



## Certification Page Regular and Emergency Rules

Revised September 2016

Emergency Rules (After completing all of Sections 1 through 3, proceed to Section 5 below)

Regular Rules

<b>1. General Information</b>		
a. Agency/Board Name Dental Examiners, Board of		
b. Agency/Board Address 2001 Capitol Ave, Room 104		c. City Cheyenne
		d. Zip Code 82002
e. Name of Agency Liaison Emily Cronbaugh		f. Agency Liaison Telephone Number 307-777-6529
g. Agency Liaison Email Address emily.cronbaugh@wyo.gov		h. Adoption Date August 3, 2017
i. Program Dental Examiners, Board of		
<b>2. Legislative Enactment</b> For purposes of this Section 2, "new" only applies to regular rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.		
a. Are these rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Please provide the Enrolled Act Numbers and Years Enacted:		
<b>3. Rule Type and Information</b>		
a. Provide the Chapter Number, Title, and Proposed Action for Each Chapter. (Please use the Additional Rule Information form for more than 10 chapters and attach it to this certification)		
Chapter Number: <b>1</b>	Chapter Name: <b>General Provisions</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: <b>3</b>	Chapter Name: Requirements for Licensure (and Renewal)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: <b>4</b>	Chapter Name: Dental Practice	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: <b>5</b>	Chapter Name: Anesthesia Administration (and Sedation Permit Procedures)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: <b>6</b>	Chapter Name: Code of Ethics (for Dentists)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: <b>7</b>	Chapter Name: Dental Auxiliaries	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: <b>9</b>	Chapter Name: Rules of Practice Governing Contested Case Procedures Before the Wyoming Board of Dental Examiners	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: <b>9</b>	Chapter Name: (Practice and Procedures for Disciplinary, Application, and Licensure Matters)	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: <b>10</b>	Chapter Name: Fees	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed

**3. State Government Notice of Intended Rulemaking**

a. Date on which the Proposed Rule Packet (consisting of the Notice of Intent as per W.S. 16-3-103(a), Statement of Principal Reasons, strike and underscore format and a clean copy of each chapter of rules were: **March 27, 2017**

- approved as to form by the Registrar of Rules; and
- provided to the Legislative Service Office and Attorney General:

**4. Public Notice of Intended Rulemaking**

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice.  No.  Yes.  N/A

b. A public hearing was held on the proposed rules.  No.  Yes. Please complete the boxes below.

Date:	Time:	City:	Location:

c. If applicable, describe the emergency which requires promulgation of these rules without providing notice or an opportunity for a public hearing:

**5. Final Filing of Rules**

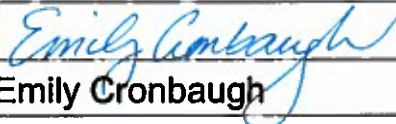
a. Date on which the Certification Page with original signatures and final rules were sent to the Attorney General's Office for the Governor's signature: **August 4, 2017**

b. Date on which final rules were approved as to form by the Secretary of State and sent to the Legislative Service Office: **August 4, 2017**

c.  The Statement of Reasons is attached to this certification.

**6. Agency/Board Certification**

The undersigned certifies that the foregoing information is correct.

Signature of Authorized Individual	
Printed Name of Signatory	Emily Cronbaugh
Signatory Title	Executive Director
Date of Signature	August 4, 2017

**7. Governor's Certification**

I have reviewed these rules and determined that they:

1. Are within the scope of the statutory authority delegated to the adopting agency;
2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature	
Date of Signature	

**STATEMENT OF PRINCIPAL REASONS**  
**FOR FORMAL ADOPTION OF REGULAR RULES**

In 2014, the Board of Dental Examiners undertook major revisions to Chapter 5 - Anesthesia Administration and Sedation Permit Procedures of its rules. The Board discussed the proposed amendments to the rules at several Board meetings and received comments, written and during the Board meetings, from licensees. On January 8, 2015, the final rules which incorporated those comments were filed with the Wyoming Secretary of State.

On November 3, 2016, the Board became aware that the requirements for an operating dentist sedation permit holder to apply and renew were in excess of the dentist's regular dental training. Those required to apply for an operating dentist sedation permit are non-board eligible dentists, meaning mostly general dentists without specialty training, who will use the sedation services of a licensed anesthesiologist, certified registered nurse anesthetist, moderate sedation permit holder, or deep sedation/general anesthesia permit holder. Chapter 5, Sections 15 and 16 of the Board's rules currently require that operating dentist sedation permit holders be able to document current certification in ACLS (Advanced Cardiac Life Support) for initial application and renewal. It was brought to the Board's attention that most non-board eligible dentists regularly maintain Basic Life Support (BLS) certification and not ACLS certification. ACLS certification is required for moderate sedation and deep sedation/general anesthesia permit holders but not for general dentists. This requirement has precluded a number of dentists from complying with the Board rule in order to obtain an operating dentist sedation permit. In addition, dentists have informed the Board that the requirement for an agreement between the operating dentist sedation permit holder and a qualified anesthesia provider is not applicable to those practicing within a hospital setting. It is not possible for an operating dentist sedation permit applicant to know who will be the qualified anesthesia provider in a hospital.

On November 8, 2016, the Board held a special meeting to discuss these concerns. The Board discussed its mission to protect the public, the role that sedation plays in a permit holder's practice, and the subsequent dental care provided to patients.

After further discussion regarding the intent of the operating dentist sedation permit, the Board agreed this is an additional permit for a dentist much like the expanded function permit is for dental hygienists. Both permits allow the Board to monitor what professionals are involved in using anesthetics and sedation techniques on patients. While the Board does not charge a fee for the dental hygienist expanded function permit, the operating dentist sedation permit processing involves more administrative time, and accordingly, the Board wished to charge a fee to offset this cost. As a result, the Board agreed to reduce the application and renewal fee for the operating dentist sedation permit as described below.

The Board subsequently voted to proceed with emergency rulemaking and those emergency rules became effective December 5, 2016.

On January 20, 2017, the Board held a special meeting to discuss the emergency changes listed above. Research showed that the national standard created in October of 2016 by the American Dental Association required BLS certification for an operating dentist instead of ACLS certification. The Board determined that it was appropriate to change the operating dentist sedation permit life support requirement from ACLS to BLS. In addition, the Board also determined that the reduced application and renewal fee for an operating dentist sedation permit was appropriate. Finally, the Board discussed the concern that a facility operated by an

anesthesiologist or a hospital would not be subject to the Board's Rules and would not need a facility permit. Therefore, the Board agreed to modify the language requiring an agreement between an operating dentist and the facility "holding a facility permit," to instead reflect the "facility where the sedation is being provided."

The Board resolved the concern regarding the requirements to obtain an operating dentist sedation permit in a manner that will enable licensees to reasonably maintain their operating dentist sedation permit while still ensuring a high standard of public protection.

On February 17, 2017, the Board held a special meeting to discuss additional changes to the Rules. Board members and staff each shared topics they believed needed to be addressed. This included appropriate documentation for sedation permit renewals, adoption of updated Codes of Ethics, adoption of Center for Disease Control (CDC) guidelines for dental practices, creating requirements to permit dental hygienists to practice in public health settings, and some clean up to formatting, typing errors, and grammar concerns. Specifically, the Board adopted the following proposed amendments through the regular rulemaking process:

#### Chapter 1: General Provisions

- Changes were made to correct grammatical errors and to better clarify existing language.
- In Section 3, defined the Dental Assistant National Board.
- In Section 3, spelled out "Wyoming Statute" as required by the Rules on Rules from the Secretary of State's office.
- Renumbered under Section 3 as required by the Rules on Rules from the Secretary of State's office.
- In Section 5, changed regular Board meetings to be set by resolution. This allows the Board to accommodate the various scheduling needs of the members and still provide adequate notice to the public of the regular meeting.
- In Section 6, updated reference by incorporation section to be consistent with new required language.
- In Section 6, adopted the "Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care" by incorporation to clarify guidelines and expectations of office cleanliness for patients and licensees.
- In Section 6, adopted the updated Code of Ethics from the American Dental Association, American Dental Hygienists' Association, and Dental Assisting National Board.
- In Section 6, adopted A&I's Uniform Procedures, Fees, Costs, and Charges for Inspection by incorporation to clarify procedure for public records requests.
- In Section 7, removed prior public records language to refer to the newly adopted A&I Rules instead.

#### Chapter 3: Requirements for Licensure and Renewal

- Changes were made to correct grammatical errors and to better clarify existing language.
- In Section 6, added option for dentist to document completion of a general residency program as an alternative to documenting completion of an examination that does not include a fixed prosthodontics component.
- In Section 5, clarified that "Restorative Dentistry" should be completed "on a patient in a clinical setting" to align with the setting for "Periodontics" listed above.
- In Section 14, clarified that only dentists are eligible for non-clinical licensure.

#### Chapter 4: Dental Practice

- Changes were made to correct grammatical errors and to better clarify existing language.

- In Section 4, removed the requirement for the radiograph use permit. The Board does not require a separate radiograph permit for dentists using x-ray machinery, but requires dentists to obtain regular x-ray machine inspections.

#### Chapter 5: Anesthesia Administration and Sedation Permit Procedures

- Changes were made to correct grammatical errors and to better clarify existing language.
- In Section 1, spelled out Wyoming Statute as required by the Rules on Rules from the Secretary of State's office.
- In Section 2, renumbered the definitions section as required by the Rules on Rules from the Secretary of State's office.
- In new Section 2(p) added "or parenteral sedation" in definition of "Moderate Sedation." The Dental Practice Act specifies the sedation types as enteral or parenteral, however, the industry accepted terms are moderate or deep sedation. Parenteral was added to this definition to clarify the requirement.
- In Section 2, added the definition of PALS (Pediatric Advanced Life Support).
- In Section 3, renumbered the definitions section as required by the Rules on Rules from the Secretary of State's office.
- In Section 4, changed "Basic Life Support for Healthcare Providers" to "BLS" as this is a defined term in Chapter 1.
- In Section 7(a)(i), added "or PALS" to encompass life support training received by pediatric dentists because children do not sedate as easily or predictably as adults.
- In Section 7(a)(D), removed "Board-approved." Training guidelines have been established in rule, removing the need for the Board to approve each course in advance.
- Updated Section 7 to clarify moderate sedation training. This included removing Section 7(a)(D)(I) and the word "parenteral" from Section 7(a)(D)(II). Moderate sedation permit applicants must complete both the enteral and parenteral training sections because the permit allows the dentist to practice both enteral and parenteral methods. Since the requirements in (II) are consistent with the American Dental Association's 2016 sedation standards and more stringent than those in (I), (I) was removed.
- In Section 7(a)(D)(III), removed "Additional supervised clinical experience shall be necessary to manage children and medically compromised adults." This requirement is already included in the received training, thereby making it unnecessary.
- In Section 8(a)(i), added "or PALS" to encompass life support training received by pediatric dentists because children do not sedate as easily or predictably as adults.
- Section 8(a)(ii) was removed because it is standard practice for dentists to have insurance.
- In Section 8(b), shortened "Application Review Committee" to "ARC" as this is a defined term.
- In Section 14(a), changed "Basic Life Support for Healthcare Providers" to "BLS" as this is a defined term in Chapter 1.
- In Section 15(c)(i), replaced the requirement to provide evidence of ACLS certification with BLS certification. This is consistent with the life support training that a general dentist receives and with national sedation standards established by the American Dental Association.
- In Section 15(c)(ii), removed the requirement for the applicant to provide evidence of an agreement between the operating dentist and a qualified anesthesia provider. Many qualified anesthesia providers are employed by hospitals, making this requirement unnecessary.
- In new Section 15(c)(ii), clarified the need for an agreement between an operating dentist and the "facility where the sedation is being provided" instead of the facility "holding a facility permit" because a facility may be operated by an anesthesiologist or another

individual not licensed by this Board, and the Board cannot require that individual to obtain a facility permit.

- In Section 15(d) and (e), changed “Application Review Committee” to “ARC” as this is a previously defined term.
- In Section 16(b)(i), removed requirement to document fifty (50) cases. Documenting a specific number of cases has proven to be difficult, as an oral maxillofacial surgeon may easily reach this number but a pediatric dentist may not. It is not the Board’s intent to have pediatric dentists sedate more children unnecessarily in order to meet the requirement in Rules. The Board believes they have established more appropriate continuing documentation necessary as explained below.
- In new Section 16(b)(i), added “or PALS” to encompass life support training received by pediatric dentists because children do not sedate as easily or predictably as adults.
- In new Section 16(b)(ii) added requirement for non-board eligible dentists to complete sixteen (16) hours of sedation education every two (2) years. Specialists are required to complete a specialty residency, which has thorough sedation training. Non-board eligible dentists, or general trained dentists, do not receive similar sedation training. Therefore, the Board removed the case documentation requirement and added a continuing education requirement for those without the specific sedation education.
- In Section 16(d), removed subsections and replaced the requirement to provide evidence of ACLS certification with BLS certification. This is consistent with the life support training that a general dentist receives and with national sedation standards established by the American Dental Association.
- Added Section 16(f)(iii) to indicate consequence for a sedation provider or operating dentist who does not obtain sedation inspection of their facility as required by rule. This rule requires the sedation permit to expire if the facility is not inspected because the permit holder did not complete all requirements necessary for renewal.

#### Chapter 6: Code of Ethics for Dentists

- Changes were made to correct grammatical errors and to better clarify existing language.
- Added the expectation for compliance with the Centers for Disease Control’s Summary of Infection Prevention Practices in Dental Settings as referenced in Chapter 1.

#### Chapter 7: Dental Auxiliaries

- Changes were made to correct grammatical errors and to better clarify existing language.
- Section 5(c) added an expanded function for dental hygienists to provide public health services. Since the Wyoming Department of Health cut the Oral Health Program, many hygienists have endeavored to continue to provide similar services to those in need within the state because hygienists in other states are permitted to provide public health services.
- Section 5(b)(iii) the Board added acceptance of laser course training if completed through a CODA accredited dental hygiene program. This allows hygienists in Wyoming to receive acceptable training through the two state hygiene programs, Laramie County Community College and Sheridan College. This also alleviates the need for these two state programs to seek an additional national credential to provide this training.
- Section 6(d)(x) added “orthodontic” to clarify type of retainers.
- Added treatment of a diagnosed dry socket to the direct supervision practice of a dental assistant.
- Section 7 clarified the requirement for dental assistants exposing radiographs to renew.

#### Chapter 9: Practice and Procedures for Disciplinary, Application, and Licensure Matters

- Changes were made to correct grammatical errors and to better clarify existing language.

- Added the expectation for compliance with the Centers for Disease Control's Summary of Infection Prevention Practices in Dental Settings as referenced in Chapter 1.
- Added summary suspension section to clarify this procedure.
- Added other possible options to how the Board may resolve a complaint.

#### Chapter 10: Fees

- This chapter was reorganized to more easily locate appropriate fees. Previously it was listed by type of fee but now is organized by type of license.
- Reduced the application fee for dentist non-clinical license from \$250 to \$50
- Added a renewal fee for dentist non-clinical license for \$25 as these licensees were previously being charged regular \$185 renewal fee.
- Reduced the operating dentist sedation permit application fee from \$250 to \$25.
- Reduced the operating dentist sedation permit renewal fee from \$125 to \$15.
- Reduced the hygienist non-clinical license application fee from \$125 to \$50.
- Added a renewal fee for hygienist non-clinical license for \$25 as these licensees were previously being charged regular \$95 renewal fee.
- Added \$30 application fee for dental hygiene expanded functions to offset administrative charges for processing these permits.
- Added \$30 application fee for dental assistant pit and fissure permits to offset administrative charges for processing these permits.
- Clarified that pit and fissure renewal was encompassed in radiograph renewal fee.

## COMMENT SUMMARY AND CHANGES BASED UPON PUBLIC COMMENT

The Wyoming Board of Dental Examiners proposed changes to Chapters 1, 3, 4, 5, 6, 7, 9, and 10. The Board held a public comment period from April 17, 2017 through June 2, 2017, and received comments from eight (8) individual members of the public (4 dental hygienists, 4 public). The Board also entertained a public comment at their June 22, 2017 Board meeting. Though outside of the public comment period, the Board welcomes suggestions to better clarifying their Rules and added this comment as #9 below.

Most comments the Board has received are in support of the additional of a public health dental hygienist. One comment is requesting the Board create continuing education requirements for dental hygienists. The Board has considered this at a Rules hearing in June 2015 and elected not to require continuing education for licensees at that time.

**Comment #1:** Ms. Cynthia Bower, RDH emailed: I've read the changes and particularly those about public dental health. I haven't found anything that addresses those who might blog or share preventive dental health information online. Has this issue come up?

**Response:** *This issue has not come up.*

**Comment #2:** Ms. Pauline P. Phillips, RDH emailed: Hello Emily and members of the WBDE,

Although I now live in Florida, I have been licensed to practice dental hygiene in Wyoming since 1965 and am still interested in advancing the practice of dental hygiene in Wyoming.

I was excited to see proposed rules regarding practice in public health settings as that was one of my goals as a former employee of the Wyoming Department of Health and as an instructor in Dental Public Health at Laramie County Community College. The addition of these Rules and Regulations will improve access to dental care for many underserved populations in Wyoming.

In Section 3 of chapter 7 Dental Hygienists are encouraged to promote dental health. In Section 4 (ai) however, it is stated that community dental health activities must be performed under general supervision. I would interpret that to mean that I, because I am retired and do not have a employer dentist, could not present an in-service to employees in a long-term care facility, speak at a high school careers fair or teach dental health in a classroom. If that is the intent, I am strongly opposed as I feel that rule would exclude many valuable resources who are no longer practicing. Further, if I no longer held a license I assume I could perform these activities? Also, there is no restriction for a dental assistant in regard to promoting dental health. Can this be clarified please?

I think Section 5 C (iv) has a grammatical error and the word "is" in line 1 should be deleted.

The word "radiographs" is no longer currently used. A radiograph refers to a film image. Therefore the correct terminology "Radiographic Images" as used in the title of Section 7 is correct and includes digital images as well as film. Sorry to be so picky but that is terminology currently being taught to students and I feel consistency is important.

I was pleased to see that Section 8 still includes formal instruction in the placement of pit and fissure sealants for all the reasons that were discussed at the June 2015 meeting. I am unable to locate that discussion in the minutes. Has any further consideration been given to the suggestion by Valerie Rodekohr who at that time



was Director of Dental Hygiene at LCCC? She had suggested a hybrid course with didactic instruction done on line and the clinical instruction done in dental offices at other locations with the colleges providing clinical staff. I feel this type of course delivery would ensure consistency in instruction and alleviate any hardship involved in the course applicants transporting patients to one of the campuses.

**Cronbaugh (Board staff) Responded:** Thank you Ms. Phillips. I'll present your comments to the Board at their June 22 meeting.

I can address one or two of your questions, but will let the Board discuss the rest and respond to you following their meeting.

The Board continues to use the term "radiograph" as this is the term described in the Board's Practice Act. Until modifications are presented to the legislature to update the Board's Practice Act, all rules must be written to clarify existing language within the Practice Act. At this time the Board is not seeking to present a draft bill to legislature for changes to the Board's Practice Act.

Regarding the education options presented by LCCC and Sheridan College, the Board simply approves the programs as presented. The Board does not dictate how the colleges facilitate those programs. So if those schools wish to make some portions available online, they're welcome to seek board approval when they make those changes.

Per the June 17, 2015 meeting minutes, when the pit and fissure rules hearing was held, the details of the meeting are provided in a transcript created by the contracted court reporter. That is attached for your convenience.

**Response:** Must hold current license, and submit a collaborative agreement. Public health services are a permit for active license holders. Please be aware that Chapter 7, Section 3(c) states, "Dental hygienists are encouraged to promote oral health. They may accomplish this through presentations to schools, institutions, groups, or individuals. In no event should these presentations be used for the purpose of advertising or soliciting patients for himself/herself or a dentist."

Dental assistants have not been listed as able to perform public health services. They are only permitted under general supervision to "Instruct patients in proper dental health care."

Thank you for your comment on the "is", the Board has removed that.

Cronbaugh replied already to other comments.

**Comment #3:** Nicole Lehar, RDH emailed: I am writing this in regards to adding in continuing education into the licensure requirements for dental providers.

As we all know the dental profession is ever changing. As dental healthcare providers we need to be held accountable for seeking out the newest scientific based education to provide the best treatment for our patients.

We gain a foundation of our knowledge in school but as professionals we need to seek information to build on that foundation. The only way to build on our foundation of education, is to seek out the newest scientific based information that is provided to our industry. This information is available so that we as dental professionals can give the most up to date care to our communities.

In order to track if a dental healthcare professional is seeking out the continuing education, is to have a system in place where we as professionals are being held accountable. By not requiring a certain number of hours of continuing education for dental healthcare providers, we as a state are not giving the best patient care to our communities. Having requirements placed will give accountability to our dental healthcare providers. Thus, positively increasing our level of care that is provided to our communities.

