt of service of a complaint pursuant to this Chapter, or thereafter, a respondent who is represented by legal counsel with respect to the proceeding shall, personally or through such counsel, give written notice to the board of the name, address and telephone number of such counsel. Following receipt of proper notice of representation, all further notices, complaints, subpoenas, orders or other processes related to the proceeding shall be served on respondent through his or her designated counsel of record.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).

§911. Pleadings; Motions; Service

A. All pleadings, motions or other papers permitted or required to be filed with the board shall be filed by personal delivery at or by mail to the office of the board or by email, in digital format, to the board. Pleadings, motions and other papers filed in pending adjudication proceedings shall certify that, by the same method of delivery, the same be concurrently served upon complaint counsel designated by the complaint, if filed by or on behalf of respondent, or upon respondent, through counsel of record if any, if filed by complaint counsel.

B. All such pleadings, motions or other papers shall be submitted on plain white, letter size (8 1/2 inches by 11 inches) bond, with margins of at least one inch on all sides and text double-spaced except as to quotations and other matters customarily single-spaced, shall bear the caption of the case as it appears on the complaint and shall include the certificate of the attorney or person making the filing that service of a copy of the same has been effected in the manner prescribed by §911.A.

C. The board may refuse to accept for filing any pleading, motion or other paper not conforming to the requirements of this Section.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).


§913. Prehearing Motion

A. Motions for continuance of hearing, for dismissal of the proceeding and all other prehearing motions shall be filed not later than 30 days following service of the complaint on the respondent or 15 days prior to the hearing, whichever is earlier. Each prehearing motion shall be accompanied by a memorandum which shall set forth a concise statement of the grounds upon which the relief sought is based and the legal authority therefor. A motion may be accompanied by an affidavit as necessary to establish facts alleged in support of the motion. Within 10 days of the filing of any such motion and memorandum or such shorter time as the board may order, the board's president, through complaint counsel, may file a memorandum in opposition to or otherwise setting forth the board president's position with respect to the motion.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1318 (October 1993).

§917. Disposition of Prehearing Motions

A. Any prehearing motion for continuance of hearing shall be referred for decision to the chairman for ruling. The chairman, in his discretion, may refer any prehearing motion to the entire hearing panel for disposition, and any party aggrieved by the decision on a prehearing motion may request judicial review by the Civil District Court for the Parish of Orleans.

B. Prehearing motions shall ordinarily be ruled upon by the chairman or the hearing panel, as the case may be, on the papers filed, without hearing. On the written request of respondent or of complaint counsel, however, and on demonstration that there are good grounds therefor, the chairman may grant opportunity for hearing, by oral argument, on any prehearing motion.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1319 (October 1993).

§919. Subpoenas for Hearing

A. Upon request of the respondent or complaint counsel and in compliance with the requirements of this Section, the president, a board member or the executive director shall sign and issue subpoenas in the name of the board requiring the attendance and giving of testimony by witnesses and the production of books, papers, and other documentary evidence at an adjudication hearing.

B. No subpoena shall be issued unless and until the party who wishes to subpoena the witness first deposits with the board a sum of money sufficient to pay all fees and expenses to which a witness in a civil case is entitled pursuant to R.S. 13:3661 and R.S. 13:3671, in addition to those fees required by LAC 46:XXXIII.421. Witnesses subpoenaed to testify before the board only to an opinion founded on special study or experience in any branch of science, or to make scientific or professional examinations, and to state the results thereof,
shall receive such additional compensation from the party who wishes to subpoena such witnesses as may be fixed by the hearing panel with reference to the value of the time employed and the degree of learning or skill required.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§921. Prehearing Conference

A. In any case of adjudication noticed for hearing, counsel for respondent and complaint counsel may agree, or the chairman may require, that a prehearing conference be held among such counsel, or together with the board's independent counsel appointed pursuant to §923.D of this Chapter, for the purpose of simplifying the issues for hearing and promoting stipulations as to facts and proposed evidentiary offerings which will not be disputed at hearing.

B. Following such prehearing conference the parties shall, and without such conference the parties may by agreement, reduce to writing a prehearing stipulation which shall include:

1. a brief statement by complaint counsel as to what such counsel expects the evidence to be presented against respondent to show;

2. a brief statement by respondent as to what the evidence and arguments in defense are expected to show;

3. a list of the witnesses to be called by complaint counsel and by respondent, together with a brief general statement of the nature of testimony each such witness is expected to give;

4. any stipulations which the parties may be able to agree upon concerning undisputed claims, facts, testimony, documents, or issues; and

5. an estimate of the time required for the hearing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1319 (October 1993).

§923. Conduct of Hearing; Record

A. Unless otherwise requested by the respondent, adjudication hearings shall be conducted in closed session. The provisions of this Paragraph do not apply to non-licensed persons named defendant(s) in a disciplinary administrative adjudication.

B. At an adjudication hearing, opportunity shall be afforded to complaint counsel and respondent to present evidence on all issues of fact and argument on all issues of law and policy involved, to call, examine and cross-examine witnesses, and to offer and introduce documentary evidence and exhibits as may be required for a full and true disclosure of the facts and disposition of the complaint.

C. Unless stipulation is made between the parties, and approved by the chairman, providing for other means of recordation, all testimony and other proceedings of an adjudication shall be recorded by a certified stenographer who shall be retained by the board to prepare a written transcript of such proceedings.

D. During and before an adjudication hearing, the chairman shall rule upon all evidentiary objections and other procedural questions, but in his discretion may consult with the entire hearing panel in executive session. At any such time, the hearing panel may be assisted by legal counsel, retained by the board for such purpose, who is independent of complaint counsel and who has not participated in the investigation or prosecution of the case. If the board or hearing panel is attended by such counsel, the chairman may delegate to such counsel ruling on evidentiary objections and other procedural issues raised during the hearing.

E. The record in a case of adjudication shall include:

1. the administrative complaint and notice of hearing, respondent's response to the complaint, if any, subpoenas issued in connection with discovery in the case or hearing of the adjudication, and all pleadings, motions, and intermediate rulings;

2. evidence received or considered at the hearing;

3. a statement of matters officially noticed except matters so obvious that statement of them would serve no useful purpose;

4. offers of proof, objections, and rulings thereon;

5. proposed findings and exceptions, if any;

6. the decision, opinion, report or other disposition of the case made by the board.

F. Findings of fact shall be based exclusively on the evidence and on matters officially noticed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5), and (8).


§925. Evidence

A. In an adjudication hearing, the board, or the designated hearing panel thereof, may give probative effect to evidence which possesses probative value commonly accepted by reasonably prudent men in the conduct of their affairs. Effect shall be given to the rules of privilege recognized by law. The board or hearing panel may exclude incompetent, irrelevant, immaterial, and unduly repetitious evidence. Objections to evidentiary offers may be made and shall be noted in the record. Subject to these requirements, when a hearing will be expedited and the interests of the parties will not be prejudiced substantially, any part of the evidence may be received in written form.

B. All evidence, including records and documents in the possession of the board which complaint counsel desires the board to consider, shall be offered and made a part of the
C. Notice may be taken of judicially cognizable facts and of generally recognized technical or scientific facts within the board's dental knowledge. The board's dental experience, technical competence and technical knowledge may be utilized in the evaluation of the evidence.

D. Any member of the board serving as chairman in an adjudication hearing shall have the power to and shall administer oaths or affirmations to all witnesses appearing to give testimony, shall regulate the course of the hearing, set the time and place for continued hearings, fix the time for the filing of briefs and other documents, if any are required or requested, may direct the parties to appear and confer to consider simplification of the issues, and shall rule upon all motions filed by respondent or the board after the filing of the initial complaint upon respondent.

E. Except as otherwise governed by the provisions of these rules, adjudication hearings before the board shall be governed by the Administrative Procedure Act insofar as the same may be applied.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1320 (October 1993).

§927. Informal Disposition

A. The hearing panel may make informal disposition, by default, consent order, agreement, settlement, or otherwise of any adjudication pending before it. A consent order, agreement, or settlement shall be evidenced by a document which shall be reduced to writing, signed by the licensee, before two witnesses, and thereafter submitted to the board president for his signature. The approval of the agreement shall thereafter be placed on the agenda of the next board meeting, considered for ratification, and, if so ratified, be given full force and effect and become a final action by the board, as set forth in R.S. 37:780(B). If not ratified, it shall have no force and effect.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1320 (October 1993).

§929. Decisions; Notice

A. The final decision of the board in an adjudication proceeding shall be in writing, include findings of fact and conclusions of law, and signed by the chairman on behalf and in the name of the board.

B. Upon issuance of a final decision, a certified copy thereof shall promptly be served upon respondent's counsel of record, or upon respondent personally in the absence of counsel, by first class mail. The day after mailing of the decision shall be considered as the date of service on the respondent.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5), and (8).

§931. Rehearings

A. A decision by the board in a case of adjudication shall be subject to rehearing, reopening, or reconsideration by the board pursuant to written motion filed with the board within 10 days from service of the decision on respondent. A motion for rehearing, reopening, or reconsideration shall be made and served in the form and manner prescribed by §911 and shall set forth the grounds upon which such motion is based, as provided by §931.B.

B. The board may grant rehearing, reopening, or reconsideration if it is shown that:

1. the decision is clearly contrary to the law and the evidence;
2. the respondent has discovered since the hearing evidence important to the issues which he or she could not have with due diligence obtained before or during the hearing;
3. other issues not previously considered ought to be examined in order to properly dispose of the matter; or
4. there exists other good grounds for further consideration of the issues and the evidence in the public interest.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(4), (5) and (8).
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1320 (October 1993).

Chapter 10. Infectious Waste Management

§1001. Handling and Disposing of Infectious Waste

A. The Louisiana State Board of Dentistry has accepted, in principal, the July, 1988 recommendations of the American Dental Association, Division of Scientific Affairs, on Dental Office Infectious Waste Management and adopts the following regulations in connection therewith.

B. Wastes generated in a dental office which are to be considered infectious, and are to be handled and disposed of with special precautions, include the following:

1. sharps, such as needles, disposable syringes and scalpel blades;
2. human tissues, including extracted teeth;
3. blood, suctioned fluids or other liquid waste.

C. The proper method for handling and disposing of sharp items is as follows.
1. All sharp items should be placed intact in puncture-resistant containers for disposal.

2. The containers should be labeled with a biological hazard tag.

3. The labeled containers should be placed in impervious plastic bags before disposing of them in a sanitary landfill. Alternatively, as an additional step, the dentist may prepare a slurry of gypsum plaster, pour it into the container and allow it to harden to encase the sharp objects in the set plaster. The container may then be disposed of in sturdy, impervious plastic bags as appropriate for other solid waste materials.

D. The proper method of handling and disposing of human tissues is as follows.

1. Human tissue may be handled in the same manner as sharp items.

2. Alternatively, human tissues may be incinerated or autoclaved prior to disposal. Extracted teeth containing metal restorations should not be autoclaved prior to disposal because of the possible release of potentially harmful vapors, such as mercury vapor.

3. Human tissues and extracted teeth not placed in a fixative and submitted for pathological examination may be placed in a chemical agent for sterilization.

4. Human tissue, if handled in the same manner as sharp items, should be labeled with a biological hazard tag. If stored prior to incineration or being autoclaved, the containers holding such wastes should also be labeled with biological hazard tags. After incineration or autoclaving, the remaining waste is no longer infectious and any container holding such remaining waste would not require any labeling as a biological hazard.

E. The proper method for handling and disposing of blood, suctioned fluids or other liquid waste is as follows.

1. Blood, suctioned fluids or other liquid wastes may be carefully poured into a drain connected to a sanitary sewer system.

2. All bottles or other containers used to collect blood, suctioned fluids or other liquid wastes for disposal should be labeled with a biological hazard tag or symbol.

F. Other solid waste materials contaminated with blood or other body fluids, such as gloves, masks, wipes, paper drapes and surface covers, do not require special precautions. These materials should be placed in sealed, sturdy, impervious plastic bags to prevent human contact with them, and disposal should be in the same manner as with other solid wastes.

G. All dentists shall comply with the foregoing regulations in identifying, handling and disposing of infectious waste material.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by Department of Health and Hospitals, Board of Dentistry, LR 16:506 (June 1990).

Chapter 12. Transmission Prevention of Hepatitis B Virus, Hepatitis C Virus, and Human Immunodeficiency Virus

§1201. Scope of Chapter

A. As authorized and mandated by R.S. 37:1747, the rules of this Chapter prescribe practice and reporting requirements for dental health care providers including, but not limited to, dentists and dental hygienists to protect the public from the risk of the transmission of the Hepatitis B virus (HBV), Hepatitis C virus (HCV), and the Human Immunodeficiency Virus (HIV) to patients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.


§1202. Definitions

A. As used in this Chapter, the following terms shall have the meanings specified.

AIDS—acquired immune deficiency syndrome, as determined by the Federal Centers for Disease Control.

Board—Louisiana State Board of Dentistry.

Dental Health Care Provider—any dentist, dental hygienist, or other personnel working under the supervision of a dentist in a dental health care setting who may perform exposure-prone procedures during patient care.

Disinfect—to inactivate virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms (e.g. bacterial endospores) on inanimate objects.

Exposure-Prone Procedure—an invasive procedure in which there is an increased risk of percutaneous injury to the practitioner by virtue of digital palpation of a needle tip or other sharp instrument in a body cavity or the simultaneous presence of the practitioner's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site, or any other invasive procedure in which there is a significant risk of contact between the blood or body fluids of the dental health care provider and the blood or body fluids of the patient.

Function Ancillary to an Invasive Procedure—the preparation, processing, or handling of blood, fluids, tissues or instruments which may be introduced into or come into contact with any body cavity, internal organ, subcutaneous tissue, submucosal tissue, mucus membrane or percutaneous wound of the human body in connection with the performance of an invasive procedure.

HBV—the Hepatitis B Virus.

HBV Seronegative—a condition where one has been HBV seropositive but is no longer infectious under the criteria of the Federal Centers for Disease Control or the Association of State and Territorial Public Health Laboratory Directors, or where one has never been infected with HBV.
HBV Seropositive—a condition where one has developed antigens sufficient to diagnose seropositivity to HBV evidencing infectability under the criteria of the Federal Centers for Disease Control or the Association of State and Territorial Public Health Laboratory Directors.

