



Notice of Intent to Adopt Rules

A copy of the proposed rules may be obtained at <https://rules.wyo.gov>

Revised June 2020

<u>1. General Information</u>			
a. Agency/Board Name*			
b. Agency/Board Address		c. City	d. Zip Code
e. Name of Agency Liaison		f. Agency Liaison Telephone Number	
g. Agency Liaison Email Address			
h. Date of Public Notice		i. Comment Period End Date	
j. Public Comment URL or Email Address:			
k. Program			
Amended Program Name (if applicable):			
* <input type="checkbox"/> By checking this box, the agency is indicating it is exempt from certain sections of the Administrative Procedure Act including public comment period requirements. Please contact the agency for details regarding these rules.			
<u>2. Legislative Enactment</u> For purposes of this Section 2, "new" only applies to regular non-emergency 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 non-emergency regular rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?			
<input type="checkbox"/> No. <input type="checkbox"/> Yes. If the rules are new, please provide the Legislative Chapter Numbers and Years Enacted (e.g. 2015 Session Laws Chapter 154):			
<u>3. Rule Type and Information</u> For purposes of this Section 3, "New" means an emergency or regular rule that has never been previously created.			
a. Provide the Chapter Number, Title and Proposed Action for Each Chapter. Please use the "Additional Rule Information" form to identify additional rule chapters.			
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
Amended Chapter Name (if applicable):			
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
Amended Chapter Name (if applicable):			
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
Amended Chapter Name (if applicable):			
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
Amended Chapter Name (if applicable):			
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
Amended Chapter Name (if applicable):			



Additional Rule Information

Revised June 2020

Include this page only if needed.

1. General Information

a. Agency/Board Name*		
b. Agency/Board Address	c. City	d. Zip Code
e. Name of Agency Liaison	f. Agency Liaison Telephone Number	
g. Agency Liaison Email Address		
h. Program		
Amended Program Name (if applicable):		

2. Rule Type and Information, Cont.

a. Provide the Chapter Number, Title, and Proposed Action for Each Chapter.

Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		

4. Public Comments and Hearing Information

a. A public hearing on the proposed rules has been scheduled. No. Yes. Please complete the boxes below.

Date:	Time:	City:	Location:
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b. What is the manner in which interested persons may present their views on the rulemaking action?

By submitting written comments to the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

A public hearing will be held if requested by 25 persons, a government subdivision, or by an association having not less than 25 members. Requests for a public hearing may be submitted:

To the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

c. Any person may urge the Agency not to adopt the rules and request the Agency to state its reasons for overruling the consideration urged against adoption. Requests for an agency response must be made prior to, or within thirty (30) days after adoption, of the rule, addressed to the Agency and Agency Liaison listed in Section 1 above.

5. Federal Law Requirements

a. These rules are created/amended/revoked to comply with federal law or regulatory requirements. No. Yes. Please complete the boxes below.

Applicable Federal Law or Regulation Citation:
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Indicate one (1):

The proposed rules meet, but do not exceed, minimum federal requirements.

The proposed rules exceed minimum federal requirements.

Any person wishing to object to the accuracy of any information provided by the Agency under this item should submit their objections prior to final adoption to:

To the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

6. State Statutory Requirements

a. Indicate one (1):

The proposed rule change *MEETS* minimum substantive statutory requirements.

The proposed rule change *EXCEEDS* minimum substantive statutory requirements. Please attach a statement explaining the reason that the rules exceed the requirements.

b. The Agency has completed a takings assessment as required by W.S. 9-5-304. A copy of the assessment used to evaluate the proposed rules may be obtained:

By contacting the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

7. Additional APA Provisions

a. Complete all that apply in regards to uniform rules:

These rules are not impacted by the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j).

The following chapters do not differ from the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j):

_____ (Provide chapter numbers)

These chapters differ from the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j) (see Statement of Principal Reasons).

_____ (Provide chapter numbers)

b. Checklist

The Statement of Principal Reasons is attached to this Notice and, in compliance with *Tri-State Generation and Transmission Association, Inc. v. Environmental Quality Council*, 590 P.2d 1324 (Wyo. 1979), includes a brief statement of the substance or terms of the rule and the basis and purpose of the rule.

If applicable: In consultation with the Attorney General's Office, the Agency's Attorney General representative concurs that strike and underscore is not required as the proposed amendments are pervasive (Chapter 3, *Types of Rules Filings*, Section 1, Proposed Rules, of the Rules on Rules).

8. Authorization

a. I certify that the foregoing information is correct.

<i>Printed Name of Authorized Individual</i>	
<i>Title of Authorized Individual</i>	
<i>Date of Authorization</i>	

STATEMENT OF PRINCIPAL REASONS
FOR FORMAL ADOPTION OF REGULAR RULES

The Wyoming Board of Dental Examiners (Board) is authorized to adopt rules and regulations to implement the Board's practice act. The Board regularly reviews its rules to correct inconsistencies, eliminate any repetition with its practice act, correct grammatical errors, and update the rules' requirements. Furthermore, recent amendments to the Board's Practice Act as a result of 2021 Senate Enrolled Act 43 have necessitated additional rules changes. Specifically, these Act revisions changed the license expiration date from an annual renewal to a biennial renewal and updated the name of the national written examination for dentists. As a result, the Board is proposing changes to nearly every chapter of its rules.

Chapter 1: General Provisions

- Section 3:
 - Corrected a typographical error in the definition of ADHA.
 - Removed the definitions of CDCA, CITA, CRDTS, SRTA, and WREB as these specific exam companies are no longer referenced in rule. Instead, the Board will only list required exam criteria instead of specific examinations.
 - Removed the definition of "CPR" as all references to the required life support training have been changed to "BLS" for basic life support.
 - Updated NBDE definition to INDBE to reflect new examination name. This change is now permitted pursuant to 2021 SEA No. 0043.
 - Removed the requirement for a PBIS report for dental endorsement candidates as PBIS is no longer in business effective December 31, 2020.
 - Added a definition for teledentistry using resources from the American Dental Association, American Association of Dental Boards, and other state dental boards as related requirements were added into Chapter 4. Although teledentistry is already permitted, the Board seeks to make those requirements clearer to better ensure patient safety.
 - Renumbered section accordingly.
- Section 6:
 - Updated the Board's Rules webpage link to all references by incorporation.
 - Updated ADA Code of Ethics, the American Dental Hygienists' Association (ADHA) Code of Ethics, the Dental Assisting National Board (DANB) Code of Ethics, the Summary of Infection Prevention Practices in Dental Settings, and OAH Rules to the newest versions.
 - Added the CDC Guideline for Prescribing Opioids for Chronic Pain reference. This is intended to better define appropriate opioid prescribing standards for licensees. It is the Board's hope that this will alleviate prescriptive related complaints.

Chapter 3: Requirements for Licensure and Renewal

- General Changes:
 - Added authority section as required by Wyo. Stat. Ann. § 16-3-104(a).
 - Renumbered chapter sections accordingly.
 - Made some grammatical revisions.
- New Section 5:

- Removed the requirement for the ARC to recommend eligibility to test. This will allow applicants to complete the jurisprudence examination prior to application review and remove additional delay from application to licensure.
- Changed the exam pass rate from 75% to 80% as the exam has evolved to now be offered “open book” and the Board has determined a higher pass rate is appropriate.
- Added a requirement that applicants who fail the exam must wait 1 week to re-test to encourage applicants to study prior to the examination.
- New Section 6 (Dentist by Examination):
 - Added a broad eligibility description to account for individuals not licensed elsewhere that have graduated more than 1 year prior to application. Current eligibility requirements do not offer a licensure path for these individuals.
 - Added BLS and transcripts as application requirements in rule to clearly reflect materials required by the application form.
 - Updated prosthodontics requirements to support current testing procedures.
 - Removed “and root planing” because it is no longer a skill assessed at clinical examinations.
 - Updated restorative dentistry requirement to support current testing procedures.
 - Added a competency section to ensure that the updated eligibility definition ensures those out of clinical practice can adequately demonstrate competency. Added requirement for continuing education to be earned from an accredited dental program or pre-approved by the Application Review Committee.
- New Section 7 (Dentist by Endorsement):
 - Clarified eligibility language.
 - Removed the requirement for a PBIS report for dental endorsement candidates as PBIS is no longer in business effective December 31, 2020. (Currently addressed via existing emergency rules)
 - Incorporated application requirements in rule that were previously collected by PBIS, including: BLS, verification of an active license in another jurisdiction, and a copy of the applicant’s dental diploma.
 - Clarified regional examination requirements.
 - Changed CE competency hours from ten (10) hours to eight (8) hours annually. As the Board previously determined sixteen (16) hours every two years adequate CE competency for renewal, eight (8) would be the appropriate requirement annually.
 - Clarified competency CE must be earned from an accredited dental program or pre-approved.
- New Section 8 (Dental Hygiene by Examination):
 - Added a broad eligibility description to account for individuals not licensed elsewhere that have graduated more than 1 year prior. Current eligibility requirements do not offer a path for these individuals.
 - Added BLS and transcripts as application requirements in rule to clearly reflect materials required by the application form.
 - Clarified that dental hygiene exams must be performed on a patient and not a simulated patient or manikin. The Board has concluded that patient care and safety cannot be similarly identified or managed on a simulated patient as on actual patients.
 - Added a competency section to ensure that the updated eligibility definition ensures those out of clinical practice can adequately demonstrate competency.

Added requirement for continuing education to be earned from an accredited dental hygiene program or pre-approved by the Application Review Committee.

- New Section 9 (Dental Hygiene by Endorsement):
 - Clarified eligibility language.
 - Removed the requirement for a PBIS report for dental endorsement candidates as PBIS is no longer in business effective December 31, 2020.
 - Incorporated application requirements in rule that were previously collected by PBIS, including: BLS, verification of an active license in another jurisdiction, a copy of the applicant's diploma, and exam scores.
 - Clarified regional examination requirements to address competency and not specify an examination company. This better matches how the dental examination requirements are listed.
 - Changed CE competency hours from ten (10) hours to eight (8) hours annually. As the Board previously determined sixteen (16) hours every two years adequate CE competency for renewal, eight (8) would be the appropriate requirement annually.
 - Clarified competency CE must be earned from an accredited dental program or pre-approved.
- New Section 10:
 - Updated license expiration references pursuant to 2021 SEA No. 0043 that require licenses be renewed every two years instead of annually.
 - Added requirement that licensees verify active clinical practice. This is required by W.S. 33-15-109(b) and has always been on the renewal form, but now added to rule to further clarify renewal requirements.
 - Clarified exam requirement for those out of clinical practice and removed the requirement to apply for a non-clinical license. The Board is striking the non-clinical license as explained in Section 15 below.
- New Section 12:
 - Updated license expiration references pursuant to 2021 SEA No. 0043 that require licenses be renewed every two years instead of annually.
 - Clarified that late renewals must also provide evidence of CE completion.
- New Section 14:
 - Clarified applicants must provide eight (8) hours of CE for each year the license has been lapsed. While this is the same requirement as sixteen (16) hours every two (2) years, this wording is clearer for licenses that have been lapsed three (3) years instead of two (2).
 - Changed CE competency hours from ten (10) hours to eight (8) hours annually. As the Board previously determined sixteen (16) hours every two years adequate CE competency for renewal, eight (8) would be the appropriate requirement annually.
 - Clarified competency CE must be earned from an accredited dental program or pre-approved.
- Section 15:
 - Removed the non-clinical licensure method. It was determined the non-clinical license was initially created based on W.S. 33-15-109(b), but upon review, the Board did not believe it was necessary.

