
Rules of
Department of Economic
Development
Division 110—Missouri Dental Board
Chapter 2—General Rules

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**Title 4—DEPARTMENT OF
ECONOMIC DEVELOPMENT
Division 110—Missouri Dental Board
Chapter 2—General Rules**

4 CSR 110-2.010 Licensure by Examination—Dentists

PURPOSE: This rule outlines the procedure for obtaining a dental license by examination.

(1) To qualify for licensure as set out in sections 332.131 and 332.151, RSMo, each applicant shall—

(A) Be a graduate of and hold a Doctor of Dental Surgery (DDS) degree or a Doctor of Dental Medicine (DMD) degree from an accredited dental school as defined in section 332.011, RSMo and meet the other requirements of sections 332.131 and 332.151, RSMo; and

(B) Have passed the National Board Examination in accordance with the criteria established by the sponsoring body; and

(C) Have passed a state or regional entry-level competency examination (hereinafter referred to as a competency examination) within the previous five (5) years, subject to section (3) below of this rule; and

(D) Have passed a written examination given by the board on the Missouri dental laws and rules (hereinafter referred to as the jurisprudence examination) with a grade of at least eighty percent (80%). In order to sit for the jurisprudence examination, the applicant must—

1. Have passed the National Board Examination, prepare to take a competency examination, and submit an application form for licensure to the board thirty (30) days prior to the jurisprudence examination; or

2. Have passed a competency examination within the previous five (5) years and have passed the National Board Examination, and submit an application form for licensure to the board. Applicants will be scheduled to take the jurisprudence examination at the board office, at the office of one (1) of the members of the board, or at such times deemed necessary by the board; and

(E) Hold current certification in cardiopulmonary resuscitation (CPR) or basic life support (BLS).

(2) To apply for a certificate of registration and a license to practice, each applicant shall submit the following:

(A) A completed application form provided by the board; and

(B) A nonrefundable application/examination fee payable to the Missouri Dental Board; and

(C) A two-inch by three-inch (2" × 3") photograph or passport photograph taken no more than six (6) months prior to the application date; and

(D) An official copy of his/her educational transcript from an accredited dental school as defined in 332.011, RSMo. Transcripts must be sent directly to the board from the accredited dental school; and

(E) A copy of his/her current certification in cardiopulmonary resuscitation (CPR) or basic life support (BLS); and

(F) Certification of passage of the National Board Examination sent directly to the board from the sponsoring body; and

(G) A copy of his/her competency examination scores sent directly to the board from the testing agent(s); and

(H) A form provided by the board verifying licensure in other state(s), if applicable. Verification forms must be sent directly to the board from the licensure board(s) from which the applicant currently holds or has ever held a dental license; and

(I) Each application form and documentation must be completed within one (1) year from the date of submission to the board, including the taking and passing of the jurisprudence examination. If not completed within one (1) year, an application becomes invalid and a new application process must begin.

(3) In order to take the competency examination for a sixth or subsequent time, the applicant shall—

(A) Complete remedial instruction in the deficient area(s) from an accredited dental school. An applicant failing the operative or periodontal portions of the examination must obtain three (3) credit hours of clinical and one (1) credit hour of didactic remedial instruction. Before entering a program of remedial instruction, the applicant shall—

1. Have a statement sent to the board from the program director of the accredited dental school outlining the remedial instruction to be completed by the applicant and confirming the applicant's acceptance into the program; and

2. Receive board approval of the remedial instruction; and

3. Upon completion, have a written statement submitted to the board from the program director verifying the applicant's successful completion of the remedial instruction.

(4) In order to receive a certificate of registration and license to practice, each applicant shall—

(A) Meet all licensure requirements as specified in sections (1), (2) and (3); and

(B) Submit the initial licensure fee as specified in 4 CSR 110-2.170.

AUTHORITY: sections 332.031, RSMo Supp. 1997 and 332.141, 332.151 and 332.181, RSMo 1994. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Aug. 4, 1986, effective Oct. 27, 1986. Amended: Filed Feb. 14, 1989, effective May 11, 1989. Emergency amendment filed April 16, 1992, effective April 26, 1992, expired Aug. 24, 1992. Amended: Filed May 4, 1992, effective Sept. 6, 1992. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Rescinded and readopted: Filed Sept. 15, 1998, effective April 30, 1999.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995; 332.141, RSMo 1969, amended 1981; 32.151, RSMo 1969, amended 1981; and 332.181, RSMo 1969, amended 1981, 1983, 1993.*

Missouri Dental Board v. Riney, 429 SW2d 803 (Mo. App. 1968). The board was without authority to adopt arbitrary rule in which application for specialist's certificate pursuant to statute, which became effective August 29, 1959, must be received by board prior to January 1, 1960.

Op. Atty. Gen. No. 150, Bild (10-6-76). A graduate of a foreign dental school is qualified for examination and registration as a dentist in the state of Missouri under the provisions of section 332.131, RSMo only if the school is certified by the American Dental Association.

4 CSR 110-2.020 License to Practice—Dentists
(Rescinded April 30, 1999)

AUTHORITY: section 332.031, RSMo 1986. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Rescinded: Filed Sept. 15, 1998, effective April 30, 1999.

4 CSR 110-2.030 Licensure by Credentials—Dentists

PURPOSE: This rule outlines the procedure for licensing qualified dentists coming from

other states by verification of professional credentials.

(1) To qualify for licensure as set out in section 332.211, RSMo, each applicant shall—

(A) Meet the requirements of section 332.211, RSMo; and

(B) Be a graduate of and hold a Doctor of Dental Surgery (DDS) degree or a Doctor of Dental Medicine (DMD) degree from an accredited dental school as defined in section 332.011, RSMo; and

(C) Have passed the National Board Examination in accordance with the criteria established by the sponsoring body, if a prerequisite to original licensure; and

(D) Have passed a state or regional entry-level competency examination (hereinafter referred to as a competency examination); and

(E) Hold a current and valid license to practice dentistry in another state for the five (5)-year period immediately preceding application; and

(F) Hold a current certification in cardiopulmonary resuscitation (CPR) or basic life support (BLS); and

(G) Have passed a written examination given by the board on the Missouri dental laws and rules (hereinafter referred to as the jurisprudence examination) with a grade of at least eighty percent (80%).

(2) To apply for a certificate of registration and a license to practice, each applicant shall submit the following:

(A) A completed application form provided by the board; and

(B) A nonrefundable application fee payable to the Missouri Dental Board; and

(C) A two-inch by three-inch (2" × 3") photograph or passport photograph taken no more than six (6) months prior to the application date; and

(D) An official copy of his/her educational transcript from an accredited dental school as defined in section 332.011, RSMo. Transcripts must be sent directly to the board from the accredited dental school; and

(E) A copy of his/her current certification in cardiopulmonary resuscitation (CPR) or basic life support (BLS); and

(F) Certification of passage of the National Board Examination sent directly to the board from the sponsoring body; and

(G) A copy of his/her competency examination scores sent directly to the board from the testing agent(s); and

(H) A form provided by the board verifying licensure in other state(s). Verification forms must be sent directly to the board from the licensure board(s) from which the appli-

cant currently holds or has ever held a dental license; and

(I) Each application must be completed within one (1) year from the date of submission to the board, including the taking and passing of the jurisprudence examination. If not completed within one (1) year, an application becomes invalid and a new application process must begin.

(3) The board may, in its discretion, require an applicant for licensure by credentials to take and successfully complete a competency examination, or any portion thereof deemed necessary by the board, as a prerequisite to licensure if the applicant's licensure in any state was ever denied, revoked or suspended for incompetency or inability to practice in a safe manner, or if the applicant has failed a competency examination given as a prerequisite to licensure as a dentist in any state.

(4) In order to receive a certificate of registration and a license to practice, each applicant shall—

(A) Meet all licensure requirements as specified in sections (1), (2) and (3); and

(B) Submit the initial license fee as specified in 4 CSR 110-2.170.

AUTHORITY: sections 332.031, RSMo Supp. 1997 and 332.211, RSMo 1994. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed Dec. 11, 1984, effective March 11, 1985. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed March 30, 1988, effective June 27, 1988. Amended: Filed Feb. 14, 1989, effective May 11, 1989. Amended: Filed Aug. 15, 1991, effective Jan. 13, 1992. Amended: Filed Feb. 16, 1994, effective Sept. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Rescinded and readopted: Filed Sept. 15, 1998, effective April 30, 1999.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995 and 332.211, RSMo 1969, amended 1981.*

4 CSR 110-2.040 License to Practice—Dentists (Credential)

(Rescinded April 30, 1999)

AUTHORITY: section 332.031, RSMo 1986. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Rescinded: Filed Sept. 15, 1998, effective April 30, 1999.

4 CSR 110-2.050 Licensure by Examination—Dental Hygienists

PURPOSE: This rule outlines the procedure for obtaining a dental hygiene license by examination.

(1) To qualify for licensure as set out in sections 332.231 and 332.251, RSMo, each applicant shall—

(A) Have satisfactorily completed a course in dental hygiene in an accredited dental hygiene school and meet the other requirements of sections 332.231 and 332.251, RSMo; and

(B) Have passed the National Board Examination in accordance with the criteria established by the sponsoring body; and

(C) Have passed a state or regional entry-level competency examination (hereinafter referred to as a competency examination) within the previous five (5) years, subject to section (3) below of this rule; and

(D) Have passed a written examination given by the board on the Missouri dental laws and rules (hereinafter referred to as the jurisprudence examination) with a grade of at least eighty percent (80%). In order to sit for the jurisprudence examination, the applicant must—

1. Have passed the National Board Examination, prepare to take the competency examination, and submit an application form for licensure to the board thirty (30) days prior to the jurisprudence examination; or

2. Have passed the competency examination within the previous five (5) years and have passed the National Board Examination, and submit an application form for licensure to the board. Applicants will be scheduled to take the jurisprudence examination at the board office, at the office of one (1) of the members of the board or at such times deemed necessary by the board; and

(E) Hold current certification in cardiopulmonary resuscitation (CPR) or basic life support (BLS).

(2) To apply for a certificate of registration and a license to practice, each applicant shall submit the following:

(A) An application form provided by the board; and

(B) A nonrefundable application/examination fee payable to the Missouri Dental Board; and

(C) A two-inch by three-inch (2" × 3") photograph or passport photograph taken no more than six (6) months prior to the application date; and

(D) An official copy of his/her educational transcript from an accredited dental hygiene

school as defined in section 332.011, RSMo. Transcripts must be sent directly to the board from the accredited dental hygiene school; and

(E) A copy of his/her current certification in cardiopulmonary resuscitation (CPR) or basic life support (BLS); and

(F) Certification of passage of the National Board Examination sent directly to the board from the sponsoring body; and

(G) A copy of his/her competency examination scores sent directly to the board from the testing agent(s); and

(H) A form provided by the board verifying licensure in other state(s), if applicable. Verification forms must be sent directly to the board from the licensure board(s) from which the applicant currently holds or has ever held a dental hygiene license; and

(I) Each application must be completed within one (1) year from the date of submission to the board, including the taking and passing of the jurisprudence examination. If not completed within one (1) year, an application becomes invalid and a new application process must begin.

(3) In order to take the competency examination for a sixth or subsequent time, the applicant shall—

(A) Complete remedial instruction at an accredited dental hygiene school. Before entering a program of remedial instruction, the applicant shall—

1. Have a statement sent to the board from the program director of the accredited dental hygiene institution outlining the remedial instruction to be completed by the applicant and confirming the applicant's acceptance into the program; and

2. Receive board approval of the remedial instruction; and

3. Upon completion, have a written statement submitted to the board from the program director verifying the applicant's successful completion of the remedial instruction.

(4) In order to receive a certificate of registration and license to practice, each applicant shall—

(A) Meet all licensure requirements as specified in sections (1), (2) and (3); and

(B) Submit the initial license fee as specified in 4 CSR 110-2.170.