HCV—*the Hepatitis C virus.*

HCV Seronegative—a condition where one has been HCV seropositive but is no longer infectious under the criteria of the Federal Centers for Disease Control or the Association of State and Territorial Public Health Laboratory Directors, or where one has never been infected with HCV.

HCV Seropositive—a condition where one has developed antigens sufficient to diagnose seropositivity to HCV evidencing infectability under the criteria of the Federal Centers for Disease Control or the Association of State Territorial Public Health Laboratory Directors.

HIV—*any strain of the human immunodeficiency virus.*

HIV Seropositive—a condition where one has developed antibodies sufficient to diagnose seropositivity to HIV under the criteria of the Federal Centers for Disease Control or of the Association of State and Territorial Public Health Laboratory Directors.

Invasive Procedure—any surgical or other diagnostic or therapeutic procedure involving manual or instrumental contact with or entry into any blood, body fluids, cavity, internal organ, subcutaneous tissue, mucous membrane, or percutaneous wound of the human body.

Standard Precautions—those generally accepted infection control practices defined by the Federal Centers for Disease Control as standard precautions in addition to proper hygiene by the dental health care provider; the use of personal protective equipment including, but not limited to, gloves, masks, eye protection, and gowns; proper cleaning and decontamination of patient care equipment; cleaning and disinfection of environmental surfaces and injury prevention through engineering controls or safer work practices.

Sterilization—the process by which all forms of microorganisms within an environment are totally destroyed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.


§1203. Standard Precautions

A. All dental health care providers shall strictly observe recognized standard precautions as currently recommended by the Federal Centers for Disease Control to minimize the risk of transmission of HBV, HCV or HIV or other blood borne pathogens during any patient encounter with a patient’s bodily fluids.

B. In the event that the Federal Centers for Disease Control issue a new version of their recommendations for standard precautions, the board will take into consideration the nature of the changes to those recommendations and establish a reasonable period of time in which dental health care providers must comply with any new or altered recommendations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.


§1204. Investigations

A. In order to ensure compliance with this Chapter, the board shall conduct random announced inspections upon providing 48-hour notice. Notice may be provided by verbal, written, telephone or with other telecommunication means. Refusal by any licensee of access to licensee’s premises for the purpose of conducting said inspection shall constitute a violation of R.S. 37:776(A)(24) and R.S. 37:775(6).

B. Unannounced inspections of dental offices may be conducted when bona fide complaints have been received regarding non-adherence to Federal Centers for Disease Control guidelines or other issues involving sanitation.


§1205. Prohibitions and Restrictions

A. Except as may be permitted pursuant to §1207.G and §1210 of this Chapter, a dental health care provider who is seropositive for HBV, HCV, or HIV, or who otherwise knows or should know that he or she carries and is capable of transmitting HBV, HCV, and HIV, shall not thereafter perform or participate directly in an exposure-prone procedure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.


§1206. Sterilizer Monitoring Log and Record Retention

A. Each and every sterilizer utilized in a dental practice shall be monitored in accordance with the recommendations of the Federal Centers for Disease Control including those recommendations designated as strongly recommended and required. A written log of the monitoring shall be produced and maintained by the dentist. The log should include the date of the test, the method of the monitoring, the manufacturer and type of the monitoring system as well as the name of the individual performing the monitoring.

B. The written log and all records of sterilizer monitoring shall be maintained for a period of two years from the date of the last test. The records of sterilizer monitoring shall include any and all documentation for the purchase of testing materials or kits and reports of each test conducted. The records shall be subject to inspection and review during an inspection conducted in accordance with LAC 46:XXXIII.1204. The board may request such documentation from licensees selected at random.
§1207. Self-Reporting

A. Any dental health care provider who in the course of practice may at any time undertake to perform or participate in an exposure-prone procedure and who is or becomes HBV seropositive, HCV seropositive, or HIV seropositive shall be required to give notice of such seropositivity to the board in accordance with the provisions of this Section.

B. Within 90 days of the effective date of this Chapter, any dental health care provider who has previously been verified as being HBV seropositive, HCV seropositive, or HIV seropositive shall give notice of such diagnosis to the board on a reporting form supplied by the board.

C. Within 10 days from the date on which a dental health care provider has been verified as being HBV seropositive, HCV seropositive, or HIV seropositive, the dental health care provider shall give notice of such diagnosis to the board on a reporting form supplied by the board which shall be mailed to the executive director of the board, marked "Personal and Confidential" by registered or certified mail.

D. An applicant for licensure as a dental health care provider who at the time of application is verified as being HBV seropositive, HCV seropositive, or HIV seropositive shall acknowledge such diagnosis in his or her written application to the board.

E. Aforementioned reporting forms will be provided to each licensee with his or her license and additionally with his or her biennial license renewal application, or upon request.

F. The seropositive dental health care provider must submit to evaluation within 15 working days of his notification by the board ordering said dental health care provider to be examined by experts selected by the board, and those experts must complete and submit their reports to the executive director of the board with 15 days following their examination.

G. Reports from two physicians and two laboratories evidencing change in the dental health care provider's serostatus shall be submitted to the executive director for the board evaluation of the change of serostatus when any dental health care provider previously verified as HBV seropositive or HCV seropositive who becomes HBV seronegative or HCV seronegative.

H. Any dental health care provider or applicant for licensure who is required under this Section to report his/her HBV, HCV, or HIV seropositive status and fails or neglects to provide notice as set forth in this Section shall be deemed in violation of R.S. 37:766(A)(1), (3), (7), (12), (16), (17), (20) and (24), and subject to sanctions associated therewith.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.

§1208. Confidentiality of Reported Information

A. Reports and information furnished to the board pursuant to §1207 of this Chapter and records of the board relative to such information shall not be deemed public records, but shall be deemed and maintained by the board as confidential and privileged and shall not be subject to disclosure by means of subpoena in any judicial, administrative or investigative proceeding; provided that such reports, information and records may be disclosed by the board as necessary for the board to investigate or prosecute alleged violations of this Chapter.

B. The identity of the seropositive practitioner or applicant for licensure who has reported their status as being HBV, HCV, or HIV seropositive pursuant to §1207 of this Chapter shall be maintained in confidence by the board on all matters pertaining to the HBV, HCV, and HIV diseases, and shall not be disclosed to any other party, except as may be necessary in the investigation or prosecution of suspected violations of this Chapter, necessary for the evaluation and monitoring of the physical and psychological condition of the seropositive practitioner or applicant for licensure, or as allowed by R.S. 40:1300.14.

C. Provided that the identity of self-reporting practitioners and applicants seeking licensure is not disclosed, the provisions of this Section shall not be deemed to prevent disclosure by the board of statistical data derived from such reports, including, without limitation, the number and licensure class of those who have reported themselves as HBV, HCV, or HIV seropositive and their geographical distribution.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.

§1209. Advertisement of HBV, HCV or HIV Status Prohibited

A. No licensee may advertise within the state of Louisiana his/her HBV, HCV or HIV status or whether the dental office or environment is free of HBV, HCV or HIV.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.

§1210. Authorization to Practice; Expert Review Panel

A. Dental health care providers who are HBV, HCV or HIV seropositive shall not perform exposure-prone procedures unless and until they have provided proper notice as required by this Chapter; submitted to periodic physical and psychological evaluations by board-appointed expert review panel, and have received authorization to practice and perform procedures as determined by said appointed panel. The panel shall serve as a consultant on a case-by-
case determination of whether a procedure, when performed by a particular dental health care provider, does not pose a danger to the public. The panel must timely report any adverse or detrimental changes in the physical or psychological condition of the dental health care provider to the board. Following receipt of any and all such reports, the board shall have the right and the duty to re-evaluate the authorized procedures being practiced by the dental health care provider and may revise same or revoke same in its entirety if said report shows a change in the dental health care provider's physical or psychological condition which may affect the safety of the public.

B. Upon receipt of an adverse report from the panel, the board must review and evaluate said report, within 15 days of receipt of same, and take any and all necessary action to protect the safety of the public.

C. Licensees who are HBV or HCV seropositive may be authorized to continue practice without the necessity of receiving authorization from an expert review panel. This determination will be made by the board's committee on HIV/HBV/HCV on a case-by-case determination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and R.S. 37:1747.


Chapter 13. Dental Laser and Air Abrasion Utilization

§1301. Requirements

A. A laser capable of the removal of hard or soft tissue may be employed in the treatment of a dental patient only by a licensed dentist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§1302. Procedures

A. Use of the laser must be in accordance with scientifically accepted treatment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§1303. Approval of Training

A. Prior to commencing use of the laser for dental purposes, a dentist must obtain appropriate training for the laser being utilized.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§1305. Air Abrasion Units

A. Utilization of air abrasion units by licensed dental hygienists and dental auxiliaries is prohibited. However, this does not prevent the utilization of air polishing units by licensed dental hygienists.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


Chapter 14. Rulemaking, Declaratory Opinions and Rules

§1401. Scope of Chapter

A. The rules of this Chapter govern the board's processes to consider petitions from interested persons relative to the adoption, amendment, or repeal of a rule or the request for the issuance of a declaratory order or ruling in accordance with the Administrative Procedure Act.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§1403. Forms

A. All petitions, whether requesting the adoption, amendment, repeal, applicability of a rule, statutory provision, or order of the board or the request for the issuance of a declaratory order or ruling shall be submitted on plain white, letter size (8 1/2” by 11”) bond; with margins of at least one inch on all sides and text double-spaced except as to quotations and other matter customarily single-spaced; shall bear the name, address, and phone number of the person requesting the action; and shall also state the complete and full name of each person(s), organization, or entity the requestor represents along with sufficient information to identify and fully describe said person(s), organization, or entity.

B. The petition relative to rules shall fully and succinctly state the reasons for the requested action, and what results, if any, would be expected from such action, and an estimate of any expenditures or increases in revenue reasonably expected if said rule is adopted, amended, or repealed.

C. All petitions for declaratory orders or rulings shall set forth the specific statute or rule and the pertinent factual circumstances, as well as those reasons in support of or in opposition to the issue presented.

D. All petitions or documents filed with the board pursuant to this Rule shall be served upon the board in conformity with LAC 46:XXXIII.911. The petition or
document filed pursuant to this Rule shall be received by the board no later than 30 days prior to the next scheduled meeting of the board in order for it to be placed on the board agenda for consideration.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


§1405. Exceptions
A. The board may refuse to accept for filing any petition not conforming to the requirements of this Section, except upon a showing of good cause by the requestor at the time the requestor’s petition is received by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1322 (October 1993).

Chapter 15. Anesthesia/Analgesia Administration

§1501. Scope of Chapter
A. The rules of this Chapter govern the administration of anesthesia/analgesia by persons licensed to practice dentistry in the state of Louisiana to dental patients. The rules of this Chapter are promulgated in order to supplement the provisions of the Dental Practice Act, R.S. 37:751 et seq., particularly R.S. 37:793.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:1322 (October 1993).

§1502. Types of Permits
A. The board issues two types of permits for sedation and/or general anesthesia:
1. personal permits;
2. office permits.

B. In order for anyone to perform any type of sedation or general anesthesia beyond minimal sedation in conjunction with dental procedures in a dental office or in any facility in which dentistry is being performed, an office permit must have been issued by the board for that location, subject to the exceptions in R.S. 37:793(H). The office permit must be for the level of sedation or general anesthesia equal to or higher than the level to be performed. No office or personal permit is required for minimal sedation by means other than nitrous oxide inhalation.

C. In order to perform any type of sedation or general anesthesia beyond minimal sedation, or to perform nitrous oxide analgesia or sedation, a dentist must hold a personal permit equal to or higher than the level of sedation or general anesthesia to be performed. Additionally, in order to perform any type of moderate sedation or greater on children under the age of 13, the permit received by the dentist must have a pediatric certification as provided for in §1504.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 42:53 (January 2016).

§1503. Personal Permits for Sedation/Anesthesia
A. The board issues the following types of personal permits for sedation and/or general anesthesia, listed in order from lowest to highest level:
1. nitrous oxide inhalation permit;
2. moderate sedation with enteral drugs;
3. moderate sedation with parenteral drugs;
4. general anesthesia/deep sedation.

B. In order to receive a personal permit, the dentist must show proof of completion of a training program pertaining to the level of permit sought. The training program must have complied with the guidelines and policy statements published by the American Dental Association pertaining to training recommended for sedation and/or general anesthesia.

C. If the training program described in Subsection B of this Section was completed five years or more before the application for the personal permit is made, the board may, in its discretion, through the chairman of its anesthesia committee, issue the requested permit if the licensee has been legally and safely providing sedation/anesthesia at the level of the requested permit in another state since completing the program.

D. In addition to the requirements of Subsection B, in order to receive or renew any personal sedation/general anesthesia permit or a nitrous oxide analgesia/sedation permit, the licensee must provide proof of current certification in cardiopulmonary resuscitation, course “C”, basic life support for the health care provider as defined by the American Heart Association, or its equivalent.

E. In addition to the requirements of Subsections B and D, in order to receive or renew a personal moderate enteral sedation permit, a personal moderate parenteral sedation permit, or a personal deep sedation/general anesthesia permit, the licensee must provide proof of current certification in advanced cardiac life support as defined by the American Heart Association or its equivalent. The board will only accept an ACLS course which includes a practical component which is personally attended. If a dentist’s practice is restricted to treating only children, the certification in pediatric life support (PALS) described in §1504.A.4 will suffice as a substitute for ACLS.

F. Licensees who have received permits to administer sedation or anesthesia prior to the effective date of this Rule and whose permits are still valid are exempt from the training program requirements in Subsection B upon renewal of their permits.
§1504. Pediatric Certification for Personal Permits

A. In order to receive a pediatric certification for a personal permit:

   1. a dentist shall have completed a pediatric or oral and maxillofacial surgery advanced education program accredited by the Commission on Dental Accreditation that provided training in the level of sedation allowed by the permit requested; or

   2. in addition to completing the training requirements set forth in §1503, the dentist shall have completed an additional training course consisting of 8 hours of didactic pediatric sedation training specific to the level of the permit being sought and 10 cases of pediatric sedation involving the highest level of sedation allowed by the permit sought; or

   3. the training program meeting the requirements set forth in §1503 was pediatric-specific;

   4. in addition to the above requirements, in order to receive or renew a personal permit with a pediatric certification, the licensee must provide proof of current certification in pediatric life support (PALS), or its equivalent. The board will only accept a PALS course which includes a practical component which is personally attended. If a dentist’s practice is restricted to treating only children, the PALS certification will suffice as a substitute for the ACLS required in §1503.E. If a dentist’s practice is not restricted to treating only children, in order to receive a permit with a pediatric certification, both PALS and ACLS certifications are required.

   AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).
   HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 42:53 (January 2016).

§1505. Personal Permit Renewals

A. In order to renew any sedation/anesthesia permit that the licensee has had for at least two years other than a nitrous oxide inhalation permit, the licensee must have obtained six hours of continuing education on the administration of sedation specific to the highest level of sedation/anesthesia allowed by the permit being renewed or on medical emergencies associated with the administration of sedation/anesthesia specific to the highest level of sedation/anesthesia allowed by the permit being renewed during the two-year period of the permit. If the permit has a pediatric certification, in addition to the above stated requirements, the continuing education must be pediatric-specific. The CPR, ACLS, and PALS courses required in §§1503 and 1504 do not count toward the requirements set forth in this Section. This requirement can be counted toward the usual continuing education licensure requirements and can count toward the continuing education requirement in §1611.J if it is personally attended.

   AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).
   HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 42:54 (January 2016).
§1510. Moderate Sedation  
A. In order to administer enteral or parenteral moderate sedation, the dentist shall:
   1. comply with all requirements of this Chapter;
   2. utilize a working pulse oximeter on patients;
   3. maintain a proper record keeping mechanism in addition to a controlled substance log; and
   4. utilize an accurate scale on pediatric patients (anyone under the age of 13).
B. Drugs for enteral moderate sedation must be administered in a dental office and the patient must be observed by a qualified office staff member with training and credentials to perform the specific tasks concomitant with the procedure being administered. For both enteral and parenteral moderate sedation, continuous monitoring with pulse oximetry must be initiated with early signs of moderate sedation and continued until the patient is alert. A precordial, pretracheal stethoscope must be available to assist intraoperatively in the monitoring of heart and respiratory rates. A sphygmomanometer shall be immediately available and utilized as needed throughout the procedure. Drugs for anxiolysis/minimal sedation in adults may be administered off premises prior to the dental procedure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 42:55 (January 2016).

§1511. Required Facilities, Personnel and Equipment for Sedation Procedures  
A. The following are minimum requirements for facilities and equipment that must be available for use with sedation procedures, other than minimal sedation by means other than nitrous oxide inhalation.
   1. The dental operatory where sedation procedures are performed must be large enough to accommodate the patient adequately on a dental chair and to permit an operating team consisting of three individuals to move about the patient.
   2. The dental chair must permit the patient to be positioned so that the operating team can maintain the airway, quickly alter the patient position in an emergency, and provide a firm platform for performing cardiopulmonary resuscitation should it become necessary.
   3. There must be a lighting system which is adequate to permit evaluation of the patient's skin and mucosal color.
   4. There must be suction equipment which permits aspiration of the oral and pharyngeal cavities. A back-up suction device which can operate at the time of a general power failure must be available for moderate and deep sedation procedures and for general anesthesia.
   5. There must be an oxygen delivery system with adequate full-face masks and appropriate connectors capable of delivering a positive pressure oxygen supply to the patient.
   6. Nitrous oxide equipment should:
      a. conform to all requirements as established by the Council on Dental Materials and Devices of the American Dental Association;
      b. provide a maximum of 100 percent and never less than 20 percent oxygen concentration at appropriate flow rates;
      c. have a functional fail-safe system;
      d. utilize a scavenger system in working condition;
      e. be free of any obvious leaks, such as those indicated by hissing sounds or poor connections or tears of the delivery tubing or reservoir bag.
   7. Ancillary equipment must be available in the operatory where the moderate sedation, deep sedation or general anesthesia procedure is being performed, must be maintained in good operating condition, and must include the following:
      a. oral airways;
      b. tonsillary or pharyngeal-type suction device adaptable to all office outlets;
      c. sphygmomanometer of appropriate size for the patient and stethoscope;
      d. adequate equipment for the establishment of an intravenous infusion when parenteral sedation procedures are performed;
      e. pulse oximeter;
      f. equipment to monitor partial pressure of carbon dioxide when parenteral moderate sedation, deep sedation, or general anesthesia is administered;
      g. working electrocardiograph and defibrillator when general anesthesia, deep sedation or moderate is utilized.
   8. There must be emergency equipment and drugs available in an emergency kit or crash cart which is immediately available to the dental operatory where the sedation procedure, other than minimal sedation or sedation by nitrous oxide inhalation, is being performed. These kits must include the necessary drugs and equipment to resuscitate a non-breathing unconscious patient and sustain life while the patient is being transported. There should be a list in each kit of the contents and a record of when the contents were checked. The following drugs should be available in the kit:
      a. epinephrine;
      b. vasopressor;
      c. corticosteroid;
      d. bronchodilator;
e. appropriate drug antagonists;
f. antihistaminic;
g. anticholinergic;
h. coronary artery vasodilator;
i. anticonvulsant;
j. oxygen; and
k. 50 percent dextrose or other antihypoglycemic.

B. Personnel

1. The authorized dentist must ensure that every patient receiving nitrous oxide inhalation analgesia, moderate sedation with parenteral drugs, deep sedation or general anesthesia is constantly attended.

2. Direct supervision by the authorized dentist is required when nitrous oxide inhalation analgesia, moderate sedation with parenteral drugs, deep sedation or general anesthesia is being administered.

3. When nitrous oxide inhalation analgesia is being administered, one dentist or auxiliary who is currently certified in basic life support must be available to assist the dentist or dental hygienist in an emergency.

4. When moderate sedation with parenteral or enteral drugs is being administered, one auxiliary who is currently certified in basic life support must be available to assist the dentist in an emergency.

5. When deep sedation or general anesthesia is being administered, two auxiliaries who are currently certified in basic life support must be available to assist the dentist in an emergency.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 20:661 (June 1994).

§1603. Effective Date

A. Beginning January 1, 1995, dentists and dental hygienists licensed to practice in the state of Louisiana, in addition to other requirements, shall complete the minimum hours of continuing education set forth in this Chapter during each renewal period in order to renew or have recertified their licenses, permits or certificates necessary to practice dentistry or dental hygiene in this state. These continuing education requirements also apply to all dentists and dental hygienists licensed to practice in Louisiana, but are practicing outside of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8)(13).


§1605. Penalties

A. Failure to comply with the requirements of this Chapter may be grounds for disciplinary action against the licensee under R.S. 37:776(A), (3), (24) for dentists, and R.S. 37:777(3), (18) for dental hygienists setting forth cause for the non-issuance, suspension, revocation, or imposition of restrictions on one's license to practice dentistry or dental hygiene, and/or imposition of a fine as set forth in R.S. 37:780(B).

B.1. All continuing education not completed on time shall be completed no later than August of the following calendar year and shall not count toward the continuing education requirements of the subsequent renewal period.

2. A second violation of the continuing education requirements may be reported to the National Practitioner Data Bank, whereas the first violation will not.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8), (13).


§1607. Exemptions

A. Continuing education requirements shall not apply to:

1. dentists enrolled in full-time post-graduate specialty training;

2. dental hygienists enrolled in full-time post-graduate training;

3. dentists in the first calendar year of their initial licensure;
b. In the event of unusual circumstances or special hardship, the board may excuse licensees from continuing education requirements.

C. Dentists renewing their licenses in the calendar year following their initial licensure must complete one-half of the continuing education required under §1611.

D. Dental hygienists renewing their licenses in the calendar year following their initial licensure must complete one-half of the continuing education required under §1613.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and (13).


§1609. Reporting and Record Keeping

A. Upon renewal of a dental or dental hygiene license, the licensee must list on a form provided by the board the date, location, sponsor, subject matter and hours completed during the past renewal period of continuing education courses. The licensee must attest to the truthfulness of his report by executing his signature where required on the reporting form.

B. The licensee shall retain satisfactory documentation such as certificates of attendance as may be necessary to document completion of the required number of continuing education hours. The board will not give credit unless the licensee can prove attendance at the course and, therefore, shall obtain and retain certificates of attendance. With cause, the board may request such documentation. Without cause the board may request such documentation from licensees selected at random.

C. Each dentist and dental hygienist shall maintain records of his/her continuing education for three calendar years following the calendar year in which the course was completed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8), (13).


§1611. Continuing Education Requirements for Relicensure of Dentists

A. Unless exempted under §1607, each dentist shall complete a minimum of 40 hours of continuing education during each renewal period for the renewal of his/her license to practice dentistry.

B. At least one-half of the minimum credit hours (20) must be attained through clinical courses pertaining to the actual delivery of dental services to patients. At least 10 of these 20 hours must be attained by personally attending clinical courses. Ten of these twenty hours may be attained by completing ADA or AGD certified internet or correspondence courses which are clinical in nature and require successful completion of a written examination at the conclusion of said course.

C. No more than 20 of the required 40 hours can be completed from the following:

1. practice management courses;
2. audio and/or video tapes and those journals requiring completion of a written examination to secure proof of hours.

D. Continuing education ordered as a result of disciplinary matters shall not serve as credit for mandatory continuing education unless specifically authorized in a consent decree or in an order issued by the board.

E. Past and present dentist members of the Louisiana State Board of Dentistry are allowed four hours of continuing dental education credit for each meeting of the American Association of Dental Examiners attended by said past or present dentist member.

F. No credit will be given for activities directed primarily to persons preparing for licensure in Louisiana.

G. Dentists who are on staffs of hospitals accredited by the Joint Commission on Accreditation of Health Care Organizations may receive continuing education credit for those continuing education courses provided by said hospital.

H. Dentists will be awarded three clinical credit hours for successful completion of Cardiopulmonary Resuscitation Course "C", Basic Life Support for Healthcare Providers as defined by the American Heart Association or the Red Cross Professional Rescue Course. When being audited for compliance with cardiopulmonary resuscitation course completion, a photocopy of the CPR card evidencing successful completion of the course for each year shall be appended to the form.

I.1. Dentists who successfully complete certification courses in advanced cardiac life support continuing education will be awarded up to 16 hours of clinical continuing dental education. However, dentists completing the shorter recertification course in advanced cardiac life support will be awarded 3 hours of clinical continuing dental education.

2. Dentists who successfully complete the certification courses in pediatric advanced cardiac life support continuing education will be awarded up to 14 hours of clinical continuing dental education. However, dentists completing the shorter recertification course in PALS will be awarded 6 hours of clinical continuing dental education.

3. Only one cardiopulmonary resuscitation course per renewal period may be counted toward the continuing education requirement.

J. In order to renew permits for the administration of deep sedation, parenteral sedation, and enteral sedation, each licensee shall complete a board approved course pertinent to the level of their sedation permit no less than once every six years.

4. dental hygienists in the first calendar year of their initial licensure.
1. Recertification for deep sedation or general anesthesia as required by the American Association of Oral and Maxillofacial Surgeons every five years shall satisfy this requirement.

2. For the renewal of enteral conscious sedation, parenteral conscious sedation, deep sedation or general anesthesia permits, the licensee must personally attend the appropriate continuing education course. Online or correspondence courses for the renewal of enteral conscious sedation, parenteral conscious sedation, deep sedation or general anesthesia permits will not be accepted.

K. Dentists successfully completing the calibration training for the administration of the clinical licensing examination administered by the Council of Interstate Testing Agencies (CITA) may be awarded up to 20 hours of clinical continuing education per each renewal period.

L. Louisiana licensed dentists shall be eligible for three hours of clinical continuing education for treating a donated dental service patient (pro bono) from a Louisiana State Board of Dentistry approved agency. The maximum number of hours will be no more than six in any two year biennial renewal period, and verification of treatment from the agency is mandatory in order to obtain these continuing education credits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and (13).

§1613. Continuing Education Requirements for Relicensure of Dental Hygienists

A. Unless exempted under §1607, each dental hygienist shall complete a minimum of 24 hours of continuing education during each renewal period for the renewal of his/her license to practice dental hygiene.

B. At least one-half of the minimum credit hours (12) must be attained through clinical courses pertaining to the actual delivery of dental or dental hygiene services to patients. At least six of these twelve hours must be attained by personally attending clinical courses. Six of these twelve hours may be attained by completing ADA, AGD, or ADHA certified internet or correspondence courses which are clinical in nature and require successful completion of a written examination at the conclusion of said course.

C. No more than 12 of the required 24 hours can be completed from the following:

1. practice management courses;

2. audio and/or video tapes and those journals requiring completion of a written examination to secure proof of hours.

D. Continuing education ordered as a result of disciplinary matters shall not serve as credit for mandatory continuing education unless specifically authorized in a consent decree or in an order issued by the board.

E. Dental hygienists are allowed continuing education credit for courses sponsored and/or approved for dentist's continuing education.

F. Past and present dental hygiene members of the Louisiana State Board of Dentistry are allowed four hours of continuing dental hygiene education credit for each meeting of the American Association of Dental Examiners attended by said past or present dental hygiene member.

G. No credit will be given for activities directed primarily to persons preparing for licensure in Louisiana.

H. Dental hygienists who are on staffs of hospitals accredited by the Joint Commission on Accreditation of Health Care Organizations may receive continuing education credit for those continuing education courses provided by said hospital.

I. Dental hygienists will be awarded three clinical credit hours for successful completion of Cardiopulmonary Resuscitation Course "C," Basic Life Support for Healthcare Providers as defined by the American Heart Association or the Red Cross Professional Rescue Course. When being audited for compliance with cardiopulmonary resuscitation course completion, a photocopy of the CPR card evidencing successful completion of the course for each year shall be appended to the form.

J. Dental hygienists who successfully complete a continuing education course as set forth in §710, Administration of Local Anesthesia for Dental Purposes, will be awarded 72 hours of clinical continuing dental hygiene education. However, these hours may not be carried over to a subsequent renewal period and will count only toward the renewal of their license during the period in which they attended the course.