Chapter 4: Dental Practice

- General Changes:

- Added authority as required by Wyo. Stat. Ann. § 16-3-104(a).
- Renumbered chapter sections accordingly.
- Made some grammatical revisions.
- New Section 3:
 - Added requirements for performing teledentistry using resources from the American Dental Association and American Association of Dental Boards. Although teledentistry is already permitted, the Board seeks to make those requirements clearer to better ensure patient safety.
- New Section 4:
 - Clarified that licensees using satellite offices must adhere to the same standard of care in the satellite office as the main office.
- New Section 5:
 - Updated requirements for radiograph use by dentists. The Board used provisions in place by the Colorado Department of Public Health and Environment, the Minnesota Department of Health, and the Utah Department of Environmental Quality in addition to a technical white paper by the Conference of Radiation Control Program Directors Task Force on Cone Beam Computed Tomography. The revisions in this section will no longer require licensees to document their machine inspections to the Board office, but instead allow licensees to attest to compliance with these requirements periodically as determined in this section. This will alleviate board administrative time for a business process that occurs between an inspector and dentist, but also ensure machines are appropriately inspected.

Chapter 5: Anesthesia Administration and Sedation Permit Procedures

This chapter was significantly revised to make requirements easier for licensees to adhere to and for board staff to administer. The significant changes are:

- Removing the operating dentist sedation permit. This permit allowed individuals already licensed as dentists to perform the same function the dental license allows for. This is being removed to avoid redundancy and alleviate an unnecessary permitting process for licensees and staff.
 - Better clarification of the facility permit process. This change includes clearly identifying a responsible dentist accountable for the facility permit. This allows the Board to monitor where sedation is being performed while ensuring an individual license holder is responsible for that sedation procedure.
 - Reorganization to move requirements for administration, office inspection requirements, patient monitoring and documentation requirements, and personnel requirements under each respective anesthesia level. This will allow a permit holder to find all practice requirements for their specific permit level in one section instead of spread throughout the chapter.
-
- General Changes:
 - Added authority as required by Wyo. Stat. Ann. § 16-3-104(a).
 - Renumbered chapter sections accordingly.
 - Made some grammatical revisions.
 - New Section 3 (Old Section 2):
 - Changed definition of “anxiolysis” to mean minimal sedation. Minimal sedation is further defined in this section and this change reduces redundancy and confusion.

- Removed definition of dentist as this is defined in statute.
- Clarified the “facility permit” is tied to one specific facility.
- Added definition of “facility permit holder” to require a licensed dentist as accountable for this permit.
- Updated “minimal sedation” to incorporate anxiolysis administration.
- Removed “operating dentist” as this is no longer required. As explained above, this permit allows individuals already licensed as dentists to perform the same function the dental license already allows. This is being removed to avoid the redundancy and alleviate an unnecessary permitting process for licensees and staff.
- Removed “permit holder” definition. There were multiple permits being issued as a result of this chapter and this term was confusing when used within the chapter. It has been either stricken or clarified as used in the rest of this chapter.
- Defined a responsible dentist to support other facility permit changes.
- Defined a sedation inspector. The requirement for a board approved inspector was already within this chapter, but not clearly defined. As the Board currently requires x-ray machine inspectors the lack of clarification was confusing.
- New Section 4 (Old Section 3)::
 - Removed operating dentist from this section.
 - Clarified “permit holder” was a “sedation permit holder” in this section.
- Old Section 4:
 - Deleted section and incorporated requirements for anxiolysis into the following minimal sedation section (section 5).
- Section 5:
 - Removed operating dentist from this section.
 - Moved deleted Section 4 content into subsection (c).
 - Moved deleted Section 12(a) content into subsection (d).
 - Moved deleted Section 13(a) and (b) content into subsection (e).
 - Moved deleted Section 14(a) and (b) content into subsection (f).
 - Changed anxiolysis to administration.
- Section 6:
 - Moved deleted Section 12(b) and (c) content into subsection (b).
 - Moved deleted Section 13(a) and (c) content into subsection (c).
 - Moved deleted Section 14(a),(c) and (d) content into subsection (d).
 - Removed operating dentist from this section.
 - Clarified “permit holder” was a “sedation permit holder” in this section
 - Deleted new subsection(e)(v) as grounds for discipline in Chapter 9 would address this violation
 - Deleted subsection (d). This definition would allow an individual to be sedated past moderate and was inaccurate.
- Section 7:
 - Removed requirement for the ARC to approve applicants for a site inspection. Many applicants can obtain a site inspection prior to application completion and ARC review. This is anticipated to help speed up the time from application to a sedation permit.
 - Moved deleted Section 11(b)(ii)(B) content into subsection (c).
 - Moved deleted Section 11(b)(ii)(C) content into subsection (d). Also included simulated emergencies listing that has been used in the inspector’s checklists.
 - Moved deleted Section 11(b)(ii)(D) content into subsection (e).

- Deleted requirement for applicants to pay inspectors a fee. It was determined the Board could not set fees for services provided by private individuals.
- Section 8:
 - Removed requirement for the ARC to approve applicants for a site inspection. Many applicants can obtain a site inspection prior to application completion and ARC review. This is anticipated to help speed up the time from application to a sedation permit.
 - Moved deleted Section 11(b)(ii)(B) content into subsection (c).
 - Moved deleted Section 11(b)(ii)(C) content into subsection (d). Also included simulated emergencies listing that has been used in the inspector's checklists.
 - Moved deleted Section 11(b)(ii)(D) content into subsection (e).
 - Deleted requirement for applicants to pay inspectors a fee. It was determined the Board could not set fees for services provided by private individuals.
- Old Section 9:
 - Deleted section. Temporary permits were necessary while applicants waited for their facilities to be inspected. Now that this inspection can occur upon application, this waiting period is no more and the temporary permit was removed accordingly.
- New Section 9:
 - Incorporated content deleted from Section 16. This was created in new Section 9 as the renewal requirement appeared to be the logical section to follow application requirements. Licensees are more likely to comply when requirements are more easily located.
 - Updated renewal expiration date to “every second year” to match recent Practice Act revisions pursuant to 2021 Senate Enrolled Act 43.
- New Section 10:
 - Incorporated content deleted from Section 17. This was created in new Section 10 as the reinstatement requirement appeared to be the logical section to follow renewal requirements.
- New Section 11 (Old Section 10):
 - Clarified the inspector is a sedation inspector. The Board currently requires x-ray machine inspectors and the lack of clarification was confusing.
 - Removed requirement for a sedation inspector to hold a sedation permit. This requirement conflicted with the ability to have an anesthesiologist or certified nurse anesthetist conduct sedation inspections, as they are not licensed by this board and unable to hold a sedation permit issued by this board.
 - Changed “dental specialist” to “oral maxillofacial surgeon”. Not all dental specialists have equal sedation training, so the Board changed this requirement to an oral maxillofacial surgeon who has the appropriate training and education.
 - Moved requirement for a sedation inspector to be considered an agent for the Board to the top of the list.
 - Changed clinical locations to sedation facilities to better match wording for a facility permit.
 - Added requirement for an inspector to review a sedation permit applicant's surgical techniques.
- Old Section 11:
 - Deleted section. Inspection requirements moved to New Section 12, inspection review, surgical/anesthetic techniques, simulated emergencies, and discussion

period moved to Sections 7 and 8. Inspection and reinspection processes moved to New Section 13.

- New Section 12:
 - Incorporated initial inspection requirements for facilities from Old Section 11 and facility renewal permit language from Old Section 16.
 - Updated renewal expiration date to “every second year” to match recent Practice Act revisions pursuant to 2021 Senate Enrolled Act 43.
- New Section 13:
 - The sedation facility inspection process and reinspection process were moved here from Old Section 11.
- Old Section 12:
 - Office faculties and equipment requirements were moved to Section 5 for minimal sedation and Section 6 for moderate and deep sedation.
- Old Section 13:
 - Patient monitoring and documentation requirements were moved to Section 5 for minimal sedation and Section 6 for moderate and deep sedation.
- Old Section 14:
 - Dental Personnel requirements were moved to Section 5 for minimal sedation and Section 6 for moderate and deep sedation.
- Old Section 15:
 - The application process for facility permits was moved to New Section 12 and the operating permit requirements were deleted.
- Old Section 16:
 - This renewal of sedation permits section was moved to New Section 10. This change more logically follows a permit procedure through rule - from the application requirements, to the application process, to renewal requirements, etc.
- Old Section 17:
 - This reinstatement of expired and revoked sedation permits was moved to New Section 10. This change more logically follows a permit procedure through rule - from the application requirements, to the application process, to renewal requirements, to reinstatement requirements.
- Old Section 18:
 - The requirement for sedation permit holders to report any morbidity, mortality, or other incident resulting in injury requiring hospitalization was moved to Chapter 6 on Ethics in the rules effective December 9, 2019. This is now a requirement for all licensees to report these outcomes to the Board.

Chapter 7: Dental Auxiliaries

- General Changes:
 - Added authority as required by Wyo. Stat. Ann. § 16-3-104(a).
 - Renumbered chapter sections accordingly.
 - Made some grammatical revisions.
 - Changed “functions” to “duties” throughout Chapter to comply with wording in the Board’s Practice Act.
- New Section 5:
 - Defined community dental health activities. This expanded definition will allow any hygienist to perform these duties under general supervision and will remove the special expanded duty of the Public Health Hygienist. Now hygienists need no

- longer apply for a special permit to perform public health services and can do so under general supervision instead of direct supervision.
 - Added silver diamine fluoride to acceptable duties. This will alleviate many questions licensees have posed to the Board.
- New Section 6:
 - Deleted public health hygiene from the expanded duties as this is now allowed without the expanded functions permit as described under New Section 5 above.
- New Section 7:
 - Moved placing and exposing x-ray image receptors, added need for a dentist's order to do so, and placed under general supervision instead of indirect supervision. This allows permitted assistants to begin x-rays for a patient with a dentist's order and not their physical presence.
 - Clarified polishing should be done on coronal surfaces of teeth and removed prohibition for prophylaxis procedures as already listed in subsection (e).
 - Clarified use of high and low speed hand pieces is prohibited by assistants except for the coronal polishing. This is intended to alleviate frequent questions received and ensure only those appropriately trained are using such equipment.
- New Section 8:
 - Updated application competency requirement to specify training must be completed in the year prior to application and added option to demonstrate competency through a similar credential in another jurisdiction.
 - Added late renewal process.
- New Section 9:
 - Clarified training must be completed in the year prior to application.
 - Added late renewal process.

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

The Board is revising its chapter governing investigations and contested cases for discipline and license applications. The changes bring the Board's discipline chapter in line with the procedures other professional licensing boards use to clarify the investigation process and protect the due process rights of licensees.

Chapter 10: Fees

- General Changes:
 - Added authority as required by Wyo. Stat. Ann. § 16-3-104(a).
 - Renumbered chapter sections and subsections accordingly.
 - Made some grammatical revisions.
- New Section 3:
 - Removed payment methods which will allow the Board to transition to online credit card payments in the future.
 - Added requirement for fees related to public records to be assessed pursuant to the corresponding A&I Rules.
- New Section 4:
 - Removed non-clinical application and renewal fees from the dental and dental hygiene fee subsections as the non-clinical license was removed.
 - Removed Operating Dentist Permit Application and Renewal fees as this permit was removed from Chapter 5.

- Removed office inspector fee. The requirement for applicants to pay inspectors a fee was removed from Chapter 5 as it was determined the Board could not set fees for services provided by private individuals.
- Lowered renewal fees as follows:
 - Dentist Renewal from \$185 annually (or \$370 biennially) to \$350 biennially
 - Sedation Permit Renewal from \$250 annually (or \$500 biennially) to \$475 biennially
 - Hygiene Renewal from \$95 annually (or \$190 biennially) to \$170 biennially
- Clarified permit reinstatement was for a sedation permit reinstatement.
- Separated radiograph permit renewal fee from the pit and fissure permit renewal fee and created a pit and fissure permit renewal fee, as some individuals may now hold a pit and fissure permit without also holding a radiograph permit. Lowered the permit renewal fee from \$15 annually (or \$30 biennially) to \$20 biennially.
- Added fee for late permit renewal. The Board presently assesses a \$15 fee for each year the permit has been expired. This would instead be a single late fee payment of \$15.
- Removed roster fee as this information is provided free of charge.