AUTHORITY: sections 332.031, RSMo Supp. 1997 and 332.231, 332.241, 332.251 and 332.261, RSMo 1994. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended:*

Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Aug. 4, 1986, effective Oct. 27, 1986. Amended: Filed Nov. 2, 1987, effective Jan. 14, 1988. Amended: Filed Feb. 17, 1988, effective April 28, 1988. Amended: Filed Feb. 14, 1989, effective May 11, 1989. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Rescinded and readopted: Filed Sept. 15, 1998, effective April 30, 1999.

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995; 332.231, RSMo 1969, amended 1981; 332.241, RSMo 1969, amended 1981; 332.251, RSMo 1969, amended 1981; and 332.261, RSMo 1969, amended 1981, 1983, 1993.*

4 CSR 110-2.060 License to Practice—Dental Hygienists

(Rescinded April 30, 1999)

AUTHORITY: section 332.031, RSMo 1986. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Rescinded: Filed Sept. 15, 1998, effective April 30, 1999.

4 CSR 110-2.070 Licensure by Credentials—Dental Hygienists

PURPOSE: This rule outlines the procedure for licensing qualified dental hygienists coming from other states by verification of professional credentials.

(1) To qualify for licensure as set out in section 332.281, RSMo, each applicant shall—

(A) Meet the requirements of section 332.381, RSMo; and

(B) Have satisfactorily completed a course in dental hygiene in an accredited dental hygiene school as defined in section 332.011, RSMo; and

(C) Have passed the National Board Examination in accordance with the criteria established by the sponsoring body, if a prerequisite to original licensure; and

(D) Have passed a state or regional entry-level competency examination (hereinafter referred to as a competency examination); and

(E) Hold a current and valid license to practice dental hygiene in another state for the two (2)-year period immediately preceding application; and

(F) Hold a current certification in cardiopulmonary resuscitation (CPR) or basic life support (BLS); and

(G) Have passed a written examination given by the board on the Missouri dental laws and rules (hereinafter referred to as the

jurisprudence examination) with a grade of at least eighty percent (80%).

(2) To apply for a certificate of registration and a license to practice, each applicant shall submit the following:

(A) An application form provided by the board; and

(B) A nonrefundable application fee payable to the Missouri Dental Board; and

(C) A two-inch by three-inch (2" × 3") photograph or passport photograph taken no more than six (6) months prior to the application date; and

(D) An official copy of his/her educational transcript from an accredited dental hygiene school as defined in section 332.011, RSMo. Transcripts must be sent directly to the board from the accredited dental hygiene school; and

(E) A copy of his/her current certification in cardiopulmonary resuscitation (CPR) or basic life support (BLS); and

(F) Certification of passage of the National Board Examination sent directly to the board from the sponsoring body; and

(G) A copy of his/her competency examination scores sent directly to the board from the testing agent(s); and

(H) A form provided by the board verifying licensure in other state(s). Verification forms must be sent directly to the board from the licensure board(s) from which the applicant currently holds or has ever held a dental hygiene license; and

(I) Each application must be completed within one (1) year from the date of submission to the board, including the taking and passing of the jurisprudence examination. If not completed within one (1) year, an application becomes invalid and a new application process must begin.

(3) The board may, in its discretion, require an applicant for licensure by credentials to take and successfully complete a competency examination, or any portion thereof deemed necessary by the board, as a prerequisite to licensure if the applicant's licensure in any state was ever denied, revoked or suspended for incompetency or inability to practice in a safe manner, or if the applicant has failed a competency examination given as a prerequisite to licensure as a dental hygienist in any state.

(4) In order to receive a certificate of registration and a license to practice, each applicant shall—

(A) Meet all licensure requirements as specified in sections (1), (2) and (3); and

(B) Submit the initial license fee as specified in 4 CSR 110-2.170.

AUTHORITY: sections 332.031, RSMo Supp. 1997 and 332.261 and 332.281, RSMo 1994. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Amended: Filed March 8, 1978, effective June 11, 1978. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Feb. 14, 1989, effective May 11, 1989. Amended: Filed Aug. 15, 1991, effective Jan. 13, 1992. Amended: Filed Feb. 16, 1994, effective Sept. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Rescinded and readopted: Filed Sept. 15, 1998, effective April 30, 1999.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995; 332.261, RSMo 1969, amended 1981, 1983, 1993; and 332.281, RSMo 1969, amended 1981.*

4 CSR 110-2.080 License to Practice—Dental Hygienists (Credential)
(Rescinded April 30, 1999)

AUTHORITY: section 332.031, RSMo 1986. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Rescinded: Filed Sept. 15, 1998, effective April 30, 1999.

4 CSR 110-2.090 Certification of Dental Specialists

PURPOSE: This rule identifies specialties recognized by the Missouri Dental Board and the requirements and procedures an applicant must fulfill prior to being certified as a dental specialist.

(1) In order to qualify for certification as a specialist in endodontics, oral pathology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, public health, or any other area of specialty recognized by the American Dental Association, the applicant shall submit to the board the appropriate application/examination fee, submit a completed application form as defined in section (2) of this rule, and fulfill all the requirements of subsections (A), (B), or (C) of this section.

(A) The board may issue, without examination, a specialty certificate to any applicant who—

1. Is a currently registered and licensed dentist in Missouri; and

2. Is a current diplomate of an American specialty board recognized by the American Dental Association.

(B) The board may issue a specialty certificate after examination to any applicant who—

1. Is a currently registered and licensed dentist in Missouri; and

2. Is a graduate of an accredited specialty training program; and

3. Passes each section of the Missouri Specialty Examination with a grade of at least seventy-five percent (75%).

A. Reexamination.

(I) Any applicant who fails to receive a passing grade on one (1) or more section(s) of the Missouri Specialty Examination may retake the examination or section(s) two (2) times without remedial instruction.

B. Remedial instruction.

(I) Prior to taking the examination a fourth or subsequent time, the applicant shall complete remedial instruction in the deficient areas(s). Before entering a program of remedial instruction the applicant shall—

(a) Have a statement sent to the board from the program director of the accredited specialty training program outlining the instruction to be completed by the applicant and confirming the applicant's acceptance into the program; and

(b) Receive board approval of the remedial instruction. After completing the remedial instruction and prior to reexamination, the applicant shall have a written statement submitted to the board from the program director verifying the applicant's successful completion of the remedial instruction. An applicant may request, in writing, a waiver from the board of remedial instruction requirements for a fifth or subsequent specialty competency examination(s).

(C) The board may issue, without examination, a specialty certificate to any applicant who—

1. Is a currently registered and licensed dentist in Missouri; and

2. Is a graduate of an accredited specialty training program; and

3. Has taken and passed a specialty examination in another state equivalent to the specialty examination given in Missouri and been granted a specialty license in that state. The applicant shall have the state that administered the specialty examination submit verified information to the board regarding the content of each portion of the specialty examination taken and passed by the applicant and the grades received by the applicant on each portion of the specialty examination.

(2) To apply for a specialty certificate, each applicant shall submit the following:

(A) A completed application form provided by the board sixty (60) days prior to the date of examination; and

(B) A nonrefundable application/examination fee payable to the Missouri Dental Board; and

(C) A two-inch by three-inch (2" × 3") photograph or passport photograph taken no more than six (6) months prior to the application date; and

(D) An official copy of his/her educational transcript from the accredited specialty training program. Transcripts must be sent directly to the board from the accredited specialty training program, if applicable; and

(E) Written verification of diplomate status sent directly from his/her American specialty board, if applicable; and

(F) Certified documentation of the specialty examination(s) taken in another state(s), if applicable. Documentation must include:

1. The contents of each section of the specialty examination; and

2. The applicant's grades on each section of the specialty examination, if applicable. Documentation must be sent directly to the board from each state licensing agency; and

(G) Each application must be completed within one (1) year from the date of submission to the board. If not completed, the application becomes invalid and a new application process must begin.

(3) Missouri specialty examinations/reexaminations shall be given quarterly as established by the board.

(4) In order to receive a specialty certificate, each applicant shall—

(A) Meet all certificate requirements as specified in sections (1) and (2); and

(B) Submit the initial certification fee as specified in 4 CSR 110-2.170.

AUTHORITY: sections 332.031, RSMo Supp. 1997 and 332.171, RSMo 1994. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Amended: Filed March 8, 1978, effective June 11, 1978. Amended: Filed July 26, 1979, effective Nov. 11, 1979. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Feb. 4, 1986, effective April 25, 1986. Amended: Filed May 2, 1989, effective Aug. 24, 1989. Amended: Filed Feb. 4, 1991, effective July 8, 1991. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Rescinded and readopted:*

Filed Sept. 15, 1998, effective April 30, 1999.

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995 and 332.171, RSMo 1969, amended 1981, 1983.*

Missouri Dental Board v. Riney, 429 SW2d 803 (Mo. App. 1968). The board was without authority to adopt arbitrary rule in which application for specialist's certificate pursuant to statute, which became effective August 29, 1959, must be received by board prior to January 1, 1960.

4 CSR 110-2.100 Name of Practice—Dentists

(Rescinded February 26, 1995)

AUTHORITY: section 332.031, RSMo 1986. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Rescinded and readopted: Filed July 26, 1979, effective Feb. 11, 1980. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Oct. 17, 1986, effective Dec. 25, 1986. Amended: Filed June 3, 1988, effective Aug. 25, 1988. Rescinded: Filed July 12, 1994, effective Feb. 26, 1995.

4 CSR 110-2.110 Addressing the Public—Dentists

PURPOSE: This rule regulates the manner in which a dentist may advertise.

(1) For the purpose of these rules, advertising shall mean any communication, whether oral or written, between a licensee or other entity acting on behalf of one (1) or more licensees and the public. It shall include, but not be limited to: business cards, signs, insignias, letterheads, radio, television, newspaper and magazine ads, and display or group ads or listings in telephone directories, or both.

(2) Any advertising engaged in by a duly registered and currently licensed dentist in Missouri shall be in compliance with the provisions set out in section 332.321.2(14), RSMo.

(3) A duly registered and currently licensed dentist may—

(A) Use the titles or degrees, Doctor, Dentist, D.D.S. or D.M.D. if the one so using any such title holds a degree(s) from an accredited dental school. A dentist who has a medical degree may also use that degree. A dentist who has been certified by the certifying

American board for one (1) of the specialties approved by the American Dental Association may use the title Diplomate in connection with his/her specialty; and

(B) Limit his/her practice exclusively to one (1) of the special areas approved by the board, and if the dentist has a current license issued by the board entitling him/her to engage in a specialty practice, s/he may include a statement of that specialty in advertisements by using one (1) of the following words or phrases: "Specialists," "Practice Limited to," "Limited to the Specialty of" or "Specializing in."

(4) A duly registered and currently licensed dentist shall not use or participate in the use of any advertising containing a false, fraudulent, misleading, deceptive or unfair statement or claim.

(5) Any duly registered and currently licensed dentist who directly or indirectly advertises the availability and price of goods, appliances or services shall do so in a clear and nondeceptive manner and include all material information necessary to fully inform members of the general public about the nature of the goods, appliances or services offered at the announced price. Any listed prices shall be extended for a reasonable period of time. Any advertised price for a routine service shall be a fixed price, with no range of fees, and no fee can be charged a patient in excess of that advertised price for that particular service.

(6) Any advertisement must contain the name of one (1) or more of the duly registered and currently licensed dentists regularly employed in and responsible for the management, supervision and operation of each office location listed in the advertisement.

(7) Any dental health article, message or newsletter published under a dentist's byline to the public without making truthful disclosure of the source and authorship, or designed to give rise to questionable expectations for the purpose of inducing the public to utilize the services of the sponsoring dentist, or designed to imply specialization or unusual expertise in a recognized specialty area(s) unless the sponsoring dentist is currently licensed in the particular specialty area(s) discussed shall be deemed to be a false, misleading or deceptive representation to the public.

(8) Terms implying nonspecialty interest areas which are not recognized by the American Dental Association and cannot be used in any advertising, unless accompanied by the

disclaimer as described here shall include, but not be limited to, the following: cosmetic dentistry, implantology, implant dentistry and temporomandibular joint (TMJ) therapy. Those terms or any other terms implying non-specialty interest areas which are not recognized by the American Dental Association can only be used in advertising if they are accompanied by a disclaimer stating that the term used is a non-specialty interest area in Missouri. The disclaimer shall be a clearly legible or audible statement contained in the advertising and shall read as follows: "— is a non-specialty interest area which is not recognized by the American Dental Association or the state of Missouri."