It is time for our dental healthcare providers to stand up to the plate and join our nation, in seeking out continuing education so that we as a state can provide the best care possible. Utah, Colorado, Idaho, Montana, South Dakota and Nebraska all require continuing education for their dental professionals. Now is the time to take on the responsibility of requiring continuing education in our state. Our communities deserve dental healthcare providers who have the education to provide the best care possible and this can be achieved by requiring continuing education for dentist and dental hygienist in the state of Wyoming.

***Response: The Dental and Hygiene Codes of Ethics adopted within the Board's Rules do require professionals to complete continuing education to stay current in their respective fields. Additionally, the Board does require CPR training annually, which is a continuing education requirement. Due to the dramatic variability in the quality of education obtained, the Board does not wish to mandate additional tracking methods of continuing education at this time. The correlation between mandatory continuing education and continuing competency in the profession has not been established.***

**Comment #4:** Ms. Debbie Malmberg (Sheridan City School Nurse) emailed: Just a brief message letting the State Dental Board know I am strongly in favor of the changes proposed to allow dental hygiene services in alternate settings. As a school nurse, having a dental hygienist available for questions or assessment regarding oral issues is very valuable and necessary.

***Response: The Board thanks Ms. Malmberg for her comments.***

**Comment #5:** Ms. Amanda Dube (Child Development Center Region 2 - Sheridan and Johnson Counties) emailed: I am writing in support of the changes to the Wyoming Dental Practice Act. If passed, a dental hygienist would be able to provide education, screenings, fluoride applications in a school, nursing home, child development center or headstart setting. I feel very strongly there are populations in Wyoming that would benefit greatly from this change.

I am the Preschool Coordinator for the Child Development Center Region 2 in Sheridan and Johnson Counties. I have worked in the past with dental hygienists who have provided a valuable service to our children and families. Many of our families do not attend regular visits to their dentists and their children have dental issues that the parents are not aware of and do not realize there is help to get these conditions treated. We have had a dental hygienist come into our program and check children's teeth. Parents are given valuable information based on these visits.

The dental hygienist has also taken time to visit with our children about the importance of dental care. Through age appropriate activities they get to practice making good food choices and learning how to brush and floss. They are even given toothbrushes and fun items to make it more exciting to do this daily chore!

***Response: The Board thanks Ms. Dube for her comments.***

**Comment #6:** Ms. Monica Granger (Sheridan Head Start) emailed: I have heard of the changes that the State Dental Board has proposed. I would like to share that I agree with the proposed plan. I have worked at Sheridan Head Start for 10 years and I view this as an invaluable resource for our families. The education that has been provided to us in the past by the state dental hygienist for our area taught many of our parents and children about the importance of dental hygiene. Many families are unaware of the benefits of dental hygiene, and the proper education can help them and their children.

**Response:** *The Board thanks Ms. Granger for her comments.*

**Comment #7:** Ms. Janet Berry, RDH emailed: I support the rule change for the designation of a public health dental hygienist. The proposed change will allow preventive services for the public in the settings of schools, nursing homes, headstarts and preschools. The public will benefit greatly from these services.

**Response:** *The Board thanks Ms. Berry for her comments.*

**Comment #8:** Ms. Holly Spriggs (Educator at Wind River Indian Reservation) emailed: I want to write a letter of support for the dental hygiene program to visit schools and preschools. To whom can I send it?

I work on the Wind River Indian Reservation and teach preschool to students with special needs. Many of my students need dental care and education. We miss having the visiting dental hygienist!

**Response:** *The Board thanks Ms. Spriggs for her comments.*

**Comment #9:** Janine Sasse-Englert, RDH presented a request to have the Board clarify their Rules regarding laser certification and approved courses. Sheridan College wants to teach Lasers in school curriculum. They are asking if the Board would mandate training through the Academy of Laser Dentistry or if the Board would consider a program developed by Sheridan College, since the proposed rules only permit the Academy of Laser Dentistry. This is also considered a public comment on the Rules regarding how the draft rule would only permit one method for laser course approval and not allow the Board to accept other courses as presented. The Board will consider in proposed rules how to allow them to accept laser courses taught by CODA accredited hygiene schools, who are mandated to teach to proficiency.

**Response:** *The Board amended the Rule accordingly.*

## CHAPTER 1

### GENERAL PROVISIONS

**Section 1. Authority.** These Board Rules are adopted to implement the Board's authority under the Act and the WAPA as it relates to the licensure and discipline of dentists and dental hygienists and regulation of the practice of dentistry and dental hygiene in Wyoming.

**Section 2. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to establish administrative procedures.

**Section 3. Definitions.**

(a) "Act" means the Wyoming Dental Practice Act, Wyoming Statute 33-15-101 through 133.

(b) "ADA" means American Dental Association.

(c) "ADHA" means American Dental Hygiene Association.

(d) "Advertising" means a communication to the public about a dentist or services offered by a dentist.

(e) "ARC" means Application Review Committee.

(f) "BLS" means basic life support for healthcare providers.

(g) "Board Rules" means the administrative rules and regulations promulgated by the Board.

(h) "CDCA" means Commission on Dental Competency Assessments (formerly North East Regional Board).

(i) "CITA" means Council of Interstate Testing Agencies.

(j) "CODA" means Commission on Dental Accreditation.

(k) "CPR" means Cardiopulmonary Resuscitation.

(l) "CRDTS" means Central Regional Dental Testing Service.

(m) "DANB" means Dental Assisting National Board.

(n) "DC" means Disciplinary Committee.

(o) “Dentist-Patient Relationship” means a formal inferred relationship between the dentist and a patient of record, which is established once the dentist assumes or undertakes the dental care or treatment of a patient in the state where the patient resides. A dentist-patient relationship is assumed to have been created after there is a physical examination of a patient (e.g., when a patient is seen in a dentist's office), but is not assumed in others (e.g., when a dentist performs a physical examination as a health screening procedure at a health fair event).

(p) “EKG” means Electrocardiogram.

(q) “Hands on” means involving or offering active participation rather than theory.

(r) “NBDE” means National Board Dental Examination.

(s) “NBDHE” means National Board Dental Hygiene Examination.

(t) “PBIS” means Professional Background Information Service.

(u) “SRTA” means Southern Regional Testing Agency.

(v) “Supervision” of dental auxiliary means the act of overseeing or directing duties performed by a dental auxiliary. Types of supervision may include:

(i) “General Supervision” of a dental auxiliary means that a dentist has diagnosed and authorized the procedures which are being carried out; however, a dentist need not be present when the authorized procedures are being performed;

(ii) “Direct Supervision” of a dental auxiliary means that a dentist is physically present in the dental office, a dentist has diagnosed the condition to be treated, a dentist has authorized the procedure to be performed, and before dismissal of the patient, a dentist has approved the work performed by the auxiliary; or

(iii) “Indirect Supervision” of a dental auxiliary means that a dentist is physically present in the dental office, a dentist has diagnosed the condition to be treated, and a dentist has authorized the procedure to be performed.

(w) “WAPA” means Wyoming Administrative Procedure Act, W.S. 16-3-101 through 115.

(x) “WREB” means Western Regional Examining Board.

**Section 4. Board Office.** The Board Office shall be located at 2001 Capitol Avenue, Cheyenne, Wyoming.

**Section 5. Board Meetings.** The Board shall set its regular meetings by resolution.

**Section 6. Reference by Incorporation.**

(a) Each rule and code incorporated by reference is further identified as follows:

(i) Principles of Ethics and Code of Professional Conduct, adopted by the ADA and revised November 2016, found at: <http://dental.wyo.gov/board/rules>.

(ii) Bylaws and Code of Ethics, adopted by ADHA and effective on June 13, 2016, found at: <http://dental.wyo.gov/board/rules>.

(iii) Dental Assisting National Board's Code of Professional Conduct, adopted by and revised April 2015, found at: <http://dental.wyo.gov/board/rules>.

(iv) Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, adopted by Centers for Disease Control and Prevention and revised March 2016, found at: <http://dental.wyo.gov/board/rules>.

(v) Chapter 2 - Uniform Rules for Contested Case Practice and Procedure, adopted by the Office of Administrative Hearings and effective on October 17, 2014, found at: <http://dental.wyo.gov/board/rules>.

(vi) Chapter 2 - Uniform Procedures, Fees, Costs, and Charges for Inspection, Copying, and Producing Public Records, adopted by the Department of Administration and Information and effective on September 6, 2016, found at <http://dental.wyo.gov/board/rules>.

(b) For these rules incorporated by reference:

(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (a) of this section; and

(iii) The incorporated rules are maintained at the Board Office and are available for public inspection and copying at cost at the same location.

**Section 7. Public Records Inspection.** Public records inspections shall be conducted pursuant to the Department of Administration and Information's rules concerning public records.

**Section 8. Change of Name, Address, or Telephone Number.** Each applicant and licensee shall notify the Board in writing of any change to their legal name, home address, business address, e-mail address, or telephone number within thirty (30) days of the change.

## CHAPTER 3

### REQUIREMENTS FOR LICENSURE AND RENEWAL

**Section 1. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to establish the requirements for licensure, annual license renewal, and volunteer certificates.

**Section 2. Application Status.**

(a) For those applicants seeking licensure, competency shall be met during the timeframe identified immediately prior to submitting a completed application.

(b) Applications shall be deemed "complete" when all necessary documentation has been received by the Board office.

(c) Applications shall expire one (1) year after submission. If an application expires, an applicant shall submit a new application, including payment of fee.

**Section 3. ARC Review of Applications.**

(a) An applicant for licensure or certification shall have committed no acts that are grounds for disciplinary action, or if an act was committed, the ARC has found after investigation that sufficient restitution has been made and the applicant no longer presents a threat to the public safety.

(b) If the ARC questions an applicant's competency, the ARC may request an applicant complete a regional clinical examination or other program.

**Section 4. Jurisprudence Examination and Interview.**

(a) The Board shall issue a dental or dental hygiene license to any applicant who meets the qualifications for licensure identified in Sections 5, 6, 7, 8, and 12 and successfully passes the jurisprudence examination.

(b) All dental licensure applications and necessary documentation, including payment of fee and report from PBIS, shall be received at least forty-five (45) days prior to a Board meeting. The ARC shall recommend eligibility to sit for the jurisprudence examination. The Board staff shall administer the dental jurisprudence examination and the applicant shall be required to interview with the Board.

(c) All dental hygiene licensure applications and necessary documentation, including payment of fee and report from PBIS, shall be received by the Board prior to scheduling an appointment to be administered the jurisprudence examination. The ARC shall recommend eligibility to sit for the jurisprudence examination.

(d) To successfully pass the jurisprudence examination, the applicant shall score at least a 75% on the exam.

**Section 5. Dental Licensure by Examination.**

(a) Eligibility. An applicant may seek dental licensure by examination if the applicant graduated from a CODA accredited U.S. or Canadian Dental School within twelve (12) months and has never been licensed to practice as a dentist in any state.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee;

(ii) Successfully pass the NBDE;

(iii) Successfully pass a regional clinical examination that indicates competency in:

(A) Endodontics, including access opening of a posterior tooth and access, canal instrumentation and obturation of an anterior tooth;

(B) Fixed Prosthodontics including one of the following:

(I) A full crown procedure;

(II) An indirect cast class II inlay;

(III) An indirect cast class II onlay; or

(IV) Cast 3/4 crown.

(C) Periodontics, including scaling and root planing on a patient in a clinical setting; and

(D) Restorative Dentistry, including a class II amalgam or composite preparation and restoration and a class III composite preparation and restoration on a patient in a clinical setting.

(I) Slot preps shall not be accepted.

(II) If an indirect inlay, onlay, or 3/4 crown procedure is done on a patient, the applicant shall be required to perform one (1) additional restorative procedure as listed above.



**Section 6. Dental Licensure by Endorsement.**

(a) Eligibility. An applicant may seek dental licensure by endorsement if the applicant has a license in good standing in another jurisdiction with licensure requirements as stringent as Wyoming.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee;

(ii) Complete requirements identified in Section 5(b)(ii) and (iii). If applicant successfully passed a regional clinical examination as identified in Section 5(b)(iii) which did not include a fixed prosthodontics component, applicant shall submit evidence of active clinical practice of 5,000 hours in five (5) years or verification of completion of a general practice residency (GPR) or advanced education in general dentistry (AEGD);

(iii) Submit a completed application to PBIS and authorize PBIS to report to the Board; and

(iv) Submit evidence that demonstrates competency including:

(A) Active clinical practice of 1,000 hours in one (1) year;

(B) Successful completion of a regional clinical examination within twelve (12) months; or

(C) Completion of ten (10) hours of hands-on clinical continuing education for each year not actively practicing.

**Section 7. Dental Hygiene Licensure by Examination.**

(a) Eligibility. An applicant may seek dental hygiene licensure by examination if the applicant graduated from a CODA accredited U.S. or Canadian Dental Hygiene School or program within twelve (12) months and has never been licensed to practice as a dental hygiene in any state.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and fees;

(ii) Successfully pass the NBDHE; and

(iii) Successfully pass the CRDTS, WREB, CDCA, CITA, or SRTA exam.

**Section 8. Dental Hygiene Licensure by Endorsement.**

(a) Eligibility. An applicant may seek dental hygiene licensure by endorsement if the applicant has a license in good standing in another jurisdiction with licensure requirements as stringent as Wyoming.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee;

(ii) Submit a completed application to PBIS and authorize PBIS to report to the Board; and

(iii) Submit evidence that demonstrates competency including:

(A) Active clinical practice of 800 hours in one (1) year; or

(B) Successful completion of a regional clinical examination within twelve (12) months; or

(C) Completion of ten (10) hours of continuing education for each year not actively practicing.

**Section 9. Annual Licensure Renewal.**

(a) Expiration.

(i) All dental and dental hygiene licenses shall expire December 31 of each year.

(ii) Unless a licensee timely renews their license, the licensee shall not practice after December 31.

(b) Renewal Application. A dental or dental hygiene licensee seeking renewal shall:

(i) Submit a completed renewal application and payment of fee; and

(ii) Verify current certification in CPR.

(c) Competency Requirement. After five (5) years of inactive clinical practice, an applicant shall demonstrate competency by successful completion of regional clinical examination or apply for a non-clinical licensure.

**Section 10. Failure to Timely Renew.**

- (a) Unlicensed Practice. Failure to timely renew may subject the licensee to disciplinary action for unlicensed practice.
- (b) Administrative Grace Period.
  - (i) The administrative grace period shall be from January 1st to March 31st annually.
  - (ii) Licensees who failed to timely renew may apply for renewal during the administrative grace period. However, licensees shall not practice until the Board approves their license.
  - (iii) Licensees who failed to timely renew shall:
    - (A) Submit a completed renewal application and payment of fee; and
    - (B) Verify current certification in CPR.
  - (iv) On April 1st, any license not renewed shall lapse.

**Section 11. Lapsed License.**

- (a) If a dental license lapses, the dentist shall apply for relicensure.
- (b) If a dental hygiene license lapses, the dental hygienist may restore their lapsed license until December 31st of the year the license lapsed. After December 31st, the dental hygienist shall apply for relicensure.

**Section 12. Dental and Dental Hygiene Relicensure.**

- (a) Eligibility. An applicant may seek dental or dental hygiene relicensure if the applicant has been licensed in Wyoming and allowed his or her license to lapse.
- (b) Application Requirements. Applicant shall:
  - (i) Submit a completed relicensure application and payment of fee;
  - (ii) Verify current certification in CPR; and
  - (iii) Successfully pass the jurisprudence examination.
- (c) Competency Requirement for Return to Practice. An applicant applying for relicensure who has not actively practiced in five (5) years shall also demonstrate competency by:

(i) Successful completion of a regional clinical examination within twelve (12) months; and

(ii) Submitting evidence of completion of ten (10) hours of hands-on clinical continuing education for each year not actively practicing.

**Section 13. Reinstatement.**

(a) Eligibility. An applicant may seek to have his or her dental or dental hygiene license reinstated if the applicant's Wyoming dental or dental hygiene license has been revoked, surrendered, suspended, conditioned, or restricted.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee;

(ii) Verify current certification in CPR;

(iii) Submit evidence of complying with the requirements of a previous Board order;

(iv) Submit evidence of applicant's ability to safely and competently practice; and

(v) Submit evidence demonstrating just cause for reinstatement.

**Section 14. Non-Clinical Licensure.**

(a) Eligibility. An applicant that currently holds or has previously held a license in good standing to practice dentistry may seek a non-clinical license if the applicant does not engage in active clinical practice. This limited license is intended for those applicants teaching, examining, consulting, reviewing, or engaging in administrative oversight.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee; and

(ii) Submit a personal statement describing applicant's intended non-clinical practice.

(c) Renewal Application. A non-clinical licensee seeking renewal shall submit a completed renewal application and payment of fee.

**Section 15. Volunteer's Certificate.** Any applicant that meets the qualifications under Wyoming Statute 33-15-131 shall submit a completed application.

**Section 16. Temporary Educator’s License.** Any applicant that meets the qualifications under W.S. 33-15-133 shall submit a completed application.

## CHAPTER 4

### DENTAL PRACTICE

**Section 1. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to regulate the practice of dentistry in Wyoming.

**Section 2. Practice of Dentistry.**

(a) The dentist shall:

(i) Be responsible for the quality of dentistry performed in his or her office, regardless of whether it is performed by him or her personally or by auxiliaries working under his or her supervision;

(ii) Be responsible for maintaining a high level of proficiency in the practice of dentistry and for keeping up with current educational standards of the profession;

(iii) Report gross and/or recurring improprieties to the proper board or agency;  
and

(iv) Notify the Board of any disease or condition that adversely affects his or her practice.

(b) The practice of dentistry occurs where the patient is located or receives services.

**Section 3. Satellite Offices.** A dentist shall designate his or her main office. All other offices shall be deemed satellite offices and shall abide by the same rules and regulations as the main office.

**Section 4. Radiograph Use.** Inspections of dental x-ray machines are required as follows:

(a) Inspector shall submit a completed application.

(b) All dental x-ray machines shall be inspected by a Board approved inspector every five (5) years. The dentist shall be responsible to contract directly with an approved inspector.

(c) The inspector shall submit to the Board the pass/fail results of all equipment inspected. The Board shall issue a dated sticker for units have passed the safety inspection. The dentist shall provide the Board a copy of the work order showing satisfactory repair completed on any equipment failing inspection.

## CHAPTER 5

### ANESTHESIA ADMINISTRATION AND SEDATION PERMIT PROCEDURES

**Section 1. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to establish a regulatory framework for issuance of a sedation permit pursuant to Wyoming Statute 33-15-130.

**Section 2. Definitions.** For the purpose of this chapter, the following definitions shall apply:

- (a) "ACLS" means advanced cardiac life support.
- (b) "Anxiolysis" means the diminution or elimination of anxiety. The relief of patient anxiety or fear should produce minimum somnolence. The technique should be appropriately chosen to render the patient relaxed but have an adequate margin of safety so that excessive somnolence/unconsciousness is not likely.
- (c) "Applicant" means a Wyoming licensed dentist applying for a sedation permit.
- (d) "ASA" means American Society of Anesthesiology classification.
- (e) "Combination inhalation" means using an inhalation agent and a sedative agent at the same time.
- (f) "Competent" means displaying special skill or knowledge derived from training and experience.
- (g) "Deep sedation" means a drug-induced depression of consciousness during which the patient cannot be easily aroused but responds purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. The patient may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- (h) "Dental hygienist" means a Wyoming licensed dental hygienist holding an appropriate expanded duties permit including local anesthesia and/or nitrous oxide anxiolysis.
- (i) "Dentist" means a Wyoming licensed dentist that does not hold an operating dentist sedation permit or sedation permit.
- (j) "Enteral" means a route of administration in which the agent is absorbed through the gastrointestinal tract or mucosa [i.e., oral, rectal, nasal, or sublingual].
- (k) "Facility Permit" means a permit holder's facility that has been inspected and approved by the Board.

(l) “General anesthesia” means a drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. The patient often requires assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(m) “Inhalation” means a route of administration in which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

(n) “Local anesthesia” means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

(o) “Minimal sedation” means a minimally depressed level of consciousness produced by a pharmacological method that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory, and cardiovascular functions are unaffected.

(p) “Moderate sedation” previously known as “conscious sedation and/or twilight sedation or parenteral sedation” means a drug-induced depression of consciousness during which the patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. The drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than is the intent of the permit holder. Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.

(q) “MRD” means maximum recommended dose of a drug as printed on Food and Drug Administration approved labeling for unmonitored home use.

(r) “Nitrous oxide anxiolysis” means the administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

(s) “Operating dentist” means a non-board eligible dentist that has been issued an operating dentist permit by the Board to allow the operating dentist to perform procedures where sedation services are provided by a qualified anesthesia provider.