K. Dental hygienists successfully completing the calibration training for the administration of the clinical licensing examination administered by the Council of Interstate Testing Agencies (CITA) may be awarded up to 12 hours of clinical continuing education per each renewal period.

L. Louisiana licensed dental hygienists shall be eligible for two hours of clinical continuing education for treating a donated dental service patient (pro bono) from a Louisiana State Board of Dentistry approved agency. The maximum number of hours will be no more than four in any two year biennial renewal period, and verification of treatment from the agency is mandatory in order to obtain these continuing education credits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8) and (13).
§1615. Approved Courses

A. Courses sponsored or approved by the following organizations shall be accepted by the board:

1. American Dental Association and its affiliate associations and societies;
2. American Dental Hygienists' Association and its affiliate associations and societies;
3. Academy of General Dentistry courses when set forth on official documentation;
4. National Dental Association and its affiliate societies;
5. colleges and universities with dental programs which are accredited by the Commission on Dental Accreditation of the American Dental Association when continuing education courses are held under their auspices;
6. armed services and veterans administration dental departments;
7. national, state and district associations and/or societies of all specialties in dentistry recognized by the board, and study clubs approved by said specialty societies;
8. American Heart Association as a provider of cardiopulmonary resuscitation courses (Course "C" Basic Life Support for the Health Care Provider);
9. the American Red Cross as a provider of the cardiopulmonary resuscitation course Red Cross professional rescue course;
10. the Accreditation Council for Continuing Medical Education (ACCME).

B. The following standards represent minimum criteria to which component societies, as referred to in §1615.A.7 of this rule, should adhere to if they wish the board to allow the participants to receive continuing education credits.

1. Each sponsoring organization will be responsible for developing its own specific policies for accreditation of continuing education programs and/or activities, and awarding credit hours. These policies must be filed with the board. Satisfactory documentation evidencing approval of continuing education courses must be kept by the sponsoring or approving organization on file for a minimum of four years after the presentation of the course.
2. The program shall be under the continuous guidance of an administrative authority and/or individual responsible for its quality, content, and ongoing conduct.
   a. Each program or activity must have specific educational objectives or goals that relate to the dental as well as the overall health care needs of the public and/or the interest and needs of the dental profession. The content of the program will be directed at achieving the stated objectives or goals.
   b. The instructor or instructors in charge of the program or activity must be qualified by education to provide instruction in the relevant subject matter.
   c. Facilities selected for each activity must be appropriate to accomplish:
      i. the educational methods being used;
      ii. the stated educational objectives or goals.

C. Clinical credit will be given to programs dealing with the mechanical delivery of dental services as well as those addressing biological and psychological aspects of therapy such as pharmacology, nutrition, behavioral modification, etc., which are pertinent to the restoration and maintenance of oral health.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8), and (13).

Chapter 17. Licensure Examinations

§1701. Scope of Chapter

A. This Chapter shall describe all procedures relative to the administration of the clinical licensing examinations for persons wishing to practice dentistry or dental hygiene in the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(1) and (8).
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 24:1118 (June 1998).

§1707. Religious Obligations

A. There will be no exceptions relative to religious obligations in the conducting of the clinical licensing examinations of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(1) and (8).
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 24:1119 (June 1998).

§1709. Examination of Dentists

A. Any person desiring to be licensed as a dentist shall apply to the agency conducting the board approved dental examination and shall verify the information required on the application by oath. There shall be an application fee set by the testing agency.

B. An applicant shall be entitled to take the examinations required in this Section to practice dentistry in this state if such applicant:
   1. is 18 years of age or older;
   2. is of good moral character;
§1711. Examination of Dental Hygienists

A. Any person desiring to be licensed as a dental hygienist shall apply to the Council of Interstate Testing Agencies and shall verify the information required on the application by oath. The application shall include two recent photographs of the applicant. There shall be a nonrefundable application fee set by the Council of Interstate Testing Agencies, and a clinical fee payable to the Louisiana State University School of Dentistry which shall not exceed $100 and which may be refundable if the applicant is found ineligible to take the examination.

B. An applicant shall be entitled to take the examinations required in this Section to practice dental hygiene in this state if such applicant:

1. is 18 years of age or older;
2. is of good moral character;
3. is a graduate of a dental hygiene college or school approved by the board or accredited by the Commission on Accreditation of the American Dental Association or its successor agency; and
4. has successfully completed the National Board Dental Hygiene Examination as administered by the American Dental Association.

C. To be licensed as a dental hygienist in this state, an applicant must successfully complete the following:

1. a written examination on the jurisprudence and ethics of the state regulating the practice of dental hygiene; and
2. the clinical examination administered by the Louisiana State Board of Dentistry approved testing agency. This agency will be named by the board and this relationship may be changed or amended as deemed necessary by the board.

D. Effective January 1, 2012 the clinical licensing examinations administered Central Regional Dental Testing Service (CRDTS), Northeast Regional Board (NORB), Southern Regional Testing Agency (SRTA), American Dental Exam (ADEX), and Western Regional Examining Board (WREB), will not be accepted by the Louisiana State Board of Dentistry for initial licensure. However, applicants who have taken those examinations prior to the examination cycle of calendar year 2011 shall have three years from the date of their successful completion of those examinations to apply for a license via examination in the state of Louisiana. After the three year deadline it will necessary for those applicants to apply for a licensure by credentials in the state of Louisiana.

E. No clinical licensing examination may be conducted in the state of Louisiana without the written permission of the Louisiana State Board of Dentistry. For permission to be
granted, the agency conducting the examination must have at least four current members of the Louisiana State Board of Dentistry participating in the clinical licensing examination.

F. Notwithstanding any other law to the contrary or any examination manual of any of the testing agencies, no candidate for licensure in the state of Louisiana will be granted same if said candidate has failed any clinical licensing examination for a total of three times. This number includes the accumulation of all examinations taken regardless of the testing agency. A make-up examination counts as an examination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(1) and (8).


§1713. Board Approved Regional or National Independent Third Party Clinical Examinations

A. The board may accept passing scores from board approved testing agencies which administer reliable, accurate, and valid examinations and in which the board has the option of representation on both the board of directors and the examination review committee or equivalent committees and allow for the board’s input into the examination development and administration.

B.1. The clinical examination shall include procedures performed on human subjects as part of the assessment of restorative and periodontal clinical competencies and shall have included evaluations in at least four of the following subject matter areas:

a. periodontics, clinical abilities testing;

b. endodontics, clinical abilities testing;

c. amalgam preparation and restoration;

d. anterior composite preparation and restoration;

e. posterior ceramic or composite preparation and restoration;

f. cast gold, clinical abilities testing;

g. prosthetics, written or clinical abilities testing;

h. oral diagnosis, written or clinical abilities testing; or

i. oral surgery, written or clinical abilities testing.

2. In addition to the foregoing requirements, the examination shall include:

a. anonymity between candidates and examination raters;

b. standardization and calibration of raters; and

c. a mechanism for post examination analysis.

3. The board shall accept scores upon such examination for a period of three years following the date of such examinations. Each applicant shall arrange for and ensure the submission to the board office the applicant’s scores.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 36:63 (January 2010), amended LR 36:2039 (September 2010).

Chapter 18. Criminal History Records Information

§1801. Scope of Chapter

A. The rules of this Chapter govern the collection and use of criminal history records information in connection with applications for an initial license, renewal, or reinstatement of a license of a dentist or dental hygienist in conformity with R.S. 37:763.1.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6), (8) and 37:763.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1779 (August 2002).

§1803. Definitions

A. As used in this Chapter, the following terms shall have the meanings specified.

Applicant—an individual who has made application to the board for the issuance or reinstatement of any license, permit, certificate, or registration which the board is authorized by law to issue.

Board—the Louisiana State Board of Dentistry.

Bureau—the Louisiana Bureau of Criminal Identification and Information of the Office of State Police within the Department of Public Safety and Corrections.

Criminal History Record Information—information collected by the bureau or the Federal Bureau of Investigation of the United States Department of Justice or an individual consisting of detentions, indictments, bills of information, or any formal criminal charges and any disposition arising therefrom, including sentencing, criminal correctional supervision and release. Criminal history record information does not include information collected for intelligence or investigatory purposes nor does it include any identification information which does not indicate involvement of the individual in the criminal justice system.

FBI—the Federal Bureau of Investigation of the United States Department of Justice.

Licensure or License—any license, permit, certification, or registration which the board is authorized by law to issue.

AUTHORITY NOTE: Promulgated in accordance with R.S. and 37:760(6), (8) and 37:763.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1779 (August 2002).
§1805. Criminal History Record Information Requirement

A. As a condition for eligibility for the issuance of an initial license or the reinstatement of any license, an applicant must submit to the board such number of full sets of fingerprints, other identifiable information, and fees and costs as may be incurred by the board in requesting or obtaining criminal history record information, in the form and manner prescribed in §1809.

B. The board will use the fingerprints to request and obtain criminal history record information relative to the applicant as provided in R.S. 37:763.1.

C. The application of an applicant who fails to comply with the requirements set forth in §1805.A shall be deemed incomplete and shall not be considered by the board unless and until such requirements have been satisfied.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6), (8) and 37:763.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1779 (August 2002).

§1807. Effect of Application

A. The submission of an application for licensure to the board shall constitute and operate as an acknowledgement and authorization by the applicant to any state or federal agency, including, but not limited to, the bureau and the FBI, to disclose and release to the board any and all state, national, or foreign criminal history record information; the submission of an application for licensure to the board shall equally constitute and operate as a consent by the applicant for disclosure and release of such information and as a waiver by the applicant of any privilege or right of confidentiality which the applicant would otherwise possess with respect thereto.

B. The submission of an application for licensure to the board shall constitute and operate as an acknowledgement and authorization by the applicant to the board's utilization of criminal history record information to determine his or her suitability and eligibility for licensure, and whether just cause exists for the board to refuse to issue, suspend, revoke, or impose probationary or other terms, conditions, or restrictions on any license held or applied for by an applicant in the state of Louisiana for violation of any of the causes specified by R.S. 37:776 or R.S. 37:777, and the board's rules respecting any such health care provider as set forth in LAC 46:XXXIII.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6), (8) and 37:763.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1780 (August 2002).

§1809. Procedural Requirements

A. In conformity with the substantive requirements of §1805, an application for licensure, whether initial, by credential, or reinstatement to the board, shall be accompanied by each of the following:

1. two or such other number of fully completed fingerprint record cards, containing all identifiable information requested, as well as certified sets of fingerprints which have been affixed by a sheriff, police officer, or other law enforcement personnel;

2. a check in the amount of no less than $100 in satisfaction of the fees and costs incurred by the board to process fingerprint cards and to request and to receive criminal history record information.

B. Fingerprint cards and instructions pertaining thereto will be supplied by the board with an application. Such cards and instructions may also be obtained upon written request directed to the office of the board.

C. An applicant shall be responsible for any increase in the amounts specified in §1809.A.2, which may be assessed by any state or federal agency, including, but not limited to, the bureau and the FBI, or for the fees and costs which may be incurred by the board in requesting and obtaining criminal history record information. An applicant shall also be responsible for payment of any processing fees and costs resulting from a fingerprint card being rejected by any state or federal agency, including, but not limited to, the bureau and the FBI.

D. All background check results shall be valid for a period of six months or until the license is issued, whichever is earlier.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6), (8) and 37:763.1.


§1811. Falsification of Criminal Record Information

A. An applicant who denies the existence or extent of criminal history record information on an application, which is discovered by information, records, or documentation provided by the bureau, FBI, or any other state, national, or foreign jurisdiction shall, in addition to the potential disqualification of licensure for any of the causes specified in §1807.B, be deemed to have provided false, misleading, or deceptive information, or false sworn information on an application for licensure, and to have engaged in unprofessional conduct, providing additional cause for the board to suspend or revoke, refuse to issue, or impose probationary or other restrictions on any license held or applied for by an applicant in the state of Louisiana culpable of such violation, pursuant to R.S. 37:776.A.(3) or R.S. 37:777.A.(3).

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6), (8) and 37:763.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1780 (August 2002).
§1813. Confidentiality of Criminal History Record Information

A. Criminal history record information obtained by the board pursuant to R.S. 37:763.1 and the rules of this Chapter, which is not already a matter of public record or to which the privilege of confidentiality has not otherwise been waived or abandoned, shall be deemed nonpublic and confidential information, restricted to and utilized exclusively by the board, its officers, members, investigators, employees, agents, and attorneys in evaluating the applicant's eligibility or disqualification for licensure. Criminal history record information shall not, except with the written consent of the applicant or by the order of a court of competent jurisdiction, be released or otherwise disclosed by the board to any other person or agency, provided, however, that any such information or documents which are admitted into evidence and made part of the administrative record in any adjudicatory proceeding before the board shall become public records upon the filing of a petition for judicial review of the board's final decision therein.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6), (8) and 37:763.1.

§1815. Exceptions to Criminal History Information Requirement

A. The criminal history record information requirements prescribed by this Chapter shall not be applicable to a dentist or dental hygienist applicant who seeks:

1. a visiting dentist or dental hygienist temporary permit, issued in accordance with LAC 46:XXXIII.120.

B. The criminal history record information requirements prescribed by §§1801-1813 may be waived in such instances as the board, in its discretion, may deem necessary or appropriate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(6), (8) and 37:763.1.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 28:1780 (August 2002).
REVISED STATUTES, TITLE 1

§ 60 Timely filing of papers due; presumption

A. Notwithstanding any other provision of law to the contrary, the filing of papers, including but not limited to applications, forms, reports, returns, statements, and filing of any kind with the state, its agencies, boards, and commissions shall be deemed timely in either of the following cases:

1. The papers are delivered on or before the due date.

2. The papers are mailed on or before the due date. If the papers are received by mail on the first working day following the due date, there shall be a rebuttable presumption that they were timely filed. In all cases where the presumption does not apply, the timeliness of the mailing shall be shown only by an official United States postmark or by official receipt or certificate from the United States Postal Service made at the time of mailing which indicates the date thereof. For purposes of this Section, "by mail" applies only to the United States Postal Service.