(9) Any announcement of services by a general practitioner shall state in a prominent manner that the dental practice is one of general dentistry. This announcement of the general practice of dentistry shall be in a size equal to or greater than the announcement of services offered.

(10) Any consumer who receives any free services, examination or treatment, in response to an advertisement, from any duly registered and licensed dentist in Missouri shall have the right to refuse to pay, cancel payment or be reimbursed for payment for any other service, examination or treatment which is performed as a result of and within seventy-two (72) hours of receiving the free service, examination or treatment, unless the other service, examination or treatment is requested by the patient at the time s/he presents him/herself for the free offer. The dentist shall inform patients in writing of their rights under this section prior to their receiving the free service, examination or treatment. Failure to comply with this language shall constitute a violation of section 332.321.2(4), (6) and (14), RSMo.

(11) Any advertising engaged in by a duly registered or licensed dentist in Missouri containing an offer of a discount of or a credit toward a fee, whether expressed in terms of a particular dollar amount or a particular percentage shall contain a statement of the highest fee normally charged by the advertising dentist for the service or services to which the discount or credit applies and a statement of exactly what service or services are included in the offer. If the offer of a discount or credit applies to the full range of dental services offered by the dentist, then a fee schedule stating all fees for the dental services shall be made available to any person requesting it and its availability shall be noted in the advertisement.

(12) Failure to comply with this rule will subject the holder of a certificate of registration and license to practice dentistry in this state to disciplinary action in accordance with section 332.321.2(6)–(14), RSMo.

(13) The provisions of this rule are declared severable. If any provision of this rule is held invalid by a court of competent jurisdiction, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction to be invalid.

AUTHORITY: section 332.031, RSMo 1986. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Amended: Filed Aug. 12, 1976, effective Dec. 11, 1976. Rescinded and readopted: Filed May 11, 1978, effective Aug. 11, 1978. Rescinded and readopted: Filed July 26, 1979, effective Feb. 11, 1980. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Oct. 17, 1986, effective Jan. 12, 1987. Amended: Filed Jan. 5, 1988, effective March 12, 1988.*

**Original authority 1969, amended 1981, 1993, 1995.*

4 CSR 110-2.112 Referral Services
(Rescinded April 30, 1999)

AUTHORITY: section 332.321, RSMo 1986. Original rule filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Oct. 30, 1985, effective Jan. 26, 1986. Rescinded: Filed Sept. 15, 1998, effective April 30, 1999.

4 CSR 110-2.114 Patient Abandonment

PURPOSE: This rule defines the duty of a dentist to existing patients when s/he moves his/her practice to a location inconvenient to his/her existing patients.

(1) Any duly registered and currently licensed dentist in Missouri who moves his/her practice to a location which is inconvenient to his/her existing patients or who ceases to practice dentistry or who shares a fee in any patient whose treating dentist moves to an inconvenient location or ceases to practice dentistry, upon request of that patient, or the person responsible for payment for that patient, shall refund an appropriate portion of the fee received for an unfinished treatment or make arrangements for the treatment to be completed by a dentist acceptable to the patient for no additional fee.

(2) Upon the relocation or cessation of practice described in section (1) of this rule, the treating dentist, within thirty (30) days, shall notify all his/her patients with unfinished services or treatments of their rights under section (1) of this rule. Dentists who share in the fee of any patient affected by this rule also shall notify the patient of his/her rights. This notification may be made together with the treating dentist in one (1) notice.

(3) Failure to comply with the provisions of this rule will subject the holder of a certificate of registration and license to practice dentistry in this state to disciplinary action in accordance with section 332.321.2(5), (6) and (13), RSMo.

(4) The provisions of this rule are declared severable. If any provision of this rule is held invalid by a court of competent jurisdiction, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction to be invalid.

AUTHORITY: section 332.031, RSMo 1986. Original rule filed April 16, 1985, effective Aug. 26, 1985.*

**Original authority 1969, amended 1981.*

4 CSR 110-2.120 Dental Assistants

PURPOSE: This rule expands the functions a dental assistant may perform under the dentist's direct supervision.

(1) Definitions.

(A) Certified dental assistant—a dental assistant who is currently certified by the Dental Assisting National Board, Inc.

(B) Dental assistant—an employee of a duly registered and currently licensed dentist in Missouri, other than either a dental hygienist or a certified dental assistant.

(C) Dental auxiliary—either a dental assistant or certified dental assistant as defined in subsections (1)(B) and (C).

(D) Direct supervision—the following conditions must be satisfied for direct supervision to apply:

1. The dentist is in the dental office or treatment facility;

2. The dentist has personally diagnosed the condition to be treated;

3. The dentist has personally authorized the procedures;

4. The dentist remains in the dental office or treatment facility while the procedures are being performed by the dental auxiliary; and

5. The dentist evaluates the performance of the dental auxiliary before the dismissal of the patient.

(E) Proof of competence—any written document, such as a diploma, a certificate of mastery, or a letter from an approved competency testing agent stating that the dental auxiliary has successfully passed the competency testing for specific functions after having—

1. Completed an approved course—a course of study offered by an accredited school of dentistry, dental hygiene, or dental assisting or any course approved by the Missouri Dental Board; and

2. Passed an approved competency examination—an examination testing essential knowledge of specifically itemized functions constructed, administered and evaluated by an accredited school of dentistry, dental hygiene, or dental assisting, the Dental Assisting National Board, or any other competency testing agent approved by the Missouri Dental Board.

(2) A registered and currently licensed dentist may not delegate to a dental assistant or certified dental assistant, as defined in subsections (1)(B) and (C) respectively, the performance of the following procedures:

(A) Diagnosis, including interpretation of dental radiographs and treatment planning;

(B) Cutting of tooth structure;

(C) Surgical procedures on hard and soft tissues including, but not limited to, the removal of teeth and the cutting and suturing of soft tissues;

(D) The prescription, injection and parenteral administration of drugs;

(E) The final bending of archwire prior to ligation;

(F) The scaling of teeth; and

(G) Administration of nitrous oxide-oxygen analgesia except that a dental assistant or certified dental assistant may assist in the administration of and monitor nitrous oxide-oxygen analgesia with specific training as provided in section (3) of this rule.

(3) A dental assistant or certified dental assistant may assist the administration of and monitor nitrous oxide analgesia under direct supervision if s/he—

(A) Has successfully completed formal certified training in a course approved by the Missouri Dental Board; and

(B) Has successfully passed an approved competency test regarding the clinical and didactic training; or

(C) Has been certified in another state to assist the administration and monitor nitrous oxide subsequent to equivalent training and testing. The dental assistant may qualify to

perform this function by presenting proof of competence of this equivalent training and testing to the Missouri Dental Board;

(D) The responsibility of the dental assistant or certified dental assistant shall be to provide the Missouri Dental Board proof of competence; and

(E) Upon presentation to the dental board of proof of competency that the dental assistant or certified dental assistant has complied with the requirements imposed by subsections (3)(A), (B) or (C) of this rule, and remitted the appropriate fee as specified in 4 CSR 110-2.170, the Missouri Dental Board will issue the appropriate certification to the dental assistant or certified dental assistant.

(4) A currently licensed dentist may delegate, under direct supervision, functions listed in subsection (4)(D) of this rule to a certified dental assistant or a dental assistant subsequent to submission to the Missouri Dental Board of the following satisfactory proof of competence:

(A) After June 1, 1995, all certified dental assistants graduating from accredited dental assisting programs in Missouri will have competency testing for all functions listed in subsection (4)(D) of this rule and may be delegated those functions by a currently licensed dentist;

(B) Certified dental assistants graduating prior to June 1, 1995, or from programs outside Missouri, may be delegated the functions in subsection (4)(D) of this rule with proof of competence issued by their educational institutions and may be delegated other specific functions if they have completed an approved course, passed an approved competency examination, and can provide proof of competency as defined in subsection (1)(D);

(C) Dental assistants, as defined in subsection (1)(B), may be delegated any specific function listed in subsection (4)(D) of this rule if they have successfully completed a basic dental assisting skills mastery examination approved by the board, completed an approved course, passed an approved competency examination, and can provide proof of competence as defined in subsection (1)(D);

(D) Functions delegable upon successful completion of competency testing are—

1. Placement of post-extraction and sedative dressings;
2. Placing periodontal dressings;
3. Size stainless steel crowns;
4. Placing and condensing amalgam for Class I, V, and VI restorations;
5. Carving amalgam;
6. Placing composite for Class I, V, and VI restorations;

7. Polishing the coronal surfaces of teeth (air polisher);

8. Minor palliative care of dental emergencies (place sedative filling);

9. Preliminary bending of archwire;

10. Removal of orthodontic bands and bonds;

11. Final cementation of any permanent appliance or prosthesis;

12. Minor palliative care of orthodontic emergencies (that is, bend/clip wire, remove broken appliance);

13. Making impressions for the fabrication of removable prosthesis;

14. Placement of temporary soft liners in a removable prosthesis;

15. Place retraction cord in preparation for fixed prosthodontic impressions;

16. Making impressions for the fabrication of fixed prosthesis;

17. Extra-oral adjustment of fixed prosthesis;

18. Extra-oral adjustment of removable prosthesis during and after insertion; and

19. Placement and cementation of orthodontic brackets and/or bands; and

(E) Upon request by the Missouri Dental Board, the licensed and supervising dentist must provide copies of proof of competence of dental auxiliaries.

(5) A currently licensed dentist may delegate under direct supervision to a dental assistant or certified dental assistant any functions not specifically referenced in sections (2)–(4) of this rule and not considered either the practice of dentistry or the practice of dental hygiene as defined in sections 332.071 and 332.091, RSMo, and 4 CSR 110-2.130.

(6) The licensed dentist is responsible for determining the appropriateness of delegation of any specific function based upon knowledge of the skills of the auxiliary, the needs of the patient, the requirements of the task and whether proof of the competence is required.

(7) Pursuant to section 332.031.2., RSMo, the dentist is ultimately responsible for patient care. Nothing contained in the authority given the dentist by this rule to delegate the performance of certain procedures shall in any way relieve the supervising dentist from liability to the patient for negligent performance by a dental assistant or certified dental assistant.

AUTHORITY: section 332.031.2., RSMo 1994. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Rescinded and readopted: Filed April 14, 1982, effective Oct. 11, 1982. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended:*

Filed May 2, 1988, effective July 28, 1988. Rescinded and readopted: Filed Feb. 16, 1994, effective Sept. 30, 1994. Emergency amendment filed Feb. 21, 1995, effective March 3, 1995, expired June 30, 1995. Amended: Filed March 14, 1995, effective Oct. 30, 1995.

**Original authority 1969, amended 1981, 1993.*

4 CSR 110-2.130 Dental Hygienists

PURPOSE: This rule defines the degree of supervision and specifies those functions which a dentist may or may not delegate to his/her registered and currently licensed dental hygienist as provided in sections 332.031.1, 332.091 and 332.311, RSMo and the related responsibility of the dentist.

(1) For the purpose of this rule, dentist is one who is duly registered and currently licensed to practice dentistry in Missouri; hygienist is one who is duly registered and currently licensed to practice dental hygiene in Missouri.

(2) For the purpose of this rule, the following definitions of continuous supervision shall be applicable:

(A) General supervision, as defined in this rule, means that a dentist may give authorization to the dental hygienist to perform specific clinical procedures for the dentist's patient of record without requiring the physical presence of the supervising dentist during the performance of those procedures and provided the hygienist is currently certified in cardiopulmonary resuscitation (CPR). A patient of record is one for whom the dentist has performed an examination, diagnosed the condition to be treated and developed a written treatment plan. For the private dental office, the authorization shall be documented in the patient's record, countersigned by the dentist as soon as is practical, and is valid from the date of the most recent examination for a maximum of eight (8) months at the discretion of the supervising dentist. The authorization is not renewable without an examination of the patient by the dentist. Neither a dentist, a dental hygienist, nor any of the employing or supervising entities may establish an office(s) in which dental hygienists are the primary provider(s) of dental care.