(t) “PALS” means Pediatric Advanced Life Support.



(u) “Parenteral” means a route of administration in which the drug bypasses the gastrointestinal tract [i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraosseous].

(v) “Permit holder” means a Wyoming licensed dentist that has been issued a sedation permit from the Board.

(w) “Qualified anesthesia provider” means a licensed anesthesiologist, certified registered nurse anesthetist, or permit holder with appropriate sedation level permit.

(x) “Sedation permit” means a permit issued by the Board for administration of moderate sedation or deep sedation and/or general anesthesia by a permit holder.

(y) “Titration” means administration of multiple or incremental doses of a drug until a desired effect is reached. Knowledge of each drug’s time of onset, peak response, and duration of action is essential to avoid over-sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment.

### **Section 3. Standard of Care.**

(a) For all levels of sedation, a dentist, operating dentist, or permit holder shall have the training, skills, drugs, and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical services) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

(b) A dentist, operating dentist, or permit holder shall be responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation, deep sedation, and/or general anesthesia and providing the equipment, drugs, and protocol for patient rescue.

(c) Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, a dentist, operating dentist, or permit holder intending to produce a given level of sedation shall be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended.

(d) The concept of rescue is essential to safe sedation. A dentist, operating dentist, or permit holder shall have the skills to rescue the patient from a deeper level than that intended for the procedure. The ability to rescue means that a dentist or permit holder shall be able to recognize the various levels of sedation and have the skills necessary to provide appropriate cardiopulmonary support if needed.

(i) If the intended level of sedation is “minimal,” a dentist, operating dentist, or permit holder shall be able to rescue from “moderate sedation.”

(ii) If the intended level of sedation is “moderate,” an operating dentist or permit holder shall have the skills to rescue from “deep sedation.”

(iii) If the intended level of sedation is “deep sedation,” an operating dentist or permit holder shall have the skills to rescue from a state of “general anesthesia.”

(e) If a patient enters a deeper level of sedation than the dentist, operating dentist, or permit holder is qualified to provide, the dentist, operating dentist, or permit holder shall stop the dental procedure until the patient returns to the intended level of sedation.

(f) Children (under the age of 12) may become moderately sedated despite the intended level of minimal sedation; if this occurs, the requirements for moderate sedation shall apply.

(g) Except in extraordinary situations, the dentist, operating dentist, or permit holder shall not use preoperative sedatives for children prior to arrival in the dental office due to the risk of unobserved respiratory obstruction during transport by untrained individuals.

(h) All local anesthetic agents are cardiac depressants and may cause central nervous system excitation or depression. Particular attention shall be paid to dosage in children. To ensure that the patient will not receive an excessive dose, the maximum allowable safe dosage (i.e., mg/kg) shall be calculated before administration. There may be enhanced sedative effects when the highest recommended doses of local anesthetic drugs are used in combination with other sedatives or narcotics.

(i) Patients considered for minimal sedation, moderate sedation, and/or general anesthesia must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may consist of a review of their current medical history and medication use. However, patients with significant medical considerations (ASA III, IV) may require consultation with their primary care physician or consulting medical specialist.

(j) Pre-operative preparation shall include:

(i) Consideration of dietary restrictions based on the sedative technique prescribed; and

(ii) Verbal and written instructions shall be given to the patient, parent, escort, guardian or care giver.

(k) An appropriate scavenging system shall be available if gases other than oxygen or air are used.

#### **Section 4. Requirements for Administering Local Anesthesia, Oral, and/or Nitrous Oxide Anxiolysis.**

(a) An operating sedation permit or sedation permit shall not be required for a dentist

to administer local anesthesia, oral, and/or nitrous oxide anxiolysis.

(b) A dentist, operating dentist, or permit holder who administers local anesthesia, oral, and/or nitrous oxide anxiolysis shall comply with the other sections of this chapter.

(c) A dental hygienist that administers local anesthesia and/or nitrous oxide anxiolysis shall comply with the other sections of this chapter.

(d) Local Anesthesia and Oral Anxiolysis. To administer local anesthesia or oral anxiolysis, a dentist or dental hygienist shall be certified in administering BLS.

(e) Nitrous Oxide Anxiolysis. To administer nitrous oxide anxiolysis, a dentist or dental hygienist shall:

- (i) Be certified in administering BLS;
- (ii) Have adequate equipment with fail-safe features and 25% minimum oxygen flow; and
- (iii) Demonstrate competency and/or training in administering nitrous oxide anxiolysis by:
  - (A) Completion of CODA recognized program; or
  - (B) Completion of a Board-approved course.

#### **Section 5. Requirements for Administering Minimal Sedation.**

(a) A sedation permit or operating dentist sedation permit shall not be required for a dentist to administer minimal sedation.

(b) A dentist shall only administer minimal sedation by an enteral route.

(c) When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the MRD dose of a drug that can be prescribed for unmonitored home use.

(d) Nitrous oxide anxiolysis may be used in combination with a single enteral drug in minimal sedation.

(e) Nitrous oxide anxiolysis when used in combination with a sedative agent(s) may produce moderate sedation, deep sedation, and/or general anesthesia which require an operating sedation permit or sedation permit.

#### **Section 6. Requirements for Administering Moderate Sedation, Deep Sedation, and/or General Anesthesia.**

(a) A sedation permit shall be required for a permit holder to administer moderate sedation, deep sedation, and/or general anesthesia.

(b) An operating dentist sedation permit shall be required for an operating dentist to perform procedures where sedation services are provided by a qualified anesthesia provider.

(c) A dentist, operating dentist, or permit holder shall be subject to disciplinary action if:

(i) A dentist administers moderate sedation, deep sedation, and/or general anesthesia without a sedation permit;

(ii) A dentist performs procedures where sedation services are provided by a qualified anesthesia provider without an operating dentist sedation permit;

(iii) A permit holder administers deep sedation and/or general anesthesia with a sedation permit for moderate sedation;

(iv) An operating dentist performs procedures where sedation services are provided by a qualified anesthesia provider on an expired, revoked, or encumbered operating dentist sedation permit; or

(v) A permit holder administers moderate sedation, deep sedation, and/or general anesthesia on an expired, revoked, or encumbered sedation permit or temporary sedation permit.

(d) A permit holder may achieve moderate sedation by administration of combination inhalation, parenteral and/or enteral routes.

#### **Section 7. Application Process for Administering Moderate Sedation.**

(a) The applicant shall submit a completed application, including fees, and provide evidence of:

(i) Current certification in ACLS or PALS; and

(ii) Demonstrating competency and/or training in administering moderate sedation within two (2) years immediately preceding the application as follows:

(A) Completion of a specialty residency recognized by CODA;

(B) Completion of a general practice residency recognized by CODA that meets the minimal training requirements identified in subsection (D);

(C) Submit proof that applicant has administered moderate sedation,

deep sedation and/or general anesthesia in another jurisdiction within generally accepted standards of dental practice and provide documentation of at least 40 moderate sedation cases; or

(D) Completion of a training course to administer and manage moderate sedation within twelve (12) months prior to application. For moderate sedation, such training shall include a minimum:

- (I) 60 hours of didactic instruction;
- (II) 20 solo intubations (patient-based and/or acceptable electronic simulated manikin);
- (III) 20 moderate sedation cases;
- (IV) Physical diagnosis rotation; and
- (V) Advance Airways and Emergency Management.

(b) While reviewing a completed application, the ARC shall consider any pending complaints before the Board against applicant. The ARC may grant applicant approval to proceed with onsite clinical inspection as defined in Section 11.

(c) Applicant shall be responsible for payment of inspection fee to inspectors.

(d) After successfully passing an onsite clinical inspection, the Board shall issue a sedation permit to applicant.

**Section 8. Application Process for Administering Deep Sedation and/or General Anesthesia.**

(a) The applicant shall submit a completed application, including fees, and provide evidence of:

- (i) Current certification in ACLS or PALS;
- (ii) Demonstrating competency and/or training in administering deep sedation and/or general anesthesia within two (2) years immediately preceding the application as follows:

(A) Completion of a residency program that includes training in sedation and/or general anesthesia that is approved by CODA, the American Dental Society of Anesthesiology, the Accreditation Council for Graduate Medical Education, the American Osteopathic Association or any successor organization to any of the foregoing; or

(B) Completion of a post-doctoral training program (e.g., oral and maxillofacial surgery) that affords comprehensive and appropriate training necessary to administer and manage deep sedation and/or general anesthesia that is approved by CODA.

(b) While reviewing a completed application, the ARC shall consider any pending complaints before the Board against applicant. The ARC may grant applicant approval to proceed with onsite clinical inspection as defined in Section 11.

(c) Applicant shall be responsible for payment of inspection fee to inspectors.

(d) After successfully passing an onsite clinical inspection, the Board shall issue a sedation permit to applicant.

**Section 9. Temporary Sedation Permit for Administration of Deep Sedation and/or General Anesthesia.**

(a) The Board shall not issue a temporary sedation permit for moderate sedation.

(b) The Board shall issue a temporary sedation permit for deep sedation and/or general anesthesia to a qualified applicant after receiving a completed application, including fees, ~~and~~ prior to onsite clinical inspection.

(c) Temporary sedation permit shall expire:

(i) Ninety (90) days from date issued; or

(ii) If applicant does not successfully pass the clinical onsite inspection.

(d) The Board may revoke a temporary sedation permit.

**Section 10. Onsite Clinical Inspector Qualifications and Duties.**

(a) Inspector Qualifications. The inspector shall:

(i) Submit a completed application;

(ii) Actively practice as a dental anesthesiologist, dental specialist, anesthesiologist, or certified nurse anesthetist; and

(iii) Hold a current and unencumbered Wyoming license in their field; and

(iv) Hold a sedation permit to administer deep sedation and/or general anesthesia.

(b) Inspector Duties. A Board-approved inspector shall:

(i) Comply with the Board Rules for inspecting clinical locations within Wyoming;

(ii) Not have a conflict of interest with an applicant. An inspector's receipt of payment from the applicant for services as an inspector is acceptable and does not constitute a conflict of interest; and

(iii) Be considered an agent for the Board.

**Section 11. Onsite Clinical Inspection Process for Sedation Permits for Administration of Moderate Sedation, Deep Sedation, and/or General Anesthesia.**

(a) Office Inspection. Each office location where sedation is intended to be administered shall be inspected.

(b) Initial Onsite Clinical Inspection Process.

(i) The initial inspection shall be performed by two (2) inspectors.

(ii) The onsite clinical inspection process for sedation permits shall consist of four (4) parts:

(A) Review. The inspector shall review the office equipment, documentation, and emergency medications as required in Sections 12 and 13.

(B) Surgical/Anesthetic Techniques. Each inspector shall review at least three (3) separate cases in which the applicant administered anesthesia. The inspector may require additional cases to observe at his/her discretion. If no cases are available (i.e. the applicant has just completed a residency program), three (3) separate standard cases shall be reviewed.

(C) Simulated Emergencies. The applicant and his/her team shall be able to demonstrate their expertise in managing emergencies.

(D) Discussion Period. The applicant may be required to answer additional questions by the inspector.

(iii) After an inspector has completed the onsite clinical inspection, the inspector shall submit his/her findings and necessary documentation to the Board for approval.

(c) Re-Inspection Process.

(i) Permit holder's onsite clinical location(s) shall be re-inspected every five (5) years. Permit holder bears the burden of ensuring that their onsite clinical location(s) are re-inspected no later than sixty (60) months from the previous inspection.

(ii) Permit holder shall submit a completed onsite clinical re-inspection application, including fees, and provide evidence of attending ten (10) continuing medical or dental education credit hours in anesthesia in the five (5) years preceding the onsite clinical

location re-inspection.

(iii) Each re-inspection of an onsite clinical location may be inspected by one (1) inspector with approval by the Board.

(iv) The Board may require re-inspection of an onsite clinical location(s) as part of the process for renewal or reinstatement of the permit.

**Section 12. Office Facilities and Equipment Requirements for Minimal Sedation, Moderate Sedation, Deep Sedation and/or General Anesthesia.**

(a) Minimal Sedation. Any dentist that administers minimal sedation shall provide the following equipment, which shall be functional and available at all times:

- (i) A continuous pulse oximeter;
- (ii) A blood pressure cuff of appropriate size;
- (iii) Stethoscope or equivalent blood pressure monitoring devices;
- (iv) An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up; and
- (v) A manual or automatic external defibrillator.

(b) Moderate Sedation, Deep Sedation and/or General Anesthesia. Any permit holder who administers moderate sedation, deep sedation, and/or general anesthesia shall provide the required equipment listed in subsection (a) and the following additional equipment and facilities, which shall be functional and available at all times:

- (i) Suitable operating suite;
- (ii) Recovery area;
- (iii) Gas storage facilities with back up tanks and mobile back-up oxygen, which generally meet accepted safety standards;
- (iv) Suction system;
- (v) Back-up suction equipment;
- (vi) Back-up lighting equipment;
- (vii) Parenteral access or the ability to gain parenteral access, if clinically indicated;



- (viii) Capnograph (end tidal carbon dioxide monitor);
- (ix) EKG;
- (x) Appropriate emergency medications;
- (xi) Endotracheal tubes suitable for patients being treated;
- (xii) Endotracheal tube forceps (i.e., magill);
- (xiii) A laryngoscope with reserve batteries and bulbs;
- (xiv) Oropharyngeal airways;
- (xv) Nasopharyngeal airways; and
- (xvi) At least one (1) additional airway device.

(c) Volatile Anesthesia Delivery Systems. Any permit holder that administers volatile anesthesia shall provide the required equipment listed in subsections (a) and (b) and the following additional equipment and facilities, which shall to be functional and available at all times:

- (i) Capability to deliver oxygen to a patient under positive pressure, including a back-up oxygen system;
- (ii) Gas outlets that meet generally accepted safety standards preventing accidental administration of inappropriate gases or gas mixture;
- (iii) Fail-safe mechanisms for inhalation of nitrous oxide anxiolysis;
- (iv) The inhalation equipment must have an appropriate scavenging system if volatile anesthetics are used; and
- (v) Gas storage facilities, which meet generally accepted safety standards.

**Section 13. Patient Monitoring and Necessary Documentation.**

(a) A dentist or permit holder shall document every administration of anxiolysis, minimal sedation, deep sedation, and/or general anesthesia.

(b) Anxiolysis and Minimal Sedation. Documentation for administration of anxiolysis (oral and nitrous oxide) and minimal sedation shall include, but not limited to, the following:

- (i) Pertinent medical history including, but not limited to:

- (A) Previous medication(s);
- (B) Allergies; and
- (C) Sensitivities;
- (ii) Weight (nitrous oxide excluded);
- (iii) Vital Signs, including, but not limited to:
  - (A) Baseline heart rate; and
  - (B) Blood pressure.
- (iv) Beginning and ending oxygen saturation levels; and
- (v) Medication(s) administered and dosage(s).

(c) Moderate Sedation, Deep Sedation and/or General Anesthesia. Documentation for administration of moderate sedation, deep sedation, and/or general anesthesia shall include the required documents listed in subsection (b) and the following additional documentation:

- (i) Current and comprehensive medical history, including:
  - (A) Medical conditions; and
  - (B) Age;
- (ii) Physical examination, including:
  - (A) Airway assessment;
  - (B) Respiratory rate; and
  - (C) Temperature;
- (iii) ASA Classification;
- (iv) Procedure(s);
- (v) Informed Consent;
- (vi) Anesthesia Record, which shall include:
  - (A) Vital signs before and after anesthesia is utilized;

- (B) Parenteral access site and method, if utilized;
- (C) Medication(s) administered;
- (D) Time anesthesia commenced and ended;
- (E) Monitor blood pressure, heart rate, and oxygen saturation at least every five (5) minutes;
- (F) EKG;
- (G) Capnograph (end tidal carbon dioxide monitor);
- (H) Ventilation status (spontaneous, assisted, or controlled);
- (I) Intravenous fluids, if utilized;
- (J) Response to anesthesia, including any complications;
- (K) Starting time of recovery and time of discharge; and
- (L) Condition of patient at discharge and authorization of permit holder.

#### **Section 14. Dental Personnel Requirements.**

(a) All dental personnel shall be certified in administering BLS. A dentist, operating dentist, or permit holder may delegate patient monitoring to qualified dental personnel.

(b) Nitrous Oxide Anxiolysis and Minimal Sedation. During a procedure where nitrous oxide anxiolysis or minimal sedation is administered, at least one (1) dental personnel shall be present.

(c) Moderate Sedation. During a procedure where moderate sedation is administered, the operating dentist or permit holder and at least one (1) other dental personnel shall be present.

(d) Deep Sedation and/or General Anesthesia. During a procedure where deep sedation and/or general anesthesia is administered, the operating dentist or permit holder and at least two (2) other dental personnel shall be present and at least one (1) shall be experienced in patient monitoring and documentation.

#### **Section 15. Application Process for Facility Permit and Operating Dentist Sedation Permit.**

(a) If a permit holder allows an operating dentist to utilize their facilities to perform dental procedures, then the permit holder shall apply for a facility permit.

- (b) The permit holder seeking a facility permit shall submit a completed application.
- (c) The operating dentist shall submit a completed operating dentist sedation permit application, including fees, and provide evidence of:
  - (i) Current certification in BLS; and
  - (ii) Agreement between operating dentist and the facility where the sedation is being provided.
- (d) While reviewing a completed application, the ARC shall consider any pending complaints before the Board against operating dentist.
- (e) Based on the ARC's recommendation, the Board shall approve an operating dentist sedation permit or facility permit.

**Section 16. Sedation Permit Renewal and Expiration.**

- (a) Sedation permit, operating dentist sedation permit, and facility permit shall be renewed on or before December 31 each year.
- (b) Permit holder shall submit a completed moderate sedation, deep sedation and/or general anesthesia sedation permit renewal application, including fees, and provide evidence of:
  - (i) Current certification in ACLS or PALS; and
  - (ii) Non-board eligible dentists shall complete an additional sixteen (16) hours sedation continued education renewal course every two (2) years with requirements that the course contain medical emergencies and airway management skills training with a hands on component.
- (c) Permit holder shall submit a completed facility permit renewal application.
- (d) An operating dentist shall submit a completed operating dentist sedation permit renewal application, including fees, and provide evidence of BLS annually.
- (e) The Board may request more documentation if necessary.
- (f) A sedation permit, operating dentist sedation permit, or facility permit shall expire for:
  - (i) Failure to renew permit;
  - (ii) Failure to renew Wyoming dental license; or

(iii) Failure to obtain onsite clinical reinspection within required five (5) year period.

**Section 17. Reinstatement of Expired and Revoked Sedation Permits.**

(a) A dentist may apply for reinstatement of their expired sedation permit by meeting the application requirements established in Section 7 and/or Section 8.

(b) A dentist may apply for reinstatement of their revoked sedation permit by meeting the application requirements established in Section 7 and/or Section 8 and submit evidence of:

- (i) Meeting requirements of previous Board order; and
- (ii) Demonstrating just cause for reinstatement.

(c) A dentist may apply for reinstatement of their expired operating dentist sedation permit by meeting the application requirements established in Section 15.

(d) A dentist may apply for reinstatement of their revoked operating dentist sedation permit by meeting the application requirements established in Section 15 and submit evidence of:

- (i) Meeting requirements of previous Board order; and
- (ii) Demonstrating just cause for reinstatement.

**Section 18. Anesthesia Morbidity/Mortality Reporting Requirements.**

(a) Operating dentist and permit holder shall report any morbidity, mortality, or other incident that results in temporary or permanent physical or mental injury requiring hospitalization to the Board within thirty (30) days.

(b) Operating dentist and permit holder shall submit documentation as prescribed by the Board.

## CHAPTER 6

### CODE OF ETHICS FOR DENTISTS

**Section 1. Patient Autonomy.** This principle expresses the concept that professionals have a duty to treat the patient according to the patient's desires, within the bounds of accepted treatment, and to protect the patient's confidentiality. Under this principle, the dentist's primary obligations include involving the patients in treatment decisions in a meaningful way, with due consideration being given to the patient's needs, desires and abilities, and safeguarding the patient's privacy.

(a) **Patient Involvement.** The dentist shall inform the patient of the proposed treatment, and any reasonable alternatives, in a manner that allows the patient to become involved in treatment decisions.

(b) **Patient Records.** Dentists shall safeguard the confidentiality of patient records. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of a patient or another dental practitioner, dentists shall provide any information, including X-rays that will be beneficial for the future treatment of that patient.

**Section 2. Nonmaleficence.** This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist's primary obligations include keeping knowledge and skills current, knowing one's own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate.

(a) **Education.** The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society. All dentists, therefore, shall keep their knowledge and skill current through continuing education.