B. The provisions of this Section shall not apply to the legislative or judicial branches of government, the Department of State, the Department of Revenue, the Department of Elections and Registration, or to adjudications conducted pursuant to Chapter 13-B of Title 49 of the Louisiana Revised Statutes of 1950.

REVISED STATUTES, TITLE 9

§ 2793. Gratuitous Service at Scene of Emergency; Limitation on Liability

A. No person who in good faith gratuitously renders emergency care, first aid or rescue at the scene of an emergency, or moves a person receiving such care, first aid or rescue to a hospital or other place of medical care shall be liable for any civil damages as a result of any act or omission in rendering the care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the person involved in the said emergency; provided, however, such care or services or transportation shall not be considered gratuitous, and this Section shall not apply when rendered incidental to a business relationship, including but not limited to that of employer-employee, existing between the person rendering such care or service or transportation and the person receiving the same, or when incidental to a business relationship existing between the employer or principal of the person rendering such care, service or transportation and the employer or principal of the person receiving such care, service or transportation. This Section shall not exempt from liability those
individuals who intentionally or by grossly negligent acts or omissions cause damages to another individual.

B. The immunity herein granted shall be personal to the individual rendering such care or service or furnishing such transportation and shall not inure to the benefit of any employer or other person legally responsible for the acts or omissions of such individual, nor shall it inure to the benefit of any insurer.

C. For purposes of this Section, rendering emergency care, first aid, or rescue shall include the use of an automated external defibrillator as defined by R.S. 40:1236.12.

Added by Acts 1975, No. 600, §1; Acts 2010, No. 459, §1.

§2798.1 Policy-Making Or Discretionary Acts Or Omissions Of Public Entities Or Their Officers Or Employees

A. As used in this Section, “public entity” means and includes the state and any of its branches, departments, offices, agencies, boards, commissions, instrumentalities, officers, officials, employees, and political subdivisions and the departments, offices, agencies, boards, commissions, instrumentalities, officials, and employees of such political subdivisions.

B. Liability shall not be imposed on public entities or their officers or employees based upon the exercise or performance or the failure to exercise or perform their policy-making or discretionary acts when such acts are within the course and scope of their lawful powers and duties.

C. The provisions of Subsection B of this Section are not applicable:

(1) To acts or omissions which are not reasonably related to the legitimate governmental objective for which the policy-making or discretionary power exists; or

(2) To acts or omissions which constitute criminal, fraudulent, malicious, intentional, willful, outrageous, reckless, or flagrant misconduct.

D. The legislature finds and states that the purpose of this Section is not to reestablish any immunity based on the status of sovereignty but rather to clarify the substantive content and parameters of application of such legislatively created codal articles and laws and also to assist in the implementation of Article II of the Constitution of Louisiana.
REVISED STATUTES, TITLE 12

§981, et seq. Professional Dental Corporations And Limited Liability Companies

Due to space limitations the text of these statutes is not included in this booklet. This is intended to put licensees on notice that the formation of dental corporations and limited liability companies have specific requirements which are necessary to comply with. It is suggested that any licensee wishing to form a corporation or L.L.C. contact their personal attorney.

REVISED STATUTES, TITLE 13

§3784. Privileged Communication Between Health Care Provider and Patient

F. Notwithstanding any law to the contrary, when conducting any investigation, the coroner or his authorized agents or employees may review any medical or dental records which he deems relevant to the investigation. Such records may be made available to him by the custodian thereof without the necessity of authorization, subpoena, or court order. No health care provider, custodian of records, or officer, employee, or agent thereof shall be held civilly or criminally liable for the disclosure of a patient's records, including any communication defined herein, when that disclosure is made pursuant to a request by the coroner or his authorized agents or employees.

G. Notwithstanding any provision of this Section or any other law to the contrary, an official of another state, whose functions are comparable to those of a coroner in this state and who is conducting an investigation in which Louisiana medical or dental records are material evidence, may request authorization for the release of those records from the coroner of the parish in which the custodian of the records is located. If the coroner determines that the requested records are relevant to the out-of-state investigation and the release of those records is appropriate, then the coroner shall authorize the custodian of those records to release those records to the requesting official. No health care provider, custodian of records, or officer, employee, or agent thereof shall be held civilly or criminally liable for the disclosure of a patient's records, including any communication defined herein, pursuant to a release authorized by the coroner.

Health Insurance Portability and Accountability Act (HIPAA)

This act became effective April 14, 2003. It provides for numerous confidentiality requirements regarding the transmission of healthcare information. Regulatory healthcare agencies such as the Louisiana State Board of Dentistry are specifically exempted from the requirements of this act. Any patient healthcare records requested or subpoenaed by the Louisiana State Board of Dentistry must be provided in the time frame specified to the board which is statutorily required to keep such information confidential.
REVISED STATUTES, TITLE 14

§93.2.2 Unlawful Placement Of Gold Fillings, Caps, And Crowns; Minors

It is unlawful for any person to replace a tooth or part of a tooth or associated tissue by means of a filling, cap, or crown made of any gold substance on any person under the age of eighteen without the consent of the parent or guardian of such person. Whoever violates the provision of this Section shall be fined not less than five hundred dollars nor more than five thousand dollars.

REVISED STATUTES, TITLE 37

§1274.1 Laser Surgery; Requirements

Only persons licensed under the laws of this state to practice medicine, veterinary medicine, dentistry, or podiatry shall perform laser surgery.

§1701. Prescription; Name of Patient And Prescription

A. Each physician, surgeon, optometrist, and dentist upon writing a prescription shall write the name of the patient and the trade name, or the generic name, or the most commonly used name on the prescription issued.

B. No druggist, pharmacist or dispensing physician shall fill any prescription unless the name of the patient and the trade name, or the generic name, or the most commonly used name on the prescription appears on the label, unless otherwise specified by the physician, surgeon, optometrist, or dentist.

§1703. Penalty

Whoever violates the provisions of R.S. 37:1701 or 37:1702 shall be fined not less than five dollars nor more than twenty-five dollars, or imprisoned for not less than ten days nor more than thirty days or both.

§1721. Restrictions On Advertising Reserved To Legislature

No state board, commission, department, bureau, or similar agency of the state regulating the practice of a trade or profession and exercising rulemaking powers shall make any rule or regulation which limits or restricts the right to advertise, provided that this Section shall not apply to any board, commission, department, bureau, or similar agency of the state created and regulated under the rulemaking power of The Supreme Court of Louisiana or to the Louisiana State Board of Medical Examiners, the Louisiana State Board of Barber Examiners, the Louisiana State Board of Dentistry, the State Board of Certified Public Accountants of Louisiana, Louisiana Board of Pharmacy, Louisiana Board of Chiropractic Examiners, Louisiana State Board of Veterinary Medicine Examiners, and the Louisiana State Board of Optometry Examiners, and further provided
that nothing herein contained shall be construed to prevent the prohibition of false or misleading advertising by any board, commission, department, bureau, or similar agency of the state. The right to regulate advertising except as herein provided is reserved to the Legislature.

§1731. Gratuitous Service At Scene Of Emergency; Limitation On Liability

D. No dentist licensed under the provisions of Chapter 9 of this Title, who in good faith gratuitously renders emergency care or services at the scene of an emergency, except in a licensed dentist office or public or private hospital, to a person or persons in need thereof shall be liable for any civil damages as a result of any act of omission by such person in rendering the care or services or as a result of any act or failure to act to provide or arrange for further dental care or treatment or care for the person involved in the emergency.

§1733. Dentists’ Peer Review Committee; Immunity

Any dentist who serves on a peer review committee or any dentist or physician who serves as a consultant to a peer review committee established by a dental society or association to review any controversy or dispute involving a patient, dentist or provider of dental benefits shall not be liable to any person for damages as a result of any action taken or recommendation made by him within the scope of his function as a member of or consultant to such peer review committee if such action was taken or recommendation made without malice. No dental association or dental society shall be liable for damages for any action taken or recommendation made by a peer review committee or any members of said committee or consultant to said committee.

§1741. Laboratory Tests; Disclosure Of Costs; Violations

A. No person licensed in the state to practice medicine, dentistry, optometry, podiatry, veterinary medicine, or chiropractic shall agree or contract with any clinical, bio-analytical, or hospital laboratory, wherever located, to pay such laboratory for individual tests or analysis, combinations of tests or analysis, or tests or analysis series for patients or animals, and thereafter include such costs in his bill or statement submitted to the patient or other person for payment, unless the practitioner discloses on the bill or statement the name and address of the laboratory and the net amount or amounts paid or to be paid to the laboratory for the individual test or analysis, the combination of tests or analysis, or test or analysis series so included.

B. The respective state licensing boards having jurisdiction over the practitioners enumerated above, in addition to all other authority granted by this Title, may revoke, suspend, or deny renewal of the license of any practitioner who violates the provision of this Section.
§1744. Disclosure of Financial Interest by Referring Healthcare Providers

C. For the purposes of this section, the following terms shall have the following meanings:

(1) “Health care provider” means a person, partnership, or corporation, licensed by this state to provide health care or professional services as a physician, dentist, chiropractor, podiatrist, optometrist, physical therapist, psychologist, licensed professional counselor, registered or licensed practical nurse, pharmacist, and any officer, employee, or agent thereof acting in the course and scope of his employment.

(2) “Board” means Louisiana State Board of Medical Examiners, Louisiana State Board of Dentistry, Louisiana Board of Chiropractic Examiners, Louisiana State Board of Optometry Examiners, Louisiana State Board of Physical Therapy Examiners, Louisiana State Board of Examiners for Psychologists, Louisiana State Board of Nursing, Louisiana Licensed Professional Counselors Board of Examiners, Louisiana State Board of Practical Nurse Examiners, Louisiana Licensed Professional Counselors Board of Examiners, or Louisiana Board of Pharmacy.

(3) “Financial interest” means a significant ownership or investment interest established through debt, equity, or other means and held by a health care provider or a member of a health care provider’s immediate family, or any form of direct or indirect remuneration for referral.

B. No health care provider shall make referrals outside the same group practice as that of the referring health care provider to any other health care provider, licensed health care facility, or provider of health care goods and services including but not limited to providers of clinical laboratory services, diagnostic services, medical suppliers, and therapeutic services when the referring health care provider has a financial interest served by such referral, unless in advance of any such referral the referring health care provider discloses to the patient, in writing, the existence of such financial interest.

C. (1) It shall be a violation of this Section for any licensee to enter into any arrangement or scheme, including cross-referral arrangements, if the licensee knows, or should know, that he or she has a principal purpose of ensuring referrals by the licensee to a particular entity, which referral, if made directly by the licensee, would be a violation of this Section.
(4) Notwithstanding any other law to the contrary, any health care provider who violates the provisions of this Section shall refund all such sums received in payment for the goods and services furnished or rendered without disclosure of financial interest. Such a refund shall be paid to the individual patient, third-party payor, or other entity who made the payment.

(5) Each respective board shall promulgate rules and regulations for enforcement of the provisions of this Section. Such rules and regulations shall include sanctions and restitution provisions and shall provide that a violation of this Section constitutes grounds for suspension or revocation of license or other credentials. Each board shall submit to the commissioner of insurance an annual report listing the investigations undertaken pursuant to this Section, including the number of violations and the sanctions imposed, if any.

§1745. Prohibition on Payment for Patient Referrals

A. For the purposes of this Section, the following terms shall have the following meanings:

(1) "Board" means Louisiana State Board of Medical Examiners, Louisiana State Board of Chiropractic Examiners, Louisiana State Board of Dentistry, Louisiana State Board of Optometry Examiners, Louisiana State Board of Physical Therapy Examiners, Louisiana State Board of Examiners for Psychologists, Louisiana State Board of Nursing, Louisiana Licensing Professional Counselor Board of Examiners, Louisiana State Board of Practical Nurse Examiners, and Louisiana Board of Pharmacy.

(2) "Healthcare Provider" means a person, partnership, or corporation licensed by the state to provide health care or professional services as a physician, chiropractor, dentist, dental hygienist, podiatrist, optometrist, physical therapist, psychologist, licensed professional counselor, registered or licensed practical nurse, pharmacist, and any officer, employee, or agent thereof acting in the course and scope of his employment.

B. No health care provider shall offer, make, solicit, or receive payment, directly or indirectly, overtly or covertly, in cash or in-kind, for referring or soliciting patients. Payments representing a return on investment based upon a percentage of ownership are not considered a direct or indirect payment for the purposes of this Section.

C. (1) Each board shall promulgate rules and regulations for the implementation and enforcement of the provisions of Subsection B of this Section in accordance with the Administrative Procedure Act. Such rules and
regulations shall include, at a minimum, sanctions and penalty provisions and permissible contracting activities known as “safe harbors”.

(2) Any activity permissible under the corresponding provisions of Title XVIII of the Social Security Act shall not be a violation of this Section.

(3) Violation of Subsection B of this Section by a health care provider may constitute grounds for suspension or revocation of license or other credential by the appropriate board.

§1747. Hepatitis B Or Human Immunodeficiency Carriers; Practice Requirements; Report Procedures; Exemptions

A. Each board licensing health care providers shall establish by rule practice requirements based on applicable guidelines from the Federal Centers for Disease Control which will protect the public from the transmission of the hepatitis B virus or human immunodeficiency virus in the practice of a profession regulated by the appropriate board.

B. The boards shall by rule, based on applicable guidelines from the Federal Centers for Disease Control, establish requirements and procedures for a licensee and a licensure applicant to report his status as a carrier of the hepatitis B virus or human immunodeficiency virus to the board and shall enforce such requirements and procedures.

C. Each report of hepatitis B virus carrier status or human immunodeficiency virus carrier status filed by a licensee or licensure applicant in compliance with this section and each record maintained and meeting held by the boards in the course of monitoring a licensee for compliance with the practice requirements established by Subsection A are confidential and exempt from the public records by R.S. 44:4(7), (9), and (11), except for the purpose of the investigation or prosecution of alleged violations of this part by the boards.

REVISED STATUTES, TITLE 40

§1239. Anabolic Steroid--Uses Authorized; Regulation; Penalties

C. (1) A physician, dentist, or veterinarian shall not prescribe, dispense, deliver or administer an anabolic steroid for human use or cause an anabolic steroid to be administered under his direction or supervision for human use except for a valid medical purpose and when required by demonstrable generally accepted medical indications. Bodybuilding, muscle enhancement, or increasing muscle bulk or strength through the use of an anabolic steroid by a person who is in good health is not a valid medical purpose.
(2) Whoever violates the provision of this Subsection shall be subject to suspension or revocation of his license to practice medicine, dentistry, or veterinarian medicine by the governing board.