CHAPTER 1

GENERAL PROVISIONS

Section 1. Authority. These Board Rules are adopted to implement the Board's authority under Wyoming Statute 33-15-108(g) and 16-3-103(j) 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, W.S. 33-15-101 through -133.
- (b) "ADA" means American Dental Association.
- (c) "ADHA" means American Dental Hygienists' 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) "CE" means continuing education.
- (i) "CODA" means Commission on Dental Accreditation.
- (j) "DANB" means Dental Assisting National Board.
- (k) "DC" means Disciplinary Committee.
- (l) "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).
- (m) "EKG" means Electrocardiogram.

- (n) “Hands on” means involving or offering active participation rather than theory.
- (o) “INBDE” means Integrated National Board Dental Examination.
- (p) “NBDHE” means National Board Dental Hygiene Examination.
- (q) “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.
- (r) “Teledentistry” means the use of data transmitted through interactive audio/video or data communications either by synchronous or asynchronous technology for the purposes of examination, diagnosis, treatment planning, consultation or directing the delivery of treatment by dentists and dental auxiliary in settings permissible and consistent with the rules of supervision. Teledentistry service may include telephone, electronic mail message, or facsimile transmitting, or online tool.
 - (i) Synchronous technology: secure two-way audio/visual technology that allows a dentist and dental auxiliary to see and communicate in real time with a patient who is located in a different physical location.
 - (ii) Asynchronous technology: the transmission of recorded health information (radiographs, photographs, video and other digital media) through a secure electronic communications system to a dentist and dental auxiliary who uses the information to evaluate a patient’s condition or render a service outside of a real-time or live interaction.
- (s) “WAPA” means Wyoming Administrative Procedure Act, W.S. 16-3-101 through 115.

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, excluding Principles 5.H. and 5.I., adopted by the ADA and revised November 2018, found at: <https://dental.wyo.gov/rules>.

(ii) Bylaws and Code of Ethics, adopted by the ADHA and effective on June 2020, found at: <https://dental.wyo.gov/rules>.

(iii) Dental Assisting National Board's Code of Professional Conduct, adopted by the DANB and revised February 2018, found at: <https://dental.wyo.gov/rules>.

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

(v) Centers for Disease Control Guideline for Prescribing Opioids for Chronic Pain - United States, 2016, adopted by the Centers for Disease Control and Prevention and effective March 18, 2016, found at: <http://dental.wyo.gov/rules>.

(vi) Chapter 2 - Uniform Rules for Contested Case Practice and Procedure, adopted by the Office of Administrative Hearings and effective on July 20, 2017, found at: <https://dental.wyo.gov/rules>.

(vii) 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 <https://dental.wyo.gov/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. Authority. The Board is authorized under Wyoming Statute 33-15-108(g) and 33-15-120(e) to promulgate rules and regulations related to the application, licensure, and renewal procedures to dentistry and dental hygiene in Wyoming.

Section 2. 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 licenses.

Section 3. 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 4. 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 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 5. Jurisprudence Examination.

(a) The Board shall issue a dental or dental hygiene license to any applicant who meets the qualifications for licensure identified in Sections 6, 7, 8, 9, and 14 and successfully passes the jurisprudence examination.

(b) To successfully pass the jurisprudence examination, the applicant shall score at least an 80% on the exam.

(c) Applicants that fail the examination shall wait one (1) week to retest.

Section 6. Dental Licensure by Examination.

(a) Eligibility. An applicant may seek initial licensure if the applicant is not licensed to practice in another jurisdiction, or if licensed in another jurisdiction but that jurisdiction's licensure requirements are not equivalent to Wyoming, or if the applicant fails to meet other licensure methods.

(b) Application Requirements. Applicant shall:

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

(ii) Submit current certification in BLS;

(iii) Request official transcripts from a CODA accredited dental program;

(iv) Request score reports documenting successful passage of the INDBE;

(v) Request score reports documenting successful passage of 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, a full crown procedure and a separate bridge with two (2) abutment preparations.

(C) Periodontics, including scaling 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. Slot preps shall not be accepted.

(vi) If an applicant has been out of clinical practice for more than one (1) year, the applicant shall submit the following evidence to demonstrate competency:

(A) Graduation from a CODA accredited dental program in the preceding twelve (12) months; or

(B) Successful completion of a regional clinical examination that meets the criteria in Section 6(b)(v) within the preceding five (5) years and completion of eight (8) hours hands-on clinical CE for each year out of clinical practice. The CE must be earned from a CODA accredited dental program or pre-approved by the ARC prior to completion.

Section 7. 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 equivalent to Wyoming's requirements.

(b) Application Requirements. Applicant shall:

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

(ii) Submit current certification in BLS;

(iii) Submit evidence demonstrating completion of requirements identified in Section 6(b)(iv) and (v). If applicant successfully passed a regional clinical examination as identified in Section 6(b)(v) which did not include a fixed prosthodontics component, applicant shall submit evidence of active clinical practice of 5,000 hours in the last five (5) years or verification of completion of a general practice residency (GPR), advanced education in general dentistry (AEGD), or other specialty practice residency as identified in Chapter 6;

(iv) Request verification of an active license in another jurisdiction;

(v) Submit a copy of the diploma from a CODA accredited program; and

(vi) If an applicant has been out of clinical practice for less than five (5) years, the applicant shall submit the following evidence to demonstrate competency:

(A) Active clinical practice of 1,000 hours in the last twelve (12) months;

(B) Successful completion of a regional clinical examination that meets the criteria in Section 6(b)(v) within twelve (12) months; or

(C) Completion of eight (8) hours of hands-on clinical continuing education for each year not actively practicing. The CE must be earned from a CODA accredited dental program or pre-approved by the ARC prior to completion.

(vii) If an applicant has been out of active clinical practice for more than five (5) years, the applicant shall submit the following evidence to demonstrate competency:

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

(B) Completion of eight (8) hours of hands-on clinical continuing education for each year not actively practicing. The CE must be earned from a CODA accredited dental program or pre-approved by the ARC prior to completion.

Section 8. Dental Hygiene Licensure by Examination.

(a) Eligibility. An applicant may seek initial licensure if the applicant is not licensed to practice in another jurisdiction, or if licensed in another jurisdiction but that jurisdiction's licensure requirements are not equivalent to Wyoming, or if the applicant fails to meet other licensure methods.

(b) Application Requirements. Applicant shall:

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

(ii) Submit current certification in BLS;

(iii) Request official transcripts from a CODA accredited program;

(iv) Request score reports documenting successful passage of the NBDHE;
and

(v) Request score reports documenting successful passage of a patient-based clinical licensure examination

(vi) If an applicant has been out of clinical practice for more than one (1) year, the applicant shall submit the following evidence to demonstrate competency:

(A) Graduation from a CODA accredited program in the preceding twelve (12) months; or

(B) Successful completion of a regional clinical examination that meets the criteria in Section 8(b)(v) within the preceding five (5) years and completion of eight (8) hours hands-on clinical CE for each year out of clinical practice. The CE must be earned from a CODA accredited dental hygiene program or pre-approved by the ARC prior to completion.

Section 9. 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 equivalent to Wyoming's requirements.

(b) Application Requirements. Applicant shall:

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

(ii) Submit current certification in BLS;

(iii) Submit evidence demonstrating completion of requirements identified in Section 8(b)(iv) and (v);

- (iv) Submit verification of an active license in another jurisdiction;
- (v) Submit a copy of the diploma from a CODA accredited program; and
- (vi) If an applicant has been out of active clinical practice for less than five (5) years, the applicant shall submit the following evidence to demonstrate competency:

- (A) Active clinical practice of 800 hours in the last twelve (12) months;

- (B) Successful completion of a regional clinical examination that meets the criteria in Section 8(b)(v) within twelve (12) months; or

- (C) Completion of eight (8) hours of hands-on continuing education for each year not actively practicing. The CE must be earned from a CODA accredited dental hygiene program or pre-approved by the ARC prior to completion.

- (vii) If an applicant has been out of clinical practice for more than five (5) years, the applicant shall submit the following evidence to demonstrate competency:

- (A) Successful completion of a regional clinical examination that meets the criteria in Section 8(b)(v) within twelve (12) months; and

- (B) Completion of eight (8) hours of hands-on clinical continuing education for each year not actively practicing. The CE must be earned from a CODA accredited dental hygiene program or pre-approved by the ARC prior to completion.

Section 10. Annual Licensure Renewal.

- (a) Expiration.

- (i) All dental and dental hygiene licenses shall expire December 31 of every second year.

- (ii) Unless a licensee timely renews their license, the licensee shall not practice after their expiration date.

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

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

- (ii) Verify current certification in BLS; and

- (iii) Acquire sixteen (16) hours of CE that complies with Section 11.

(iv) Verify active clinical practice within the preceding five (5) years.

(c) Competency Requirement. After five (5) years of inactive clinical practice, an applicant shall demonstrate competency by successful completion of regional clinical examination that meets the requirements in Section 6(b)(v) for dentists and Section 8(b)(v) for dental hygienists.

Section 11. Continuing Education Requirements.

(a) Renewal Period. CE shall be obtained January 1 of even years through December 31 of odd years. The first CE period begins on January 1st following the date the license was issued.

(i) For a new hygienist with a license issued in an even year, the licensee shall submit eight (8) hours of CE.

(ii) For a new dentist with a license issued in an even year, the licensee shall submit eight (8) hours of CE, three (3) of which must be related to the responsible prescribing of controlled substances.

(b) CE Content.

(i) The subject matter shall relate directly to the professional competence of the licensee or patient care rendered by the licensee. Acceptable CE subjects include, but are not limited to, the following clinical subjects relating to the dental profession: oral surgery, operative dentistry, oral pathology, preventive dentistry, orthodontics, clinical patient management, pediatric dentistry, oral biology, periodontics, prosthodontics, dental materials, implantology, radiology, infection control, endodontics, management of medical emergencies, dental anesthesiology, professional ethics, and pharmacology.

(ii) Unacceptable subjects include, but are not limited to, practice building and business management courses.

(iii) CE may be acquired in any jurisdiction.

(iv) CE earned in excess of the sixteen (16) hours required for renewal may not be carried forward to apply toward the next renewal period.

(c) Of the required sixteen (16) hours, a dentist shall obtain three (3) hours of CE related to the responsible prescribing of controlled substances every two (2) years. This requirement shall not apply to dental hygienists.

(d) Waiver. The Board may grant a waiver for CE requirements to licensees who have petitioned and demonstrated just cause based on extenuating circumstances.

(e) CE Audit.

(i) The licensee shall maintain evidence of CE compliance for at least four (4) years after the renewal period in which the course was applied.

(ii) Failure to provide the documents requested for audit within thirty (30) days may subject the licensee to disciplinary action.

(iii) If the Board disallows any CE, the licensee shall have one hundred twenty (120) days from notice of such disallowance to:

(A) Provide evidence that the disallowed CE meet the criteria established by these rules;

(B) Provide documentation of having acquired additional CE during the required time frame; or

(C) Resolve the disallowance by acquiring the required number of CE.

(D) Any CE activity completed past the renewal date to resolve a disallowance may not be reported on subsequent applications for license renewal.

(iv) If a licensee fails to complete the required number of CE, the licensee shall be subject to disciplinary action.

Section 12. 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 following the renewal period.

(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;

(B) Verify current certification in BLS; and

(C) Complete CE that meets the requirements in Section 11.

(iv) On April 1st following the renewal period, any license not renewed shall lapse.

Section 13. 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 14. 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 BLS;

(iii) Submit eight (8) hours CE for each year the license has lapsed; and

(iv) 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 per Section 6(b)(v) for dentists and Section 8(b)(v) for hygienists within twelve (12) months; and

(ii) Submitting evidence of completion of eight (8) hours of hands-on clinical continuing education for each year not actively practicing. The CE must be earned from a CODA accredited dental program or pre-approved by the ARC prior to completion.

Section 15. 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 BLS;
- (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 16. Volunteer's License. Any applicant that meets the qualifications under W.S. 33-15-131 shall submit a completed application.