1. In a facility licensed by the Missouri Department of Health or in a homebound setting, the authorization shall be documented in the patient's record, countersigned by the dentist as soon as is practical, and, at the discretion of the supervising dentist, is valid from the date of the most recent examination

for a maximum of three (3) months. The authorization is not renewable without an examination of the patient by the supervising dentist. The supervising dentist in a facility licensed by the Missouri Department of Health or in a homebound setting is not required to authorize general supervision but may establish time limits for general supervision which are less than the three (3) months indicated. The supervising dentist may petition, and the Missouri Dental Board may grant, an extension of the maximum authorized time limit beyond three (3) months but not to exceed eight (8) months. In a facility not licensed by the Missouri Department of Health, the supervising dentist may request authorization from the Missouri Dental Board to utilize general supervision according to the same provisions as previously stated.

2. A dentist may allow the hygienist to perform all procedures presently allowed under indirect supervision, except the use of infiltration anesthesia and nitrous oxide sedation.

3. The authorizing dentist shall establish a written office protocol clearly defining the guidelines when the treatment by the hygienist is acceptable or when the patient needs to be seen directly by the dentist. Prior to treatment, the hygienist shall update the medical and dental health history in accordance with the dentist's established written protocol. The minimum requirements of the written protocol shall be established by the Missouri Dental Board;

General Supervision Protocol

This document serves as a guideline for private dental offices in which the dental hygienist is authorized to work under the general supervision of the dentist. It is not meant to be totally inclusive. Each individual office must write up its own protocol. For other settings (facilities licensed by the Missouri Department of Health or in a homebound setting), however, the dental hygienist shall follow the protocol ordered by the supervising dentist in conjunction with that facility's protocol.

To work under general supervision, the dental hygienist shall follow guidelines that reflect the current standard of care for patients including, but not limited to: pregnancy; blood pressure; heart condition; stroke; respiratory diseases or conditions; diabetes; medications or treatments; allergies; surgery or prosthetic joint replacements, or both; and infectious diseases.

As stated in the rule, documentation of the dentist's written or verbal authorization for general supervision shall be recorded on the patient's chart and countersigned by the dentist.

Patients should be informed at the time of scheduling or before treatment that the dentist may not be available to check his/her mouth during the dental hygiene appointment. The patient will then have the option of scheduling or postponing the appointment with the hygienist. The hygienist may also question the patient about any change in his/her medical history at this time to alert the practitioner of significant changes.

The dentist may give prior authorization to the hygienist to begin treatment before his/her arrival to the office or treatment facility. The dentist should review patient charts and medical histories beforehand and note on each patient's chart who is a candidate for being treated under general supervision.

The dentist cannot reauthorize general supervision if s/he has not examined the patient after an eight-month time period in the private dental office setting nor after three (3) months (unless the Missouri Dental Board has authorized an extension) in other settings.

Any changes in the patient's health history shall be documented in the patient's chart.

The protocol shall then dictate which health changes would require premedication, a telephone consult with the supervising dentist, patient's physician, or both professionals, or would require postponement of treatment.

The dental hygienist shall be sure that the patient, who requires antibiotic therapy before dental hygiene treatment, has taken the antibiotics as prescribed. If not, the patient shall be dismissed and reappointed with directions on how to take the antibiotic for the next visit.

Records indicating such actions taken by the hygienist shall be explained to the patient and documented on the patient's chart.

(B) Indirect supervision, as defined in this rule, means that the dentist is in the dental office or treatment facility, has personally diagnosed the condition to be treated, has authorized the procedures to be performed and remains in the dental office or treatment facility while the procedures are being performed by the registered and currently

licensed dental hygienist and will evaluate the oral condition of the patient; and

(C) Direct supervision, as defined in this rule, means that the dentist is in the dental office or treatment facility, has personally diagnosed the condition to be treated, has personally authorized the procedures to be performed and remains in the dental office or treatment facility while the procedures are being performed by the registered and currently licensed hygienist, and, before the dismissal of the patient, evaluates the oral condition of the patient.

(3) In addition to any procedures legally eligible to a dental assistant or certified dental assistant, as defined in 4 CSR 110-2.120, a registered and currently licensed dentist may delegate to a registered and currently licensed dental hygienist the performance of any procedures or acts to be performed under appropriate specified supervision as defined in section (2) of this rule, except the following:

(A) Diagnosis and treatment planning, including the interpretation of dental radiographs, beyond the provisions of section 332.091, RSMo;

(B) Corrective or restorative dentistry, including the cutting or preparation of tooth structure, condensing of any restoration and carving of amalgam restorations and cutting or preparation of soft tissue, with the exception of subgingival curettage;

(C) Removal of teeth, placing of surgical sutures or correction of malformed teeth;

(D) Prescription of any drug or administration of any anesthetic other than a topical, except as provided in paragraph (4)(E)1. of this rule; and

(E) Any intraoral or diagnostic procedure performed in connection with the fabrication, repair, reproduction or adjustment of any appliance to be, or worn, in the human mouth. These limitations shall include, but not be limited to:

1. Cementation or recementation of any permanent appliance in the mouth;

2. Placement of any permanent restoration, crown or appliance;

3. Taking of any impression to be used for the fabrication of any permanent appliance;

4. Adjustment of any appliance or appliance component intended to produce or control tooth movement; and

5. Any temporary procedures allowed under paragraphs (2)(E)1.-4. of this rule shall be performed under direct supervision as defined in subsection (2)(B) of this rule.

(4) A registered and currently licensed dentist may delegate the following to a registered

and currently licensed hygienist under direct supervision as defined in subsection (2)(C):

- (A) Removal of overhangs;
- (B) Placement and removal of periodontal packs;
- (C) Removal of surgical sutures under direct supervision; and
- (D) Administration or the monitoring of nitrous oxide-oxygen analgesia provided the registered and currently licensed dental hygienist has successfully completed formal certified training in administration of nitrous oxide-oxygen analgesia offered by an accredited dental hygiene school or an accredited dental school as defined in section 332.011, RSMo or a course approved by the Missouri Dental Board.

(5) In addition to any procedures legally delegable to a dental assistant or certified dental assistant, as defined in 4 CSR 110-2.120, a registered and currently licensed dentist may delegate to a registered and currently licensed hygienist under general supervision as defined in subsection (2)(A), or under indirect supervision as defined in subsection (2)(B), the following:

- (A) Root planing (provided, however, under general supervision a hygienist cannot administer infiltration anesthesia);
- (B) Prophylaxis; and
- (C) Sealants.

(6) A registered and currently licensed dentist may delegate to a registered and currently licensed hygienist, only under direct or indirect supervision, the administration of infiltration anesthesia, provided the dental hygienist has successfully completed formal certified training in administration of infiltration anesthesia offered by an accredited dental hygiene school or an accredited dental school as defined in section 332.011, RSMo or a course approved by the Missouri Dental Board.

(7) It shall be the responsibility of the dental hygienist to provide to the Missouri Dental Board proof of completion of formal certified training as defined in subsection (4)(D) and section (6) for all procedures allowed under this rule.

(8) Formal certified training for administration of infiltration anesthesia and administration of nitrous oxide-oxygen analgesia shall consist of the following:

- (A) Administration of Infiltration Anesthesia.
 1. Completion of eight (8) hours' didactic training and eight (8) hours' clinical training by a qualified instructor in the curriculum of an accredited school of dentistry or dental

hygiene, or an approved continuing education course. Previous Missouri Dental Board certification will be accepted.

2. This training shall include the testing of competence regarding the clinical and didactic training received; and

(B) Administration of Nitrous Oxide-Oxygen Analgesia.

1. Completion of eight (8) hours' didactic training and eight (8) hours' clinical training by a qualified instructor in the curriculum of an accredited school of dentistry or dental hygiene or an approved continuing education course.

2. This training shall include the testing of competence regarding the clinical and didactic training received.

(9) Any dental hygienist who has been certified to perform either of the previously mentioned expanded duty functions in another state, or who has received equivalent training in these expanded duty functions outside Missouri, may qualify to perform these functions by presenting written documentation of the equivalent training to the Missouri Dental Board.

(10) Upon presentation of satisfactory written documentation (which may include previous Missouri Dental Board certification), accompanied by the appropriate fee as specified in 4 CSR 110-2.170, to the Missouri Dental Board by any dental hygienist who wishes to be certified in the expanded duties of administration of infiltration anesthesia or administration of nitrous oxide-oxygen analgesia, the Missouri Dental Board will issue the appropriate certification to that dental hygienist.

(11) Screening, as defined in this rule, means identifying the presence of gross lesions of the hard or soft tissues of the oral cavity. Nothing shall prohibit a dental hygienist from conducting oral screenings of individuals or groups of individuals without a dentist present or for those who have not been previously examined by a dentist. The hygienist shall not make any representation concerning the definitive presence or absence of dental disease, but shall refer only the individual screened to a dentist for the confirmation of screening results. The hygienist shall be prohibited from providing a referral to a specific dentist or dental office.

(12) Nothing shall prohibit a dental hygienist from providing instruction in preventive oral health care to one (1) or more individuals without a dentist present or for those who have not previously been examined by a dentist.

(13) Nothing contained in the authority given the dentist in this rule to delegate the performance of certain procedures and acts to a dental hygienist, nor the authority impliedly granted to a dental hygienist to perform the delegated procedures or acts, in any way shall relieve the dentist who employs the dental hygienist, or the dentist, under whose direction and supervision the procedures and acts are performed, from liability to the patient for negligence of the dentist in prescribing the procedures or acts, or for the negligent performance of any such procedures or acts by the dental hygienist, as provided in section 332.021.1, RSMo.

(14) The provisions of this rule are declared severable. If any provision of this rule is held invalid by a court of competent jurisdiction, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction.

AUTHORITY: section 332.031, RSMo 1986. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Amended: Filed March 8, 1978, effective June 11, 1978. Rescinded and readopted: Filed April 14, 1982, effective Oct. 11, 1982. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed May 2, 1988, effective July 28, 1988. Amended: Filed May 4, 1992, effective Sept. 6, 1992.*

**Original authority 1969, amended 1981, 1993.*



STATE OF MISSOURI
DENTAL BOARD
REPORT OF DENTAL SCREENING (HYGIENIST)

Your school is making a special effort to promote good dental health by participating in a cooperative effort of local dentists and the Missouri Dental Board.

IMPORTANT: Your child has had only a **visual** screening by a dental hygienist — not a complete check. It is recommended that your child visit your dentist regularly for a thorough examination where more time and additional equipment, such as x-ray films and preventive treatment, are available.

CHILD'S NAME	AGE	GRADE
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THE DENTAL INSPECTION OF YOUR CHILD SHOWS:

- A. POSSIBLE NEED FOR DENTAL ATTENTION FOR:
 - 1. OBVIOUS DENTAL DECAY
 - 2. INFLAMMED OR SWOLLEN GUMS
 - 3. * OTHER SUSPICIOUS LESIONS - **NEED TO SEE DENTIST IMMEDIATELY**
 - 4. INSTRUCTION IN KEEPING TEETH CLEAN
 - 5. CROWDED TEETH OR CROSS BITE
- B. REGULAR EXAMINATION AND PREVENTIVE DENTAL CARE BY DENTIST RECOMMENDED. NO READILY APPARENT DENTAL PROBLEMS.

HYGIENIST'S SIGNATURE 	DATE
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STATE OF MISSOURI
DENTAL BOARD
REPORT OF DENTAL SCREENING (HYGIENIST)

Your school is making a special effort to promote good dental health by participating in a cooperative effort of local dentists and the Missouri Dental Board.

IMPORTANT: Your child has had only a **visual** screening by a dental hygienist — not a complete check. It is recommended that your child visit your dentist regularly for a thorough examination where more time and additional equipment, such as x-ray films and preventive treatment, are available.