(4) Whoever violates the provision of this Subsection shall also be fined not more than five thousand dollars or imprisoned with or without hard labor for not more than five years, or both.

§1299.96 Healthcare Information; Records

A. (1) Each health care provider shall furnish each patient, upon request of the patient, a copy of any information related in any way to the patient which the health care provider has transmitted to any company, or any public or private agency, or any person.

(2) (a) Medical records of a patient maintained in a health care provider's office are the property and business records of the health care provider.

(b)(i) Except as provided in R.S. 44:17, a patient or his legal representative, or in the case of a deceased patient, the executor of his will, the administrator of his estate, the surviving spouse, the parents, or the children of the deceased patient, or after a claim has been made, the insurance company or its counsel, or, after suit has been instituted, defense counsel or a defendant seeking any treatment record, including but not limited to any medical, hospital, laboratory, invoice or billing statement, or other record, including test results, relating to or generated as a result of or in connection to the patient's medical treatment, history, or condition, either personally or through an attorney, shall have a right to obtain a copy of the entirety of the records in the form by which they are generated, except microfilm, upon furnishing a signed authorization. If the original treatment records are generated, maintained, or stored in paper form, copies shall be provided upon payment of a reasonable copying charge, not to exceed one dollar per page for the first twenty-five pages, fifty cents per page for twenty-six to three hundred fifty pages, and twenty-five cents per page thereafter, a handling charge not to exceed twenty-five dollars for hospitals, nursing homes, and other health care providers, and actual postage. The charges set forth in this Section shall be applied to all persons and legal entities duly authorized by the patient to obtain a copy of their medical records. If treatment records are generated, maintained, or stored in digital format, copies may be requested to be provided in digital format and charged at the rate provided by this Item; however, the charges for providing digital copies shall not exceed one hundred dollars,
including all postage and handling charges actually incurred. If requested, the health care provider shall provide the requestor, at no extra charge, a certification page setting forth the extent of the completeness of records on file. In the event a hospital record is not complete, the copy of the records furnished shall indicate, through a stamp, coversheet, or otherwise, the extent of completeness of the records. Each request for records submitted by the patient or other person authorized to request records pursuant to the provisions of this Subparagraph shall be subject to only one handling charge, and the health care provider shall not divide the separate requests for different types of records, including but not limited to billing or invoice statements. The health care provider or person or legal entity providing records on behalf of the health care provider shall not charge any other fee which is not specifically authorized by the provisions of this Subparagraph, except for notary fees and fees for expedited requests as contracted by the parties.

(ii) The individuals authorized to obtain medical records pursuant to Item (i) of this Subparagraph shall also have the right to obtain copies of patient X-rays, and other imaging media, upon payment of reasonable reproduction costs and a handling charge of twenty dollars for hospitals and ten dollars for other health care providers. If the patient X-rays and other imaging media are generated, maintained, or stored in digital format, copies may be requested to be provided in digital format and charged at the rate provided by this Item; however, the charges for providing digital imaging media copies shall not exceed two hundred dollars, including all postage and handling charges actually incurred. If requested, the health care provider shall provide the requestor, at no extra charge, a certification page setting forth the completeness of the X-rays and other imaging media on file. In the event hospital patient X-rays and other imaging media are not complete, the copies furnished shall indicate, through a stamp, coversheet, or otherwise, the extent of the completeness of the records. Each request for copies of patient X-rays and other imaging media submitted by the patient or other person authorized to request records pursuant to Item (i) of this Subparagraph shall not be considered a separate request and are subject to only one handling charge, and the health care provider shall not divide the requests for different types of X-rays and other imaging media. The health care provider shall not charge any other fee which is not specifically authorized by the provisions of this Subparagraph, except for notary fees and fees for expedited requests as contracted by the parties.
(iii) A health care provider shall be provided with written notice of any violation of Items (i) or (ii) of this Subparagraph and shall be given three days to correct the noticed violation. If the violation is based on a written communication from the health care provider or its agent, and the written communication includes contact information with a physical address for receipt of notices, the notice shall be sent by certified mail or commercial carrier. If the violation is not based on a written communication, or if no contact information, such as a physical address for receipt of notices, is provided, the notice shall be sent by certified mail or commercial carrier to the custodian of medical records of the health care provider. If the violation is not corrected within fifteen days of receipt of the certified mail or the commercial carrier notice, any violation of Items (i) or (ii) of this Subparagraph shall be subject to a civil penalty of five hundred dollars per violation, plus attorney fees and costs at the discretion of the court, payable to the requestor of the medical records.

(c) If a copy of the record is not provided within a reasonable period of time, not to exceed fifteen days following the receipt of the request and written authorization, and production of the record is obtained through a court order or subpoena duces tecum, the health care provider shall be liable for reasonable attorney fees and expenses incurred in obtaining the court order or subpoena duces tecum. Such sanctions shall not be imposed unless the person requesting the copy of the record has by certified mail notified the health care provider of his failure to comply with the original request, by referring to the sanctions available, and the health care provider fails to furnish the requested copies within five days from receipt of such notice. Except for their own gross negligence, such health care providers shall not otherwise be held liable in damages by reason of their compliance with such request or their inability to fulfill the request.

(d) A health care provider may deny access to a record if the health care provider reasonably concludes that knowledge of the information contained in the record would be injurious to the health or welfare of the patient or could reasonably be expected to endanger the life or safety of any other person.

(e) Nothing in this Section shall be construed to limit or prohibit access to the information contained in the records of a patient maintained by a health care provider in any legally permissible manner other than those delineated pursuant to R.S. 22:976 and in this Section, subject to the provisions of R.S. 13:3734.
(3) (a) Medical and dental records shall be retained by a physician or dentist in the original, microfilmed, or similarly reproduced form for a minimum period of six years from the date a patient is last treated by a physician or dentist.

(b) Graphic matter, images, X-ray films, and like matter that were necessary to produce a diagnostic or therapeutic report shall be retained, preserved and properly stored by a physician or dentist in the original, microfilmed or similarly reproduced form for a minimum period of three years from the date a patient is last treated by the physician or dentist. Such graphic matter, images, X-ray film, and like matter shall be retained for a longer period when requested in writing by the patient.

(4) (a) Any person conducting or operating a clinical laboratory or medical facility shall report test results to the patient who is the subject of the test upon his request. Approval from a health care provider shall not be required prior to reporting test results in accordance with the provisions of this Paragraph.

(b) When a clinical laboratory or medical facility provides test results to a patient pursuant to this Paragraph, it shall also provide notice to the provider that the patient requested the test results and the results of the test to the health care provider ordering the test.

(c) Notwithstanding any other provision of law to the contrary, the clinical laboratory or medical facility shall deliver the requested test results to the patient after verifying the identification of the patient. Test results may be delivered by mail if the patient has executed a HIPPA form and a written authorization to that effect. In addition, the test results may be delivered to any other person authorized by the patient in writing to receive the results.

(d) The patient shall not have a right or cause of action against the clinical laboratory or medical facility for the release of test results in accordance with the provisions of this Paragraph.

(e) The clinical lab or medical facility shall only report the test results to the patient who is the subject of the test upon his request in a manner which is consistent and in accordance with all applicable federal laws.

(f) The clinical lab or medical facility shall only report the test results to the patient who is the subject of the test upon his request when the cost of the tests have been fully paid by the patient or applicable payor source.
B. As used in this Section:

(1) "Health care provider" means a "health care provider" as defined in R.S. 40:1299.41 or a "state health care provider" as defined in R.S. 40:1299.39 or a clinical laboratory or medical facility in accordance with Paragraph (A)(4) of this Section.

(2) "Patient" means a natural person who receives or should have received health care from a licensed health care provider, under a contract, express or implied.

C. (1) The provisions of this Section shall not be applicable to a health care provider who has evaluated or examined a patient at the request of any agency of the state or federal government in charge of the administration of any of the assistance or entitlement programs under the Social Security Act. The records of such evaluation or examination shall be retained for ninety days after mailing or upon proof of receipt of the records, whichever period is shorter. Nothing herein shall be construed as limiting or prohibiting the access to health care information and records of a patient that are retained by the Social Security Administration in any legally permissible manner under state law that is not contrary to federal law or regulation.

(2) A person or entity otherwise subject to the provisions of this Section who provides medical records to a nonprofit organization assisting with social security or medicaid applications may waive or charge an amount less than the maximum charges set forth in Item (A)(2)(b)(i) of this Section.

§2009.13 Healthcare Provider Complaints; Procedure; Immunity

F. (1) If the report involves an alleged violation by an individual of laws governing professional licensure as provided in Title 37 of the Louisiana Revised Statutes of 1950 or rules and regulations promulgated pursuant to a professional practice act, the department shall refer the report to the appropriate professional licensing board.

(2) If the ensuing investigation results in determination that an individual may have violated laws pertaining to the individual's licensure as a healthcare professional, such investigation results shall be referred to the appropriate licensing board.
CDC GUIDELINES FOR INFECTION CONTROL IN DENTAL HEALTH-CARE SETTINGS—2003

Recommendations

Each recommendation is categorized on the basis of existing scientific data, theoretical rationale, and applicability. Rankings are based on the system used by CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC) to categorize recommendations:

**Category IA.** Strongly recommended for implementation and strongly supported by well-designed experimental, clinical, or epidemiologic studies.

**Category IB.** Strongly recommended for implementation and supported by experimental, clinical, or epidemiologic studies and a strong theoretical rationale.

**Category IC.** Required for implementation as mandated by federal or state regulation or standard. When IC is used, a second rating can be included to provide the basis of existing scientific data, theoretical rationale, and applicability. Because of state differences, the reader should not assume that the absence of a IC implies the absence of state regulations.

**Category II.** Suggested for implementation and supported by suggestive clinical or epidemiologic studies or a theoretical rationale.

**Unresolved issue.** No recommendation. Insufficient evidence or no consensus regarding efficacy exists.

I. Personnel Health Elements of an Infection-Control Program

A. General Recommendations

1. Develop a written health program for DHCP that includes policies, procedures, and guidelines for education and training; immunizations; exposure prevention and postexposure management; medical conditions, work-related illness, and associated work restrictions; contact dermatitis and latex hypersensitivity; and maintenance of records, data management, and confidentiality (IB) \((5,16--18,22)\).

2. Establish referral arrangements with qualified health-care professionals to ensure prompt and appropriate provision of preventive services, occupationally related medical services, and postexposure management with medical follow-up (IB, IC) \((5,13,19,22)\).

B. Education and Training

1. Provide DHCP 1) on initial employment, 2) when new tasks or procedures affect the employee's occupational exposure, and 3) at a minimum, annually, with education and training regarding occupational exposure to potentially infectious agents and infection-control procedures/protocols appropriate for and specific to their assigned duties (IB, IC) \((5,11,13,14,16,19,22)\).

2. Provide educational information appropriate in content and vocabulary to the educational level, literacy, and language of DHCP (IB, IC) \((5,13)\).
C. Immunization Programs
1. Develop a written comprehensive policy regarding immunizing DHCP, including a list of all required and recommended immunizations (IB) (5,17,18).
2. Refer DHCP to a prearranged qualified health-care professional or to their own health-care professional to receive all appropriate immunizations based on the latest recommendations as well as their medical history and risk for occupational exposure (IB) (5,17).

D. Exposure Prevention and Postexposure Management
1. Develop a comprehensive postexposure management and medical follow-up program (IB, IC) (5,13,14,19).
   a. Include policies and procedures for prompt reporting, evaluation, counseling, treatment, and medical follow-up of occupational exposures.
   b. Establish mechanisms for referral to a qualified health-care professional for medical evaluation and follow-up.
   c. Conduct a baseline TST, preferably by using a two-step test, for all DHCP who might have contact with persons with suspected or confirmed infectious TB, regardless of the risk classification of the setting (IB) (20).

E. Medical Conditions, Work-Related Illness, and Work Restrictions
1. Develop and have readily available to all DHCP comprehensive written policies regarding work restriction and exclusion that include a statement of authority defining who can implement such policies (IB) (5,22).
2. Develop policies for work restriction and exclusion that encourage DHCP to seek appropriate preventive and curative care and report their illnesses, medical conditions, or treatments that can render them more susceptible to opportunistic infection or exposures; do not penalize DHCP with loss of wages, benefits, or job status (IB) (5,22).
3. Develop policies and procedures for evaluation, diagnosis, and management of DHCP with suspected or known occupational contact dermatitis (IB) (32).
4. Seek definitive diagnosis by a qualified health-care professional for any DHCP with suspected latex allergy to carefully determine its specific etiology and appropriate treatment as well as work restrictions and accommodations (IB) (32).

F. Records Maintenance, Data Management, and Confidentiality
1. Establish and maintain confidential medical records (e.g., immunization records and documentation of tests received as a result of occupational exposure) for all DHCP (IB, IC) (5,13).
2. Ensure that the practice complies with all applicable federal, state, and local laws regarding medical recordkeeping and confidentiality (IC) (13,34).

II. Preventing Transmission of Bloodborne Pathogens
A. HBV Vaccination
1. Offer the HBV vaccination series to all DHCP with potential occupational exposure to blood or other potentially infectious material (IA, IC) (2,13,14,19).
2. Always follow U.S. Public Health Service/CDC recommendations for hepatitis B vaccination, serologic testing, follow-up, and booster dosing (IA, IC) (13,14,19).
3. Test DHCP for anti-HBs 1--2 months after completion of the 3-dose vaccination series (IA,
4. DHCP should complete a second 3-dose vaccine series or be evaluated to determine if they are HBsAg-positive if no antibody response occurs to the primary vaccine series (IA, IC) (14, 19).
5. Retest for anti-HBs at the completion of the second vaccine series. If no response to the second 3-dose series occurs, nonresponders should be tested for HBsAg (IC) (14, 19).
6. Counsel nonresponders to vaccination who are HBsAg-negative regarding their susceptibility to HBV infection and precautions to take (IA, IC) (14, 19).
7. Provide employees appropriate education regarding the risks of HBV transmission and the availability of the vaccine. Employees who decline the vaccination should sign a declination form to be kept on file with the employer (IC) (13).