Section 17. 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. Authority. The Board is authorized under Wyoming Statutes 33-1-303(a)(iv), 33-15-108(h), and 33-15-130 to promulgate rules and regulations related to telemedicine and x-ray machine inspection procedures in Wyoming.

Section 2. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to regulate the practice of dentistry in Wyoming.

Section 3. Teledentistry.

(a) The practice of dentistry occurs where the patient is located. Where an existing practitioner – patient relationship is not present, a licensee must take appropriate steps to establish a practitioner – patient relationship in utilizing teledentistry services that is consistent with the prevailing standard of care.

(b) Before rendering dental advice or care using teledentistry services, the licensee shall:

(i) Verify and authenticate the location and to the extent possible, confirm the identity and contact information of the requesting patient.

(ii) Disclose and validate the licensee's identity, credentials and contact information.

(iii) Obtain appropriate written treatment consent from the requesting patient.

(iv) Obtain patient's medical and dental health history.

(v) Detail security measures taken as well as potential risks to privacy and the loss of information due to technical failures.

(vi) Obtain patient consent to forward patient identifiable information to a third party.

(vii) Determine if the condition being diagnosed or treated is appropriate for teledentistry.

(viii) Determine appropriate treatment and follow up care if needed.

(c) Dental Records. Any dental record made through the use of teledentistry shall be consistent with the same record retention standards as a record made through a traditional, in person dental encounter.

(d) Confidentiality. The licensee shall ensure that any electronic and digital communication used in the practice of teledentistry is secure to maintain the confidentiality of the patient's medical/dental information as required by the Health Insurance Portability and Accountability Act of 1996 including the retention and disposal of electronic and digital equipment and data.

(e) Violation of any provision above shall be considered "unprofessional conduct" within the meaning of Chapter 9 and shall constitute grounds for disciplinary action by the Board.

Section 4. Satellite Offices. Licensees using satellite offices shall ensure all offices maintain the appropriate standard of care.

Section 5. Radiograph Use. Inspections of x-ray machines are required as follows:

(a) Inspectors. Any individual who performs x-ray machine assembly, installation or service shall meet the following educational and experience requirements:

(i) Completion of a structured educational program that includes training in radiation machine safety, assembly, installation and service, including, but not limited to:

(A) A baccalaureate degree in electrical engineering with specialized training in radiation producing devices;

(B) A one-year associate degree in biomedical equipment repair;

(C) Equivalent manufacturer, military or other technical school training; and

(ii) At least six (6) months of supervised, documented training on inspection and calibration of the applicable x-ray machine.

(b) Inspections. Inspections of x-ray equipment shall be conducted in accordance with relevant national standards. All machines shall be inspected at the time of installation and thereafter every five (5) years for x-ray machines and every three (3) years for computed tomography machines.

(c) Waiver. Licensees may be granted a six (6) month waiver to the inspection requirement at the discretion of the Board.

(d) Compliance and Documentation. Failure to abide with the requirements of this section shall be considered "unprofessional conduct" within the meaning of Chapter 9 and shall constitute grounds for disciplinary action by the Board.

(i) Inspector should provide evidence for dentists to place on machines indicating the last inspection date and next inspection due date.

(ii) Evidence of compliance to the Board is not required unless specifically requested.

CHAPTER 5

ANESTHESIA ADMINISTRATION AND SEDATION PERMIT PROCEDURES

Section 1. Authority. The Board is authorized under Wyoming Statute 33-15-130 to promulgate rules and regulations related to the application and licensure procedures to administer sedation and provide for sedation inspection in Wyoming.

Section 2. 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 W.S. 33-15-130.

Section 3. Definitions. For the purpose of this chapter, the following definitions shall apply:

- (a) "ACLS" means advanced cardiac life support.
- (b) "Anxiolysis" is minimal sedation.
- (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) "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].
- (j) "Facility Permit" means a permit issued to any location where sedation is being performed that has been inspected and approved by the Board.
- (k) "Facility Permit Holder" means a Wyoming licensed dentist designated as the

responsible dentist for a facility permit.

(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” (previously known as anxiolysis) 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. Minimal sedation includes administration of oral medication and/or nitrous oxide.

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

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

intraosseous].

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

(v) “Responsible dentist” means a licensed dentist who assumes responsibility for a facility permit.

(w) “Sedation Inspector” means a Board-approved inspector of sedation facilities and sedation permit applicant’s surgical/anesthetic technique cases.

(x) “Sedation permit” means a permit issued by the Board for administration of moderate sedation or deep sedation and/or general anesthesia by a sedation 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 4. Standard of Care.

(a) For all levels of sedation, a dentist or sedation 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 or sedation 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 or sedation 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 or sedation 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 sedation 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 or sedation permit holder shall be able to rescue from “moderate sedation.”

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

(iii) If the intended level of sedation is “deep sedation,” a sedation 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 or sedation permit holder is qualified to provide, the dentist or sedation 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 or sedation 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 5. Requirements for Administering Minimal Sedation.

(a) A 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) To administer minimal sedation, a dentist or dental hygienist shall:

(i) Have adequate equipment with fail-safe features and 25% minimum oxygen flow; and

(ii) Demonstrate competency and/or training in administering minimal sedation by:

(A) Completion of CODA recognized program; or

(B) Completion of a Board-approved course.

(d) Office Equipment Requirements. Any dentist who 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.

(e) A dentist or sedation permit holder shall document every administration of minimal sedation. Documentation for administration of minimal sedation shall include, but is 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).

(f) All dental personnel shall be certified in administering BLS. A dentist or sedation permit holder may delegate patient monitoring to qualified dental personnel. During a procedure where nitrous oxide anxiolysis or minimal sedation is administered, at least one (1) dental personnel shall be present.

(g) 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.

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

(i) Nitrous oxide administration when used in combination with a sedative agent(s) may produce moderate sedation, deep sedation, and/or general anesthesia which requires a sedation permit.

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

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

(b) Office Equipment Requirements.

(i) Any sedation permit holder who administers moderate sedation, deep sedation, and/or general anesthesia shall have available the required equipment in Section 5(d) and the following additional equipment and faculties, which shall be functional and available at all times:

(A) Suitable operating suite;

(B) Recovery area;

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

(D) Suction system;

- clinically indicated;
- (E) Back-up suction equipment;
 - (F) Back-up lighting equipment;
 - (G) Parenteral access or the ability to gain parenteral access, if clinically indicated;
 - (H) Capnograph (end tidal carbon dioxide monitor);
 - (I) EKG;
 - (J) Appropriate emergency medications;
 - (K) Endotracheal tubes suitable for patients being treated;
 - (L) Endotracheal tube forceps (i.e., magill);
 - (M) A laryngoscope with reserve batteries and bulbs;
 - (N) Oropharyngeal airways;
 - (O) Nasopharyngeal airways; and
 - (P) At least one (1) additional airway device.

(ii) Volatile Anesthesia Delivery Systems. Any sedation permit holder who administers volatile anesthesia shall provide the required equipment listed in Section 5(d) and Section 6(b)(i) and the following additional equipment and facilities, which shall be functional and available at all times:

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

(c) A sedation permit holder shall document every administration of 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 Section 5(e) 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 sedation

permit holder.

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

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

(ii) Deep Sedation and/or General Anesthesia. During a procedure where deep sedation and/or general anesthesia is administered, the sedation 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.

(e) A dentist or sedation 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; or

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

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 the applicant.

(c) Surgical/Anesthetic Techniques. Each sedation inspector shall review at least three (3) separate cases in which the applicant administered anesthesia. The sedation 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 standardized cases shall be reviewed.

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

- (i) Laryngospasm;
- (ii) Bronchospasm;
- (iii) Emesis and aspirator of vomitus;
- (iv) Management of foreign bodies in the airway;
- (v) Angina Pectoris;
- (vi) Myocardial Infarction;
- (vii) Cardiopulmonary Resuscitation;
- (viii) Hypotension;
- (ix) Hypertensive crisis;
- (x) Acute allergic reaction;
- (xi) Convulsions; and

(xii) Hyperventilation syndrome.

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

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 or other program approved by the Board.

(b) While reviewing a completed application, the ARC shall consider any pending complaints before the Board against the applicant.

(c) Surgical/Anesthetic Techniques. Each sedation inspector shall review at least three (3) separate cases in which the applicant administered anesthesia. The sedation 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 standardized cases shall be reviewed.

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

(i) Laryngospasm;

(ii) Bronchospasm;

(iii) Emesis and aspirator of vomitus;

(iv) Management of foreign bodies in the airway;

- (v) Angina Pectoris;
- (vi) Myocardial Infarction;
- (vii) Cardiopulmonary Resuscitation;
- (viii) Hypotension;
- (ix) Hypertensive crisis;
- (x) Acute allergic reaction;
- (xi) Convulsions; and
- (xii) Hyperventilation syndrome.

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

Section 9. Sedation Permit Renewal and Expiration.

- (a) Sedation permits shall be renewed on or before December 31 every second year.
- (b) A sedation permit holder shall submit a completed sedation permit renewal application, including fees, and provide evidence of:
 - (i) Current certification in ACLS or PALS; and
 - (ii) 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.
 - (iii) The Board may request more documentation if necessary.

Section 10. 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.

Section 11. Sedation Inspector Qualifications and Duties.

- (a) Sedation Inspector Qualifications. The inspector shall:
 - (i) Submit a completed application;
 - (ii) Actively practice as a dental anesthesiologist, oral maxillofacial surgeon, anesthesiologist, or certified nurse anesthetist; and
 - (iii) Hold a current and unencumbered Wyoming license in their field.
- (b) Sedation Inspector Duties. A Board-approved sedation inspector shall:
 - (i) Be considered an agent for the Board;
 - (ii) Comply with the Board Rules for inspecting sedation facilities within Wyoming;
 - (iii) Not have a conflict of interest with an applicant. A sedation inspector's receipt of payment from the applicant for services as a sedation inspector is acceptable and does not constitute a conflict of interest; and
 - (iv) Review a sedation permit applicant's surgical/anesthetic techniques required in Section 7(c) and Section 8(c).

Section 12. Initial Facility Permit Application Process.

- (a) Application Requirements. Applicant shall:
 - (i) Submit a completed application and payment of fee; and
 - (ii) Have two (2) approved sedation inspectors submit sedation facility inspection reports for each location where sedation is intended to be administered.
 - (iii) Applicant shall be responsible for payment of sedation facility inspection fee to sedation inspectors.
- (b) Renewal Requirements.
 - (i) Facility permits shall be renewed on or before December 31 every second year.
 - (ii) A facility permit holder shall submit a completed facility permit renewal application, including fees. The facility permit holder shall provide evidence of re-inspection every five (5) years.

Section 13. Sedation Facility Inspection Process.

(a) Initial Inspection Process.

(i) Each sedation inspector shall review the office equipment, documentation, and emergency medications as required in Section 6.

(ii) After a sedation inspector has completed the onsite sedation facility inspection, the sedation inspector shall submit his/her findings and necessary documentation.

(b) Re-Inspection Process.

(i) Permitted sedation facilities shall be re-inspected every five (5) years. Responsible dentist bears the burden of ensuring that their permitted sedation facilities are re-inspected no later than five (5) years from the previous inspection.

(ii) Each re-inspection of a permitted sedation facility may be inspected by one (1) Board approved sedation inspector.

(iii) The Board may require re-inspection of a permitted sedation facility.

CHAPTER 7

DENTAL AUXILIARIES

Section 1. Authority. The Board is authorized under Wyoming Statute 33-15-119, 33-15-129(a), 33-15-123, and the WAPA to promulgate rules and regulations related to the application and licensure procedures to practice of dental hygiene and dental auxiliaries in Wyoming.

Section 2. 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 3. Dental Auxiliary Personnel. Except as otherwise provided, dental auxiliary personnel shall not perform irreversible procedures.

Section 4. Practice of Dental Hygiene.

- (a) The dental hygienist shall:
 - (i) Work under the supervision of a 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 5. Supervision of Procedures Performed by the Dental Hygienist.