CHILD'S NAME	AGE	GRADE
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THE DENTAL INSPECTION OF YOUR CHILD SHOWS:

- A. POSSIBLE NEED FOR DENTAL ATTENTION FOR:
 - 1. OBVIOUS DENTAL DECAY
 - 2. INFLAMMED OR SWOLLEN GUMS
 - 3. * OTHER SUSPICIOUS LESIONS - **NEED TO SEE DENTIST IMMEDIATELY**
 - 4. INSTRUCTION IN KEEPING TEETH CLEAN
 - 5. CROWDED TEETH OR CROSS BITE
- B. REGULAR EXAMINATION AND PREVENTIVE DENTAL CARE BY DENTIST RECOMMENDED. NO READILY APPARENT DENTAL PROBLEMS.

HYGIENIST'S SIGNATURE	DATE
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* If smokeless tobacco lesions or any pathologic lesions are detected, please complete the following:

- a. **Location:**
 - (1) Upper arch (2) Lower arch (3) tongue
- b. **Gum Recession:**
 - (1) Yes (2) No
- c. **Color**
 - (1) White (2) Red (3) Other
- d. **Contour:**
 - (1) Raised (2) Flat (3) Cratered
- e. **Texture**
 - (1) Smooth (2) Granular (3) Corrugated
- f. **Size**
 - (1) Less than 1/2 cm. (2) 1/2 - 1 cm. (3) more than 1 cm.
- g. **Other Comments:**



STATE OF MISSOURI
MISSOURI DENTAL BOARD
DENTAL SCREENING SUMMARY REPORT

In accordance with Missouri Dental Board Regulation 4 CSR 110-2.130 Dental Hygienists, it is required that the dentist who is responsible for a dental screening to complete the following information within 45 days following receipt of the screening forms from the hygienist who conducted the screening.

Please complete this form and return the white copy to: Missouri Dental Board, 3523 N. Ten Mile Drive, P.O. Box 1367, Jefferson City, Missouri 65102-0423.

RESPONSIBLE DENTIST NAME	CERTIFICATE NUMBER
DENTAL HYGIENIST NAME	CERTIFICATE NUMBER
LOCATION OF SCREENING	SCREENING DATE
TOTAL NUMBER OF INDIVIDUALS SCREENED	

RESULTS OF INSPECTIONS	
Please indicate total number of individuals who displayed the following:	
OBVIOUS DENTAL DECAY:	
INFLAMMED OR SWOLLEN GUMS:	
*OTHER SUSPICIOUS LESIONS:	
INSTRUCTION IN KEEPING TEETH CLEAN:	
CROWDED TEETH OR CROSS BITE:	
NO READILY APPARENT DENTAL PROBLEMS:	

* If any suspicious lesions are found, please complete the "Summary Report of Other Suspicious Lesions" and return to the Missouri Dental Board.

SIGNATURE OF RESPONSIBLE DENTIST	DATE
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4 CSR 110-2.140 Notice, Change of Employment—Dental Hygienists

PURPOSE: This rule insures to dentist employing a dental hygienist that the hygienist is registered and currently licensed.

(1) A dentist shall notify the board when s/he employs a dental hygienist and when a dental hygienist leaves his/her employment.

AUTHORITY: section 332.031, RSMo 1986. This version of rule filed on Dec. 12, 1975, effective Jan. 12, 1976.*

**Original authority 1969, amended 1981.*

4 CSR 110-2.150 Dental Practices

PURPOSE: This rule establishes methods by which dentists in Missouri may practices.

(1) Dentist(s) licensed to practice in the state of Missouri may practice in one (1) of the following forms:

- (A) Sole Proprietorship;
- (B) Partnership;
- (C) Professional Dental Corporation; or
- (D) Dental Limited Liability Company.

(2) The board adopts the following requirements for naming of dental practice:

(A) Designations must be under the name(s) of one (1) or more of the dentist(s) practicing in such practice; and

(B) Name must contain a dental indicator, such as D.D.S. or D.M.D.

AUTHORITY: section 332.031, RSMo 1994. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed June 27, 1995, effective Dec. 30, 1995.*

**Original authority 1969, amended 1981.*

4 CSR 110-2.160 Post-Board Order Activity

PURPOSE: This rule outlines activity subsequent to disciplinary actions issued against license holders by the Missouri Dental Board.

(1) The Missouri Dental Board shall publish or cause to be published all suspensions, revocations, certificates of registration, licenses, or both, including the name of the licensee, the certificate number, the terms of suspension and a summary of the Findings of Fact and Conclusions of Law of the Administrative Hearing Commission, in any profes-

sional journal read by licensed dentists practicing in Missouri, in any newspaper of general circulation, or both.

(2) The Missouri Dental Board shall publicize the terms of probationary agreements, including the name of the licensee, the certificate number and a summary of the complaint, in any professional journal read by licensed dentists practicing in Missouri or in any newspaper of general circulation.

(3) Any licensee whose certificate of registration, license to practice dentistry, or both, has been revoked or suspended shall—

(A) Surrender his/her certificate of registration, license, or both, to the Missouri Dental Board. When a suspension is ordered, the certificate, license, or both, shall be held by the Missouri Dental Board for the duration of the suspension period;

(B) Refrain from misrepresenting the status of his/her license to practice dentistry to any patient or to the general public;

(C) Refrain from maintaining a physical presence in any office organized to practice dentistry in Missouri during the period of the suspension;

(D) Be prohibited from receiving any compensation from any person, group practice, partnership or corporate practice or any dental office in this state during the period of suspension or revocation. This subsection shall not be intended to include any fees received by a licensee to which s/he is entitled which are for services performed prior to the effective date of his/her suspension or revocation but which are received during this period; and

(E) Not accept fees, during a period of licensees' period of suspension, from any capitation or third-party payment program to which s/he might otherwise be entitled. This subsection shall not include these fees received by the licensee for a period of time prior to the effective date of his/her suspension.

(4) Any licensee whose certificate of registration, license to practice dentistry in Missouri, or both, has been revoked or suspended for a period of one (1) year or more in length shall—

(A) Notify regular patients of the suspension or revocation by mail within one (1) month after the effective date of the suspension or revocation;

(B) Remove any telephone listings identifying him/her as one licensed to practice dentistry in Missouri;

(C) Remove his/her name from any sign, door, stationery or advertising material iden-

tifying him/her as one licensed to practice dentistry in Missouri; and

(D) Refrain from addressing the public in any manner which may suggest that s/he is licensed to practice dentistry in Missouri.

(5) The Missouri Dental Board may impose any other reasonable and nonarbitrary requirement which, in its discretion, it may deem necessary to enforce an order of suspension or revocation.

(6) Any violation of a suspension order or a post-order requirement shall constitute grounds for the Missouri Dental Board to impose a further suspension or to revoke the licensee's certificate of registration, license to practice dentistry, or both.

(7) Any violation of a probationary agreement shall constitute grounds for the Missouri Dental Board to impose a further period of probation, a period of suspension or to revoke the licensee's certificate of registration, license to practice dentistry, or both.

(8) If at any time when any disciplinary sanctions have been imposed under section 332.321, RSMo or under any provision the licensee removes him/herself from Missouri, ceases to be currently licensed under the provisions of section 332.321, RSMo or fails to keep the Missouri Dental Board advised of his/her current place of business and residence, the time of his/her absence, unlicensed status or unknown whereabouts shall not be deemed or taken as any part of the time of discipline so imposed.

AUTHORITY: section 332.031, RSMo 1986. Original rule filed Oct. 2, 1978, effective Jan. 13, 1979. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed Oct. 30, 1985, effective Jan. 26, 1986.*

**Original authority 1969, amended 1981.*

4 CSR 110-2.161 Post-Board Order Hearing Procedures

PURPOSE: This rule defines the procedures to be used in contested case hearings to determine whether a disciplinary order or agreement imposed under section 332.321, RSMo has been violated.

(1) Whenever it shall appear to the board that a term or condition of a disciplinary order imposed by the board or agreed to by the licensee has been violated, the procedures for determining whether cause exists for the

board to impose additional disciplinary sanctions, if any, are as set forth in this rule.

(2) A post-disciplinary order proceeding shall be commenced by the board's filing of a Statement of Charges against the licensee. The Statement of Charges shall contain, at a minimum:

(A) A short and plain statement of the alleged facts constituting a violation of a term or condition of the licensee's disciplinary order or agreement; and

(B) The specific term or condition of the disciplinary order or agreement violated.

(3) Upon receiving a Statement of Charges, the executive director shall send, by certified mail, a copy of the Statement of Charges and a Notice of Hearing to the licensee at his/her last address known by the board at least twenty (20) days prior to the hearing date. The notice shall contain the time, date and place of the post-disciplinary order hearing.

(4) Discovery shall be as provided by Chapter 536, RSMo unless the parties agree otherwise. The procedures for taking depositions shall be the same as provided by Missouri Supreme Court rules for civil cases.

(5) Upon the request of either party, the executive director shall issue subpoenas and, in a proper case, subpoenas *duces tecum*. The procedure for the issuance of subpoenas shall be the same rules as those of the Administrative Hearing Commission.

(6) The post-disciplinary order hearing shall be held at the time, date and place specified in the notice unless otherwise continued by agreement, or upon timely motion, if this motion be granted. The hearing shall be conducted in accordance with the provisions of Chapter 536, RSMo. The presiding officer of the hearing shall be the president of the board or, in his/her absence, another member of the board. The presiding officer shall rule upon motions and the admissibility of evidence. The presiding officer may be assisted by a legal advisor of the board's choice. Any board member shall be entitled to inquire of any witness.

(7) After the hearing, the board may require the filing of suggested findings of fact and conclusions of law and briefs.

(8) If the board determines from the evidence that a violation of a term or condition of a disciplinary order or agreement has occurred, it shall proceed to impose other disciplinary sanctions as provided by section 332.321, RSMo and 4 CSR 110-2.160.

(9) The provisions of this rule are declared severable. If any provision of this rule is held invalid by a court of competent jurisdiction, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction to be invalid.

*AUTHORITY: section 332.031, RSMo 1986. * Original rule filed April 16, 1985, effective Aug. 26, 1985.*

**Original authority 1969, amended 1981.*

4 CSR 110-2.162 Impaired Practitioner Procedures

PURPOSE: This rule establishes the procedures to be followed in implementing section 332.321.2(20), RSMo.

(1) Whenever it shall appear to the board that a hearing is necessary to determine whether a dentist, specialist or hygienist is unable to practice because of any of the reasons set forth in section 332.321.2(20), RSMo, the procedures for carrying out the provisions of this section shall be set forth in this rule.

(2) The board shall commence the proceedings sending at least twenty (20) days prior to the hearing date by certified mail a Notice of Probable Cause Hearing to the practitioner at his/her last address known to the board. The Notice of Probable Cause Hearing shall contain:

(A) A short and plain statement of the grounds upon which the practitioner is being charged and a copy of the statute under which s/he is charged;

(B) The potential sanctions which could be imposed against the certificate of registration and/or license of the practitioner;

(C) A statement advising the practitioner of his/her right to be represented by legal counsel; and

(D) The time, date and place of the hearing.

(3) Discovery shall be as provided by Chapter 536, RSMo unless the parties agree otherwise. The procedures for taking depositions shall be the same as provided by Missouri Supreme Court rules for civil cases.

(4) Upon the request of either party, the executive director shall issue subpoenas and, in a proper case, subpoenas *duces tecum*. The procedure for the issuance of subpoenas shall be the same rules as those of the Administrative Hearing Commission.

(5) The probable cause hearing shall be held at the time, date and place specified in the notice unless otherwise continued by agreement, or upon timely motion, if this motion be granted. The hearing shall be conducted in accordance with the provisions of Chapter 536, RSMo. The presiding officer of the hearing shall be the president of the board or, in his/her absence, another member of the board. The presiding officer shall rule upon motions and the admissibility of evidence. The presiding officer may be assisted by a legal advisor of the board's choice. Any board member shall be entitled to inquire of any witness.