(b) **Consultation and Referral.** Dentists shall seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special skills, knowledge, and experience. When patients visit or are referred to specialists or consulting dentists for consultation:

(i) The specialists or consulting dentists upon completion of their care shall return the patient, unless the patient expressly reveals a different preference, to the referring dentist, or, if none, to the dentist of record for future care; and

(ii) The specialists shall be obliged when there is no referring dentist and upon completion of their treatment to inform patients when there is a need for further dental care.

(c) **Use of Auxiliary Personnel.** Dentists shall be obliged to protect the health of their patients by only assigning to qualified auxiliaries those duties which can be legally delegated.

Dentists shall be further obliged to prescribe and supervise the patient care provided by all auxiliary personnel working under their direction.

(d) **Patient Abandonment.** Once a dentist has undertaken a course of treatment, the dentist shall not discontinue that treatment without giving adequate notice and the opportunity to obtain the services of other dentists. Care shall be taken that the patient's oral health is not jeopardized in the process.

(e) **Personal Relationships.** Dentists, because of their position of power and authority over both patients and staff, shall exercise extreme discretion in their conduct and avoid any form of sexual coercion and/or harassment.

(f) **Personal Impairment.** It is unethical for a dentist to practice while abusing controlled substances, alcohol, or other chemical agents that impair the ability to practice. All dentists have an ethical obligation to urge chemically impaired colleagues to seek treatment. Dentists with first-hand knowledge that a colleague is practicing dentistry when so impaired have an ethical responsibility to report such evidence to the professional assistance committee of a dental society.

(g) **Duty to inform.** When, during the course of dental treatment, an unexpected or undesirable outcome is obtained, the dentist has the duty to inform the patient of such outcome and to make arrangements for any follow up or additional treatment deemed necessary.

**Section 3. Beneficence.** This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist's primary obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires, and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provisions of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient's welfare first.

(a) **Community Service.** Since dentists have an obligation to use their skills, knowledge and experience for the improvement of the dental health of the public and are encouraged to be leaders in their community, dentists involved in such service shall conduct themselves in such a manner as to maintain or elevate the esteem of the profession.

(b) **Government of a Profession.** Every profession owes society the responsibility to regulate itself. Such regulation is achieved largely through the influence of the professional societies. All dentists, therefore, have the dual obligation of making themselves a part of a professional society and of observing its rules of ethics.

(c) **Research and Development.** Dentists have the obligation of making the results and benefits of their investigative efforts available to all when they are useful in safeguarding or promoting the health of the public.

(d) Patents and Copyrights. Patents and copyrights may be secured by dentists provided that such patents and copyrights shall not be used to restrict research or practice.

(e) Abuse and Neglect. Dentists shall become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws.

**Section 4. Justice.** This principle expresses the concept that professionals have a duty to be fair in their dealings with patients, colleagues and society. Under this principle, the dentist's primary obligations include dealing with people justly and delivering dental care without prejudice. In its broadest sense, this principle expresses the concept that the dental professional shall actively seek allies throughout society on specific activities that will help improve access to care for all.

(a) Patient Selection. While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient's race, creed, color, sex or national origin.

(b) Patients with Bloodborne Pathogens. It is unethical to decline treatment to any individual based on the fact that they are infected with a bloodborne pathogen such as Human Immunodeficiency Virus, Hepatitis B virus, Hepatitis C virus or any others.

(c) Emergency Service. Dentists shall make reasonable arrangements for the emergency care of their patients of record. Specifically, dentists shall make it possible for their patients of record to contact them after business hours. Additionally, dentists shall make reasonable arrangements with a colleague to provide emergency care whenever they are unavailable for such service.

(d) Justifiable Criticism. Dentists shall report to the appropriate reviewing agency as determined by the local component society instances of gross or continual faulty treatment by other dentists. Patients shall be informed of their present oral health status without disparaging comment about prior services.

(e) Expert Testimony. Dentists may provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.

(f) Rebate and Split Fees. Dentists shall not accept or tender "rebates" or "split fees."

**Section 5. Veracity.** This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist's primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.

(a) Representation of Care. Dentists shall not represent the care being rendered to their patients in a false or misleading manner. A dentist who represents that treatment or



diagnostic techniques recommended or performed by the dentist has the capacity to diagnose, cure or alleviate diseases, infections or other conditions, when such representations are not based upon accepted scientific knowledge or research is acting unethically.

(b) Dental Amalgam. Based on current scientific data the Board has determined that the removal of amalgam restorations from the non-allergic patient for the alleged purpose of removing toxic substances from the body, when such treatment is performed solely at the recommendation or suggestion of the dentist is improper and unethical. The same principle of veracity applies to the dentist's recommendation concerning the removal of any dental restorative material.

(c) Representation of Fees. Dentists shall not represent the fees being charged for providing care in a false or misleading manner.

(d) Waiver of Copayment. A dentist who accepts a third party payment under a copayment plan as payment in full without disclosing to the third party that the patient's payment portion will not be collected, is engaged in overbilling. The essence of this ethical impropriety is deception and misrepresentation; an overbilling dentist makes it appear to the third party that the charge to the patient for services rendered is higher than it actually is.

(e) Overbilling. A dentist shall not increase a fee to a patient solely because the patient is covered under a dental benefits plan.

(f) Treatment Dates. A dentist who submits a claim form to a third party reporting incorrect treatment date for the purpose of assisting a patient -in obtaining benefits under a dental plan, which benefits would otherwise be disallowed, is engaging in making an unethical, false or misleading representation to such third party.

(g) Dental Procedures. A dentist who incorrectly describes on a third party claim form a dental procedure in order to receive a greater payment or reimbursement or incorrectly makes a non-covered procedure appear to be a covered procedure on such a claim form is engaged in making an unethical, false or misleading representation to such third party.

(h) Unnecessary Services. A dentist shall not recommend and perform unnecessary dental services or procedures.

(i) Devices and Therapeutic Methods. Except for formal investigative studies, dentists shall prescribe, dispense, or promote only those devices, drugs and other agents whose complete formulae are available to the dental profession. Dentists shall not hold out as exclusive any device, agent, method or technique if that representation would be false or misleading in any material respect.

(j) Marketing or Sale of Products or Procedures. Dentists who, in the regular conduct of their practices, engage in or employ auxiliaries in the marketing or sale of products or procedures to their patients shall take care not to exploit the trust inherent in the dentist-patient relationship for their own financial gain. Dentists shall not induce patients to purchase products

or undergo procedures by misrepresenting the product's value, the necessity of the procedure or the dentist's professional expertise in recommending the product or procedure. Dentist shall disclose to their patients all relevant information the patient needs to make an informed purchase decision.

(k) Professional Announcement. In order to properly serve the public, dentists shall represent themselves in a manner that contributes to the esteem of the profession. Dentists shall not misrepresent their training and competence in any way that would be false or misleading in any material respect.

(l) Advertising. Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.

(m) Referral Services. There are two basic types of referral services for dental care: not-for-profit and the commercial. The not-for-profit is commonly organized by dental societies or community services. It is open to all qualified practitioners in the area served. A fee is sometimes charged the practitioner to be listed with the service. A fee for such referral services is for the purpose of covering the expense of the service and has no relation to the number of patients referred. In contrast, some commercial referral services restrict access to the referral service to a limited number of dentists in a particular geographic area. Contractual arrangements whereby the dentist is paying the referral service for patients referred on a per patient basis shall be strictly prohibited. A dentist is allowed to pay for any advertising permitted by the Code, but is generally not permitted to make payments to another person or entity for the referral of a patient for professional services.

(n) Name of Practice. Since the name under which a dentist conducts his or her practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is false or misleading in any material respect is unethical. Use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one (1) year.

(o) Dentist Leaving Practice. Dentists leaving a practice who authorize continued use of their names should seek advice on the legal implications of this action. With permission of a departing dentist, his or her name may be used for more than one year, if, after the one year grace period has expired, prominent notice is provided to the public through such mediums as a sign at the office and a short statement on stationery and business cards that the departing dentists has retired from the practice.

(p) Announcement of Specialization and Limitation of Practice. The special areas of dental practice approved by the ADA and the designation for ethical specialty announcement and limitation of practice are: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics. Dentists who choose to announce specialization shall use "specialist in" or "practice limited to" and shall limit their practice exclusively to the announced special area(s) of dental practice, provided at the time of

the announcement such dentists have met in each approved specialty for which they announce the existing educational requirements and standards set forth by the ADA. Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on the specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists. A general dentist practicing within a specialty practice shall provide a written disclosure that indicates that services are being provided by a general dentist to be signed by the patient.

(q) Superior Designation. A dentist shall not hold himself out as an expert or imply superiority.

(r) General Practitioner Announcement of Services. General dentists who wish to announce the services available in their practices are permitted to announce the availability of those services so long as they avoid any communication that express or imply specialization. General dentist shall also state that the specialty services are being provided by general dentists. That disclaimer shall appear in same font and size as the advertised specialty service. A dentist shall not announce available services in any way that would be false or misleading in any material respect.

(s) Dental Practice Ownership Disclosure. If the name or ownership of the dental practice differs from the dentist(s) providing the services, the dentist providing services shall provide a written disclosure that indicates any and all individuals with a financial interest in the dental practice to be signed by the patient.

**Section 6. Compliance with Code of Ethics.** Dentists shall comply with the provisions of the ADA's Principles of Ethics and Code of Professional Conduct, the ADHA's Bylaws and Code of Ethics the Centers for Disease Control's Summary of Infection Prevention Practices in Dental Settings as referenced in Chapter 1.

## CHAPTER 7

### DENTAL AUXILIARIES

**Section 1. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to regulate the practice of dental hygiene and other dental auxiliaries.

**Section 2. Dental Auxiliary Personnel.** Except as otherwise provided, dental auxiliary personnel shall not perform irreversible procedures.

**Section 3. Practice of Dental Hygiene.**

(a) The dental hygienist shall:

(i) Work under the supervision of a qualified, Wyoming licensed dentist; and

(ii) Be responsible for maintaining a high degree of proficiency in the practice of dental hygiene that is consistent with current educational standards of the profession.

(b) Dental hygienists may work in the private office of a licensed dentist, in the Armed Forces of the United States, in federal or state institutions, in public health settings, and nursing or retirement facilities.

(c) Dental hygienists are encouraged to promote oral health. They may accomplish this through presentations to schools, institutions, groups, or individuals. In no event should these presentations be used for the purpose of advertising or soliciting patients for himself/herself or a dentist.

**Section 4. Supervision of Procedures Performed by the Dental Hygienist.**

(a) General Supervision. The following procedures require general supervision:

(i) Community dental health activities;

(ii) Functions authorized for dental assistants set forth in the Board Rules;

(iii) Root plane, scale and polish teeth;

(iv) Polish amalgams and composites;

(v) Screen the oral cavity for disease;

(vi) Place temporary fillings that require no removal of tooth structure;

(vii) Place, expose, and process radiographic images;

- (viii) Place pit and fissure sealants; and
- (ix) Apply subgingival anesthetic (i.e. Oraqix) if the dental hygienist holds a local anesthetic expanded functions permit.

(b) Direct Supervision. The following procedures require direct supervision:

- (i) Prepare, place, and remove periodontal packs;
- (ii) Remove overhanging margins;
- (iii) Treat diagnosed dry sockets;
- (iv) Treat diagnosed pericoronitis;
- (v) Perform whitening procedures; and
- (vi) Perform expanded dental functions.

#### **Section 5. Expanded Functions Permits.**

(a) Permit. To obtain an expanded functions permit, a dental hygienist shall meet educational standards, or pass an examination approved by the Board, or both. Applicant shall submit a completed application for each function.

(b) Training Course Approval.

(i) Training programs shall be approved in advance in writing by the Board. Due to the varied programs, individual courses shall require individual approval after course content is reviewed by the Board.

(ii) Applicant shall provide evidence of satisfactory completion of each expanded functions course.

(iii) In the case of use of lasers, the applicant shall provide proof of certification from the Academy of Laser Dentistry or completion of a laser course through a CODA accredited dental hygiene program.

(iv) An in-person evaluation for an expanded functions permit may be required by the Board to ascertain the applicant's knowledge of the expanded functions that the applicant wishes to be permitted to perform.

(c) Expanded Functions. The following may be performed by a dental hygienist with an appropriate expanded functions permit:

- (i) Administer local anesthetics;
- (ii) Administer and monitor nitrous oxide/oxygen;
- (iii) Use lasers to provide soft tissue therapy within the dental hygienists scope of practice. Dental hygienists shall NOT use lasers at settings intended to cut/remove hard tissue or tooth structure; or
- (iv) Provide public health services at facilities to include, but not limited to: federally funded health centers and clinics; nursing homes; extended care facilities; home health agencies; group homes for the elderly, disabled and youth; public health offices; Women, Infants, and Children; Head Start programs; child development programs; early intervention programs; migrant work facilities; free clinics; health fairs; public and private schools; state and county correctional institutions; community school-based prevention programs; and public health vans.

(A) Public health services solely consist of prophylaxis, fluoride varnishes, oral health education, and dental screenings. These services can be provided by the hygienist without prior authorization of the dentist. All patients seen shall be referred to a dentist annually.

(B) The public health hygienist must submit a Collaboration Agreement with a Wyoming licensed dentist. The hygienist must have a current Wyoming dental hygienist license with a minimum of two (2) years clinical experience. The hygienist must carry liability insurance.

**Section 6. Dental Assistants.** The following applies to all dental assistants:

(a) Dental Assistant. A dentist holding a current Wyoming license may employ persons designated as “Dental Assistants.” They may be trained by their employer or by an accredited or Board approved program for dental assistants.

(b) General Supervision. The following procedures require general supervision:

- (i) Take vital statistics and health histories;
- (ii) Instruct patients in proper dental health care;
- (iii) Process radiographs;
- (iv) Fabricate and cement temporary crowns;
- (v) Replace ligature wires and/or place elastic ties;
- (vi) Remove ligature wire and/or elastic ties;

- (vii) Place and remove orthodontic separators; and
  - (viii) Remove broken bands, brackets, wires and appliances in emergency situations or as needed for operative or prophylactic purposes.
- (c) Indirect Supervision. The following procedures require indirect supervision:
- (i) Take impressions other than final or master impressions and/or digital scan impressions;
  - (ii) Apply topical medications, excluding pit and fissure sealants;
  - (iii) Mix dental materials to be used by the dentist;
  - (iv) Place and expose x-ray image receptors (either film or digital); and
  - (v) Insert arch wires that have been adjusted by the dentist into the brackets or attachments and secured in place;
- (d) Direct Supervision. The following procedures require direct supervision:
- (i) Remove sutures;
  - (ii) Assist the dentist in all operative and surgical procedures;
  - (iii) Place and remove rubber dams;
  - (iv) Place and remove matrices;
  - (v) Remove excess cement from the coronal surfaces of the teeth;
  - (vi) Prepare and remove periodontal packs;
  - (vii) Polish the surfaces of the teeth, rubber cup only. A procedure performed by a dental assistant under this subsection may not be billed as a prophylaxis;
  - (viii) Perform whitening procedures;
  - (ix) Place and remove orthodontic wires and/or appliances that have been activated by the dentist;
  - (x) Take impressions for orthodontic retainers and removable appliances;
  - (xi) Remove direct bond attachments and bands;
  - (xii) Place pit and fissure sealants; and

(xiii) Treat diagnosed dry socket.

(e) Prohibitions. The following procedures may not be performed by dental assistants:

(i) Remove tooth structure;

(ii) Diagnose for treatment;

(iii) Take final impressions either digital or conventional or deliver a permanent prosthesis of any type; or

(iv) Any procedure billed as a prophylaxis.

#### **Section 7. Exposure of Radiographic Images by Dental Assistants.**

(a) Eligibility. An applicant may seek a permit to expose dental radiographs under the indirect supervision of a dentist, if the applicant demonstrates competency.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee; and

(ii) Demonstrate competency by completion of a course or examination in dental radiography approved by the Board.

(c) Renewal. A permit to expose radiographs shall expire December 31 annually, unless renewed.

#### **Section 8. Placement of Pit and Fissure Sealants by Dental Assistants.**

(a) Eligibility. An applicant may apply for a pit and fissure sealant permit if the applicant has successfully completed a Board approved course which may include:

(i) Board approved course meeting the requirements identified in subsection (c); or

(ii) CODA accredited dental hygiene program or a dental assisting program.

(b) Application Requirements. Applicant shall submit:

(i) Completed application and payment of fee; and

(ii) Completed checklist demonstrating competency and completion of course.



- (c) Education. The education program shall include:
  - (i) Didactic Education including:
    - (A) Infection Control;
    - (B) Microbiology;
    - (C) Chemistry;
    - (D) Dental anatomy;
    - (E) Ethics related to pit and fissure sealant application;
    - (F) Jurisprudence related to pit and fissure sealant application; and
  - (ii) Clinical Instruction including supervised application of sealants.

(d) Renewal. A permit to place pit and fissure sealants shall expire December 31 annually, unless renewed.

**Section 9. Code of Ethics for Dental Hygienists and Dental Assistants.** Each dental hygienist and dental assistant practicing in the state of Wyoming shall:

- (a) Provide oral health care utilizing highest professional knowledge, judgment, and ability;
- (b) Serve all patients without discrimination;
- (c) Hold professional patient relationships in confidence;
- (d) Utilize every opportunity to increase public understanding of oral health practices;
- (e) Generate public confidence in members of the dental health profession;
- (f) Cooperate with all health professions in meeting the health needs of the public;
- (g) Recognize and uphold the laws and regulations governing this profession;
- (h) Maintain professional competence through continuing education;
- (i) Exchange professional knowledge with other health professions;
- (j) Represent dental hygiene and/or dental assisting with high standards of personal conduct; and

(k) Comply with the provisions of ADHA's Code of Ethics or Dental Assisting National Board's Code of Professional Conduct as referenced in Chapter 1.

## CHAPTER 9

### PRACTICE AND PROCEDURES FOR DISCIPLINARY, APPLICATION, AND LICENSURE MATTERS

**Section 1. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to:

- (a) Conduct investigations, hearings, and proceedings concerning:
  - (i) Alleged violations of the Act or the Board Rules; or
  - (ii) Actions relating to an application for a licensure including granting or denying.
- (b) Determine and administer appropriate disciplinary action against licensee.
- (c) For the purposes of this chapter, "licensee" means a dentist or dental hygienist.

**Section 2. Grounds for Discipline.** The Board may take disciplinary action or refuse to issue or renew a license for the any one (1) or more of the following acts or conduct:

- (a) Violations of the Act or Board Rules;
- (b) Unprofessional conduct. Unprofessional conduct relates to the practice of dentistry or any dental auxiliary occupation that constitutes a departure from or failure to conform to the standards of acceptable and professional practices, including, but not limited to:
  - (i) Conduct that indicates the licensee or applicant is grossly ignorant of health care and dental related standards and protocols;
  - (ii) Conduct that indicates the licensee or applicant is inefficient by failing to provide timely care to a patient or by failing to refer the patient when circumstances indicate referral is appropriate;
  - (iii) Conduct or factors that indicate the licensee's or applicant's competency is compromised;
  - (iv) Impairment due to drug abuse, alcohol abuse, or a physical or mental condition, which may have compromised, or may compromise, patient safety;
  - (v) Employing directly or indirectly any unlicensed person to perform operations of any kind of treatment for human teeth or jaws, or to perform any task which constitutes the practice of dentistry;

- (vi) Betraying patient confidences;
- (vii) Failing to make and maintain complete patient records that conform to prevailing record-keeping standards within the licensee holder's profession;
- (viii) Failing to provide a patient, or the Board, with a full and complete copy of all patient records, x-rays, molds, or any other item kept in the course of treatment or services rendered by the license holder, for any patient, if either the patient, the patient's legal guardian, or the Board requests said copies;
- (ix) Providing false, deceptive, or misrepresented information to the Board, committees or staff:
  - (A) In procuring or attempting to procure a license to practice dentistry;
  - (B) In filing or reporting any health care information, including but not limited to client documentation, agency records or other essential health documents;
  - (C) In signing any report or record as a dentist; or
  - (D) In submitting any information to the Board;
- (x) Failure of a dentist to verify that all staff employed by the dentist or individuals contracted with the dentists, are licensed or certified by the Board to perform all tasks requiring licensure or certification before such tasks are performed at the direction of the dentist;
- (xi) Directing or permitting any staff member to perform any procedure for which they are not licensed, certified, or competent;
- (xii) Performing any act or gesture which, from the standpoint of the patient, exploits the patient's trust between the patient and the patient's dentist. Such acts may include intimate or sexual advances, intimate or sexual contact, or the use of any unnecessary sedative substance without explicit written consent by the patient;
- (xiii) Performing any study or research without following standardized protocols for the research, including obtaining written and informed consent by the patient for any study;
- (xiv) Failure to maintain current CPR certification;
- (xv) Reprimand or other disciplinary action imposed by any academic institution or professional organization for cheating or plagiarizing;
- (xvi) Financial insolvency which may jeopardize the efficacy of treatment or appropriate standard of care provided to patients;

(xvii) Violation of any order, term, restriction, or condition imposed by the Board; or

(xviii) Failure to conform with any provision of the ADA Principles of Ethics and Code of Professional Conduct, ADHA Bylaws and Code of Ethics, Dental Assisting National Board's Code of Professional Conduct, or the Centers for Disease Control's Summary of Infection Prevention Practices in Dental Settings as referenced in Chapter 1.