- (a) General Supervision. The following procedures require general supervision:
 - (i) Community dental health activities which includes public health services at 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, topical fluoride applications, 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 hygienist shall maintain 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.

- (ii) Duties 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 silver diamine fluoride; and
- (ix) Apply subgingival anesthetic (i.e. Oraqix) if the dental hygienist holds a local anesthetic expanded duties 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 duties.

Section 6. Expanded Duties Permits.

(a) Permit. To obtain an expanded duties 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 duty.

(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 duties 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 duties permit may be required by the Board to ascertain the applicant's knowledge of the expanded duties that the applicant wishes to be permitted to perform.

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

(i) Administer local anesthetics;

(ii) Administer and monitor nitrous oxide/oxygen; 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.

Section 7. 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;
 - (viii) Remove broken bands, brackets, wires and appliances in emergency situations or as needed for operative or prophylactic purposes; and
 - (ix) Place and expose x-ray image receptors (either film or digital) with a dentist's order, either verbal or written.
- (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 and silver diamine fluoride;
 - (iii) Mix dental materials to be used by the dentist; and
 - (iv) 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 coronal surfaces of the teeth, rubber cup only, but not for the purpose of prophylaxis.
 - (viii) Perform whitening procedures;
 - (ix) Place and remove orthodontic wires and/or appliances that have been activated by the dentist;

appliances;

- (x) Take impressions for orthodontic procedures, i.e. retainers and removable

- (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;

- (iv) Any procedure billed as a dental prophylaxis;

- (v) Use high speed handpiece; or

- (vi) Use low speed handpiece, except for coronal polishing.

Section 8. 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 submitting evidence the applicant has:

- (A) Completed a course or examination in dental radiography approved by the Board within one (1) year immediately prior to the date of application; or

- (B) Been authorized to expose dental radiographs in another jurisdiction within the last five (5) years.

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

(d) Late Renewal. A permit to expose radiographs that was not timely renewed may be renewed within five (5) years of the date the permit expired by submitting a late renewal application and the late fee. After five (5) years, the assistant must reapply and document completion of a new radiography course within one (1) year immediately prior to the date of application.

Section 9. 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 within one (1) year immediately prior to the date of application.

(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 every second year, unless renewed.

(e) Late Renewal. A permit to place pit and fissure sealants that was not timely renewed may be renewed within five (5) years of the date the permit expired by submitting a late

renewal application and the late fee. After five (5) years, the assistant must reapply and document completion of a new pit and fissure training course within one (1) year immediately prior to the date of application.

Section 10. 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. Authority. The Board is authorized under Wyoming Statute 33-15-112, 33-15-121, and the WAPA to promulgate rules and regulations related to the discipline of dentists and dental hygienists in Wyoming.

Section 2. 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 3. 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 BLS 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, or the Centers for Disease Control's Guideline for Prescribing Opioids for Chronic Pain as referenced in Chapter 1.

Section 4. 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 merits further investigation, the matter shall be assigned to the ARC.

(b) ARC Action. The ARC may recommend:

(i) A license or permit be issued, renewed, relicensed, or reinstated;

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

(iii) Approval of 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) Denial of the application.

(c) Notice of Intent. The ARC shall notify the applicant of its intent to recommend:

(i) Issuance of a license subject to conditions, restrictions, other disciplinary action; or

(ii) Denial of a license.

(d) The Notice of Intent shall contain:

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

(ii) A statement of the nature of the actions which warrant denial or issuance of a license subject to conditions, restrictions, other disciplinary action and a citation to the applicable statutory provisions or Board Rules involved;

(iii) An opportunity to show compliance with all lawful requirements for retention of the license or respond within fifteen (15) days from the date of mailing; and

(iv) 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.

(e) Applicant's Response to Notice of Intent. Within thirty (30) days of the date of the Notice of Intent, the applicant shall submit a written request to the Board office to:

(i) Hold a hearing on the ARC's recommendation;

(ii) Table consideration of the application; or

(iii) Withdraw the application.

(f) Applicant's Failure to Respond to Notice of Intent. If the applicant fails to timely respond to the Notice of Intent, the Board shall dismiss the application.

Section 5. Petition for Modification of Conditions or Restrictions.

(a) Petition for Modification of Conditions or Restrictions.

(i) A licensee may petition the Board for modification of the conditions or restrictions imposed upon their license.

(ii) A licensee shall submit a written petition for modification to the Board office. The petition for modification shall include documentation demonstrating:

(A) Compliance with a previously entered Board order;

(B) That the modification is consistent with their treatment place, if applicable; and

(C) That the modification is sufficient to ensure the public is adequately protected.

(b) Investigative Committee Action. A petition for modification shall be reviewed by the IC.

(i) If the IC agrees with the requested modification, the parties may file a stipulated motion with the Board.

(ii) If the IC does not agree with the requested modification, the IC shall notify the licensee of its intent to recommend denial of the petition.

(c) Board Consideration.

(i) The Board shall consider the petition, the IC's recommendation, and/or a stipulated motion at its earliest convenience.

(ii) The Board may approve or deny the petition for modification.

Section 6. 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 an IC.

(b) Investigative Committee Action. The IC may recommend:

(i) Dismissal of a complaint;

(ii) Issuance of an advisory letter;

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

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

(v) Summary suspension; or

(vi) Approval of a voluntary surrender.

Section 7. Summary Suspension.

(a) Recommendation. If the IC recommends summary suspension, the Board shall conduct an expedited proceeding to determine whether the licensee's continued practice imperatively requires emergency action to protect the public health, safety or welfare.

(b) Notice of Intent to Recommend Summary Suspension.

- (i) The IC 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 IC shall notify the licensee in writing of the date and time of the proceeding.
- (d) Scope of Expedited Proceeding. The scope of the expedited summary suspension proceeding shall be limited to a presentation of the evidence the IC believes warrants summary suspension and any information the licensee may present on his or her behalf. The board shall order summary suspension if it concludes probable cause exists that the allegations, if proven, would imperatively require emergency action to protect the public health, safety, or welfare. The board shall incorporate a finding to that effect in its order granting summary suspension.

Section 8. Voluntary Surrender.

- (a) A licensee may petition the Board, in writing, to voluntarily surrender their license in lieu of discipline.
- (b) The Board shall consider the petition at its earliest convenience.
- (c) The Board may consider whether the licensee is under investigation and may approve or deny the petition.

Section 9. Formal Proceedings for Disciplinary Action.

- (a) Notice of Intent to Recommend Disciplinary Action.
 - (i) The IC shall notify the licensee of its intent to recommend disciplinary action.
 - (ii) The Notice of Intent shall:
 - (A) Include a brief description of the facts or conduct that warrants the intended action; and
 - (B) Provide the licensee an opportunity to show compliance or respond to the allegations for disciplinary action within fifteen (15) days of the date of mailing.

Section 10. Petition.

(a) The IC shall initiate formal proceedings for disciplinary action by filing a Petition with the Board office and serving a copy upon the licensee to the last known address of the licensee by regular U.S. mail.

(b) Failure to respond to the Petition within twenty (20) days of the filing with the Board office may result in a default judgment.

Section 11. Notice of Hearing.

(a) **Timing of Hearing.** Upon receipt of a written request for hearing from an applicant or filing of a Petition, the Board shall conduct a hearing. Board staff shall serve a Notice of Hearing on the applicant or licensee at least thirty (30) days prior to the hearing.

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

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

(ii) A brief statement of the matters asserted:

(A) In application matters, the recommendation, the facts upon which the recommendation is based, and the statutory provisions or Board Rules the applicant is alleged to have violated; or

(B) In disciplinary matters, the nature of the Petition, the facts upon which the Petition is based, and the statutory provisions or Board Rules 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:

(A) The applicant's failure to appear at a noticed hearing or pursue proceedings may result in a dismissal; or

(B) The licensee's failure to answer the allegations contained in the Petition within twenty (20) days of the date of mailing and failure to appear at a noticed hearing may result in a default judgment.

Section 12. Lawful Service. There shall be a presumption of lawful service of a petition, notice of hearing, or any other communication required by these Board Rules if sent to the last known address.

Section 13. Dismissal or Default.

(a) The Board may dismiss an application where the applicant or the applicant's representative has not requested a hearing or appeared at a noticed hearing.

(b) The Board may enter an order of default judgment based on the allegations contained in the Petition in any case where the licensee or the licensee's representative has not answered the Petition and has not appeared at a noticed hearing.

Section 14. 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 15. Burden and Standard of Proof.

(a) Application Matters. The applicant shall bear the burden to prove by a preponderance of the evidence, that he or she meets the qualifications for licensure. The burden shall shift to the ARC to prove by clear and convincing evidence, that the applicant should be denied a license. The burden shall shift back to the applicant to persuade the Board that the ARC's grounds for denial or issuance of a license subject to conditions or restrictions are insufficient.

(b) Disciplinary Matters. The IC shall bear the burden to prove by clear and convincing evidence that the licensee violated the Act, Board Rules, or both.

(c) Petition for Modification Matters. The Board shall grant petitions for modification of conditions in its own discretion.

Section 16. Board Decision and Order.

(a) Board Action. The Board may resolve an application matter, complaint, or Petition by:

- (i) Approving the recommendations of the IC or ARC;
- (ii) Dismissing a complaint;
- (iii) Issuing an advisory letter;
- (iv) Ruling in favor of a party on a dispositive motion;

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

- (A) Issue, renew, relicense, or reinstate a license;

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

(C) Deny a license, renewal, relicense, or reinstatement;

(D) Dismiss the complaint or Petition;

(E) Dismiss the complaint or Petition with an advisory letter; or

(F) Impose a reprimand, conditions, restrictions, suspension, revocation, other discipline, or a combination thereof.

(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 representatives by regular mail.

Section 12. 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. Authority. The Board is authorized under Wyoming Statute 33-15-106 and the WAPA to promulgate rules and regulations related to the establishment of fees for issuance of licenses and administration of examinations in Wyoming.

Section 2. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to determine and collect reasonable fees.

Section 3. General Information.

(a) Fees shall be payable in the exact amount and shall be paid in advance of the services rendered.

(b) All fees collected by the Board are non-refundable.

(c) Fees related to public records requests shall be assessed pursuant to the Department of Administration and Information's rules concerning public records.

Section 4. 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)	Biennial License Renewal	\$350
(iv)	Late License Renewal (Jan 1 – Mar 31)	\$370
(v)	Relicensure	\$370
(vi)	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 Facility Permit	\$25

\$475	(iv)	Biennial Moderate or Deep Sedation/General Anesthesia Permit Renewal	
	(v)	Biennial Facility Permit Renewal	\$50
	(vi)	Sedation Permit Reinstatement	\$500
	(c)	Dental Hygienists:	
	(i)	Application for Licensure by Examination	\$150
	(ii)	Application for Licensure by Endorsement	\$200
	(iii)	Applications for Dental Hygiene Expanded Functions	\$30
	(iv)	Biennial License Renewal (including functions)	\$170
	(v)	Late License Renewal (Jan 1 – Mar 31)	\$190
	(vi)	Relicensure	\$190
	(vii)	Reinstatement	\$200
	(d)	Dental Assistants:	
	(i)	Application for Radiograph Permit	\$30
	(ii)	Application for Pit and Fissure Permit	\$30
	(iii)	Biennial Radiograph Permit Renewal	\$20
	(iv)	Biennial Pit and Fissure Permit Renewal	\$20
	(v)	Late Permit Renewal	\$15
	(e)	Other Fees:	
	(i)	License or Permit Verification	\$25
	(ii)	Replacement Document	\$25
	(iii)	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 Wyoming Statute 33-15-108(g) and 16-3-103(j) 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~~Hygienists' 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).~~

~~(h)(i)~~ (i) "CE" means continuing education.

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

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

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

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

~~(j)(n)~~ (n) "DANB" means Dental Assisting National Board.

~~(k)(e)~~ “DC” means Disciplinary Committee.

~~(l)(p)~~ “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).

~~(m)(q)~~ “EKG” means Electrocardiogram.