(6) If, following the hearing, the board makes a finding of probable cause, the board shall send notice of its findings to the practitioner by certified mail. In addition to the finding of probable cause, the board may proceed in any one (1) of the following manners:

(A) Require the practitioner to submit to an examination for the purpose of establishing his/her competency to practice as a dentist, specialist or hygienist, or to submit to a mental or physical examination or a combination, which examination shall be conducted in accordance with the provisions of section (7) of this rule;

(B) Enter into a voluntary agreement imposing any one (1) or a combination of sanctions set forth in section 332.321.2(20)(b), RSMo; and

(C) If the board fails to find probable cause, the board shall issue its findings so stating.

(7) For the purposes of subsection (6)(A) of this rule, the following shall apply:

(A) A professional competency examination shall be conducted by three (3) dentists or fellow specialists, one (1) of whom shall be selected by the dentist, specialist or hygienist compelled to take the examination, one (1) selected by the board and one (1) to be selected by the two (2) examiners previously selected;

(B) A mental or physical examination, or combination of both, as required shall be by at least three (3) physicians, one (1) of whom shall be selected by the dentist, specialist or hygienist compelled to take the examination, one (1) selected by the board and one (1) to be selected by the two (2) examiners previously selected;

(C) Each party shall assume the cost of the examiner it selects. The parties shall each pay one-half (1/2) of the cost of the third examiner. If the practitioner can demonstrate financial inability to bear the cost of the

examination, the board, in its discretion, may assume these costs;

(D) The examiners shall submit their findings to the board in writing, within a time period established by the board. The board shall provide copies of these findings to the practitioner; and

(E) Notice of any examination required under this section shall be by personal service or registered mail.

(8) Failure of the dentist, specialist or hygienist to submit to an examination as provided for in section (6) of this rule, when directed to so do, shall constitute an admission of the allegations against him/her, unless the failure was due to circumstances beyond his/her control, if the board so finds.

(9) A dentist, specialist or hygienist whose right to practice under this rule, at reasonable intervals, shall be afforded an opportunity to demonstrate that s/he can resume competent practice with reasonable skill and safety to patients.

(10) In any proceeding under section 332.321.2(20), RSMo, neither the record of the proceedings nor the orders entered by the board shall be used against a dentist, specialist or hygienist in any other proceeding. Proceedings under section 332.321.2(20), RSMo shall be conducted by the board without the filing of a complaint with the Administrative Hearing Commission.

(11) When the board finds any person unqualified because of any of the grounds set forth in section 332.321.2(20), RSMo, the board may enter an order imposing one (1) or more of the sanctions enumerated in section 332.321.2(20)(b), RSMo.

(12) Any order or agreement made under section 332.321.2(20), RSMo shall not be considered a matter of public record and shall be excluded from the requirements of 4 CSR 110-2.160(1), except that statistics in aggregate numbers may be included in reports of disciplinary actions published by the board. Information concerning these actions as well as copies of agreements, orders, or both, however, may be furnished certain other regulatory or state agencies in Missouri or some other jurisdiction, if deemed appropriate and necessary by the board. Any violation of any order or agreement made under section 332.321.2(20), RSMo shall be considered a public record in accordance with 4 CSR 110-2.160(1).

(13) The provisions of this rule are declared severable. If any provision of this rule is held

invalid by a court of competent jurisdiction, the remaining provisions of this rule shall remain in full force and effect unless otherwise determined by a court of competent jurisdiction.

*AUTHORITY: section 332.031, RSMo 1986. * Original rule filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Sept. 3, 1991, effective Jan. 13, 1992.*

**Original authority 1969, amended 1981.*

4 CSR 110-2.170 Fees

PURPOSE: This rule establishes the various fees authorized by Chapter 332, RSMo.

(1) The following fees are established by the Missouri Dental Board:

- (A) Application Fees
1. Dentist (includes initial Missouri jurisprudence exam fee) \$200.00
 2. Dental Specialist (includes initial specialist exam fee, if applicable) \$300.00
 3. Dental Hygienist (includes initial Missouri jurisprudence exam fee) \$125.00
- (B) Reexamination Fees
1. Dentist Jurisprudence Examination \$100.00
 2. Dental Hygienist Jurisprudence Examination \$ 50.00
 3. Specialist Examination \$300.00
- (C) Initial Licensure Fee (in addition to (1)(A) above)
1. Dentist \$ 30.00
 2. Dental Specialist \$ 30.00
 3. Dental Hygienist \$ 30.00
- (D) Annual License Renewal Fee
1. Dentist License \$115.00
 2. Dental Specialist License \$125.00
 3. Dental Hygienist License \$ 60.00
- (E) Renewal Penalty Fee—Dentist/Dental Specialist/Dental Hygienist \$100.00
(Renewal forms postmarked by the post office December 1 or after will be considered delinquent. Should November 30 fall on a Saturday, Sunday or legal holiday, renewal forms postmarked by the post office on the next business day will not be considered delinquent.)
- (F) Certification/Permit Fees
1. Dentists
 - A. General Anesthesia
 - (I) Permit Fee (per person per site) \$100.00
 - (II) Renewal Fee (per person per site) \$100.00
 - B. Parenteral Conscious Sedation
 - (I) Permit Fee (per person

	per site)	\$100.00
(II) Renewal Fee (per person	per site)	\$100.00
2. Dental Hygienists		
A. Administration of Nitrous Oxide		
Analgesia		\$ 10.00
B. Local Anesthesia		\$ 10.00
3. Dental Assistants		
A. Monitoring Nitrous Oxide		
Analgesia		\$ 10.00
(G) Miscellaneous Fees		
1. Corporation Name Approval		\$ 15.00
2. Verification of Licensure—		
Dentist/Dental Specialist/Dental		
Hygienist		\$ 20.00
3. Duplicate Certificate		\$ 50.00
4. Photocopies of Records		
(initial page)		\$ 1.00
5. Photocopies of Records		
(per copy page thereafter)		\$.50
6. Research (per hour of		
staff time requiring more than		
one (1) hour for researching and		
making copies of board		
records)		\$ 10.00
7. Uncollected Fee (for any		
uncollectible check or other		
uncollectible financial		
instrument)		\$ 25.00

(2) All fees are nonrefundable.

(3) All licenses will be renewed annually and will expire on November 30 of each year.

(4) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

AUTHORITY: section 332.031.3, RSMo Supp. 1997. Emergency rule filed June 30, 1981, effective July 9, 1981, expired Nov. 6, 1981. Original rule filed June 30, 1981, effective Oct. 11, 1981. Rescinded and readopted: Filed Feb. 10, 1982, effective May 13, 1982. Emergency rescission and rule filed Oct. 13, 1983, effective Oct. 23, 1983, expired Jan. 12, 1984. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Oct. 30, 1985, effective Jan. 26, 1986. Amended: Filed Oct. 17, 1986, effective Dec. 25, 1986. Amended: Filed June 13, 1988, effective Aug. 25, 1988. Amended: Filed June 16, 1989, effective Sept. 11, 1989. Amended: Filed Sept. 3, 1991, effective Jan. 13, 1992.*

Amended: Filed May 9, 1995, effective Nov. 30, 1995. Rescinded and readopted: Filed Sept. 15, 1998, effective April 30, 1999.

**Original authority 1969, amended 1981, 1993, 1995.*

4 CSR 110-2.175 Name and Address Change

PURPOSE: This rule requires licensees to inform the Missouri Dental Board of any name or address changes.

Licensees shall keep the board informed of their legal name, mailing address and telephone number. Any change shall be reported to the board in writing within thirty (30) days.

AUTHORITY: section 332.031, RSMo Supp. 1997. Original rule filed Sept. 15, 1998, effective April 30, 1999.*

**Original authority 1969, amended 1981, 1993, 1995.*

4 CSR 110-2.180 General Anesthesia

PURPOSE: This rule defines and establishes rules for the administration of general anesthesia.

PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.

(1) No dentist shall administer general anesthesia unless the dentist possesses a permit of authorization issued by the Missouri Dental Board. This permit shall be subject to review and must be renewed June 1 every five (5) years from the date of issuance.

(2) Definitions.

(A) General anesthesia is a controlled state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, including the inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic method.

(B) For the purpose of this rule, dentist is one who is duly registered and currently licensed to practice dentistry in Missouri.

(3) Use of General Anesthesia. In order for a dentist, as defined in subsection (2)(B) of this rule, to be eligible to administer general anesthesia, including all routes of administration, s/he must obtain a permit of authorization granted upon a showing of evidence that s/he—

(A) Has satisfactorily completed a minimum of one (1) year of advanced training in anesthesiology and related academic subjects or its equivalent, beyond the undergraduate dental school level in a training program acceptable to the Missouri Dental Board;

(B) Is a member of the American Association of Oral and Maxillofacial Surgery, is a diplomate of the American Board of Oral and Maxillofacial Surgery or is eligible for examination by the American Board of Oral and Maxillofacial Surgery;

(C) Is a fellow of the American Dental Society of Anesthesiology; and

(D) Has a properly equipped facility for the administration of general anesthesia. Adequacy of the facility and competency of the anesthesia team will be determined by an on-site visit by a team of consultants appointed by the Missouri Dental Board which shall include at least one (1) diplomate of the American Board of Oral and Maxillofacial Surgery. On-site evaluations shall be conducted in accordance with established guidelines as defined in the American Association of Oral and Maxillofacial Surgeons' Office Anesthesia Manual and which are incorporated by reference as though set forth in full.

(4) In order to receive a permit of authorization, the dentist, as defined in subsection (2)(B) of this rule, must apply to the Missouri Dental Board on the prescribed application form, submit the appropriate fee and produce the evidence satisfying the criteria outlined in section (3) of this rule.

(5) New applicants for licensure will be issued applications for permits under the provisions of this rule upon the successful completion of requirements for licensure.

(6) The Missouri Dental Board shall renew permits of authorization referred to in section (1) of this rule with the successful completion of an on-site evaluation and payment of the appropriate fee.

(7) Upon the completion of an on-site evaluation, the board, in its discretion, may issue a provisional permit of authority to any dentist exhibiting areas of weakness sufficient to warrant recommendations for corrective measures. One (1) or more reevaluations may be undertaken under those conditions as prescribed by the board prior to the issuance of

a permit of authority following a determination that provisional status is warranted. Should a dentist fail to successfully complete an on-site evaluation or reevaluation s/he, within the discretion of the board, may be denied a permit of authority to utilize general anesthesia. No reevaluation shall be undertaken for at least thirty (30) days following an initial evaluation or subsequent reevaluation. Fee for reevaluation shall be the same as for the initial evaluation.

(8) On-site visits shall be conducted and permit of authorization issued for each office location at which an applicant wishes to engage in the use of general anesthesia at least every five (5) years. For multi-dentist practices, each additional office location shall be evaluated at least once every five (5) years. Fee for permits for additional office locations shall be the same as for the applicant's primary practice location.

(9) Proof of current cardiopulmonary resuscitation (CPR) certification for all office personnel on the anesthesia team shall be provided to the Missouri Dental Board on an on-going basis during the five (5)-year interval between on-site visits for recertification.

(10) The provisions of this rule are declared severable. If any provision of this rule is held invalid by a court of competent jurisdiction, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction.

(11) Failure to comply with the provisions of this rule will subject the holder of a certificate of registration and license to practice dentistry in this state to disciplinary action in accordance with section 332.321.2(5), (6) and (13), RSMo.

AUTHORITY: section 332.031.2, RSMo Supp. 1997. Original rule filed April 14, 1982, effective Oct. 11, 1982. Amended: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed Dec. 11, 1984, effective March 11, 1985. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Oct. 17, 1986, effective Dec. 25, 1986. Amended: Filed May 3, 1988, effective July 28, 1988. Amended: Filed Aug. 4, 1988, effective Oct. 27, 1988. Amended: Filed Nov. 2, 1989, effective Feb. 25, 1990. Amended: Filed Sept. 15, 1998, effective April 30, 1999.*

**Original authority 1969, amended 1981, 1993, 1995.*

4 CSR 110-2.181 Parenteral Conscious Sedation

PURPOSE: This rule provides for the regulation of the administration of parenteral conscious sedation.

PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.

(1) No dentist shall administer parenteral conscious sedation unless the dentist possesses a permit issued by the Missouri Dental Board.

(2) Definitions.