### **Section 3. Application Review and Investigation Process.**

(a) Application Review.

(i) Every application for a license or permit issued by the Board shall be subject to investigation to determine whether the requirements set forth in the Act and Board Rules are satisfied.

(ii) If any application, including renewals, reveals any information that which merits further investigation, the matter shall be assigned to the ARC.

(b) ARC Action. The ARC may:

(i) Recommend a license or permit be issued or renewed;

(ii) Recommend a license be issued, renewed, relicensed, or reinstated subject to conditions, restrictions, or other disciplinary action;

(iii) Recommend a settlement agreement, which may include the issuance of a license or renewal with the imposition of restrictions, conditions, reprimand, or a combination thereof; or

(iv) Recommend denial of the application.

(c) Notice of Intent. The ARC shall notify the applicant of its intent to recommend approval subject to conditions, restrictions, other disciplinary action, or denial. Such notification shall contain:

(i) A brief description of the facts or conduct that warrant the approval subject to conditions, restrictions, other disciplinary action, or denial of licensure;

(ii) A statement of the nature of the actions which warrant the approval subject to conditions, restrictions, other disciplinary action, or denial, the facts upon which the action is based, the specific statutory provisions or the specific Board Rules involved; and

(iii) Notice of the right to a hearing if a written request is received in the Board office within thirty (30) days of the date of mailing the notice of intent.

(d) Applicant's Request for Hearing. If the ARC recommends approval subject to conditions, restrictions, other disciplinary action, or denial of an application, the applicant may request a contested case hearing in writing within thirty (30) days of the mailing of the notification.

**Section 4. Complaint Review and Disciplinary Investigation Process.**

(a) Complaint Review. Every complaint submitted to the Board or initiated on behalf of the Board shall be investigated by a DC.

(b) Disciplinary Committee Action. The DC may:

(i) Recommend dismissal of a complaint;

(ii) Recommend issuance of an advisory letter;

(iii) Recommend a settlement agreement, which may include voluntary surrender, suspension, imposition of restrictions or conditions, reprimand, or other discipline;

(iv) Recommend disciplinary action against the licensee including revocation, suspension, reprimand, restrictions or conditions, or other discipline; or

(v) Recommend summary suspension.

(c) Summary Suspension. The Board may conduct an expedited hearing if the DC believes that the licensee's continued practice presents a danger to the public health, safety or welfare and recommends summary suspension.

**Section 5. Summary Suspension.**

(a) Recommendation. If the DC recommends summary suspension, the Board shall conduct an expedited proceeding to determine whether the licensee's continued practice presents a clear and imminent danger to public health, safety or welfare.

(b) Notice of Intent to Recommend Summary Suspension.

(i) The DC shall notify the licensee of its intent to recommend summary suspension;

(ii) The Notice of Intent shall contain:

(A) Copy of the complaint; and

(B) Notice that an expedited summary suspension proceeding shall be set at the earliest opportunity a quorum of Board members may be assembled;

(c) Notice of Expedited Proceeding. Upon confirmation of the date and time of the expedited proceeding, the DC shall notify the licensee in writing of the date and time of the proceeding.

**Section 6. Petition and Complaint and Notice of Hearing.**

(a) Petition and Complaint. Formal proceedings for disciplinary action against a licensee shall be commenced by serving a petition and complaint and notice of hearing by certified or regular mail at least thirty (30) days prior to the date set for hearing.

(b) Notice of Hearing. The notice of hearing shall contain:

(i) The name and last known address of the licensee;

(ii) A statement in ordinary and concise language of the matters asserted, which shall contain the nature of the complaint filed with the Board, the facts upon which the complaint is based, the specific statutory provisions, and the specific Board Rules that the licensee is alleged to have violated;

(iii) The time, place, and nature of the hearing;

(iv) The legal authority and jurisdiction; and

(v) A statement indicating that failure to respond to the petition and complaint within twenty (20) days of its receipt may result in a default judgment.

**Section 7. Lawful Service.** There shall be a presumption of lawful service of a petition and complaint, notice of hearing, or any other communication required by these Board Rules if sent to the last known address of the licensee or applicant by certified mail, regular mail, or electronic mail to the e-mail address indicated to be the preferred method of communication.

**Section 8. Default.** The Board may enter an order of default judgment based on the allegations contained in the petition and complaint in any case where the licensee or the licensee's representative has not responded nor appeared at a scheduled noticed hearing.

**Section 9. Contested Case.** The hearing officer shall preside over the formal contested case hearing which shall be conducted pursuant to the WAPA and the Office of Administrative Hearings rules concerning contested case proceedings as referenced in Chapter 1.

**Section 10. Board Decision and Order.**

(a) Board Action. The Board may resolve a complaint by:

(i) Approving the recommendations of the DC or ARC;

(ii) Conducting a contested case hearing. Following the hearing and deliberation of all evidence admitted at a contested case hearing, the Board may:

(A) Dismiss the complaint due to lack of clear and convincing evidence;

(B) Issue, renew, relicense, or reinstate a license;

(C) Issue an advisory letter;

(D) Issue, renew, relicense, or reinstate a license with conditions, restrictions, or other disciplinary action;

(E) Impose discipline by revocation, suspension, reprimand, restrictions, conditions, non-renewal, or a combination thereof, for a violation of any provision of the Act or the Board Rules; or

(F) Deny a license, renewal, reactivation, or reinstatement.

(b) Board Order. The Board shall issue a written decision and order. The decision and order shall be sent to the applicant, licensee, or their attorneys by certified or regular mail.

### **Section 11. Appeals.**

(a) Appeals from decisions of the Board are governed by the WAPA and the Wyoming Rules of Appellate Procedure.

(b) Costs of transcripts and any reasonable costs assessed by the Board regarding the record on appeal shall be borne by the party making the appeal.



## CHAPTER 10

### FEES

**Section 1. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to determine and collect reasonable fees.

**Section 2. General Information.**

- (a) Fees shall be payable in the exact amount by credit card, money order, or check.
- (b) All fees collected by the Board are non-refundable.

**Section 3. Fees.** Services for which the Board charges a fee shall include, but not be limited to, the following fee schedule:

- (a) Dentists:
  - (i) Application for Licensure by Examination \$300
  - (ii) Application for Licensure by Endorsement \$750
  - (iii) Application for Non-Clinical Licensure \$50
  - (iv) License Renewal \$185
  - (v) Late License Renewal (Jan 1 – Mar 31) \$370
  - (vi) Non-Clinical License Renewal \$25
  - (vii) Relicensure \$370
  - (viii) Reinstatement \$750
- (b) Sedation Permit Holders:
  - (i) Application for Moderate Sedation Permit \$500
  - (ii) Application for Deep Sedation/General Anesthesia Permit \$500
  - (iii) Application for Operating Dentist Permit \$25
  - (iv) Application for Facility Permit \$25
  - (v) Office Inspector Fee (paid directly to each inspector) \$250

	(vi)	Moderate or Deep Sedation/General Anesthesia Permit Renewal	\$250
	(vii)	Operating Dentist Permit Renewal	\$15
	(viii)	Facility Permit Renewal	\$25
	(ix)	Permit Reinstatement	\$500
(c)		Dental Hygienists:	
	(i)	Application for Licensure by Examination	\$150
	(ii)	Application for Licensure by Endorsement	\$200
	(iii)	Application for Non-Clinical Licensure	\$50
	(iv)	Applications for Dental Hygiene Expanded Functions	\$30
	(iv)	License Renewal (including functions)	\$95
	(v)	Late License Renewal (Jan 1 – Mar 31)	\$190
	(vi)	Non-Clinical License Renewal	\$25
	(vii)	Relicensure	\$190
	(viii)	Reinstatement	\$200
(d)		Dental Assistants:	
	(i)	Application for Radiograph Permit	\$30
	(ii)	Application for Pit and Fissure Permit	\$30
	(iii)	Radiograph and Pit and Fissure Permit Renewal	\$15
(e)		Other Fees:	
	(i)	License or Permit Verification	\$25
	(ii)	Replacement Document	\$25
	(iii)	Roster	\$25
	(iv)	Non-Sufficient Fund Fee	\$30

## CHAPTER 1

### GENERAL PROVISIONS

**Section 1. Authority.** These Board Rules are adopted to implement the Board's authority under the Act and the WAPA as it relates to the licensure and discipline of dentists and dental hygienists and regulation of the practice of dentistry and dental hygiene in Wyoming.

**Section 2. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to establish administrative procedures.

**Section 3. Definitions.**

(a) "Act" means the Wyoming Dental Practice Act, ~~Wyoming Statute~~ 33-15-101 through -133.

(b) "ADA" means American Dental Association.

(c) "ADHA" means American Dental Hygiene Association.

(d) "Advertising" means a communication to the public about a dentist or services offered by a dentist.

(e) "ARC" means Application Review Committee.

(f) "BLS" means basic life support for healthcare providers.

(g) "Board Rules" means the administrative rules and regulations promulgated by the Board.

(h) "CDCA" means Commission on Dental Competency Assessments (formerly North East Regional Board).

~~(i)(j)~~ "CITA" means Council of Interstate Testing Agencies.

~~(j)(k)~~ "CODA" means Commission on Dental Accreditation.

~~(k)(l)~~ "CPR" means Cardiopulmonary Resuscitation.

~~(l)(m)~~ "CRDTS" means Central Regional Dental Testing Service.

~~(m)~~ "DANB" means Dental Assisting National Board.

(n) "DC" means Disciplinary Committee.

(o) “Dentist-Patient Relationship” means a formal inferred relationship between the dentist and a patient of record, which is established once the dentist assumes or undertakes the dental care or treatment of a patient in the state where the patient resides. A dentist-patient relationship is assumed to have been created after there is a physical examination of a patient (e.g., when a patient is seen in a dentist's office)—, but is not assumed in others (e.g., when a dentist performs a physical examination as a health screening procedure at a health fair event).

(p) “EKG” means Electrocardiogram.

(q) “Hands on” means involving or offering active participation rather than theory.

(r) “NBDE” means National Board Dental Examination.

(s) “NBDHE” means National Board Dental Hygiene Examination.

(t) “PBIS” means Professional Background Information Service.

(u) “SRTA” means Southern Regional Testing Agency.

(v) “Supervision” of dental auxiliary means the act of overseeing or directing duties performed by a dental auxiliary. Types of supervision may include:

(i) “General Supervision” of a dental auxiliary means that a dentist has diagnosed and authorized the procedures which are being carried out; however, a dentist need not be present when the authorized procedures are being performed;

(ii) “Direct Supervision” of a dental auxiliary means that a dentist is physically present in the dental office, a dentist has diagnosed the condition to be treated, a dentist has authorized the procedure to be performed, and before dismissal of the patient, a dentist has approved the work performed by the auxiliary; or

(iii) “Indirect Supervision” of a dental auxiliary means that a dentist is physically present in the dental office, a dentist has diagnosed the condition to be treated, and a dentist has authorized the procedure to be performed.

(w) “WAPA” means Wyoming Administrative Procedure Act, W.S. 16-3-101 through -115.

(x) “WREB” means Western Regional Examining Board.

**Section 4. Board Office.** The Board Office shall be located at 2001 Capitol Avenue, Cheyenne, Wyoming.

## **Section 5. Board Meetings.**

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~ (a) ~~\_\_\_\_\_~~ The Board shall ~~set its regular meetings by resolution~~ meet the first Friday in June at the Board Office at 8:00 a.m.

~~\_\_\_\_\_~~ (b) ~~\_\_\_\_\_~~ The Board shall meet as necessary at the time and place designated by the Board president or the Board.

## **Section 6. Reference by Incorporation.**

~~\_\_\_\_\_~~ (a) ~~\_\_\_\_\_~~ For any rule or code incorporated by reference in these Board Rules:

~~\_\_\_\_\_~~ (i) ~~\_\_\_\_\_~~ The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

~~\_\_\_\_\_~~ (ii) ~~\_\_\_\_\_~~ The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (b) of this section; and

~~\_\_\_\_\_~~ (iii) ~~\_\_\_\_\_~~ The incorporated rule is maintained at Board Office and is available for public inspection and copying at cost at the same location.

(a)(b) Each rule and code incorporated by reference is further identified as follows:

(i) Principles of Ethics and Code of Professional Conduct, adopted by the ADA and revised ~~November 2016~~ April 2012, found at: <http://dental.wyo.gov/board/rules> ~~http://www.ada.org/~media/ADA/About%20the%20ADA/Files/code\_of\_ethics\_2012.ashx~~.

(ii) ~~Bylaws and Code of Ethics for Dental Hygienists~~, adopted by ADHA and effective on ~~June 13, 2016~~ June 23, 2014, found at: <http://dental.wyo.gov/board/rules> ~~http://www.adha.org/resources-docs/7611\_Bylaws\_and\_Code\_of\_Ethics.pdf~~.

(iii) Dental Assisting National Board's Code of Professional Conduct, adopted by ~~Dental Assisting National Board~~ and revised ~~April 2015~~ December 2012, found at: <http://dental.wyo.gov/board/rules> ~~http://www.danb.org/The-Dental-Community/Professional-Standards.aspx~~.

(iv) Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, adopted by Centers for Disease Control and Prevention and revised March 2016, found at: <http://dental.wyo.gov/board/rules>.

(v)(iv) Chapter 2 - Uniform Rules for Contested Case Practice and Procedure, adopted by the Office of Administrative Hearings and effective on October 17, 2014, found at: <http://dental.wyo.gov/board/rules>.

(vi) Chapter 2 - Uniform Procedures, Fees, Costs, and Charges for Inspection, Copying, and Producing Public Records, adopted by the Department of Administration and Information and effective on September 6, 2016, found at <http://dental.wyo.gov/board/rules>.

(b) For these rules incorporated by reference:

(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (a) of this section; and

(iii) The incorporated rules are maintained at the Board Office and are available for public inspection and copying at cost at the same location.

**Section 7. Public Records Inspection.** Public records inspections shall be conducted pursuant to the Department of Administration and Information's rules concerning public records.

~~\_\_\_\_\_ (a) If a member of public requests an electronic or hard copy of public records, then that individual shall pay a fee. Such fee shall include cost of administrative time and producing a copy of the public record.~~

~~\_\_\_\_\_ (b) Public records inspection shall take place under the following conditions:~~

~~\_\_\_\_\_ (i) An appointment shall be made to review the records between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, excluding state holidays, at the Board Office,~~

~~\_\_\_\_\_ (ii) Records inspection shall take place in the presence of Board staff, and~~

~~\_\_\_\_\_ (iii) A member of the public may request copies upon payment of a fee.~~

**Section 8. Change of Name, Address, or Telephone Number.** Each applicant and licensee shall notify the Board in writing of any change to their legal name, home address, business address, e-mail address, or telephone number within thirty (30) days of the change.

## CHAPTER 3

### REQUIREMENTS FOR LICENSURE AND RENEWAL

**Section 1. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to establish the requirements for licensure, annual license renewal, and volunteer certificates.

**Section 2. Application Status.**

(a) For those applicants seeking ~~all types of~~ licensure, competency shall be met during the timeframe identified immediately prior to submitting a completed application.

(b) Applications shall be deemed "complete" when all necessary documentation has been received by the Board office.

(c) Applications shall expire one (1) year after submission. If an application expires, an applicant shall submit a new application, including payment of fee.

**Section 3. ARC Review of Applications.**

(a) An applicant for licensure or certification shall have committed no acts ~~that which~~ are grounds for disciplinary action, or if ~~an~~the act was committed, the ARC has found after investigation that sufficient restitution has been made and the applicant no longer presents a threat to the public safety.

(b) If the ARC questions an applicant's competency, the ARC may request an applicant complete a regional clinical examination or other program.

**Section 4. Jurisprudence Examination and Interview.**

(a) The Board shall issue a dental or dental hygiene license to any applicant ~~who that~~ meets the qualifications for licensure identified in Sections 5, 6, 7, 8, and 12 and successfully passes the jurisprudence examination.

(b) All dental licensure applications and necessary documentation, including payment of fee and report from PBIS, shall be received at least forty-five (45) days prior to a Board meeting. The ARC shall recommend eligibility to sit for the jurisprudence examination. The Board staff shall administer the dental jurisprudence examination and the applicant shall be required to interview with the Board.

(c) All dental hygiene licensure applications and necessary documentation, including payment of fee and report from PBIS, shall be received by the Board prior to scheduling an appointment to be administered the jurisprudence examination. The ARC shall recommend eligibility to sit for the jurisprudence examination.

(d) To successfully pass the jurisprudence examination, the applicant shall score at least a 75% on the exam.

**Section 5. Dental Licensure by Examination.**

(a) Eligibility. An applicant may seek dental licensure by examination if the applicant graduated from a CODA accredited U.S. or Canadian Dental School within twelve (12) months and has never been licensed to practice as a dentist in any state.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee;

(ii) Successfully pass the NBDE;

(iii) Successfully pass a regional clinical examination that indicates competency in:

(A) Endodontics, including access opening of a posterior tooth and access, canal instrumentation and obturation of an anterior tooth;

(B) Fixed Prosthodontics including one of the following:

(I) A full crown procedure;

(II) An indirect cast class II inlay;

(III) An indirect cast -class II onlay; or

(IV) Cast 3/4 crown.

(C) Periodontics, including scaling and root ~~planning~~planing on a patient in a clinical setting; and

(D) Restorative Dentistry, including a class II amalgam or composite preparation and restoration and a class III composite preparation and restoration on a patient in a clinical setting.

(I) Slot preps shall not be accepted.

(II) If an indirect inlay, onlay, or ~~3/4~~ crown procedure is done on a patient, the applicant shall be required to perform one (1) additional restorative procedure as listed above.



**Section 6. Dental Licensure by Endorsement.**

(a) Eligibility. An applicant may seek dental licensure by endorsement if the applicant has a license in good standing in another jurisdiction with licensure requirements as stringent as Wyoming.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee;

(ii) Complete requirements identified in Section 5(b)(ii) and (iii);

\_\_\_\_\_ (A) — If applicant successfully passed a regional clinical examination as identified in Section 5(b)(iii) which did not include a fixed prosthodontics component, applicant shall submit evidence of active clinical practice of 5,000 hours in five (5) years or verification of completion of a general practice residency (GPR) or advanced education in general dentistry (AEGD);

(iii) Submit a completed application to PBIS and authorize PBIS to report to the Board; and

(iv) Submit evidence that demonstrates competency including:

(A) Active clinical practice of 1,000 hours in one (1) year; or

(B) Successful completion of a regional clinical examination within twelve (12) months; or

(C) Completion of ten (10) hours of hands-on clinical continuing education for each year not actively practicing.

**Section 7. Dental Hygiene Licensure by Examination.**

(a) Eligibility. An applicant may seek dental hygiene licensure by examination if the applicant graduated from a CODA accredited U.S. or Canadian Dental Hygiene School or program within twelve (12) months and has never been licensed to practice as a dental hygiene in any state.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and fees;

(ii) Successfully pass the NBDHE; and

(iii) Successfully pass the CRDTS, WREB, CDCA, CITA, or SRTA exam.

**Section 8. Dental Hygiene Licensure by Endorsement.**

(a) Eligibility. An applicant may seek dental hygiene licensure by endorsement if the applicant has a license in good standing in another jurisdiction with licensure requirements as stringent as Wyoming.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee;

(ii) Submit a completed application to PBIS and authorize PBIS to report to the Board; and

(iii) Submit evidence that demonstrates competency including:

(A) Active clinical practice of 800 hours in one (1) year; or

(B) Successful completion of a regional clinical examination within twelve (12) months; or

(C) Completion of ten (10) hours of continuing education for each year not actively practicing.

**Section 9. Annual Licensure Renewal.**

(a) Expiration.

(i) All dental and dental hygiene licenses shall expire December 31 of each year.

(ii) Unless a licensee timely renews their license, the licensee shall not practice after December 31.

(b) Renewal Application. A dental or dental hygiene licensee seeking renewal shall:

(i) Submit a completed renewal application and payment of fee; and

(ii) Verify current certification in CPR.

(c) Competency Requirement. After five (5) years of inactive clinical practice, an applicant shall demonstrate competency by successful completion of regional clinical examination or apply for a non-clinical licensure.