B. Preventing Exposures to Blood and OPIM

1. General recommendations
   a. Use standard precautions (OSHA’s bloodborne pathogen standard retains the term universal precautions) for all patient encounters (IA, IC) (11, 13, 19, 53).
   b. Consider sharp items (e.g., needles, scalers, burs, lab knives, and wires) that are contaminated with patient blood and saliva as potentially infective and establish engineering controls and work practices to prevent injuries (IB, IC) (6, 13, 113).
   c. Implement a written, comprehensive program designed to minimize and manage DHCP exposures to blood and body fluids (IB, IC). (13, 14, 19, 97).

2. Engineering and work-practice controls
   a. Identify, evaluate, and select devices with engineered safety features at least annually and as they become available on the market (e.g., safer anesthetic syringes, blunt suture needle, retractable scalpel, or needleless IV systems) (IC) (13, 97, 110–112).
   b. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers located as close as feasible to the area in which the items are used (IA, IC) (2, 7, 13, 19, 113, 115).
   c. Do not recap used needles by using both hands or any other technique that involves directing the point of a needle toward any part of the body. Do not bend, break, or remove needles before disposal (IA, IC) (2, 7, 8, 13, 97, 113).
   d. Use either a one-handed scoop technique or a mechanical device designed for holding the needle cap when recapping needles (e.g., between multiple injections and before removing from a nondisposable aspirating syringe) (IA, IC) (2, 7, 8, 13, 14, 113).

3. Postexposure management and prophylaxis
   a. Follow CDC recommendations after percutaneous, mucous membrane, or nonintact skin exposure to blood or other potentially infectious material (IA, IC) (13, 14, 19).

III. Hand Hygiene

A. General Considerations

1. Perform hand hygiene with either a nonantimicrobial or antimicrobial soap and water when hands are visibly dirty or contaminated with blood or other potentially infectious material. If hands are not visibly soiled, an alcohol-based hand rub can also be used. Follow the manufacturer's instructions (IA) (123).
2. Indications for hand hygiene include
   a. when hands are visibly soiled (IA, IC);
   b. after barehanded touching of inanimate objects likely to be contaminated by blood, saliva,
or respiratory secretions
   (IA, IC);
   c. before and after treating each patient (IB);
   d. before donning gloves (IB); and
   e. immediately after removing gloves (IB, IC) (7--9,11,13,113,120--123,125,126,138).
3. For oral surgical procedures, perform surgical hand antisepsis before donning sterile surgeon's
gloves. Follow the manufacturer's instructions by using either an antimicrobial soap and water,
or soap and water followed by drying hands and application of an alcohol-based surgical hand-
scrub product with persistent activity (IB) (121--123,127--133,144,145).
4. Store liquid hand-care products in either disposable closed containers or closed containers that
can be washed and dried before refilling. Do not add soap or lotion to (i.e., top off) a partially
empty dispenser (IA) (9,120,122,149,150).

B. Special Considerations for Hand Hygiene and Glove Use
1. Use hand lotions to prevent skin dryness associated with handwashing (IA) (153,154).
2. Consider the compatibility of lotion and antiseptic products and the effect of petroleum or
other oil emollients on the integrity of gloves during product selection and glove use (IB)
(2,14,122,155).
3. Keep fingernails short with smooth, filed edges to allow thorough cleaning and prevent glove
tears (II) (122,123,156).
4. Do not wear artificial fingernails or extenders when having direct contact with patients at high
risk (e.g., those in intensive care units or operating rooms) (IA) (123,157--160).
5. Use of artificial fingernails is usually not recommended (II) (157--160).
6. Do not wear hand or nail jewelry if it makes donning gloves more difficult or compromises the
fit and integrity of the glove (II) (123,142, 143).

IV. PPE
A. Masks, Protective Eyewear, and Face Shields
1. Wear a surgical mask and eye protection with solid side shields or a face shield to protect
mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing
or spattering of blood or other body fluids (IB, IC) (1,2,2,8,11,13,137).
2. Change masks between patients or during patient treatment if the mask becomes wet (IB) (2).
3. Clean with soap and water, or if visibly soiled, clean and disinfect reusable facial protective
equipment (e.g., clinician and patient protective eyewear or face shields) between patients (II)
(2).

B. Protective Clothing
1. Wear protective clothing (e.g., reusable or disposable gown, laboratory coat, or uniform) that
covers personal clothing and skin (e.g., forearms) likely to be soiled with blood, saliva, or OPIM
(IB, IC) (2,8,11,13,137).
2. Change protective clothing if visibly soiled (134); change immediately or as soon as feasible if
penetrated by blood or other potentially infectious fluids (IB, IC) (13).
3. Remove barrier protection, including gloves, mask, eyewear, and gown before departing work
area (e.g., dental patient care, instrument processing, or laboratory areas) (IC) (13).
C. Gloves
1. Wear medical gloves when a potential exists for contacting blood, saliva, OPIM, or mucous membranes (IB, IC) (1,2,7,8,13).
2. Wear a new pair of medical gloves for each patient, remove them promptly after use, and wash hands immediately to avoid transfer of microorganisms to other patients or environments (IB) (1,7,8,123).
3. Remove gloves that are torn, cut, or punctured as soon as feasible and wash hands before regloving (IB, IC) (13,210,211).
4. Do not wash surgeon's or patient examination gloves before use or wash, disinfect, or sterilize gloves for reuse (IB, IC) (13,138,177,212,213).
5. Ensure that appropriate gloves in the correct size are readily accessible (IC) (13).
6. Use appropriate gloves (e.g., puncture- and chemical-resistant utility gloves) when cleaning instruments and performing housekeeping tasks involving contact with blood or OPIM (IB, IC) (7,13,15).
7. Consult with glove manufacturers regarding the chemical compatibility of glove material and dental materials used (II).

D. Sterile Surgeon's Gloves and Double Gloving During Oral Surgical Procedures
1. Wear sterile surgeon's gloves when performing oral surgical procedures (IB) (2,8,137).
2. No recommendation is offered regarding the effectiveness of wearing two pairs of gloves to prevent disease transmission during oral surgical procedures. The majority of studies among HCP and DHCP have demonstrated a lower frequency of inner glove perforation and visible blood on the surgeon's hands when double gloves are worn; however, the effectiveness of wearing two pairs of gloves in preventing disease transmission has not been demonstrated (Unresolved issue).

V. Contact Dermatitis and Latex Hypersensitivity
A. General Recommendations
1. Educate DHCP regarding the signs, symptoms, and diagnoses of skin reactions associated with frequent hand hygiene and glove use (IB) (5,31,32).
2. Screen all patients for latex allergy (e.g., take health history and refer for medical consultation when latex allergy is suspected) (IB) (32).
3. Ensure a latex-safe environment for patients and DHCP with latex allergy (IB) (32).
4. Have emergency treatment kits with latex-free products available at all times (II) (32).

VI. Sterilization and Disinfection of Patient-Care Items
A. General Recommendations
1. Use only FDA-cleared medical devices for sterilization and follow the manufacturer's instructions for correct use (IB) (248).
2. Clean and heat-sterilize critical dental instruments before each use (IA) (2,137,243,244,246,249,407).
3. Clean and heat-sterilize semicritical items before each use (IB) (2,249,260,407).
4. Allow packages to dry in the sterilizer before they are handled to avoid contamination (IB) (247).
5. Use of heat-stable semicritical alternatives is encouraged (IB) (2).
6. Reprocess heat-sensitive critical and semi-critical instruments by using FDA-cleared
sterilant/high-level disinfectants or an FDA-cleared low-temperature sterilization method (e.g., ethylene oxide). Follow manufacturer's instructions for use of chemical sterilants/high-level disinfectants (IB) (243).

7. Single-use disposable instruments are acceptable alternatives if they are used only once and disposed of correctly (IB, IC) (243,383).

8. Do not use liquid chemical sterilants/high-level disinfectants for environmental surface disinfection or as holding solutions (IB, IC) (243,245).

9. Ensure that noncritical patient-care items are barrier-protected or cleaned, or if visibly soiled, cleaned and disinfected after each use with an EPA-registered hospital disinfectant. If visibly contaminated with blood, use an EPA-registered hospital disinfectant with a tuberculocidal claim (i.e., intermediate level) (IB) (2,243,244).

10. Inform DHCP of all OSHA guidelines for exposure to chemical agents used for disinfection and sterilization. Using this report, identify areas and tasks that have potential for exposure (IC) (15).

B. Instrument Processing Area

1. Designate a central processing area. Divide the instrument processing area, physically or, at a minimum, spatially, into distinct areas for 1) receiving, cleaning, and decontamination; 2) preparation and packaging; 3) sterilization; and 4) storage. Do not store instruments in an area where contaminated instruments are held or cleaned (II) (173,247,248).

2. Train DHCP to employ work practices that prevent contamination of clean areas (II).

C. Receiving, Cleaning, and Decontamination Work Area

1. Minimize handling of loose contaminated instruments during transport to the instrument processing area. Use work-practice controls (e.g., carry instruments in a covered container) to minimize exposure potential (II). Clean all visible blood and other contamination from dental instruments and devices before sterilization or disinfection procedures (IA) (243,249--252).

2. Use automated cleaning equipment (e.g., ultrasonic cleaner or washer-disinfector) to remove debris to improve cleaning effectiveness and decrease worker exposure to blood (IB) (2,253).

3. Use work-practice controls that minimize contact with sharp instruments if manual cleaning is necessary (e.g., long-handled brush) (IC) (14).

4. Wear puncture- and chemical-resistant/heavy-duty utility gloves for instrument cleaning and decontamination procedures (IB) (7).

5. Wear appropriate PPE (e.g., mask, protective eyewear, and gown) when splashing or spraying is anticipated during cleaning (IC) (13).

D. Preparation and Packaging

1. Use an internal chemical indicator in each package. If the internal indicator cannot be seen from outside the package, also use an external indicator (II) (243,254,257).

2. Use a container system or wrapping compatible with the type of sterilization process used and that has received FDA clearance (IB) (243,247, 256).

3. Before sterilization of critical and semicritical instruments, inspect instruments for cleanliness, then wrap or place them in containers designed to maintain sterility during storage (e.g., cassettes and organizing trays) (IA) (2,247,255,256).
E. Sterilization of Unwrapped Instruments
1. Clean and dry instruments before the unwrapped sterilization cycle (IB) (248).
2. Use mechanical and chemical indicators for each unwrapped sterilization cycle (i.e., place an internal chemical indicator among the instruments or items to be sterilized) (IB) (243,258).
3. Allow unwrapped instruments to dry and cool in the sterilizer before they are handled to avoid contamination and thermal injury (II) (260).
4. Semicritical instruments that will be used immediately or within a short time can be sterilized unwrapped on a tray or in a container system, provided that the instruments are handled aseptically during removal from the sterilizer and transport to the point of use (II).
5. Critical instruments intended for immediate reuse can be sterilized unwrapped if the instruments are maintained sterile during removal from the sterilizer and transport to the point of use (e.g., transported in a sterile covered container) (IB) (258).
6. Do not sterilize implantable devices unwrapped (IB) (243,247).
7. Do not store critical instruments unwrapped (IB) (248).

F. Sterilization Monitoring
1. Use mechanical, chemical, and biological monitors according to the manufacturer's instructions to ensure the effectiveness of the sterilization process (IB) (248,278,279).
2. Monitor each load with mechanical (e.g., time, temperature, and pressure) and chemical indicators (II) (243,248).
3. Place a chemical indicator on the inside of each package. If the internal indicator is not visible from the outside, also place an exterior chemical indicator on the package (II) (243,254,257).
4. Place items/packages correctly and loosely into the sterilizer so as not to impede penetration of the sterilant (IB) (243).
5. Do not use instrument packs if mechanical or chemical indicators indicate inadequate processing (IB) (243,247,248).
6. Monitor sterilizers at least weekly by using a biological indicator with a matching control (i.e., biological indicator and control from same lot number) (IB) (2,9,243,247,278,279).
7. Use a biological indicator for every sterilizer load that contains an implantable device. Verify results before using the implantable device, whenever possible (IB) (243,248).
8. The following are recommended in the case of a positive spore test:
   a. Remove the sterilizer from service and review sterilization procedures (e.g., work practices and use of mechanical and chemical indicators) to determine whether operator error could be responsible (II) (8).
   b. Retest the sterilizer by using biological, mechanical, and chemical indicators after correcting any identified procedural problems (II).
   c. If the repeat spore test is negative, and mechanical and chemical indicators are within normal limits, put the sterilizer back in service (II) (9,243).
9. The following are recommended if the repeat spore test is positive:
   a. Do not use the sterilizer until it has been inspected or repaired or the exact reason for the positive test has been determined (II) (9,243).
   b. Recall, to the extent possible, and reprocess all items processed since the last negative spore test (II) (9,243,283).
   c. Before placing the sterilizer back in service, rechallenge the sterilizer with biological indicator tests in three consecutive empty chamber sterilization cycles after the cause of the sterilizer failure has been determined and corrected (II) (9,243,283).
10. Maintain sterilization records (i.e., mechanical, chemical, and biological) in compliance with state and local regulations (IB) (243).

G. Storage Area for Sterilized Items and Clean Dental Supplies
1. Implement practices on the basis of date- or event-related shelf-life for storage of wrapped, sterilized instruments and devices (IB) (243, 284).
2. Even for event-related packaging, at a minimum, place the date of sterilization, and if multiple sterilizers are used in the facility, the sterilizer used, on the outside of the packaging material to facilitate the retrieval of processed items in the event of a sterilization failure (IB) (243, 247).
3. Examine wrapped packages of sterilized instruments before opening them to ensure the barrier wrap has not been compromised during storage (II) (243, 284).
4. Reclean, repack, and resterilize any instrument package that has been compromised (II).
5. Store sterile items and dental supplies in covered or closed cabinets, if possible (II) (285).