(A) Parenteral conscious sedation is a minimally-depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command, produced by pharmacologic means. Parenteral conscious sedation is not deep sedation or general anesthesia. For purposes of this rule, parenteral refers to intravenous, intramuscular, subcutaneous, submucosal, and transmucosal (intranasal, rectal or sublingual) routes of administration.

(B) A dentist is one who is duly registered and currently licensed to practice dentistry in Missouri.

(C) A permit for parenteral conscious sedation is a document issued by the Missouri Dental Board to a dentist and shall specify the particular site(s) at which such sedation may occur. A permit is valid for five (5) years.

(3) To qualify for a permit to administer or supervise the administration of parenteral conscious sedation, a dentist shall—

(A) Satisfactorily complete a postgraduate program that is a minimum of twelve (12) continuous months and is accredited by the American Dental Association. This program must include:

1. Sixty (60) hours of didactic training in pain and anxiety control and related subjects in accordance with the guidelines of the American Dental Association; and

2. Successful management of parenteral conscious sedation in twenty (20) patients; and

3. Four (4) continuous weeks of general anesthesia training under the direct or indirect supervision of a department of anesthesiology in a facility accredited by the Joint Commission on Accreditation of Healthcare Organizations, or its successor organization;

(B) Have and maintain a properly equipped facility, including the capability of delivering positive pressure oxygen, non-invasive blood pressure monitoring and pulse oximetry, and personnel capable of handling procedures and emergencies incident to the administration of parenteral conscious sedation. Adequacy of each facility and competency of the personnel at each site will be determined by the board after an on-site visit by consultants appointed by the board. On-site evaluations shall be in accordance with the criteria for the issuance of permits in the latest edition of the *Parenteral Conscious Sedation Manual* (hereinafter referred to as the PCS Manual) which is incorporated by reference as though set forth here in full; and

(C) Possess and maintain current certification in advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) or obtain sixteen (16) hours of board-approved continuing education every two (2) years pertaining to medical emergencies, anesthetic complications and patient management while under conscious sedation. Anesthesia team members at each site must possess and maintain current certification in cardiopulmonary resuscitation (CPR) or basic life support (BLS).

(4) To apply for a parenteral conscious sedation permit, a dentist shall submit the following:

(A) A completed application form provided by the board;

(B) A nonrefundable permit fee payable to the Missouri Dental Board; and

(C) Proof of completion of the program referred to in subsection (3)(A) above; and

(D) Evidence of his/her current certification in ACLS, PALS or its board-approved equivalent, as defined in subsection (3)(C) above; and

(E) The requirements of this section and the on-site evaluation for each site to be authorized must be completed within one (1) year of the date of submission of the application form.

(5) In order to receive a permit for parenteral conscious sedation, a dentist shall—

(A) Meet all the requirements in sections (3) and (4) above.

(6) A permit is issued to a dentist for each site at which parenteral conscious sedation is

to be administered. A dentist who holds a permit and wishes to perform parenteral conscious sedation at a site other than that listed on the current permit, shall so notify the board in writing and submit the permit fee specified in 4 CSR 110-2.170. The new site and personnel must be evaluated and the new permit issued before the dentist administers parenteral conscious sedation at that new site.

(7) To renew a parenteral conscious sedation permit, a dentist shall, ninety (90) days prior to the expiration of the current permit—

(A) Submit to the board a minimum of five (5) unedited, complete patient records that may be chosen by the board from the preceding five (5) years, in accordance with the criteria set forth in the PCS Manual referred to in (3)(B) above;

(B) Demonstrate, at the board's discretion, through an on-site visit that each site and all personnel comply with the criteria in the PCS Manual referred to in (3)(B) above;

(C) Submit evidence of his or her continuous ACLS or PALS certification or its board-approved equivalent continuing education, and continuous CPR or BLS certification for anesthesia team members for each site, as required by (3)(C) above; and

(D) Pay the permit renewal fee specified in 4 CSR 110-2.170.

(8) After the effective date of this rule, a dentist holding a current intravenous conscious sedation (IVCS) permit shall be authorized to perform all means of parenteral conscious sedation set forth in subsection (2)(A) above.

(9) Any dentist holding an IVCS permit prior to the effective date of this rule shall, upon renewal, receive a PCS permit upon compliance with the renewal requirements set forth above.

(10) For initial issuance of a permit or for renewal of a permit, a dentist must receive a passing score in accordance with the PCS Manual on the on-site evaluation or records and site review.

(11) Proof of current ACLS certification or other board-approved course as referred to in subsection (3)(B) above for the dentist and CPR or BLS certification for all other members of the anesthesia team shall be maintained by the dentist and submitted to the board at the time of renewal of the permit.

(12) A dentist holding a permit of authorization for the administration of general anesthesia under 4 CSR 110-2.180 may use parenteral conscious sedation without a permit for parenteral conscious sedation.

(13) The board may inspect parenteral conscious sedation sites at any time in order to verify compliance with the minimum requirements of this rule.

(14) If at any time the board learns that a dentist who holds a parenteral conscious sedation permit has failed to meet the minimum qualifications set out in this rule, it may revoke the permit or suspend the permit until such time as the dentist comes into compliance with this rule.

(15) No dentist holding only a parenteral conscious sedation permit shall use thiopental, methohexital, propofol or ketamine for parenteral conscious sedation.

(16) The provisions of this rule are declared severable. If any provision of this rule is held invalid by a court of competent jurisdiction, the remaining provisions of this rule shall remain in full force and effect unless otherwise determined by a court of competent jurisdiction.

AUTHORITY: section 332.031, RSMo Supp. 1997. Original rule filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Aug. 4, 1986, effective Oct. 27, 1986. Amended: Filed May 3, 1988, effective July 28, 1988. Amended: Filed Nov. 2, 1989, effective Feb. 25, 1990. Amended: Filed Aug. 12, 1991, effective Jan. 13, 1992. Rescinded and readopted: Filed Sept. 15, 1998, effective April 30, 1999.*

**Original authority 1969, amended 1981.*

4 CSR 110-2.190 Shade Verification

PURPOSE: This rule outlines the procedures to be followed for shade verification of dental prosthesis.

(1) A duly registered and currently licensed dentist in Missouri may prescribe that a dental laboratory technologist may verify the shade of any dental prosthesis, provided that the technologist receives a uniform laboratory work order completed by the dentist. The use of this rule by the dentist, or a dental technologist, shall be limited to those circumstances where other verification has been shown to be impracticable or unsuccessful.

(2) The executed work order shall be retained by the nondentist for two (2) years from the date appearing on the order. A copy of the work order shall be retained by the dentist for two (2) years from the date appearing on the order or the date of prescription.

(3) The Missouri Dental Board shall prescribe or approve of the form to be used.

AUTHORITY: section 332.031, RSMo 1986. Original rule filed April 14, 1982, effective Oct. 11, 1982.*

**Original authority 1969, amended 1981.*

4 CSR 110-2.200 Uniform Complaint Handling

PURPOSE: This rule establishes a procedure for the receipt, handling and disposition of public complaints to the Missouri Dental Board.

(1) Any person or other entity who believes that a registered and licensed dentist or a registered and licensed dental hygienist or unlicensed individual has so acted or failed to act that his/her Certificate of Registration or License, or both, under the provisions of Chapter 332, RSMo, should be suspended, revoked or other action taken against him/her, or who believes that any applicant for a Certificate of Registration or License to Practice Dentistry or to practice as a dental hygienist is not entitled under provisions of Chapter 332, RSMo may file a complaint with the executive director of the board.

(2) All complaints, other than those provided for in section 332.341.5, RSMo, shall be in writing, fully shall specify the nature of the complaint and shall be signed by the complainant and contain the name and address of the complainant. Written but unsigned communications will not be considered or processed as a complaint. Complaints are to be addressed to the following: Executive Director, Missouri Dental Board, P.O. Box 1367, Jefferson City, MO 65102.

(3) Each complaint received under this rule shall be logged in a book maintained by the board for that purpose. Complaints shall be logged in consecutive order as received. The log book shall contain a record of each complainant's name and address; the name and address of the subject of the complaint; the date each complaint was received by the board; a brief statement of the acts complained of, including the name of any person injured or victimized by the alleged acts or

practices; and a notation indicating whether the complaint resulted in its dismissal by the board, whether formal charges have been filed with the Administrative Hearing Commission or the ultimate disposition of the complaint.

(4) Each complaint made in accordance with this rule shall be acknowledged in writing and may be investigated by the board. If a complaint is investigated, the complainant shall be informed in writing after the investigation is completed as to whether the investigation resulted in the dismissal of the complaint by the board, whether formal charges have been filed will be filed with the Administrative Hearing Commission or the ultimate disposition of the complaint.

(5) Nothing in this rule shall be construed so as to prevent the board on its own initiative from instituting and conducting investigations or from conducting investigations of an individual beyond the scope of a formal complaint and based on that complaint to make written complaints to the Administrative Hearing Commission.

(6) Any complaint, investigation or log book shall be deemed a closed record under the provisions of section 610.025, RSMo.

(7) The board interprets this rule to exist for the benefit of those members of the public who submit complaints to the board.

AUTHORITY: sections 332.031.1, 332.341 and 620.010.16(6), RSMo 1986. Original rule filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed Dec. 3, 1985, effective Feb. 13, 1986. Amended: Filed Dec. 2, 1986, effective Feb. 12, 1987.*

**Original authority: 332.031.1, 332.341, RSMo 1969, amended 1981 and 620.010.16(6), RSMo 1973, amended 1981, 1983, 1986*

4 CSR 110-2.201 Public Records

PURPOSE: This rule establishes standards for compliance with Chapter 610, RSMo as it relates to public records of the Missouri Dental Board.

(1) All public records of the Missouri Dental Board shall be open for inspection and copying by any member of the general public during normal business hours, holidays excepted, except for those records closed pursuant to section 610.021, RSMo. All public meetings of the Missouri Dental Board, not closed pursuant to provisions of section 610.021,

RSMo, will be open to any member of the public.

(2) The Missouri Dental Board establishes the executive director of the board as the custodian of its records as required by section 610.023, RSMo. The executive director is responsible for the maintenance of the board's records and is responsible for responding to requests for access to public records.

(3) When a request for access to public records is made and the custodian believes that this access is not required under the provision of Chapter 610, RSMo, the custodian shall inform the individual or entity making the request that compliance with the request cannot be made, specifying in particular what sections of Chapter 610, RSMo require that the record remain closed. Any correspondence or documentation of that denial made for access to records shall be copied to the Missouri Dental Board general counsel. Whenever the custodian denies access to the records, the custodian shall also inform the individual requesting the records that s/he may appeal directly to the Missouri Dental Board for access to the records requested. The appeal and all information pertaining to the appeal shall be placed on the meeting agenda of the Missouri Dental Board for its next regularly scheduled meeting. In the event that the board decides to reverse the decision of the custodian, the board shall direct the custodian to so advise the person requesting access to the information and supply the access to the information during regular business hours at the convenience of the requesting party.

(4) The custodian shall maintain a file which will contain copies of all written requests for access to records and responses to these requests. The requests shall be maintained on file with the board for a period of one (1) year and will be maintained as a public record of the board open for inspection by any member of the general public during regular business hours.

(5) Whenever a request for inspection of public records is made and the individual inspecting the records requests copies of the records, the board may charge a reasonable fee for the cost for inspecting and copying the records. The fee charged by the board shall be as follows:

(A) A fee for copying public records shall not exceed the actual cost of the document search and duplication;

(B) The board may require payment for these fees prior to making the copies; and

(C) All fees collected shall be remitted to the director of revenue for deposit to the Missouri Dental Board Fund.

AUTHORITY: section 332.031 and Chapter 610, RSMo 1986. Original rule filed Aug. 4, 1988, effective Oct. 27, 1988. Amended: Filed Sept. 3, 1991, effective Jan. 13, 1992.*

**Original authority: 332.031.1, RSMo 1969, amended 1981; 610.010.16, RSMo 1973, amended 1977, 1978, 1982; 610.015, RSMo 1973; 610.020, RSMo 1973, amended 1982; 610.025, RSMo 1973, amended 1982, 1985; 610.027 and 610.028, RSMo 1982; 610.030, RSMo 1973, amended 1982; 610.100 and 610.105, RSMo 1973, amended 1981; 610.106, RSMo 1981; 610.110 and 610.115, RSMo 1973, amended 1981; and 610.120, RSMo 1981, amended 1983.*

4 CSR 110-2.210 Notice of Injury or Death

PURPOSE: This rule monitors injuries or deaths occasioned by the care and treatment provided by persons licensed or regulated by Chapter 332, RSMo.