## **Section 10. Failure to Timely Renew.**

- (a) Unlicensed Practice. Failure to timely renew may subject the licensee to disciplinary action for unlicensed practice.
- (b) Administrative Grace Period.
  - (i) The administrative grace period shall be from January 1st to March 31<sup>st</sup> annually.
  - (ii) Licensees ~~who~~ failed to timely renew may apply for renewal during the administrative grace period. However, licensees shall not practice until the Board approves their license.
  - (iii) Licensees ~~who~~ failed to timely renew shall:
    - (A) Submit a completed renewal application and payment of fee; and
    - (B) Verify current certification in CPR.
  - (iv) On April 1st, any license not renewed shall lapse.

## **Section 11. Lapsed License.**

- (a) If a dental license lapses, the dentist shall apply for relicensure.
- (b) If a dental hygiene license lapses, the dental hygienist may restore their lapsed license until December 31st of the year the license lapsed. After December 31st, the dental hygienist shall apply for relicensure.

## **Section 12. Dental and Dental Hygiene Relicensure.**

- (a) Eligibility. An applicant may seek dental or dental hygiene relicensure if the applicant has been licensed in Wyoming and ~~either~~ allowed his or her license to lapse ~~failed to timely renew or is seeking to return to active clinical practice.~~
- (b) Application Requirements. Applicant shall:
  - (i) Submit a completed relicensure application and payment of fee;
  - (ii) Verify current certification in CPR; and
  - (iii) Successfully pass the jurisprudence examination.

(c) Competency Requirement for Return to Practice. An applicant applying for relicensure ~~who~~ that has not actively practiced in five (5) years shall also demonstrate competency by:

(i) Successful completion of a regional clinical examination within twelve (12) months; and

(ii) Submitting evidence of completion of ten (10) hours of hands-on clinical continuing education for each year not actively practicing.

### **Section 13. Reinstatement.**

(a) Eligibility. An applicant may seek to have his or her dental or dental hygiene license reinstated if the applicant's Wyoming dental or dental hygiene license has been revoked, surrendered, suspended, conditioned, or restricted.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee;

(ii) Verify current certification in CPR;

(iii) Submit evidence of complying with the requirements of a previous Board order;

(iv) Submit evidence of applicant's ability to safely and competently practice; and

(v) Submit evidence demonstrating just cause for reinstatement.

### **Section 14. Non-Clinical Licensure.**

(a) Eligibility. An applicant that currently holds or has previously held a license in good standing to practice dentistry may seek a non-clinical license if the applicant does not engage in active clinical practice. This limited license is intended for those applicants teaching, examining, consulting, reviewing, or engaging in administrative oversight.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee; and

(ii) Submit a personal statement describing applicant's intended non-clinical practice.

(c) Renewal Application. A non-clinical licensee seeking renewal shall submit a completed renewal application and payment of fee.

**Section 15. Volunteer's Certificate.** Any applicant that meets the qualifications under ~~Wyoming Statute~~ 33-15-131 shall submit a completed application.

**Section 16. Temporary Educator's License.** Any applicant that meets the qualifications under W.S. 33-15-133 shall submit a completed application.

**CHAPTER 4**  
**DENTAL PRACTICE**

**Section 1. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to regulate the practice of dentistry in Wyoming.

**Section 2. Practice of Dentistry.**

(a) The dentist shall:

(i) Be responsible for the quality of dentistry performed in his or her office, regardless of whether it is performed by him or her personally or by auxiliaries working under his or her supervision;

(ii) Be responsible for maintaining a high level of proficiency in the practice of dentistry and for keeping up with current educational standards of the profession;

(iii) Report gross and/or recurring improprieties to the proper board or agency;  
and

(iv) Notify the Board of any disease or condition that adversely affects his or her practice.

(b) The practice of dentistry occurs where the patient is located or receives services.

**Section 3. Satellite Offices.** A dentist shall designate his or her main office. All other offices shall be deemed satellite offices and shall abide by the same rules and regulations as the main office.

**Section 4. Radiograph Use ~~Permits.~~**

~~\_\_\_\_\_ (a) Radiograph Use Permit. Any dentist utilizing dental x-ray machines shall obtain for a radiograph use permit from the Board.~~

~~\_\_\_\_\_ (b) Application Requirements. Applicant shall submit a completed application and fee.~~

~~\_\_\_\_\_ (c) Inspections Process of dental x-ray machines are required as follows:~~

~~\_\_\_\_\_ (a)(i) Inspector shall submit a completed application.~~

~~\_\_\_\_\_ (b)(ii) All dental x-ray machines shall be inspected by a Board approved inspector every five (5) years. The dentist shall be responsible to contract directly with an approved inspector.~~

———~~(c)(iii)~~ The inspector shall submit to the Board the pass/fail results of all equipment inspected. The Board shall issue a dated sticker for units have passed the safety inspection. The dentist shall provide the Board a copy of the work order showing satisfactory repair completed on any equipment failing inspection.

## CHAPTER 5

### ANESTHESIA ADMINISTRATION AND SEDATION PERMIT PROCEDURES

**Section 1. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to establish a regulatory framework for issuance of a sedation permit pursuant to Wyoming Statute 33-15-130.

**Section 2. Definitions.** For the purpose of this chapter, the following definitions shall apply:

- (a) "ACLS" means advanced cardiac life support.
- (b) "Anxiolysis" means the diminution or elimination of anxiety. The relief of patient anxiety or fear should produce minimum somnolence. The technique should be appropriately chosen to render the patient relaxed but have an adequate margin of safety so that excessive somnolence/unconsciousness is not likely.
- (c) "Applicant" means a Wyoming licensed dentist applying for a sedation permit.
- (d) "ASA" means American Society of Anesthesiology classification.
- (e) "Combination inhalation" means using an inhalation agent and a sedative agent at the same time.
- (f) "Competent" means displaying special skill or knowledge derived from training and experience.
- (g) "Deep sedation" means a drug-induced depression of consciousness during which the patient cannot be easily aroused but responds purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. The patient may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- (h) "Dental hygienist" means a Wyoming licensed dental hygienist holding an appropriate expanded duties ~~permitted certificate~~ including local anesthesia and/or nitrous oxide anxiolysis.
- ~~(i)~~~~(j)~~ "Dentist" means a Wyoming licensed dentist that does not hold an operating dentist sedation permit or sedation permit.
- ~~(j)~~~~(k)~~ "Enteral" means a route of administration in which the agent is absorbed through the gastrointestinal tract or mucosa [i.e., oral, rectal, nasal, or sublingual].
- ~~(k)~~~~(l)~~ "Facility Permit" means a permit holder's facility that has been inspected and



approved by the Board.

(l)~~(m)~~ “General anesthesia” means a drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. The patient often requires assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(m)~~(n)~~ “Inhalation” means a route of administration in which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

(n)~~(o)~~ “Local anesthesia” means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

(o)~~(p)~~ “Minimal sedation” means a minimally depressed level of consciousness produced by a pharmacological method that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory, and cardiovascular functions are unaffected.

(p)~~(q)~~ “Moderate sedation” previously known as “conscious sedation and/or twilight sedation or parenteral sedation” means a drug-induced depression of consciousness during which the patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. The drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than is the intent of the permit holder. Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.

(q)~~(r)~~ “MRD” means maximum recommended dose of a drug as printed on~~in~~ Food and Drug Administration approved labeling for unmonitored home use.

(r)~~(s)~~ “Nitrous oxide anxiolysis” means the administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

(s)~~(t)~~ “Operating dentist” means a non-board eligible dentist that has been issued an operating dentist permit by the Board to allow the operating dentist to perform procedures where sedation services are provided by a qualified anesthesia provider.

(t) “PALS” means Pediatric Advanced Life Support.

(u) “Parenteral” means a route of administration in which the drug bypasses the gastrointestinal tract [i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraosseous].

(v) “Permit holder” means a Wyoming licensed dentist that has been issued a sedation permit from the Board.

(w) “Qualified anesthesia provider” means a licensed anesthesiologist, certified registered nurse anesthetist, or permit holder with appropriate sedation level permit.

(x) “Sedation permit” means a permit issued by the Board for administration of moderate sedation, or deep sedation and/or general anesthesia by a permit holder.

(y) “Titration” means administration of multiple or incremental doses of a drug until a desired effect is reached. Knowledge of each drug’s time of onset, peak response, and duration of action is essential to avoid over-sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment.

### **Section 3. Standard of Care.**

(a) For all levels of sedation, a dentist, operating dentist, or permit holder shall have the training, skills, drugs, and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical services) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

(b) A dentist, operating dentist, or permit holder shall be responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation, deep sedation, and/or general anesthesia and providing the equipment, drugs, and protocol for patient rescue.

(c) Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, a dentist, operating dentist, or permit holder intending to produce a given level of sedation shall be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended.

(d) The concept of rescue is essential to safe sedation. A dentist, operating dentist, or permit holder shall have the skills to rescue the patient from a deeper level than that intended for the procedure. The ability to rescue means that a dentist or permit holder shall be able to recognize the various levels of sedation and have the skills necessary to provide appropriate cardiopulmonary support if needed.

(i) If the intended level of sedation is “minimal,” a dentist, operating dentist, or permit holder shall be able to rescue from “moderate sedation.”

(ii) If the intended level of sedation is “moderate,” an operating dentist or permit holder shall have the skills to rescue from “deep sedation.”

(iii) If the intended level of sedation is “deep sedation,” an operating dentist or permit holder shall have the skills to rescue from a state of “general anesthesia.”

(e) If a patient enters a deeper level of sedation than the dentist, operating dentist, or permit holder is qualified to provide, the dentist, operating dentist, or permit holder shall stop the dental procedure until the patient returns to the intended level of sedation.

(f) Children (under the age of 12) may become moderately sedated despite the intended level of minimal sedation; if this occurs, the requirements for moderate sedation shall apply.

(g) Except in extraordinary situations, the dentist, operating dentist, or permit holder shall not use preoperative sedatives for children prior to arrival in the dental office due to the risk of unobserved respiratory obstruction during transport by untrained individuals.

(h) All local anesthetic agents are cardiac depressants and may cause central nervous system excitation or depression. Particular attention shall be paid to dosage in children. To ensure that the patient will not receive an excessive dose, the maximum allowable safe dosage (i.e., mg/kg) shall be calculated before administration. There may be enhanced sedative effects when the highest recommended doses of local anesthetic drugs are used in combination with other sedatives or narcotics.

~~(i)(j)~~ Patients considered for minimal sedation, moderate sedation, and/or general anesthesia must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may consist of a review of their current medical history and medication use. However, patients with significant medical considerations (ASA III, IV) may require consultation with their primary care physician or consulting medical specialist.

~~(j)(k)~~ Pre-operative preparation shall include:

(i) Consideration of d~~D~~ietary restrictions ~~shall be considered~~ based on the sedative technique prescribed; and

(ii) Verbal and written instructions shall be given to the patient, parent, escort, guardian or care giver.

~~(k)(l)~~ An appropriate scavenging system shall be available if gases other than oxygen or air are used.

**Section 4. Requirements for Administering Local Anesthesia, Oral, and/or Nitrous Oxide Anxiolysis.**

(a) An operating sedation permit or sedation permit shall not be required for a dentist to administer local anesthesia, oral, and/or nitrous oxide anxiolysis.

(b) A dentist, operating dentist, or permit holder ~~who~~ that administers local anesthesia, oral, and/or nitrous oxide anxiolysis shall comply with the other sections of this chapter.

(c) A dental hygienist that administers local anesthesia and/or nitrous oxide anxiolysis shall comply with the other sections of this chapter.

(d) Local Anesthesia and Oral Anxiolysis. To administer local anesthesia or oral anxiolysis, a dentist or dental hygienist shall be certified in administering ~~Basic Life Support for Healthcare Providers~~.

(e) Nitrous Oxide Anxiolysis. To administer nitrous oxide anxiolysis, a dentist or dental hygienist shall:

- (i) Be certified in administering ~~Basic Life Support for Healthcare Providers~~;
- (ii) Have adequate equipment with fail-safe features and 25% minimum oxygen flow; and
- (iii) Demonstrate competency and/or training in administering nitrous oxide anxiolysis by:
  - (A) Completion of CODA recognized program; or
  - (B) Completion of a Board-approved course.

**Section 5. Requirements for Administering Minimal Sedation.**

(a) A sedation permit or operating dentist sedation permit shall not be required for a dentist to administer minimal sedation.

(b) A dentist shall only administer minimal sedation by an enteral route.

(c) When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the MRD dose of a drug that can be prescribed for unmonitored home use.

(d) Nitrous oxide anxiolysis may be used in combination with a single enteral drug in minimal sedation.

(e) Nitrous oxide anxiolysis when used in combination with a sedative agent(s) may

produce moderate sedation, deep sedation, and/or general anesthesia which require an operating sedation permit or sedation permit.

**Section 6. Requirements for Administering Moderate Sedation, Deep Sedation, and/or General Anesthesia.**

(a) A sedation permit shall be required for a permit holder to administer moderate sedation, deep sedation, and/or general anesthesia.

(b) An operating dentist sedation permit shall be required for an operating dentist to perform procedures where sedation services are provided by a qualified anesthesia provider.

(c) A dentist, operating dentist, or permit holder shall be subject to disciplinary action if:

(i) A dentist administers moderate sedation, deep sedation, and/or general anesthesia without a sedation permit;

(ii) A dentist ~~who~~ performs procedures where sedation services are provided by a qualified anesthesia provider without an operating dentist sedation permit;

(iii) A permit holder administers deep sedation and/or general anesthesia with a sedation permit for moderate sedation;

(iv) An operating dentist performs procedures where sedation services are provided by a qualified anesthesia provider on an expired, revoked, or encumbered operating dentist sedation permit; or

(v) A permit holder administers moderate sedation, deep sedation, and/or general anesthesia on an expired, revoked, or encumbered sedation permit or temporary sedation permit.

(d) A permit holder may achieve moderate sedation by administration of combination inhalation, parenteral and/or enteral routes.

**Section 7. Application Process for Administering Moderate Sedation.**

(a) The applicant shall submit a completed application, including fees, and provide evidence of:

(i) Current certification in ACLS or PALS; and

(ii) Demonstrating competency and/or training in administering moderate sedation within two (2) years immediately preceding the application as follows:

(A) Completion of a specialty residency recognized by CODA;

(B) Completion of a general practice residency recognized by CODA that meets the minimal training requirements identified in subsection (D);

(C) Submit proof that applicant has administered moderate sedation, deep sedation and/or general anesthesia in another jurisdiction within generally accepted standards of dental practice and provide documentation of at least 40 moderate sedation cases; or

(D) Completion of a ~~Board approved~~ training course to administer and manage moderate ~~enteral and/or parenteral~~ sedation within twelve (12) months prior to application.

~~(I) For moderate enteral sedation, such training shall include a minimum:~~

~~(1.) 24 hours of didactic instruction;~~

~~(2.) 10 adult moderate sedation cases; and~~

~~(3.) Advance Airways and Emergency Management.~~

~~(II) For moderate parenteral sedation, such training shall include a minimum:~~

~~(I)(1.) 60 hours of didactic instruction;~~

~~(II)(2.) 20 solo intubations (patient-based and/or acceptable electronic simulated manikin);~~

~~(III)(3.) 20 moderate sedation cases;~~

~~(IV)(4.) Physical diagnosis rotation; and~~

~~(V)(5.) Advance Airways and Emergency Management.~~

~~(III) Additional supervised clinical experience shall be necessary to manage children and medically compromised adults.~~

(b) While reviewing a completed application, the ~~Application Review Committee~~ shall consider any pending complaints before the Board against applicant. The ~~Application Review Committee~~ may grant applicant approval to proceed with onsite clinical inspection as defined in Section 11.

(c) Applicant shall be responsible for payment of inspection fee to inspectors.

(d) After successfully passing an onsite clinical inspection, the Board shall issue a sedation permit to applicant.

**Section 8. Application Process for Administering Deep Sedation and/or General Anesthesia.**

(a) The applicant shall submit a completed application, including fees, and provide evidence of:

(i) Current certification in ACLS or PALS;

~~(ii) Proof of liability insurance that covers type of sedation (deep sedation and/or general anesthesia) requested on application; and~~

~~(iii)~~ (ii) Demonstrating competency and/or training in administering deep sedation and/or general anesthesia within two (2) years immediately preceding the application as follows:

(A) Completion of a residency program that includes training in sedation and/or general anesthesia that is approved by CODA, the American Dental Society of Anesthesiology, the Accreditation Council for Graduate Medical Education, the American Osteopathic Association or any successor organization to any of the foregoing; or

(B) Completion of a post-doctoral training program (e.g., oral and maxillofacial surgery) that affords comprehensive and appropriate training necessary to administer and manage deep sedation and/or general anesthesia that is approved by CODA.

(b) While reviewing a completed application, the ~~Application Review Committee~~ shall consider any pending complaints before the Board against applicant. The ~~Application Review Committee~~ may grant applicant approval to proceed with onsite clinical inspection as defined in Section 11.

(c) Applicant shall be responsible for payment of inspection fee to inspectors.

(d) After successfully passing an onsite clinical inspection, the Board shall issue a sedation permit to applicant.

**Section 9. Temporary Sedation Permit for Administration of Deep Sedation and/or General Anesthesia.**

(a) The Board shall not issue a temporary sedation permit for moderate sedation.

(b) The Board shall issue a temporary sedation permit for deep sedation and/or general anesthesia to a qualified applicant after receiving a completed application, including fees, ~~and~~ prior to onsite clinical inspection.

(c) Temporary sedation permit shall expire:

- (i) Ninety (90) days from date issued; or
  - (ii) If applicant does not successfully pass the clinical onsite inspection.
- (d) The Board may revoke a temporary sedation permit.

**Section 10. Onsite Clinical Inspector Qualifications and Duties.**

- (a) Inspector Qualifications. The inspector shall:
- (i) Submit a completed application;
  - (ii) Actively practice as a dental anesthesiologist, dental specialist, anesthesiologist, or certified nurse anesthetist; and
  - (iii) Hold a current and unencumbered Wyoming license in their field; and
  - (iv) Hold a sedation permit to administer deep sedation and/or general anesthesia.
- (b) Inspector Duties. A Board-approved inspector shall:
- (i) Comply with the Board Rules for inspecting clinical locations within Wyoming;
  - (ii) Not have a conflict of interest with an applicant. An inspector's receipt of payment from the applicant for services as an inspector is acceptable and does not constitute a conflict of interest; and
  - (iii) Be considered an agent for the Board.

**Section 11. Onsite Clinical Inspection Process for Sedation Permits for Administration of -Moderate Sedation, Deep Sedation, and/or General Anesthesia.**

- (a) Office Inspection. Each office location where sedation is intended to be administered shall be inspected.
- (b) Initial Onsite Clinical Inspection Process.
- (i) The initial inspection shall be performed by two (2) inspectors.
  - (ii) The onsite clinical inspection process for sedation permits shall consist of four (4) parts:
    - (A) Review. The inspector shall review the office equipment,



documentation, and emergency medications as required in Sections 12 and 13.

(B) Surgical/Anesthetic Techniques. Each inspector shall review at least three (3) separate cases in which the applicant administered anesthesia. The inspector may require additional cases to observe at his/her discretion. -If no cases are available (i.e. the applicant has just completed a residency program), three (3) separate standard cases shall be reviewed.

(C) Simulated Emergencies. The applicant and his/her team shall be able to demonstrate their expertise in managing emergencies.

(D) Discussion Period. The applicant may be required to answer additional questions by the inspector.

(iii) After an inspector has completed the onsite clinical inspection, the inspector shall submit his/her findings and necessary documentation to the Board for approval.

(c) Re-Inspection Process.

(i) Permit holder's onsite clinical location(s) shall be re-inspected every five (5) years. Permit holder bears the burden of ensuring that their onsite clinical location(s) are re-inspected no later than sixty (60) months from the previous inspection.

(ii) Permit holder shall submit a completed onsite clinical re-inspection application, including fees, and provide evidence of attending ten (10) continuing medical or dental education credit hours in anesthesia in the five (5) years preceding the onsite clinical location re-inspection.

(iii) Each re-inspection of an onsite clinical location may be inspected by one (1) inspector with approval by the Board.

(iv) The Board may require re-inspection of an onsite clinical location(s) as part of the process for renewal or reinstatement of the permit.

**Section 12. Office Facilities and Equipment Requirements for Minimal Sedation, Moderate Sedation, Deep Sedation and/or General Anesthesia.**

(a) Minimal Sedation. Any dentist that administers minimal sedation shall provide the following equipment, which shall be functional and available at all times:

- (i) A continuous pulse oximeter;
- (ii) A blood pressure cuff of appropriate size;
- (iii) Stethoscope or equivalent blood pressure monitoring devices;

(iv) An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up; and

(v) A manual or automatic external defibrillator.