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

~~(o)(s)~~ “INBDE” means Integrated National Board Dental Examination.

~~(p)(t)~~ “NBDHE” means National Board Dental Hygiene Examination.

~~(u)~~ “PBIS” means ~~Professional Background Information Service.~~

~~(v)~~ “SRTA” means ~~Southern Regional Testing Agency.~~

~~(q)(w)~~ “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.

~~(r)~~ “Teledentistry” means the use of data transmitted through interactive audio/video or data communications either by synchronous or asynchronous technology for the purposes of examination, diagnosis, treatment planning, consultation or directing the delivery of treatment by dentists and dental auxiliary in settings permissible and consistent with the rules of supervision. Teledentistry service may include telephone, electronic mail message, or facsimile transmitting, or online tool.

(i) Synchronous technology: secure two-way audio/visual technology that allows a dentist and dental auxiliary to see and communicate in real time with a patient who is located in a different physical location.

(ii) Asynchronous technology: the transmission of recorded health information (radiographs, photographs, video and other digital media) through a secure electronic communications system to a dentist and dental auxiliary who uses the information to evaluate a patient's condition or render a service outside of a real-time or live interaction.

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

~~(y) “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, excluding Principles 5.H. and 5.I., adopted by the ADA and revised November ~~2016~~2018, found at: ~~http://dental.wyo.gov/board/rules~~<https://dental.wyo.gov/rules>.

(ii) Bylaws and Code of Ethics, adopted by the ADHA and effective on ~~June 13, 2016~~June 2020, found at: ~~http://dental.wyo.gov/board/rules~~<https://dental.wyo.gov/rules>.

(iii) Dental Assisting National Board's Code of Professional Conduct, adopted by the DANB and revised ~~April 2015~~February 2018, found at: ~~http://dental.wyo.gov/board/rules~~<https://dental.wyo.gov/rules>.

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

(v) Centers for Disease Control Guideline for Prescribing Opioids for Chronic Pain - United States, 2016, adopted by the Centers for Disease Control and Prevention and effective March 18, 2016, found at: http://dental.wyo.gov/rules.

~~(vi)~~(v) Chapter 2 - Uniform Rules for Contested Case Practice and Procedure, adopted by the Office of Administrative Hearings and effective on ~~October 17, 2014~~July 20, 2017, found at: ~~http://dental.wyo.gov/board/rules~~<https://dental.wyo.gov/rules>.

~~(vii)~~(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>~~https://dental.wyo.gov/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. Authority. The Board is authorized under Wyoming Statute 33-15-108(g) and 33-15-120(e) to promulgate rules and regulations related to the application, licensure, and renewal procedures to dentistry and dental hygiene in Wyoming.

Section 21. 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 license certificates.

Section 32. 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 43. 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 54. Jurisprudence Examination.

(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, 9, and ~~13~~14 and successfully passes the jurisprudence examination.

~~(b) The ARC shall recommend eligibility to sit for the jurisprudence examination.~~

~~(b)(e)~~ To successfully pass the jurisprudence examination, the applicant shall score at least an 75%~~80%~~ on the exam.

~~(c) Applicants that fail the examination shall wait one (1) week to retest.~~

Section 65. 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.~~ An applicant may seek initial licensure if the applicant is not licensed to practice in another jurisdiction, or if licensed in another jurisdiction but that jurisdiction's licensure requirements are not equivalent to Wyoming, or if the applicant fails to meet other licensure methods.

(b) Application Requirements. Applicant shall:

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

~~(ii) Submit current certification in BLS;~~

~~(iii) Request official transcripts from a CODA accredited dental program;~~

~~(iv)(ii) Request score reports documenting successful passage of~~ Successfully pass the ~~INDBENBDE;~~

~~(v)(iii) Request score reports documenting successful passage of~~ 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; and a separate bridge with two (2) abutment preparations.~~

~~(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.~~

_____ (vi) If an applicant has been out of clinical practice for more than one (1) year, the applicant shall submit the following evidence to demonstrate competency:

_____ (A) Graduation from a CODA accredited dental program in the preceding twelve (12) months; or

_____ (B) Successful completion of a regional clinical examination that meets the criteria in Section 6(b)(v) within the preceding five (5) years and completion of eight (8) hours hands-on clinical CE for each year out of clinical practice. The CE must be earned from a CODA accredited dental program or pre-approved by the ARC prior to completion.

Section 76. 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 equivalent to as stringent as Wyoming's requirements.

(b) Application Requirements. Applicant shall:

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

(ii) Submit current certification in BLS;

(iii)(ii) Submit evidence demonstrating completion of ~~Complete~~ requirements identified in Section ~~6(b)(iv) and (v)~~ ~~5(b)(ii) and (iii)~~. If applicant successfully passed a regional clinical examination as identified in Section ~~6(b)(v)~~ ~~5(b)(iii)~~ which did not include a fixed prosthodontics component, applicant shall submit evidence of active clinical practice of 5,000 hours in the last five (5) years or verification of completion of a general practice residency (GPR), advanced education in general dentistry (AEGD), or other specialty practice residency as identified in Chapter 6;

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

(iv) Request verification of an active license in another jurisdiction;

(v) Submit a copy of the diploma from a CODA accredited program; and

(vi)(iv) If an applicant has been out of clinical practice for less than five (5) years, the applicant shall submit the following evidence to demonstrate competency:

(A) Active clinical practice of 1,000 hours in the last twelve (12) months;

(B) Successful completion of a regional clinical examination that meets the criteria in Section 6(b)(v) within twelve (12) months; or

(C) Completion of eight (8) ~~ten (10)~~ hours of hands-on clinical continuing education for each year not actively practicing. The CE must be earned from a CODA accredited dental program or pre-approved by the ARC prior to completion.

(vii)(v) If an applicant has been out of active clinical practice for more than five (5) years, the applicant shall submit the following evidence to demonstrate competency:

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

(B) Completion of eight (8) ~~ten (10)~~ hours of hands-on clinical continuing education for each year not actively practicing. The CE must be earned from a CODA accredited dental program or pre-approved by the ARC prior to completion.

Section 87. 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. An applicant may seek initial licensure if the applicant is not licensed to practice in another jurisdiction, or if licensed in another jurisdiction but that jurisdiction's licensure requirements are not equivalent to Wyoming, or if the applicant fails to meet other licensure methods.~~

(b) Application Requirements. Applicant shall:

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

(ii) Submit current certification in BLS;

(iii) Request official transcripts from a CODA accredited program;

(iv)(ii) Request score reports documenting successful passage of ~~Successfully pass~~ the NBDHE; and

(v)(iii) Request score reports documenting successful passage of a patient-based clinical licensure examination ~~Successfully pass the CRDTS, WREB, CDCA, CITA, or SRTA exam.~~

(vi) If an applicant has been out of clinical practice for more than one (1) year, the applicant shall submit the following evidence to demonstrate competency:

(A) Graduation from a CODA accredited program in the preceding twelve (12) months; or

(B) Successful completion of a regional clinical examination that meets the criteria in Section 8(b)(v) within the preceding five (5) years and completion of eight (8) hours hands-on clinical CE for each year out of clinical practice. The CE must be earned from a CODA accredited dental hygiene program or pre-approved by the ARC prior to completion.

Section 98. 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 equivalent to as stringent as Wyoming's requirements.

(b) Application Requirements. Applicant shall:

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

(ii) Submit current certification in BLS;

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

(iii) Submit evidence demonstrating completion of requirements identified in Section 8(b)(iv) and (v);

(iv) Submit verification of an active license in another jurisdiction;

(v) Submit a copy of the diploma from a CODA accredited program; and

(vi)(iii) If an applicant has been out of active clinical practice for less than five (5) years, the applicant shall submit the following evidence to demonstrate competency:

(A) Active clinical practice of 800 hours in the last twelve (12) months;

(B) Successful completion of a regional clinical examination that meets the criteria in Section 8(b)(v) within twelve (12) months; or

(C) Completion of eight (8)ten (10) hours of hands-on continuing education for each year not actively practicing. The CE must be earned from a CODA accredited dental hygiene program or pre-approved by the ARC prior to completion.

(vii)(iv) If an applicant has been out of clinical practice for more than five (5) years, the applicant shall submit the following evidence to demonstrate competency:

(A) Successful completion of a regional clinical examination that meets the criteria in Section 8(b)(v) within twelve (12) months; and

(B) Completion of eight (8) ~~ten (10)~~ hours of hands-on clinical continuing education for each year not actively practicing. The CE must be earned from a CODA accredited dental hygiene program or pre-approved by the ARC prior to completion.

Section 109. Annual Licensure Renewal.

(a) Expiration.

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

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

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

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

(ii) Verify current certification in BLS; and

(iii) Acquire sixteen (16) hours of CE that complies with Section 1140.

(iv) Verify active clinical practice within the preceding five (5) years.

(c) Competency Requirement. After five (5) years of inactive clinical practice, an applicant shall demonstrate competency by successful completion of regional clinical examination that meets the requirements in Section 6(b)(v) for dentists and Section 8(b)(v) for dental hygienists~~or apply for a non-clinical license~~.

Section 1140. Continuing Education Requirements.

(a) Renewal Period. CE shall be obtained January 1 of even years through December 31 of odd years. The first CE period begins on January 1st following the date the license was issued.

(i) For a new hygienist with a license issued in an even year, the licensee shall submit eight (8) hours of CE.

(ii) For a new dentist with a license issued in an even year, the licensee shall submit eight (8) hours of CE, three (3) of which must be related to the responsible prescribing of controlled substances.

(b) CE Content.

(i) The subject matter shall relate directly to the professional competence of the licensee or patient care rendered by the licensee. Acceptable CE subjects include, but are not limited to, the following clinical subjects relating to the dental profession: oral surgery, operative dentistry, oral pathology, preventive dentistry, orthodontics, clinical patient management, pediatric dentistry, oral biology, periodontics, prosthodontics, dental materials, implantology, radiology, infection control, endodontics, management of medical emergencies, dental anesthesiology, professional ethics, and pharmacology.

(ii) Unacceptable subjects include, but are not limited to, practice building and business management courses.

(iii) CE may be acquired in any jurisdiction.

(iv) CE earned in excess of the sixteen (16) hours required for renewal may not be carried forward to apply toward the next renewal period.

(c) Of the required sixteen (16) hours, a dentist shall obtain three (3) hours of CE related to the responsible prescribing of controlled substances every two (2) years. This requirement shall not apply to dental hygienists.

(d) Waiver. The Board may grant a waiver for CE requirements to licensees who have petitioned and demonstrated just cause based on extenuating circumstances.

(e) CE Audit.

(i) The licensee shall maintain evidence of CE compliance for at least four (4) years after the renewal period in which the course was applied.

(ii) Failure to provide the documents requested for audit within thirty (30) days may subject the licensee to disciplinary action.

(iii) If the Board disallows any CE, the licensee shall have one hundred twenty (120) days from notice of such disallowance to:

(A) Provide evidence that the disallowed CE meet the criteria established by these rules;

(B) Provide documentation of having acquired additional CE during the required time frame; or

(C) Resolve~~Cure~~ the disallowance by acquiring the required number of CE.

(D) Any CE activity completed past the renewal date to ~~resolve~~ a disallowance may not be reported on subsequent applications for license renewal.

(iv) If a licensee fails to complete the required number of CE, the licensee shall be subject to disciplinary action.

Section ~~1211~~. 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 following the renewal period~~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 BLS; and

(C) Complete CE that meets the requirements in Section 11.

(iv) On April 1st following the renewal period, any license not renewed shall lapse.

Section ~~1312~~. 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 ~~1413~~. 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 BLS; ~~and~~
- (iii) Submit eight (8) hours CE for each year the license has lapsed; and
- (iv) 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 per Section 6(b)(v) for dentists and Section 8(b)(v) for hygienists within twelve (12) months; and
- (ii) Submitting evidence of completion of eight (8) ~~ten (10)~~ hours of hands-on clinical continuing education for each year not actively practicing. The CE must be earned from a CODA accredited dental program or pre-approved by the ARC prior to completion.