VII. Environmental Infection Control
A. General Recommendations
1. Follow the manufacturers' instructions for correct use of cleaning and EPA-registered hospital disinfecting products (IB, IC) (243--245).
2. Do not use liquid chemical sterilants/high-level disinfectants for disinfection of environmental surfaces (clinical contact or housekeeping) (IB, IC) (243--245).
3. Use PPE, as appropriate, when cleaning and disinfecting environmental surfaces. Such equipment might include gloves (e.g., puncture- and chemical-resistant utility), protective clothing (e.g., gown, jacket, or lab coat), and protective eyewear/face shield, and mask (IC) (13, 15).

B. Clinical Contact Surfaces
1. Use surface barriers to protect clinical contact surfaces, particularly those that are difficult to clean (e.g., switches on dental chairs) and change surface barriers between patients (II) (1, 2, 260, 288).
2. Clean and disinfect clinical contact surfaces that are not barrier-protected, by using an EPA-registered hospital disinfectant with a low- (i.e., HIV and HBV label claims) to intermediate-level (i.e., tuberculocidal claim) activity after each patient. Use an intermediate-level disinfectant if visibly contaminated with blood (IB) (2, 243, 244).

C. Housekeeping Surfaces
1. Clean housekeeping surfaces (e.g., floors, walls, and sinks) with a detergent and water or an EPA-registered hospital disinfectant/detergent on a routine basis, depending on the nature of the surface and type and degree of contamination, and as appropriate, based on the location in the facility, and when visibly soiled (IB) (243, 244).
2. Clean mops and cloths after use and allow to dry before reuse; or use single-use, disposable mop heads or cloths (II) (243, 244).
3. Prepare fresh cleaning or EPA-registered disinfecting solutions daily and as instructed by the manufacturer. (II) (243, 244).
4. Clean walls, blinds, and window curtains in patient-care areas when they are visibly dusty or soiled (II) (9, 244).
D. Spills of Blood and Body Substances
1. Clean spills of blood or OPIM and decontaminate surface with an EPA-registered hospital disinfectant with low- (i.e., HBV and HIV label claims) to intermediate-level (i.e., tuberculocidal claim) activity, depending on size of spill and surface porosity (IB, IC) (13,113).

E. Carpet and Cloth Furnishings
1. Avoid using carpeting and cloth-upholstered furnishings in dental operatories, laboratories, and instrument processing areas (II) (9,293--295).

F. Regulated Medical Waste
1. General Recommendations
   a. Develop a medical waste management program. Disposal of regulated medical waste must follow federal, state, and local regulations (IC) (13,301).
   b. Ensure that DHCP who handle and dispose of regulated medical waste are trained in appropriate handling and disposal methods and informed of the possible health and safety hazards (IC) (13).
2. Management of Regulated Medical Waste in Dental Health-Care Facilities
   a. Use a color-coded or labeled container that prevents leakage (e.g., biohazard bag) to contain nonsharps regulated medical waste (IC) (13).
   b. Place sharp items (e.g., needles, scalpel blades, orthodontic bands, broken metal instruments, and burs) in an appropriate sharps container (e.g., puncture resistant, color-coded, and leakproof). Close container immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping (IC) (2,8,13,113,115).
   c. Pour blood, suctioned fluids or other liquid waste carefully into a drain connected to a sanitary sewer system, if local sewage discharge requirements are met and the state has declared this an acceptable method of disposal. Wear appropriate PPE while performing this task (IC) (7,9,13).

VIII. Dental Unit Waterlines, Biofilm, and Water Quality
A. General Recommendations
1. Use water that meets EPA regulatory standards for drinking water (i.e., ≤500 CFU/mL of heterotrophic water bacteria) for routine dental treatment output water (IB, IC) (341,342).
2. Consult with the dental unit manufacturer for appropriate methods and equipment to maintain the recommended quality of dental water (II) (339).
3. Follow recommendations for monitoring water quality provided by the manufacturer of the unit or waterline treatment product (II).
4. Discharge water and air for a minimum of 20--30 seconds after each patient, from any device connected to the dental water system that enters the patient's mouth (e.g., handpieces, ultrasonic scalers, and air/water syringes) (II) (2,311,344).
5. Consult with the dental unit manufacturer on the need for periodic maintenance of antiretraction mechanisms (IB) (2,311).

B. Boil-Water Advisories
1. The following apply while a boil-water advisory is in effect:
   a. Do not deliver water from the public water system to the patient through the dental operative unit, ultrasonic scaler, or other dental equipment that uses the public water system (IB, IC) (341,342,346,349,350).
b. Do not use water from the public water system for dental treatment, patient rinsing, or handwashing (IB, IC) (341,342,346,349,350).
c. For handwashing, use antimicrobial-containing products that do not require water for use (e.g., alcohol-based hand rubs). If hands are visibly contaminated, use bottled water, if available, and soap for handwashing or an antiseptic towelette (IB, IC) (13,122).

2. The following apply when the boil-water advisory is cancelled:
   a. Follow guidance given by the local water utility regarding adequate flushing of waterlines. If no guidance is provided, flush dental waterlines and faucets for 1--5 minutes before using for patient care (IC) (244,346,351,352).
   b. Disinfect dental waterlines as recommended by the dental unit manufacturer (II).

IX. Special Considerations
A. Dental Handpieces and Other Devices Attached to Air and Waterlines
   1. Clean and heat-sterilize handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units between patients (IB, IC) (2,246,275,356,357,360,407).
   2. Follow the manufacturer's instructions for cleaning, lubrication, and sterilization of handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units (IB) (361--363).
   3. Do not surface-disinfect, use liquid chemical sterilants, or ethylene oxide on handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units (IC) (2,246,250,275).
   4. Do not advise patients to close their lips tightly around the tip of the saliva ejector to evacuate oral fluids (II) (364--366).

B. Dental Radiology
   1. Wear gloves when exposing radiographs and handling contaminated film packets. Use other PPE (e.g., protective eyewear, mask, and gown) as appropriate if spattering of blood or other body fluids is likely (IA, IC) (11,13).
   2. Use heat-tolerant or disposable intraoral devices whenever possible (e.g., film-holding and positioning devices). Clean and heat-sterilize heat-tolerant devices between patients. At a minimum, high-level disinfect semicritical heat-sensitive devices, according to manufacturer's instructions (IB) (243).
   3. Transport and handle exposed radiographs in an aseptic manner to prevent contamination of developing equipment (II).
   4. The following apply for digital radiography sensors:
      a. Use FDA-cleared barriers (IB) (243).
      b. Clean and heat-sterilize, or high-level disinfect, between patients, barrier-protected semicritical items. If the item cannot tolerate these procedures then, at a minimum, protect with an FDA-cleared barrier and clean and disinfect with an EPA-registered hospital disinfectant with intermediate-level (i.e., tuberculocidal claim) activity, between patients. Consult with the manufacturer for methods of disinfection and sterilization of digital radiology sensors and for protection of associated computer hardware (IB) (243).

C. Aseptic Technique for Parenteral Medications
   1. Do not administer medication from a syringe to multiple patients, even if the needle on the syringe is changed (IA) (378). 2. Use single-dose vials for parenteral medications when possible.
3. Do not combine the leftover contents of single-use vials for later use (IA) (376,377).
4. The following apply if multidose vials are used:
   a. Cleanse the access diaphragm with 70% alcohol before inserting a device into the vial (IA) (380,381).
   b. Use a sterile device to access a multiple-dose vial and avoid touching the access diaphragm. Both the needle and syringe used to access the multidose vial should be sterile. Do not reuse a syringe even if the needle is changed (IA) (380,381).
   c. Keep multidose vials away from the immediate patient treatment area to prevent inadvertent contamination by spray or spatter (II).
   d. Discard the multidose vial if sterility is compromised (IA) (380,381).
5. Use fluid infusion and administration sets (i.e., IV bags, tubings and connections) for one patient only and dispose of appropriately (IB) (378).

D. Single-Use (Disposable) Devices
1. Use single-use devices for one patient only and dispose of them appropriately (IC) (383).

E. Preprocedural Mouth Rinses
1. No recommendation is offered regarding use of preprocedural antimicrobial mouth rinses to prevent clinical infections among DHCP or patients. Although studies have demonstrated that a preprocedural antimicrobial rinse (e.g., chlorhexidine gluconate, essential oils, or povidone-iodine) can reduce the level of oral microorganisms in aerosols and spatter generated during routine dental procedures and can decrease the number of microorganisms introduced in the patient's bloodstream during invasive dental procedures (391--399), the scientific evidence is inconclusive that using these rinses prevents clinical infections among DHCP or patients (see discussion, Preprocedural Mouth Rinses) (Unresolved issue).

F. Oral Surgical Procedures
1. The following apply when performing oral surgical procedures:
   a. Perform surgical hand antisepsis by using an antimicrobial product (e.g., antimicrobial soap and water, or soap and water followed by alcohol-based hand scrub with persistent activity) before donning sterile surgeon's gloves (IB) (127--132,137).
   b. Use sterile surgeon's gloves (IB) (2,7,121,123,137).
   c. Use sterile saline or sterile water as a coolant/irrigant when performing oral surgical procedures. Use devices specifically designed for delivering sterile irrigating fluids (e.g., bulb syringe, single-use disposable products, and sterilizable tubing) (IB) (2,121).

G. Handling of Biopsy Specimens
1. During transport, place biopsy specimens in a sturdy, leakproof container labeled with the biohazard symbol (IC) (2,13,14).
2. If a biopsy specimen container is visibly contaminated, clean and disinfect the outside of a container or place it in an impervious bag labeled with the biohazard symbol, (IC) (2,13).

H. Handling of_extracted Teeth
1. Dispose of extracted teeth as regulated medical waste unless returned to the patient (IC) (13,14).
2. Do not dispose of extracted teeth containing amalgam in regulated medical waste intended for incineration (II).
3. Clean and place extracted teeth in a leakproof container, labeled with a biohazard symbol, and maintain hydration for transport to educational institutions or a dental laboratory (IC) (13,14).
4. Heat-sterilize teeth that do not contain amalgam before they are used for educational purposes (IB) (403,405,406).

I. Dental Laboratory
1. Use PPE when handling items received in the laboratory until they have been decontaminated (IA, IC) (2,7,11,13,113) 2. Before they are handled in the laboratory, clean, disinfect, and rinse all dental prostheses and prosthodontic materials (e.g., impressions, bite registrations, occlusal rims, and extracted teeth) by using an EPA-registered hospital disinfectant having at least an intermediate-level (i.e., tuberculocidal claim) activity (IB) (2,249,252,407).
3. Consult with manufacturers regarding the stability of specific materials (e.g., impression materials) relative to disinfection procedures (II).
4. Include specific information regarding disinfection techniques used (e.g., solution used and duration), when laboratory cases are sent off-site and on their return (II) (2,407,409).
5. Clean and heat-sterilize heat-tolerant items used in the mouth (e.g., metal impression trays and face-bow forks) (IB) (2,407).
6. Follow manufacturers’ instructions for cleaning and sterilizing or disinfecting items that become contaminated but do not normally contact the patient (e.g., burs, polishing points, rag wheels, articulators, case pans, and lathes). If manufacturer instructions are unavailable, clean and heat-sterilize heat-tolerant items or clean and disinfect with an EPA-registered hospital disinfectant with low- (HIV, HBV effectiveness claim) to intermediate-level (tuberculocidal claim) activity, depending on the degree of contamination (II).

J. Laser/Electrosurgery Plumes/Surgical Smoke
1. No recommendation is offered regarding practices to reduce DHCP exposure to laser plumes/surgical smoke when using lasers in dental practice. Practices to reduce HCP exposure to laser plumes/surgical smoke have been suggested, including use of a) standard precautions (e.g., high-filtration surgical masks and possibly full face shields) (437); b) central room suction units with in-line filters to collect particulate matter from minimal plumes; and c) dedicated mechanical smoke exhaust systems with a high-efficiency filter to remove substantial amounts of laser-plume particles. The effect of the exposure (e.g., disease transmission or adverse respiratory effects) on DHCP from dental applications of lasers has not been adequately evaluated (see previous discussion, Laser/Electrosurgery Plumes or Surgical Smoke) (Unresolved issue).

K. Mycobacterium tuberculosis
1. General Recommendations
a. Educate all DHCP regarding the recognition of signs, symptoms, and transmission of TB (IB) (20,21).

b. Conduct a baseline TST, preferably by using a two-step test, for all DHCP who might have contact with persons with suspected or confirmed active TB, regardless of the risk classification of the setting (IB) (20).
c. Assess each patient for a history of TB as well as symptoms indicative of TB and document on
the medical history form (IB) (20,21).

d. Follow CDC recommendations for 1) developing, maintaining, and implementing a written TB infection-control plan; 2) managing a patient with suspected or active TB; 3) completing a community risk-assessment to guide employee TSTs and follow-up; and 4) managing DHCP with TB disease (IB) (2,21).

2. The following apply for patients known or suspected to have active TB:
   a. Evaluate the patient away from other patients and DHCP. When not being evaluated, the patient should wear a surgical mask or be instructed to cover mouth and nose when coughing or sneezing (IB) (20,21).
   b. Defer elective dental treatment until the patient is noninfectious (IB) (20,21).
   c. Refer patients requiring urgent dental treatment to a previously identified facility with TB engineering controls and a respiratory protection program (IB) (20,21).

L. Creutzfeldt-Jakob Disease (CJD) and Other Prion Diseases

1. No recommendation is offered regarding use of special precautions in addition to standard precautions when treating known CJD or vCJD patients. Potential infectivity of oral tissues in CJD or vCJD patients is an unresolved issue. Scientific data indicate the risk, if any, of sporadic CJD transmission during dental and oral surgical procedures is low to nil. Until additional information exists regarding the transmissibility of CJD or vCJD during dental procedures, special precautions in addition to standard precautions might be indicated when treating known CJD or vCJD patients; a list of such precautions is provided for consideration without recommendation (see Creutzfeldt-Jakob Disease and Other Prion Diseases) (Unresolved issue).

M. Program Evaluation

1. Establish routine evaluation of the infection-control program, including evaluation of performance indicators, at an established frequency (II) (470-471).
SUBJECT MATTER INDEX

The following index is intended to serve as a guide to various subjects contained in this booklet. This index is not exclusive, but is intended solely to facilitate use of this booklet.

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