(b) Moderate Sedation, Deep Sedation and/or General Anesthesia. Any permit holder ~~who~~ that administers moderate sedation, deep sedation, and/or general anesthesia shall provide the required equipment listed in subsection (a) and the following additional equipment and facilities, which shall to be functional and available at all times:

(i) Suitable operating suite;

(ii) Recovery area;

(iii) Gas storage facilities with back up tanks and mobile back-up oxygen, which generally meet accepted safety standards;

(iv) Suction system;

(v) Back-up suction equipment;

(vi) Back-up lighting equipment;

(vii) Parenteral access or the ability to gain parenteral access, if clinically indicated;

(viii) Capnograph (end tidal carbon dioxide monitor);

(ix) EKG;

(x) Appropriate emergency medications;

(xi) Endotracheal tubes suitable for patients being treated;

(xii) Endotracheal tube forceps (i.e., magill);

(xiii) A laryngoscope with reserve batteries and bulbs;

(xiv) Oropharyngeal airways;

(xv) Nasopharyngeal airways; and

(xvi) At least one (1) additional airway device.

(c) Volatile Anesthesia Delivery Systems. Any permit holder that administers volatile anesthesia shall provide the required equipment listed in subsections (a) and (b) and the

following additional equipment and facilities, which shall to be functional and available at all times:

- (i) Capability to deliver oxygen to a patient under positive pressure, including a back-up oxygen system;
- (ii) Gas outlets that meet generally accepted safety standards preventing accidental administration of inappropriate gases or gas mixture;
- (iii) Fail-safe mechanisms for inhalation of nitrous oxide anxiolysis;
- (iv) The inhalation equipment must have an appropriate scavenging system if volatile anesthetics are used; and
- (v) Gas storage facilities, which meet generally accepted safety standards.

**Section 13. Patient Monitoring and Necessary Documentation.**

(a) A dentist or permit holder shall document every administration of anxiolysis, minimal sedation, deep sedation, and/or general anesthesia.

(b) Anxiolysis and Minimal Sedation. Documentation for administration of anxiolysis (oral and nitrous oxide) and minimal sedation shall include, but not limited to, the following:

- (i) Pertinent medical history including, but not limited to:
  - (A) Previous medication(s);
  - (B) Allergies; and
  - (C) Sensitivities;
- (ii) Weight (nitrous oxide excluded);
- (iii) Vital Signs, including, but not limited to:
  - (A) Baseline heart rate; and
  - (B) Blood pressure.
- (iv) Beginning and ending oxygen saturation levels; and
- (v) Medication(s) administered and dosage(s).

(c) Moderate Sedation, Deep Sedation and/or General Anesthesia. Documentation for administration of moderate sedation, deep sedation, and/or general anesthesia shall include the

required documents listed in subsection (b) and the following additional documentation:

- (i) Current and comprehensive medical history, including:
  - (A) Medical conditions; and
  - (B) Age;
- (ii) Physical examination, including:
  - (A) Airway assessment;
  - (B) Respiratory rate; and
  - (C) Temperature;
- (iii) ASA Classification;
- (iv) Procedure(s);
- (v) Informed Consent;
- (vi) Anesthesia Record, which shall include:
  - (A) Vital signs before and after anesthesia is utilized;
  - (B) Parenteral access site and method, if utilized;
  - (C) Medication(s) administered;
  - (D) Time anesthesia commenced and ended;
  - (E) Monitor blood pressure, heart rate, and oxygen saturation at least every five (5) minutes;
  - (F) EKG;
  - (G) Capnograph (end tidal carbon dioxide monitor);
  - (H) Ventilation status (spontaneous, assisted, or controlled);
  - (I) Intravenous fluids, if utilized;
  - (J) Response to anesthesia, including any complications;
  - (K) Starting time of recovery and time of discharge; and

(L) Condition of patient at discharge and authorization of permit holder.

**Section 14. Dental Personnel Requirements.**

(a) All dental personnel shall be certified in administering ~~Basic Life Support for Healthcare Providers~~. A dentist, operating dentist, or permit holder may delegate patient monitoring to qualified dental personnel.

(b) Nitrous Oxide Anxiolysis and Minimal Sedation. During a procedure where nitrous oxide anxiolysis or minimal sedation is administered, at least one (1) dental personnel shall be present.

(c) Moderate Sedation. During a procedure where moderate sedation is administered, the operating dentist or permit holder and at least one (1) other dental personnel shall be present.

(d) Deep Sedation and/or General Anesthesia. During a procedure where deep sedation and/or general anesthesia is administered, the operating dentist or permit holder and at least two (2) other dental personnel shall be present and at least one (1) shall be experienced in patient monitoring and documentation.

**Section 15. Application Process for Facility Permit and Operating Dentist Sedation Permit.**

(a) If a permit holder ~~chooses to allow~~ an operating dentist to utilize their facilities to perform dental procedures, then the permit holder shall apply for a facility permit.

(b) The permit holder seeking a facility permit shall submit a completed application.

(c) The operating dentist shall submit a completed operating dentist sedation permit application, including fees, and provide evidence of:

(i) Current certification in BLS/ACLS; and

~~(ii) Agreement between operating dentist and qualified anesthesia provider; and~~

~~(iii) Agreement between operating dentist and the Board-approved facility where the sedation is being provided currently holding a facility permit.~~

(d) While reviewing a completed application, the ~~Application Review Committee~~ shall consider any pending complaints before the Board against operating dentist.

(e) Based on the ~~Application Review Committee~~'s recommendation, the Board shall approve an operating dentist sedation permit or facility permit.

**Section 16. Sedation Permit Renewal and Expiration.**

(a) Sedation permit, operating dentist sedation permit, and facility permit shall be renewed on or before December 31 each year.

(b) Permit holder shall submit a completed moderate sedation, deep sedation and/or general anesthesia sedation permit renewal application, including fees, and provide evidence of:

~~(i) A minimum of fifty (50) sedation cases performed during that year by the permit holder;~~

~~(i)(ii)~~ Current certification in ACLS or PALS; and

~~(ii)(iii)~~ Non-board eligible dentists shall complete an additional:

~~(A) ACLS **annually**; or~~

~~(B) Completion of eight (8) sixteen (16) hours sedation continued education renewal course every two (2) years with requirements that the course contain medical emergencies and airway management skills training with a hands on component.~~

(c) Permit holder shall submit a completed facility permit renewal application.

(d) An operating dentist shall submit a completed operating dentist sedation permit renewal application, including fees, and provide evidence of:

~~(i) BLSACLS annually; ~~or~~~~

~~(ii) Completion of eight (8) hours sedation continued education renewal course with requirements that the course contain medical emergencies and airway management skills training with a hands on component.~~

(e) The Board may request more documentation if necessary.

(f) A sedation permit, operating dentist sedation permit, or facility permit shall expire for:

(i) Failure to renew permit; ~~or~~

(ii) Failure to renew Wyoming dental license; or

~~(iii) Failure to obtain onsite clinical reinspection within required five (5) year period.~~

**Section 17. Reinstatement of Expired and Revoked Sedation Permits.**

(a) A dentist may apply for reinstatement of their expired sedation permit by meeting the application requirements established in Section 7 and/or Section 8.

(b) A dentist may apply for reinstatement of their revoked sedation permit by meeting the application requirements established in Section 7 and/or Section 8 and submit evidence of:

- (i) Meeting requirements of previous Board order; and
- (ii) Demonstrating just cause for reinstatement.

(c) A dentist may apply for reinstatement of their expired operating dentist sedation permit by meeting the application requirements established in Section 15.

(d) A dentist may apply for reinstatement of their revoked operating dentist sedation permit by meeting the application requirements established in Section 15 and submit evidence of:

- (i) Meeting requirements of previous Board order; and
- (ii) Demonstrating just cause for reinstatement.

**Section 18. Anesthesia Morbidity/Mortality Reporting Requirements.**

(a) Operating dentist and permit holder shall report any morbidity, mortality, or other incident ~~that which~~ results in temporary or permanent physical or mental injury requiring hospitalization to the Board within thirty (30) days.

(b) Operating dentist and permit holder shall submit documentation as prescribed by the Board.

## CHAPTER 6

### CODE OF ETHICS FOR DENTISTS

**Section 1. Patient Autonomy.** This principle expresses the concept that professionals have a duty to treat the patient according to the patient's desires, within the bounds of accepted treatment, and to protect the patient's confidentiality. Under this principle, the dentist's primary obligations include involving the patients in treatment decisions in a meaningful way, with due consideration being given to the patient's needs, desires and abilities, and safeguarding the patient's privacy.

(a) **Patient Involvement.** The dentist shall inform the patient of the proposed treatment, and any reasonable alternatives, in a manner that allows the patient to become involved in treatment decisions.

(b) **Patient Records.** Dentists shall safeguard the confidentiality of patient records. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of a patient or another dental practitioner, dentists shall provide any information, including X-rays that will be beneficial for the future treatment of that patient.

**Section 2. Nonmaleficence.** This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist's primary obligations include keeping knowledge and skills current, knowing one's own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate.

(a) **Education.** The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society. All dentists, therefore, shall keep their knowledge and skill current through continuing education.

(b) **Consultation and Referral.** Dentists shall seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special skills, knowledge, and experience. When patients visit or are referred to specialists or consulting dentists for consultation:

(i) The specialists or consulting dentists upon completion of their care shall return the patient, unless the patient expressly reveals a different preference, to the referring dentist, or, if none, to the dentist of record for future care; and

(ii) The specialists shall be obliged when there is no referring dentist and upon completion of their treatment to inform patients when there is a need for further dental care.

(c) **Use of Auxiliary Personnel.** Dentists shall be obliged to protect the health of their patients by only assigning to qualified auxiliaries those duties which can be legally delegated.



Dentists shall be further obliged to prescribe and supervise the patient care provided by all auxiliary personnel working under their direction.

(d) **Patient Abandonment.** Once a dentist has undertaken a course of treatment, the dentist shall not discontinue that treatment without giving adequate notice and the opportunity to obtain the services of other dentists. Care shall be taken that the patient's oral health is not jeopardized in the process.

(e) **Personal Relationships.** Dentists, because of their position of power and authority over both patients and staff, shall exercise extreme discretion in their conduct and avoid any form of sexual coercion and/or harassment.

(f) **Personal Impairment.** It is unethical for a dentist to practice while abusing controlled substances, alcohol, or other chemical agents ~~that~~ which impair the ability to practice. All dentists have an ethical obligation to urge chemically impaired colleagues to seek treatment. Dentists with first-hand knowledge that a colleague is practicing dentistry when so impaired have an ethical responsibility to report such evidence to the professional assistance committee of a dental society.

(g) **Duty to inform.** When, during the course of dental treatment, an unexpected or undesirable outcome is obtained, the dentist has the duty to inform the patient of such outcome and to make arrangements for any follow up or additional treatment deemed necessary.

**Section 3. Beneficence.** This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist's primary obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires, and values of the patient. The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provisions of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient's welfare first.

(a) **Community Service.** Since dentists have an obligation to use their skills, knowledge and experience for the improvement of the dental health of the public and are encouraged to be leaders in their community, dentists involved in such service shall conduct themselves in such a manner as to maintain or elevate the esteem of the profession.

(b) **Government of a Profession.** Every profession owes society the responsibility to regulate itself. Such regulation is achieved largely through the influence of the professional societies. All dentists, therefore, have the dual obligation of making themselves a part of a professional society and of observing its rules of ethics.

(c) **Research and Development.** Dentists have the obligation of making the results and benefits of their investigative efforts available to all when they are useful in safeguarding or promoting the health of the public.

(d) Patents and Copyrights. Patents and copyrights may be secured by dentists provided that such patents and copyrights shall not be used to restrict research or practice.

(e) Abuse and Neglect. Dentists shall become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws.

**Section 4. Justice.** This principle expresses the concept that professionals have a duty to be fair in their dealings with patients, colleagues and society. Under this principle, the dentist's primary obligations include dealing with people justly and delivering dental care without prejudice. In its broadest sense, this principle expresses the concept that the dental professional shall actively seek allies throughout society on specific activities that will help improve access to care for all.

(a) Patient Selection. While dentists, in serving the public, may exercise reasonable discretion in selecting patients for their practices, dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient's race, creed, color, sex or national origin.

(b) Patients with Bloodborne Pathogens. It is unethical to decline treatment to any individual based on the fact that they are infected with a bloodborne pathogen such as; Human Immunodeficiency Virus, Hepatitis B virus, Hepatitis C virus or any others.

(c) Emergency Service. Dentists shall make reasonable arrangements for the emergency care of their patients of record. Specifically, dentists shall make it possible for their patients of record to contact them after business hours. Additionally, dentists shall make reasonable arrangements with a colleague to provide emergency care whenever they are unavailable for such service.

(d) Justifiable Criticism. Dentists shall report to the appropriate reviewing agency as determined by the local component society instances of gross or continual faulty treatment by other dentists. Patients shall be informed of their present oral health status without disparaging comment about prior services.

(e) Expert Testimony. Dentists may provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.

(f) Rebate and Split Fees. Dentists shall not accept or tender "rebates" or "split fees."

**Section 5. Veracity.** This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist's primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.

(a) Representation of Care. Dentists shall not represent the care being rendered to their patients in a false or misleading manner. A dentist who represents that treatment or

diagnostic techniques recommended or performed by the dentist has the capacity to diagnose, cure or alleviate diseases, infections or other conditions, when such representations are not based upon accepted scientific knowledge or research is acting unethically.

(b) Dental Amalgam. Based on current scientific data the Board has determined that the removal of amalgam restorations from the non-allergic patient for the alleged purpose of removing toxic substances from the body, when such treatment is performed solely at the recommendation or suggestion of the dentist is improper and unethical. The same principle of veracity applies to the dentist's recommendation concerning the removal of any dental restorative material.

(c) Representation of Fees. Dentists shall not represent the fees being charged for providing care in a false or misleading manner.

(d) Waiver of Copayment. A dentist who accepts a third party payment under a copayment plan as payment in full without disclosing to the third party that the patient's payment portion will not be collected, is engaged in overbilling. The essence of this ethical impropriety is deception and misrepresentation; an overbilling dentist makes it appear to the third party that the charge to the patient for services rendered is higher than it actually is.

(e) Overbilling. A dentist shall not increase a fee to a patient solely because the patient is covered under a dental benefits plan.

(f) Treatment Dates. A dentist who submits a claim form to a third party reporting incorrect treatment date for the purpose of assisting a patient -in obtaining benefits under a dental plan, which benefits would otherwise be disallowed, is engaging in making an unethical, false or misleading representation to such third party.

(g) Dental Procedures. A dentist who incorrectly describes on a third party claim form a dental procedure in order to receive a greater payment or reimbursement or incorrectly makes a non-covered procedure appear to be a covered procedure on such a claim form is engaged in making an unethical, false or misleading representation to such third party.

(h) Unnecessary Services. A dentist shall not recommend and perform unnecessary dental services or procedures.

(i) Devices and Therapeutic Methods. Except for formal investigative studies, dentists shall prescribe, dispense, or promote only those devices, drugs and other agents whose complete formulae are available to the dental profession. Dentists shall not hold out as exclusive any device, agent, method or technique if that representation would be false or misleading in any material respect.

(j) Marketing or Sale of Products or Procedures. Dentists who, in the regular conduct of their practices, engage in or employ auxiliaries in the marketing or sale of products or procedures to their patients shall take care not to exploit the trust inherent in the dentist-patient relationship for their own financial gain. Dentists shall not induce patients to purchase products

or undergo procedures by misrepresenting the product's value, the necessity of the procedure or the dentist's professional expertise in recommending the product or procedure. Dentist shall disclose to their patients all relevant information the patient needs to make an informed purchase decision.

(k) Professional Announcement. In order to properly serve the public, dentists shall represent themselves in a manner that contributes to the esteem of the profession. Dentists shall not misrepresent their training and competence in any way that would be false or misleading in any material respect.

(l) Advertising. Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.

(m) Referral Services. There are two basic types of referral services for dental care: not-for-profit and the commercial. The not-for-profit is commonly organized by dental societies or community services. It is open to all qualified practitioners in the area served. A fee is sometimes charged the practitioner to be listed with the service. A fee for such referral services is for the purpose of covering the expense of the service and has no relation to the number of patients referred. In contrast, some commercial referral services restrict access to the referral service to a limited number of dentists in a particular geographic area. Contractual arrangements whereby the dentist is paying the referral service for patients referred on a per patient basis shall be strictly prohibited. A dentist is allowed to pay for any advertising permitted by the Code, but is generally not permitted to make payments to another person or entity for the referral of a patient for professional services.

(n) Name of Practice. Since the name under which a dentist conducts his or her practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is false or misleading in any material respect is unethical. Use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one (1) year.

(o) Dentist Leaving Practice. Dentists leaving a practice who authorize continued use of their names ~~should~~~~shall receive competent~~ seek advice on the legal implications of this action. With permission of a departing dentist, his or her name may be used for more than one year, if, after the one year grace period has expired, prominent notice is provided to the public through such mediums as a sign at the office and a short statement on stationery and business cards that the departing dentists has retired from the practice.

(p) Announcement of Specialization and Limitation of Practice. The special areas of dental practice approved by the ADA and the designation for ethical specialty announcement and limitation of practice are: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics. Dentists who choose to announce specialization shall use "specialist in" or "practice limited to" and shall limit their practice exclusively to the announced special area(s) of dental practice, provided at the time of

the announcement such dentists have met in each approved specialty for which they announce the existing educational requirements and standards set forth by the -ADA. Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on the specialists to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists. A general dentist practicing within a specialty practice shall provide a written disclosure that indicates that services are being provided by a general dentist to be signed by the patient.

(q) Superior Designation. A dentist shall not hold himself out as an expert or imply superiority.

(r) General Practitioner Announcement of Services. General dentists who wish to announce the services available in their practices are permitted to announce the availability of those services so long as they avoid any communication that express or imply specialization. General dentist shall also state that the specialty services are being provided by general dentists. That disclaimer shall appear in same font and size as the ~~advertised~~ advertized specialty service. A dentist shall not announce available services in any way that would be false or misleading in any material respect.

(s) Dental Practice Ownership Disclosure. If the name or ownership of the dental practice differs from the dentist(s) providing the services, the dentist providing services shall provide a written disclosure that indicates any and all individuals with a financial interest in the dental practice to be signed by the patient.

**Section 6. Compliance with Code of Ethics.** Dentists shall comply with the provisions of the ADA's Principles of Ethics and Code of Professional Conduct, ~~and~~ the ADHA's Bylaws and Code of Ethics for Dental Hygienists and the Centers for Disease Control's Summary of Infection Prevention Practices in Dental Settings as referenced in Chapter 1.

## CHAPTER 7

### DENTAL AUXILIARIES

**Section 1. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to regulate the practice of dental hygiene and other dental auxiliaries.

**Section 2. Dental Auxiliary Personnel.** Except as otherwise provided, dental auxiliary personnel shall not perform irreversible procedures.

**Section 3. Practice of Dental Hygiene.**

- (a) The dental hygienist shall:
  - (i) Work under the supervision of a qualified, Wyoming licensed dentist; and
  - (ii) Be responsible for maintaining a high degree of proficiency in the practice of dental hygiene ~~that which~~ is consistent with current educational standards of the profession.
- (b) Dental hygienists may work in the private office of a licensed dentist, in the Armed Forces of the United States, in federal or state institutions, in public health settings, and nursing or retirement facilities.
- (c) Dental hygienists are encouraged to promote oral health. They may accomplish this through presentations to schools, institutions, groups, or individuals. In no event should these presentations be used for the purpose of advertising or soliciting patients for himself/herself or a dentist.

**Section 4. Supervision of Procedures Performed by the Dental Hygienist.**

- (a) General Supervision. The following procedures require general supervision:
  - (i) Community dental health activities;
  - (ii) Functions authorized for dental assistants set forth in the Board Rules-;
  - (iii) Root plane, scale and polish teeth;
  - (iv) Polish amalgams and composites;
  - (v) Screen the oral cavity for disease;
  - (vi) Place temporary fillings ~~that which~~ require no removal of tooth structure;
  - (vii) Place, expose, and process radiographic images;

- (viii) Place pit and fissure sealants; and
  - (ix) Apply subgingival anesthetic (i.e. Oraqix) if the dental hygienist holds a local anesthetic expanded functions permit.
- (b) Direct Supervision. The following procedures require direct supervision:
- (i) Prepare, place, and remove periodontal packs;
  - (ii) Remove overhanging margins;
  - (iii) Treat diagnosed dry sockets;
  - (iv) Treat diagnosed pericoronitis;
  - (v) Perform whitening procedures; and
  - (vi) Perform expanded dental functions.

**Section 5. Expanded Functions Permits.**

(a) Permit. To obtain an expanded functions permit, a dental hygienist shall meet educational standards, ~~or~~ and pass an examination approved by the Board, or both. Applicant shall submit a completed application for each function.

(b) Training Course Approval.

(i) Training programs shall be approved in advance in writing by the Board. Due to the varied programs, individual courses shall require individual approval after course content is reviewed by the Board.

(ii) Applicant shall provide evidence of satisfactory completion of each~~the~~ expanded functions course.