Section ~~15~~14. 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 BLS;
- (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 15. 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, engaging in administrative oversight, or those who do not intend to practice clinical dentistry.~~

- ~~_____ (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.~~
- ~~_____ (d) Reactivation. To reactivate a non-clinical license, the licensee shall:~~
 - ~~_____ (i) Submit a completed application and payment of fee;~~
 - ~~_____ (ii) Verify current certification in BLS;~~
 - ~~_____ (iii) Successfully pass the jurisprudence examination; and~~
 - ~~_____ (iv) Demonstrate competency by:~~
 - ~~_____ (A) Successful completion of a regional clinical examination within twelve (12) months; and~~
 - ~~_____ (B) Submitting evidence of completion of ten (10) hours of hands-on clinical continuing education for each year not actively practicing.~~

Section 16. Volunteer's License Certificate. Any applicant that meets the qualifications under ~~Wyoming Statute~~ 33-15-131 shall submit a completed application.

Section 17. 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. Authority. The Board is authorized under Wyoming Statutes 33-1-303(a)(iv), 33-15-108(h), and 33-15-130 to promulgate rules and regulations related to telemedicine and x-ray machine inspection procedures in Wyoming.

Section 24. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to regulate the practice of dentistry in Wyoming.

Section 32. Practice of Dentistry Teledentistry.

~~_____ (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.~~

~~(a)(b) The practice of dentistry occurs where the patient is located or receives services. Where an existing practitioner – patient relationship is not present, a licensee must take appropriate steps to establish a practitioner – patient relationship in utilizing teledentistry services that is consistent with the prevailing standard of care.~~

~~_____ (b) Before rendering dental advice or care using teledentistry services, the licensee shall:~~

~~_____ (i) Verify and authenticate the location and to the extent possible, confirm the identity and contact information of the requesting patient.~~

~~_____ (ii) Disclose and validate the licensee's identity, credentials and contact information.~~

~~_____ (iii) Obtain appropriate written treatment consent from the requesting patient.~~

~~_____ (iv) Obtain patient's medical and dental health history.~~

(v) Detail security measures taken as well as potential risks to privacy and the loss of information due to technical failures.

(vi) Obtain patient consent to forward patient identifiable information to a third party.

(vii) Determine if the condition being diagnosed or treated is appropriate for teledentistry.

(viii) Determine appropriate treatment and follow up care if needed.

(c) Dental Records. Any dental record made through the use of teledentistry shall be consistent with the same record retention standards as a record made through a traditional, in person dental encounter.

(d) Confidentiality. The licensee shall ensure that any electronic and digital communication used in the practice of teledentistry is secure to maintain the confidentiality of the patient's medical/dental information as required by the Health Insurance Portability and Accountability Act of 1996 including the retention and disposal of electronic and digital equipment and data.

(e) Violation of any provision above shall be considered "unprofessional conduct" within the meaning of Chapter 9 and shall constitute grounds for disciplinary action by the Board.

Section 43. 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. Licensees using satellite offices shall ensure all offices maintain the appropriate standard of care.~~

Section 54. 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.~~

(a) Inspectors. Any individual who performs x-ray machine assembly, installation or service shall meet the following educational and experience requirements:

(i) Completion of a structured educational program that includes training in radiation machine safety, assembly, installation and service, including, but not limited to:

(A) A baccalaureate degree in electrical engineering with specialized training in radiation producing devices;

(B) A one-year associate degree in biomedical equipment repair;

(C) Equivalent manufacturer, military or other technical school training; and

(ii) At least six (6) months of supervised, documented training on inspection and calibration of the applicable x-ray machine.

(b) Inspections. Inspections of x-ray equipment shall be conducted in accordance with relevant national standards. All machines shall be inspected at the time of installation and thereafter every five (5) years for x-ray machines and every three (3) years for computed tomography machines.

(c) Waiver. Licensees may be granted a six (6) month waiver to the inspection requirement at the discretion of the Board.

(d) Compliance and Documentation. Failure to abide with the requirements of this section shall be considered “unprofessional conduct” within the meaning of Chapter 9 and shall constitute grounds for disciplinary action by the Board.

(i) Inspector should provide evidence for dentists to place on machines indicating the last inspection date and next inspection due date.

(ii) Evidence of compliance to the Board is not required unless specifically requested.

CHAPTER 5

ANESTHESIA ADMINISTRATION AND SEDATION PERMIT PROCEDURES

Section 1. Authority. The Board is authorized under Wyoming Statute 33-15-130 to promulgate rules and regulations related to the application and licensure procedures to administer sedation and provide for sedation inspection in Wyoming.

Section 24. 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~~ W.S. 33-15-130.

Section 32. Definitions. For the purpose of this chapter, the following definitions shall apply:

- (a) "ACLS" means advanced cardiac life support.
- (b) "Anxiolysis" ~~is minimal sedation~~ ~~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.~~
- (i) "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].

~~(j)(4)~~ “Facility Permit” means a permit issued to any location where sedation is being performed at a permit holder’s facility that has been inspected and approved by the Board.

(k) “Facility Permit Holder” means a Wyoming licensed dentist designated as the responsible dentist for a facility permit.

(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” (previously known as anxiolysis) 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. Minimal sedation includes administration of oral medication and/or nitrous oxide.

(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 sedation 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.~~

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

(t)(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.~~

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

(v) “Responsible dentist” means a licensed dentist who assumes responsibility for a facility permit.

(w) “Sedation Inspector” means a Board-approved inspector of sedation facilities and sedation permit applicant’s surgical/anesthetic technique cases.

(x) “Sedation permit” means a permit issued by the Board for administration of moderate sedation or deep sedation and/or general anesthesia by a sedation 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 43. Standard of Care.

(a) For all levels of sedation, a dentist, ~~operating dentist~~, or sedation 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 sedation 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 sedation 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 sedation 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 sedation 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 sedation permit holder shall be able to rescue from “moderate sedation.”

(ii) If the intended level of sedation is “moderate,” ~~an operating dentist or a~~ sedation 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 a~~ sedation 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 sedation permit holder is qualified to provide, the dentist,~~operating dentist,~~ or sedation 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 sedation 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) To administer minimal sedation, a dentist or dental hygienist shall:

(i) Have adequate equipment with fail-safe features and 25% minimum oxygen flow; and

(ii) Demonstrate competency and/or training in administering minimal sedation by:

(A) Completion of CODA recognized program; or

(B) Completion of a Board-approved course.

(d) Office Equipment Requirements. Any dentist who 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.

(e) A dentist or sedation permit holder shall document every administration of minimal sedation. Documentation for administration of minimal sedation shall include, but is 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).

(f) All dental personnel shall be certified in administering BLS. A dentist or sedation permit holder may delegate patient monitoring to qualified dental personnel. During a procedure where nitrous oxide anxiolysis or minimal sedation is administered, at least one (1) dental personnel shall be present.

~~(g)~~(e) 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.

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

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

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

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

(b) Office Equipment Requirements.

(i) Any sedation permit holder who administers moderate sedation, deep sedation, and/or general anesthesia shall have available the required equipment in Section 5(d) and the following additional equipment and faculties, which shall be functional and available at all times:

(A) Suitable operating suite;

(B) Recovery area;

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

(D) Suction system;

(E) Back-up suction equipment;

(F) Back-up lighting equipment;

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

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

(I) EKG;

(J) Appropriate emergency medications;

(K) Endotracheal tubes suitable for patients being treated;

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

(M) A laryngoscope with reserve batteries and bulbs;

(N) Oropharyngeal airways;

(O) Nasopharyngeal airways; and

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

(ii) Volatile Anesthesia Delivery Systems. Any sedation permit holder who administers volatile anesthesia shall provide the required equipment listed in Section 5(d) and Section 6(b)(i) and the following additional equipment and facilities, which shall be functional and available at all times:

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

(B) Gas outlets that meet generally accepted safety standards preventing accidental administration of inappropriate gases or gas mixture;

(C) Fail-safe mechanisms for inhalation of nitrous oxide anxiolysis;

(D) The inhalation equipment must have an appropriate scavenging system if volatile anesthetics are used; and

(E) Gas storage facilities, which meet generally accepted safety standards.

(c) A sedation permit holder shall document every administration of 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 Section 5(e) 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 sedation permit holder.

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

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

(ii) Deep Sedation and/or General Anesthesia. During a procedure where deep sedation and/or general anesthesia is administered, the sedation 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.

~~(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.~~

~~(e)~~ (e) A dentist, ~~operating dentist~~, or sedation 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; or

~~(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 the applicant. ~~The ARC may grant applicant approval to proceed with onsite clinical inspection as defined in Section 11.~~

(c) Surgical/Anesthetic Techniques. Each sedation inspector shall review at least three (3) separate cases in which the applicant administered anesthesia. The sedation 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 standardized cases shall be reviewed.

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

- (i) Laryngospasm;
- (ii) Bronchospasm;

- (iii) Emesis and aspirator of vomitus;
- (iv) Management of foreign bodies in the airway;
- (v) Angina Pectoris;
- (vi) Myocardial Infarction;
- (vii) Cardiopulmonary Resuscitation;
- (viii) Hypotension;
- (ix) Hypertensive crisis;
- (x) Acute allergic reaction;
- (xi) Convulsions; and
- (xii) Hyperventilation syndrome.

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

~~(e) 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 or other program approved by the Board.

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

(c) Surgical/Anesthetic Techniques. Each sedation inspector shall review at least three (3) separate cases in which the applicant administered anesthesia. The sedation 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 standardized cases shall be reviewed.

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

(i) Laryngospasm;

(ii) Bronchospasm;

(iii) Emesis and aspirator of vomitus;

(iv) Management of foreign bodies in the airway;

(v) Angina Pectoris;

(vi) Myocardial Infarction;

(vii) Cardiopulmonary Resuscitation;

(viii) Hypotension;

(ix) Hypertensive crisis;

(x) Acute allergic reaction;

(xi) Convulsions; and

(xii) Hyperventilation syndrome.

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

~~(e) 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 9. Sedation Permit Renewal and Expiration.

(a) Sedation permits shall be renewed on or before December 31 every second year.

(b) A sedation permit holder shall submit a completed sedation permit renewal application, including fees, and provide evidence of:

(i) Current certification in ACLS or PALS; and

(ii) 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.

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

Section 10. 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.

Section 1110. Sedation Onsite Clinical Inspector Qualifications and Duties.

(a) Sedation Inspector Qualifications. The inspector shall:

(i) Submit a completed application;

(ii) Actively practice as a dental anesthesiologist, oral maxillofacial surgeon, 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) Sedation Inspector Duties. A Board-approved sedation inspector shall:

~~(i) Be considered an agent for the Board;~~

~~(ii)(i) Comply with the Board Rules for inspecting sedation facilities ~~clinical~~ locations within Wyoming;~~

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

~~(iv) Review a sedation permit applicant's surgical/anesthetic techniques required in Section 7(c) and Section 8(c).~~

~~(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. Initial Facility Permit Application Process.

(a) Application Requirements. Applicant shall:

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

(ii) Have two (2) approved sedation inspectors submit sedation facility inspection reports for each location where sedation is intended to be administered.

(iii) Applicant shall be responsible for payment of sedation facility inspection fee to sedation inspectors.

(b) Renewal Requirements.

(i) Facility permits shall be renewed on or before December 31 every second year.

(ii) A facility permit holder shall submit a completed facility permit renewal application, including fees. The facility permit holder shall provide evidence of re-inspection every five (5) years.

Section 13. Sedation Facility Inspection Process.

(a) Initial Inspection Process.

(i) Each sedation inspector shall review the office equipment, documentation, and emergency medications as required in Section 6.

(ii) After a sedation inspector has completed the onsite sedation facility inspection, the sedation inspector shall submit his/her findings and necessary documentation.

(b) Re-Inspection Process.

(i) Permitted sedation facilities shall be re-inspected every five (5) years. Responsible dentist bears the burden of ensuring that their permitted sedation facilities are re-inspected no later than five (5) years from the previous inspection.