(1) A dentist who practices in this state shall submit a report to the board within thirty (30) days of any mortality or any incident requiring hospitalization which occurs to a patient during or as a result of administration of local anesthesia, nitrous oxide inhalation analgesia, conscious sedation with parenteral drugs, deep sedation, or general anesthesia, while under the care of the dentist.

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

(A) Description of dental procedure;

(B) Description of pre-operative physical condition of patient;

(C) List of drugs, dosage, and route of administration;

(D) Description of adverse occurrence which shall include:

1. Onset and type of signs and symptoms;

2. Treatment instituted;

3. Response to treatment; and

(E) Description of the patient's present condition following medical intervention.

(3) The report required by this rule shall be submitted on a form obtained from the Missouri Dental Board by the treating dentist.

AUTHORITY: section 332.031, RSMo Supp. 1997. Original rule filed Oct. 13, 1983, effective Jan. 13, 1984. Rescinded and re-adapted: Filed Sept. 15, 1998, effective April 30, 1999.*

**Original authority 1969, amended 1981, 1993, 1995.*

4 CSR 110-2.220 Mandatory Reporting

PURPOSE: This rule establishes a procedure and guidelines regarding reports required from hospitals or ambulatory surgical centers by section 383.133, RSMo concerning any final disciplinary action against a dentist licensed under Chapter 332, RSMo or the voluntary resignation of any such dentist.

(1) The Missouri Dental Board shall receive and process any report from a hospital or ambulatory surgical center concerning any final disciplinary action against a dentist licensed under Chapter 332, RSMo or the voluntary resignation of any such dentist against whom any complaints or reports have been made which might have led to disciplinary action.

(2) Reports to the board shall be in writing and shall comply with the minimum requirements as set forth in section 383.133.2, RSMo and this rule. The information shall include, but not be limited to:

(A) The name, address and telephone number of the person making the report;

(B) The name, address and telephone number of the person who is the subject of the report;

(C) A brief description of the facts which gave rise to the issuance of the report, including the dates of occurrence deemed to necessitate the filing of the report;

(D) If court action is involved and known to the reporting agent, the identity of the court, including the date of filing and the docket number of the action;

(E) A statement as to what final action was taken by the institution; and

(F) The Missouri Dental Board will assume that all reports received from hospitals or ambulatory surgical centers will be treated as under section 383.133, RSMo.

(3) The hospital chief of staff, or person in a comparable position, shall report any actions as described in section (1) to the chief executive officer. Any activity that is construed to be a cause for disciplinary action according to section 332.021, RSMo shall be deemed reportable to the board. Nothing in this rule shall be construed as limiting or prohibiting any dentist from reporting a violation of the Dental Practice Act directly to the Missouri Dental Board.

(4) In response to a written or verbal inquiry from a hospital or ambulatory surgical center regarding reports received by the board on a specific dentist, the board shall provide the following information:

(A) Whether any reports have been received;

(B) The nature of each report; and

(C) The action which the board took on each report or if the board has taken action on the report.

(5) Each report received shall be acknowledged in writing. The acknowledgment shall state that the report is being reviewed by the board or an appropriate board subcommittee for consideration. The institution shall subsequently be informed in writing as to whether the report has been dismissed by the board or is being referred to legal counsel for filing with the Administrative Hearing Commission or for other legal action. The institution may be notified of the ultimate disposition of the report excluding judicial appeals.

AUTHORITY: section 332.031, RSMo 1986. Original rule filed May 3, 1988, effective July 28, 1988.*

**Original authority 1969, amended 1981.*

4 CSR 110-2.230 Endodontic Materials

PURPOSE: This rule defines and establishes rules for the use of endodontic filling materials.

(1) The drug N2, also known as sargenti paste, sargenti compound and RC2B, and other N2 type formulations which contain paraformaldehyde, shall not be used as endodontic filling material.

(2) The use of any of these substances in performing an endodontic procedure shall constitute dental care that departs from accepted standards for the profession.

AUTHORITY: section 332.031, RSMo 1986. Original rule filed March 15, 1993, effective Sept. 9, 1993.*

**Original authority 1969, amended 1981.*

4 CSR 110-2.240 Continuing Dental Education

PURPOSE: This rule details the board's minimum requirements for continuing dental education for dentists and dental hygienists.

(1) Definitions.

(A) Continuing dental education—Instruction for dentists and dental hygienists directly relating to the practice of dentistry and dental hygiene as defined in sections 332.071 and 332.091, RSMo.

(B) Time block—A three (3)-year time period with starting dates of December 1, 1993 through November 30, 1996; December 1, 1996 through November 30, 1999; December 1, 1999 through November 30, 2002 and repeating in this sequence from that date.

(C) Board-approved sponsors are—

1. American Dental Association (ADA) and its constituent and component societies;

2. Academy of General Dentistry (AGD) and its state and local affiliates;

3. ADA recognized dental specialty organizations and their state and local affiliates;

4. National Dental Association and its state and local affiliates;

5. American Dental Hygienists' Association and its constituents and component societies;

6. National Dental Hygienists' Association and its state and local affiliates;

7. American Medical Association and American Osteopathic Association and their respective state and local societies;

8. American Nurses Association and its state and local affiliates;

9. ADA Commission on Dental Accreditation approved dental, dental hygiene and dental assisting schools;

10. ADA continuing education recognition program;

11. AGD national sponsor approved program;

12. Federal and state government agencies, including any of the branches of the military;

13. Hospitals accredited by the Joint Commission on Accreditation of Healthcare Organizations;

14. Missouri Public Health Association;

15. American Red Cross;

16. American Heart Association;

17. Central Regional Dental Testing Service, Inc. (CRDTS);

18. Dental Assisting National Board, Inc. (DANB);

19. American Dental Assistants Association and its constituents and component societies; and

20. Any other sponsor approved by the board pursuant to subsection (2)(B).

(D) Original licensee—One who obtains licensure by examination in accordance with sections 332.181 and 332.251, RSMo.

(E) Credential licensee—One who obtains licensure without examination in accordance with sections 332.211 and 332.281, RSMo respectively.

(F) Instructor—One who holds a license to practice and who is a full- or part-time faculty member in a dental or dental hygiene, or

both, school or program accredited by the ADA Commission on Dental Accreditation.

(G) Resident or Fellow—One who obtains a license to practice during the time block and who participated in a post-graduate program accredited by the ADA Commission on Dental Accreditation.

(H) Diplomate status—One who holds a license to practice and during the time block has obtained diplomate status in a ADA recognized specialty.

(I) Retired licensee—One who neither engages in the active practice of dentistry or dental hygiene nor holds him/herself out as actively practicing as provided in sections 332.071 and 332.091, RSMo.

(2) The board shall not issue a renewal of a dental or dental hygiene license unless the licensee completes and reports (on forms provided by the board) a total of seventy-five (75) hours and forty-five (45) hours of continuing dental education respectively at the conclusion of each time block. Any hours acquired beyond the required number may be carried forward into the next time block not to exceed twenty-five (25) hours for dentists and fifteen (15) hours for dental hygienists. Of the seventy-five (75) hours required for dentists, not less than sixty (60) must be hours directly related to the updating and maintaining of knowledge and skills in the treatment, health and safety of the individual dental patient. Of the forty-five (45) hours required for dental hygienists, not less than thirty-five (35) must be hours directly related to the updating and maintaining of knowledge and skills in the treatment, health and safety of the individual dental patient. One (1) hour of continuing education shall be granted for every fifty to sixty (50-60) minutes of contact (either academic or clinical) instruction.

(A) For the licensure renewal form due November 30, 1994, and each subsequent renewal form year after that, the licensee shall report the number of hours obtained for the year just completed and shall attest to those hours by signing the form. Each licensee shall retain records documenting his/her completion of the required hours of continuing education for a minimum of six (6) years after the reporting period in which the continuing education was completed. The records shall document the licensee's attendance at the continuing education course including, but not limited to, retaining the titles of the courses taken, dates, locations, receipts, course sponsors, agendas and number of hours earned. The board may conduct an audit of licensees to verify compliance with the continuing education requirement. Licensees shall assist the board in its audit by

providing timely and complete responses to the board's inquiries.

(B) The continuing dental education hours obtained shall be from a board-approved sponsor. Any entity not listed under subsection (1)(C) may become a board-approved sponsor for a specified program(s) by obtaining approval through a sponsor recognized by this rule. Programs which applied for approval and were not granted approval by a board-approved sponsor may appear in person before the board with a request for approval at a regularly scheduled meeting. The board shall review the request and issue a decision in writing within a reasonable time frame.

(C) A credential dental licensee will be required to obtain either fifty (50) hours or twenty-five (25) hours of continuing education depending on whether the individual became licensed before the second or third year of the time block. A credential hygiene licensee will be required to obtain either thirty (30) hours or fifteen (15) hours of continuing education depending on whether the individual became licensed before the second or third year of the time block.

(D) Individuals who obtain a license by competency examination shall be exempt from the continuing education requirement for the remainder of the time block in which s/he became licensed.

(E) Licensees who are engaged as full-time instructors will receive ten (10) continuing education hours per year. Licensees who are engaged as part-time instructors will receive five (5) continuing education hours per year.

(F) Licensees who give presentations through a board-approved sponsor relating to dentistry will receive two (2) continuing education hours for each hour of the original presentation and an hour-for-hour credit for subsequent presentation of the same material up to sixteen (16) hours per year.

(G) Residents or fellows are exempt from the continuing education requirement through the end of the time block containing the date of graduation.

(H) A dental licensee who has obtained diplomate status through the ADA-recognized specialty board certification during the reporting period shall be deemed to have obtained seventy-five (75) hours of continuing education. The licensee shall provide the board with documentation evidencing the specialty board certification upon request.

(3) The board, solely in its discretion, may grant an extension to a licensee who cannot complete the required hours of continuing education because of personal illness, military service or other circumstances beyond

the licensee's control. The licensee may apply for an extension of time to complete the continuing education requirements by making a written application at least forty-five (45) days before the end of the renewal period. The licensee shall provide full and complete written documentation explaining specifically and in detail the nature of the circumstances, why the circumstances were unforeseeable and beyond the licensee's control, the period during which the circumstances were in existence, the number of continuing education hours earned in the reporting period and the licensee's plan for completing the balance of the requirements. The board, in its discretion, shall establish the length of extension granted, not to exceed the next renewal period.

(4) To reinstate the license of a dentist or dental hygienist whose license has been noncurrent for any reason, including retirement, for a period of two (2) years or less, that person shall obtain, in addition to any other requirements of law, all the continuing education that would have been required if the license had been current and active during that period. To reinstate the license of any dentist or dental hygienist whose license has been in a noncurrent state for any reason, including retirement for more than two (2) years, that person shall comply with the Missouri Dental Board rules as well as any other requirements for relicensure under Chapter 332, RSMo.

(5) Violation of any provision of this rule shall be deemed by the board to constitute misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional, or any combination of these, in the performance of the functions, duties, or both, of a dentist or a dental hygienist, depending on the licensee's conduct.

(A) Continuing education required by the board as part of discipline imposed on a licensee shall not count toward compliance with the continuing education requirement of this rule.

(B) All continuing education coursework taken on or after December 1, 1993, shall count toward the continuing education requirements of this rule.

AUTHORITY: sections 332.031, RSMo Supp. 1997 and 332.181 and 332.261, RSMo 1994. Original rule filed Aug. 30, 1993, effective April 9, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Amended: Filed Sept. 15, 1998, effective April 30, 1999.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995; 332.181, RSMo 1969, amended 1981, 1993; and 332.261, RSMo 1969, amended 1981, 1983, 1993.*