(iii) In the case of use of lasers, the applicant shall provide proof of certification from the Academy of Laser Dentistry or completion of a laser course through a CODA accredited dental hygiene program or other Board approved program. ~~Programs will be continually evaluated by the Board. Applicants for laser permit shall receive approval from the Board for their proposed course/program PRIOR to taking the course/program.~~

(iv) An in-person evaluation for ~~an~~ permit of expanded functions permit may be required by the Board to ascertain the applicant's knowledge of the expanded functions that the applicant wishes to be permitted to perform.

(c) Expanded Functions. The following may be performed by a dental hygienist with an appropriate expanded functions permit:

(i) Administer local anesthetics;

(ii) Administer and monitor nitrous oxide/oxygen; ~~and/or~~

(iii) Use lasers to provide soft tissue therapy within the dental hygienists scope of practice. Dental hygienists shall NOT use lasers at settings intended to cut/remove hard tissue or tooth structure; or

(iv) Provide public health services at facilities to include, but is-not limited to: federally funded health centers and clinics; nursing homes; extended care facilities; home health agencies; group homes for the elderly, disabled and youth; public health offices; Women, Infants, and Children; Head Start programs; child development programs; early intervention programs; migrant work facilities; free clinics; health fairs; public and private schools; state and county correctional institutions; community school-based prevention programs; and public health vans.

(A) Public health services solely consist of prophylaxis, fluoride varnishes, oral health education, and dental screenings. These services can be provided by the hygienist without prior authorization of the dentist. All patients seen shall be referred to a dentist annually.

(B) The public health hygienist must submit a Collaboration Agreement with a Wyoming licensed dentist. The hygienist must have a current Wyoming dental hygienist license with a minimum of two (2) years clinical experience. The hygienist must carry liability insurance.

**Section 6. Dental Assistants.** The following applies to all dental assistants:

(a) Dental Assistant. A dentist holding a current Wyoming license may employ persons designated as “Dental Assistants.” They may be trained by their employer or by an accredited or Board approved program for dental assistants.

(b) General Supervision. The following procedures require general supervision:

(i) Take vital statistics and health histories;

(ii) Instruct patients in proper dental health care;

(iii) Process radiographs;

(iv) Fabricate and cement temporary crowns;

(v) Replace ligature wires and/or place elastic ties;



- (vi) Remove ligature wire and/or elastic ties;
  - (vii) Place and remove orthodontic separators; and
  - (viii) Remove broken bands, brackets, wires and appliances in emergency situations or as needed for operative or prophylactic purposes.
- (c) Indirect Supervision. The following procedures require indirect supervision:
- (i) Take impressions other than final or master impressions and/or digital scan impressions;
  - (ii) Apply topical medications, excluding pit and fissure sealants;
  - (iii) Mix dental materials to be used by the dentist;
  - (iv) Place and expose x-ray image receptors (either film or digital); and
  - (v) Insert arch wires that have been adjusted by the dentist into the brackets or attachments and secured in place;
- (d) Direct Supervision. The following procedures require direct supervision:
- (i) Remove sutures;
  - (ii) Assist the dentist in all operative and surgical procedures;
  - (iii) Place and remove rubber dams;
  - (iv) Place and remove matrices;
  - (v) Remove excess cement from the coronal surfaces of the teeth;
  - (vi) Prepare and remove periodontal packs;
  - (vii) Polish the surfaces of the teeth, rubber cup only. A procedure performed by a dental assistant under this subsection may not be billed as a prophylaxis;
  - (viii) Perform whitening procedures;
  - (ix) Place and remove orthodontic wires and/or appliances that have been activated by the dentist;
  - (x) Take impressions for orthodontic retainers and removable appliances;

(xi) Remove direct bond attachments and bands;

(xii) Place pit and fissure sealants; and

(xiii) Treat diagnosed dry socket.

(e) Prohibitions. The following procedures may not be performed by dental assistants:

(i) Remove tooth structure;

(ii) Diagnose for treatment;

~~(iii) Remove chemically bonded attachments;~~

~~(iii)(iv) May not take~~ Take final impressions either digital or conventional or deliver a permanent prosthesis of any type; or

~~(iv)(v) Any procedure billed as a prophylaxis.~~

#### **Section 7. Exposure of Radiographic Images by Dental Assistants.**

(a) Eligibility. An applicant may seek a permit to expose dental radiographs under the indirect supervision of a dentist, if the applicant demonstrates competency.

(b) Application Requirements. Applicant shall:

(i) Submit a completed application and payment of fee; and

(ii) Demonstrate competency by completion of a course or examination in dental radiography approved by the Board.

(c) Renewal. A permit to expose radiographs shall expire December 31 annually, unless renewed.

#### **Section 8. Placement of Pit and Fissure Sealants by Dental Assistants.**

(a) Eligibility. An applicant may apply for a pit and fissure sealant ~~permitted certificate~~ if the applicant has successfully completed a Board approved course which may include:

(i) Board approved course meeting the requirements identified in subsection (c); or

(ii) CODA accredited dental hygiene program or a dental assisting program.

(b) Application Requirements. Applicant shall submit:

- (i) Completed application and payment of fee; and
  - (ii) Completed checklist demonstrating competency and completion of course.
- (c) Education. The education program shall include:
- (i) Didactic Education including:
    - (A) Infection Control;
    - (B) Microbiology;
    - (C) Chemistry;
    - (D) Dental anatomy;
    - (E) Ethics related to pit and fissure sealant application;
    - (F) Jurisprudence related to pit and fissure sealant application; and
  - (ii) Clinical Instruction including supervised application of sealants.

(d) Renewal. A permit to place pit and fissure sealants shall expire December 31 annually, unless renewed.

**Section 9. Code of Ethics for Dental Hygienists and Dental Assistants.** Each dental hygienist and dental assistant practicing in the state of Wyoming shall ~~subscribe to the following:~~

- (a) ~~To p~~Provide oral health care utilizing highest professional knowledge, judgment, and ability;
- (b) ~~To s~~Serve all patients without discrimination;
- (c) ~~To h~~Hold professional patient relationships in confidence;
- (d) ~~To u~~Utilize every opportunity to increase public understanding of oral health practices;
- (e) ~~To g~~Generate public confidence in members of the dental health profession;
- (f) ~~To e~~Cooperate with all health professions in meeting the health needs of the public;
- (g) ~~To r~~Recognize and uphold the laws and regulations governing this profession;

- (h) ~~To m~~Maintain professional competence through continuing education;
- ~~(i)(j)~~ ~~To e~~Exchange professional knowledge with other health professions;
- ~~(j)(k)~~ ~~To r~~Represent dental hygiene and/or dental assisting with high standards of personal conduct; and
- ~~(k)(4)~~ ~~To e~~Comply with the provisions of ADHA's Code of Ethics or Dental Assisting National Board's Code of Professional Conduct as referenced in Chapter 1.

## CHAPTER 9

### PRACTICE AND PROCEDURES FOR DISCIPLINARY, APPLICATION, AND LICENSURE MATTERS

**Section 1. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to:

- (a) Conduct investigations, hearings, and proceedings concerning:
  - (i) Alleged violations of the Act or the Board Rules; or
  - (ii) Actions relating to an application for a licensure including granting or denying.
- (b) Determine and administer appropriate disciplinary action against licensee.
- (c) For the purposes of this chapter, "licensee" means a dentist or dental hygienist.

**Section 2. Grounds for Discipline.** The Board may take disciplinary action or refuse to issue or renew a license for the any one (1) or more of the following acts or conduct:

- (a) Violations of the Act or Board Rules;
- (b) Unprofessional conduct. Unprofessional conduct relates to the practice of dentistry or any dental auxiliary occupation ~~that which~~ constitutes a departure from or failure to conform to the standards of acceptable and professional practices, including, but not limited to:
  - (i) Conduct ~~that which~~ indicates the licensee or applicant is grossly ignorant of health care and dental related standards and protocols;
  - (ii) Conduct ~~that which~~ indicates the licensee or applicant is inefficient by failing to provide timely care to a patient or by failing to refer the patient when circumstances indicate referral is appropriate;
  - (iii) Conduct or factors ~~that which~~ indicate the licensee's or applicant's competency is compromised;
  - (iv) Impairment due to drug abuse, alcohol abuse, or a physical or mental condition, which may have compromised, or may compromise, patient safety;
  - (v) Employing directly or indirectly any unlicensed person to perform operations of any kind of treatment for human teeth or jaws, or to perform any task which constitutes the practice of dentistry;

- (vi) Betraying patient confidences;
- (vii) Failing to make and maintain complete patient records ~~that~~which conform to prevailing record-keeping standards within the licensee holder's profession;
- (viii) Failing to provide a patient, or the Board, with a full and complete copy of all patient records, x-rays, molds, or any other item kept in the course of treatment or services rendered by the license holder, for any patient, if either the patient, the patient's legal guardian, or the Board requests said copies;
- (ix) Providing false, deceptive, or misrepresented information to the Board, committees or staff:
  - (A) In procuring or attempting to procure a license to practice dentistry;
  - (B) In filing or reporting any health care information, including but not limited to client documentation, agency records or other essential health documents;
  - (C) In signing any report or record as a dentist; or
  - (D) In submitting any information to the Board;
- (x) Failure of a dentist to verify that all staff employed by the dentist or individuals contracted with the dentists, are licensed or certified by the Board to perform all tasks requiring licensure or certification before such tasks are performed at the direction of the dentist;
- (xi) Directing or permitting any staff member to perform any procedure for which they are not licensed, certified, or competent;
- (xii) Performing any act or gesture which, from the standpoint of the patient, exploits the patient's trust between the patient and the patient's dentist. Such acts may include intimate or sexual advances, intimate or sexual contact, or the use of any unnecessary sedative substance without explicit written consent by the patient;
- (xiii) Performing any study or research without following standardized protocols for the research, including obtaining written and informed consent by the patient for any study;
- (xiv) Failure to maintain current CPR certification;
- (xv) Reprimand or other disciplinary action imposed by any academic institution or professional organization for cheating or plagiarizing;
- (xvi) Financial insolvency which may jeopardize the efficacy of treatment or appropriate standard of care provided to patients;

(xvii) Violation of any order, term, restriction, or condition imposed by the Board; or

(xviii) Failure to conform with any provision of the ADA Principles of Ethics and Code of Professional Conduct, ADHA Bylaws and Code of Ethics for Dental Hygienists, or the Dental Assisting National Board's Code of Professional Conduct, or the Centers for Disease Control's Summary of Infection Prevention Practices in Dental Settings as referenced in Chapter 1.

### **Section 3. Application Review and Investigation Process.**

(a) Application Review.

(i) Every application for a license or permit issued by the Board shall be subject to investigation to determine whether the requirements set forth in the ~~Dental Practice Act and Board Rules~~ are satisfied.

(ii) If any application, including renewals, reveals any information that~~which~~ which merits further investigation, the matter shall be assigned to the ARC.

(b) ~~Application Review Committee~~ Action. The ARC may:

(i) Recommend a license, ~~certificate~~, or permit be issued or renewed;

(ii) Recommend a license be issued, renewed, relicensed, or reinstated subject to conditions, restrictions, or other disciplinary action;

(iii)(ii) Recommend a settlement agreement, which may include the issuance of a license or renewal with the imposition of restrictions, conditions, reprimand, or a combination thereof; or

(iv)(iii) Recommend denial of the application.

(c) ~~Notice of Intent to Recommend Denial.~~ The ARC shall notify the applicant of its intent to recommend approval subject to conditions, restrictions, other disciplinary action, or denial. Such notification shall contain:

(i) A brief description of the facts or conduct that~~which~~ warrant the approval subject to conditions, restrictions, other disciplinary action, or denial of licensure;

(ii) A statement of the nature of the actions which warrant the approval subject to conditions, restrictions, other disciplinary action, or denial~~or other authorized action,~~ the facts upon which the ~~denial or other~~ action is based, the specific statutory provisions or the specific Board Rules involved; and

(iii) Notice of the right to a hearing if a written request is received in the Board office within thirty (30) days of the date of mailing the notice of intent~~letter of the denial~~.

(d) Applicant's Request for Hearing. If the ARC recommends approval subject to conditions, restrictions, other disciplinary action, or denial of an application, the applicant may request a contested case hearing in writing within thirty (30) days of the mailing of the notification.

#### **Section 4. Complaint Review and Disciplinary Investigation Process.**

(a) Complaint Review. Every complaint submitted to the Board or initiated on behalf of the Board shall be investigated by a DC.

(b) Disciplinary Committee Action. The DC may:

(i) Recommend dismissal of a complaint;

(ii) Recommend issuance of an advisory letter;

(iii) Recommend a settlement agreement, which may include voluntary surrender, suspension, -imposition of restrictions or conditions, reprimand, or other discipline;

(iv) Recommend disciplinary action against the licensee including revocation, suspension, reprimand, restrictions or conditions, or other discipline; or

(v) Recommend summary suspension.

(c) Summary Suspension. The Board may conduct an expedited hearing if the DC believes that the licensee's continued practice presents a danger to the public health, safety or welfare and recommends summary suspension.

#### **Section 5. Summary Suspension.**

(a) Recommendation. If the DC recommends summary suspension, the Board shall conduct an expedited proceeding to determine whether the licensee's continued practice presents a clear and imminent danger to public health, safety or welfare.

(b) Notice of Intent to Recommend Summary Suspension.

(i) The DC shall notify the licensee of its intent to recommend summary suspension;

(ii) The Notice of Intent shall contain:

(A) Copy of the complaint; and



(B) Notice that an expedited summary suspension proceeding shall be set at the earliest opportunity a quorum of Board members may be assembled;

(c) Notice of Expedited Proceeding. Upon confirmation of the date and time of the expedited proceeding, the DC shall notify the licensee in writing of the date and time of the proceeding.

**Section 6.~~Section 5.~~ Petition and Complaint and Notice of Hearing.**

(a) Petition and Complaint. Formal proceedings for disciplinary action against a licensee shall be commenced by serving a petition and complaint and notice of hearing~~and petition and complaint~~ by certified or regular mail at least thirty (30)~~twenty (20)~~ days prior to the date set for hearing.

(b) Notice of Hearing. The ~~n~~Notice of ~~h~~Hearing shall contain:

(i) The name and last known address of the licensee;

(ii) A statement in ordinary and concise language of the matters asserted, which shall contain the nature of the complaint filed with the Board, the facts upon which the complaint is based, the specific statutory provisions, and the specific Board Rules that the licensee is alleged to have violated;

(iii) The time, place, and nature of the hearing;

(iv) The legal authority and jurisdiction; and

(v) A statement indicating that failure to respond to the petition and complaint within twenty (20) days of its receipt may result in a default judgment.

**Section 7.~~Section 6.~~ Lawful Service.** There shall be a presumption of lawful service of a ~~p~~petition and complaint, nNotice of ~~h~~Hearing, or any other communication required by these Board Rules if sent to the last known address of the licensee or applicant by certified mail, or regular mail, or electronic mail to the e-mail address indicated to be the preferred method of communication.

**Section 8.~~Section 7.~~ Default.** The Board may enter an order of default judgment based on the allegations contained in the petition and complaint in any case where the licensee or the licensee's representative has not responded nor appeared at a scheduled noticed hearing.

**Section 9.~~Section 8.~~ Contested Case.** The hearing officer shall preside over the formal contested case hearing which shall be conducted pursuant to the WAPA and the Office of Administrative Hearings rules concerning contested case proceedings as referenced in Chapter 1.

**Section 10.~~Section 9.~~ Board Decision and Order.**

- (a) Board Action. The Board may resolve a complaint by:
- (i) Approving the recommendations of the DC or ARC; ~~or~~
  - (ii) Conducting a contested case hearing. Following the hearing and deliberation of all evidence admitted at a contested case hearing, the Board may:
    - (A) Dismiss the complaint due to lack of clear and convincing evidence;
    - (B) Issue, renew, relicense, or reinstate a license;
    - ~~(C)(B)~~ Issue an advisory letter; ~~or~~
    - (D) Issue, renew, relicense, or reinstate a license with conditions, restrictions, or other disciplinary action;
    - ~~(E)(C)~~ Impose discipline by revocation, suspension, reprimand, restrictions, conditions, non-renewal, or a combination thereof, for a violation of any provision of the Dental Practice Act or the Board Rules; ~~or~~
    - (F) Deny a license, renewal, reactivation, or reinstatement.
- (b) Board Order. The Board shall ~~issue, make and enter~~ a written decision and order. The decision and order shall be sent to the applicant, licensee, or their attorneys by certified or regular mail.

**Section 11.~~Section 10.~~ Appeals.**

- (a) Appeals from decisions of the Board are governed by the WAPA and the Wyoming Rules of Appellate Procedure.
- (b) Costs of transcripts and any reasonable costs assessed by the Board regarding the record on appeal shall be borne by the party making the appeal.

## CHAPTER 10

### FEES

**Section 1. Statement of Purpose.** These Board Rules are adopted to implement the Board's authority to determine and collect reasonable fees.

**Section 2. General Information.**

(a) Fees shall be payable in the exact amount by credit card, money order, or cashier's check, or certified check. ~~Renewal fees may be paid by personal check.~~

(b) All fees collected by the Board are non-refundable.

**Section 3. Fees.** Services for which the Board charges a fee shall include, but not be limited to, the following fee schedule:

<u>(a) Dentists:</u>	
(i) Application for Licensure by Examination	\$300
(ii) Application for Licensure by Endorsement	\$750
(iii) Application for Non-Clinical Licensure	\$50
(iv) License Renewal	\$185
(v) Late License Renewal (Jan 1 – Mar 31)	\$370
(vi) Non-Clinical License Renewal	\$25
(vii) Relicensure	\$370
(viii) Reinstatement	\$750
<u>(b) Sedation Permit Holders:</u>	
(i) Application for Moderate Sedation Permit	\$500
(ii) Application for Deep Sedation/General Anesthesia Permit	\$500
(iii) Application for Operating Dentist Permit	\$25
(iv) Application for Facility Permit	\$25

(v)	Office Inspector Fee (paid directly to each inspector)	\$250
(vi)	Moderate or Deep Sedation/General Anesthesia Permit Renewal	\$250
(vii)	Operating Dentist Permit Renewal	\$15
(viii)	Facility Permit Renewal	\$25
(ix)	Permit Reinstatement	\$500
(c)	<u>Dental Hygienists:</u>	
(i)	Application for Licensure by Examination	\$150
(ii)	Application for Licensure by Endorsement	\$200
(iii)	Application for Non-Clinical Licensure	\$50
(iv)	Applications for Dental Hygiene Expanded Functions	\$30
(iv)	License Renewal (including functions)	\$95
(v)	Late License Renewal (Jan 1 – Mar 31)	\$190
(vi)	Non-Clinical License Renewal	\$25
(vii)	Relicensure	\$190
(viii)	Reinstatement	\$200
(d)	<u>Dental Assistants:</u>	
(i)	Application for Radiograph Permit	\$30
(ii)	Application for Pit and Fissure Permit	\$30
(iii)	Radiograph and Pit and Fissure Permit Renewal	\$15
(e)	<u>Other Fees:</u>	
(i)	License or Permit Verification	\$25
(ii)	Replacement Document	\$25
(iii)	Roster	\$25

(iv)	Non-Sufficient Fund Fee	\$30
(a)	Dental Licensure	
(i)	Examination	\$300
(ii)	Endorsement	\$750
(iii)	Non-Clinical	\$250
(b)	Dental Hygiene Licensure	
(i)	Examination	\$150
(ii)	Endorsement	\$200
(iii)	Non-Clinical	\$125
(c)	Dental Licensure Renewal	
(i)	Annual Renewal	\$185
(ii)	Late Renewal (Jan 1 – Mar 31)	\$370
(d)	Dental Hygiene Licensure Renewal	
(i)	Annual Renewal	\$95
(ii)	Late Renewal (Jan 1 – Dec 31 following expiration)	\$190
(e)	Relicensure	
(i)	Dental License	\$370
(ii)	Dental Hygiene License	\$190
(f)	Reinstatement	
(i)	Dental License	\$750
(ii)	Dental Hygienist License	\$200
(g)	Sedation/Anesthesia Permit	
(i)	Application	

(A)	Permit Holder	\$500
(B)	Operating Dentist Permit	\$250
(C)	Facility Permit	\$25
(ii)	Inspector Fee (paid directly to each inspector)	\$250
(iii)	Annual Renewal	
(A)	Permit Holder	\$250
(B)	Operating Dentist Permit	\$125
(C)	Facility Permit	\$25
(iv)	Reinstatement	\$500
(h)	Radiology Permit – Dental Assistants	
(i)	Application	\$30
(ii)	Annual Renewal	\$15
(i)	Other Fees	
(i)	License Verification	\$25
(ii)	Replacement Document	\$25
(iii)	Roster	\$25
(iv)	Non-Sufficient Fund Fee	\$30
(v)	Photo Copy	20¢/page