(ii) Each re-inspection of a permitted sedation facility may be inspected by one (1) Board approved sedation inspector.

(iii) The Board may require re-inspection of a permitted sedation facility.

~~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 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 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.~~

~~_____ (e) 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 7

DENTAL AUXILIARIES

Section 1. Authority. The Board is authorized under Wyoming Statute 33-15-119, 33-15-129(a), 33-15-123, and the WAPA to promulgate rules and regulations related to the application and licensure procedures to practice of dental hygiene and dental auxiliaries in Wyoming.

Section 21. 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 32. Dental Auxiliary Personnel. Except as otherwise provided, dental auxiliary personnel shall not perform irreversible procedures.

Section 43. 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 54. Supervision of Procedures Performed by the Dental Hygienist.

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

(i) Community dental health activities; which includes public health services at 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, topical fluoride applications, 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 hygienist shall maintain 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.

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

(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 silver diamine fluoride; and

(ix) Apply subgingival anesthetic (i.e. Oraqix) if the dental hygienist holds a local anesthetic expanded ~~functions~~duties 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~~duties.

Section 65. Expanded ~~Functions~~Duties Permits.

(a) Permit. To obtain an expanded ~~functions~~duties 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~~duty.

(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~~duties 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~~duties permit may be required by the Board to ascertain the applicant's knowledge of the expanded ~~functions~~duties that the applicant wishes to be permitted to perform.

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

(i) Administer local anesthetics;

(ii) Administer and monitor nitrous oxide/oxygen; 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 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 76. 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; and

(ix) Place and expose x-ray image receptors (either film or digital) with a dentist’s order, either verbal or written.

(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 and silver diamine fluoride;

(iii) Mix dental materials to be used by the dentist; and

~~(iv) Place and expose x-ray image receptors (either film or digital); and~~

(iv)(v) Insert arch wires that have been adjusted by the dentist into the brackets or attachments and secured in place; and

(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 coronal surfaces of the teeth, rubber cup only, but not for the purpose of prophylaxis. ~~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 procedures, i.e. 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 dental prophylaxis;
 - (v) Use high speed handpiece; or
 - (vi) Use low speed handpiece, except for coronal polishing.

Section 87. 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 submitting evidence the applicant has completed a course or examination in dental radiography approved by the Board.

(A) Completed a course or examination in dental radiography approved by the Board within one (1) year immediately prior to the date of application; or

(B) Been authorized to expose dental radiographs in another jurisdiction within the last five (5) years.

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

(d) Late Renewal. A permit to expose radiographs that was not timely renewed may be renewed within five (5) years of the date the permit expired by submitting a late renewal application and the late fee. After five (5) years, the assistant must reapply and document completion of a new radiography course within one (1) year immediately prior to the date of application.

Section 98. 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 within one (1) year immediately prior to the date of application.

(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 every second year~~annually~~, unless renewed.

(e) Late Renewal. A permit to place pit and fissure sealants that was not timely renewed may be renewed within five (5) years of the date the permit expired by submitting a late renewal application and the late fee. After five (5) years, the assistant must reapply and document completion of a new pit and fissure training course within one (1) year immediately prior to the date of application.

Section 109. 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. Authority. The Board is authorized under Wyoming Statute 33-15-112, 33-15-121, and the WAPA to promulgate rules and regulations related to the discipline of dentists and dental hygienists in Wyoming.

Section 21. 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 32. 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 BLSCPR 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, or the Centers for Disease Control's Guideline for Prescribing Opioids for Chronic Pain~~ as referenced in Chapter 1.

Section 43. 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 recommend:

(i) ~~Recommend a~~ license or permit be issued, ~~or renewed,~~ relicensed, or reinstated;

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

(iii) ~~Recommend~~ Approval of 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 a~~ 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) Issuance of a license subject to conditions, restrictions, other disciplinary action; or

(ii) Denial of a license.

(d) The Notice of Intent shall contain:

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

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

(iii) An opportunity to show compliance with all lawful requirements for retention of the license or respond within fifteen (15) days from the date of mailing; and

(iv) ~~(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.~~

(e) Applicant's Response to Notice of Intent. Within thirty (30) days of the date of the Notice of Intent, the applicant shall submit a written request to the Board office to:

(i) Hold a hearing on the ARC's recommendation;

(ii) Table consideration of the application; or

(iii) Withdraw the application.

(f) Applicant's Failure to Respond to Notice of Intent. If the applicant fails to timely respond to the Notice of Intent, the Board shall dismiss the application.

Section 5. Petition for Modification of Conditions or Restrictions.

(a) Petition for Modification of Conditions or Restrictions.

(i) A licensee may petition the Board for modification of the conditions or restrictions imposed upon their license.

(ii) A licensee shall submit a written petition for modification to the Board office. The petition for modification shall include documentation demonstrating:

- (A) Compliance with a previously entered Board order;
- (B) That the modification is consistent with their treatment place, if applicable; and
- (C) That the modification is sufficient to ensure the public is adequately protected.

(b) Investigative Committee Action. A petition for modification shall be reviewed by the IC.

(i) If the IC agrees with the requested modification, the parties may file a stipulated motion with the Board.

(ii) If the IC does not agree with the requested modification, the IC shall notify the licensee of its intent to recommend denial of the petition.

(c) Board Consideration.

(i) The Board shall consider the petition, the IC's recommendation, and/or a stipulated motion at its earliest convenience.

(ii) The Board may approve or deny the petition for modification.

Section 64. 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 an IDC.

(b) ~~Investigative~~Disciplinary Committee Action. The IDC may recommend:

- (i) ~~Recommend~~dDismissal of a complaint;
- (ii) ~~Recommend~~issuance of an advisory letter;
- (iii) ~~Recommend~~Approval of a settlement agreement, which may include voluntary surrender, suspension, imposition of restrictions or conditions, reprimand, or other discipline;
- (iv) ~~Recommend~~dDisciplinary action against the licensee including revocation, suspension, reprimand, restrictions or conditions, or other discipline; ~~or~~
- (v) ~~Recommend~~sSummary suspension; or
- (vi) Approval of a voluntary surrender.

~~_____ (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 7.5. 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 imperatively requires emergency action to protect the~~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.

(d) Scope of Expedited Proceeding. The scope of the expedited summary suspension proceeding shall be limited to a presentation of the evidence the IC believes warrants summary suspension and any information the licensee may present on his or her behalf. The board shall order summary suspension if it concludes probable cause exists that the allegations, if proven, would imperatively require emergency action to protect the public health, safety, or welfare. The board shall incorporate a finding to that effect in its order granting summary suspension.

Section 8. Voluntary Surrender.

(a) A licensee may petition the Board, in writing, to voluntarily surrender their license in lieu of discipline.

(b) The Board shall consider the petition at its earliest convenience.

(c) The Board may consider whether the licensee is under investigation and may approve or deny the petition.

Section 9. Formal Proceedings for Disciplinary Action.

(a) Notice of Intent to Recommend Disciplinary Action.

(i) The IC shall notify the licensee of its intent to recommend disciplinary action.

(ii) The Notice of Intent shall:

(A) Include a brief description of the facts or conduct that warrants the intended action; and

(B) Provide the licensee an opportunity to show compliance or respond to the allegations for disciplinary action within fifteen (15) days of the date of mailing.

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 10. Petition.

(a) The IC shall initiate formal proceedings for disciplinary action by filing a Petition with the Board office and serving a copy upon the licensee to the last known address of the licensee by regular U.S. mail.

(b) Failure to respond to the Petition within twenty (20) days of the filing with the Board office may result in a default judgment.

Section 11. Notice of Hearing.

(a) Timing of Hearing. Upon receipt of a written request for hearing from an applicant or filing of a Petition, the Board shall conduct a hearing. Board staff shall serve a Notice of Hearing on the applicant or licensee at least thirty (30) days prior to the hearing.

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

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

(ii) A brief statement of the matters asserted:

(A) In application matters, the recommendation, the facts upon which the recommendation is based, and the statutory provisions or Board Rules the applicant is alleged to have violated; or

(B) In disciplinary matters, the nature of the Petition, the facts upon which the Petition is based, and the statutory provisions or Board Rules 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:

(A) The applicant's failure to appear at a noticed hearing or pursue proceedings may result in a dismissal; or

(B) The licensee's failure to answer the allegations contained in the Petition within twenty (20) days of the date of mailing and failure to appear at a noticed hearing may result in a default judgment.

Section 127. 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 138. Dismissal or 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.~~

(a) The Board may dismiss an application where the applicant or the applicant's representative has not requested a hearing or appeared at a noticed hearing.

(b) The Board may enter an order of default judgment based on the allegations contained in the Petition in any case where the licensee or the licensee's representative has not answered the Petition and has not appeared at a noticed hearing.

Section 149. 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 15. Burden and Standard of Proof.

(a) Application Matters. The applicant shall bear the burden to prove by a preponderance of the evidence, that he or she meets the qualifications for licensure. The burden shall shift to the ARC to prove by clear and convincing evidence, that the applicant should be denied a license. The burden shall shift back to the applicant to persuade the Board that the ARC's grounds for denial or issuance of a license subject to conditions or restrictions are insufficient.

(b) Disciplinary Matters. The IC shall bear the burden to prove by clear and convincing evidence that the licensee violated the Act, Board Rules, or both.

(c) Petition for Modification Matters. The Board shall grant petitions for modification of conditions in its own discretion.

Section 1610. Board Decision and Order.

(a) Board Action. The Board may resolve an application matter, complaint, or Petition by:

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

(ii) Dismissing a complaint;

(iii) Issuing an advisory letter;

(iv) Ruling in favor of a party on a dispositive motion;

~~(v)(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.~~

_____ (A) Issue, renew, relicense, or reinstate a license;

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

_____ (C) Deny a license, renewal, relicense, or reinstatement;

_____ (D) Dismiss the complaint or Petition;

_____ (E) Dismiss the complaint or Petition with an advisory letter; or

_____ (F) Impose a reprimand, conditions, restrictions, suspension, revocation, other discipline, or a combination thereof.

(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 representatives~~attorneys~~ by ~~certified or~~ regular mail.

Section 1211. 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

FEEES

Section 1. Authority. The Board is authorized under Wyoming Statute 33-15-106 and the WAPA to promulgate rules and regulations related to the establishment of fees for issuance of licenses and administration of examinations in Wyoming.

Section 21. Statement of Purpose. These Board Rules are adopted to implement the Board's authority to determine and collect reasonable fees.

Section 32. General Information.

(a) Fees shall be payable in the exact amount by credit card, money order, or check and shall be paid in advance of the services rendered.

(b) All fees collected by the Board are non-refundable.

(c) Fees related to public records requests shall be assessed pursuant to the Department of Administration and Information's rules concerning public records.

Section 43. 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
<u>(iii)(iv) Biennial License Renewal</u>	<u>\$185350</u>
<u>(iv)(v) Late License Renewal (Jan 1 – Mar 31)</u>	\$370
 (vi) Non-Clinical License Renewal	\$25
<u>(v)(vii) Relicensure</u>	\$370
<u>(vi)(viii) Reinstatement</u>	\$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
(iii)(iv)	Application for Facility Permit	\$25
(v)	Office Inspector Fee (paid directly to each inspector)	\$250
(iv)(vi)	Biennial Moderate or Deep Sedation/General Anesthesia Permit Renewal	\$250475
(vii)	Operating Dentist Permit Renewal	\$15
(v)(viii)	Biennial Facility Permit Renewal	\$2550
(vi)(ix)	Sedation 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
(iii)(iv)	Applications for Dental Hygiene Expanded Functions	\$30
(iv)	Biennial License Renewal (including functions)	\$95170
(v)	Late License Renewal (Jan 1 – Mar 31)	\$190
(vi)	Non-Clinical License Renewal	\$25
(vi)(vii)	Relicensure	\$190
(vii)(viii)	Reinstatement	\$200
(d)	Dental Assistants:	
(i)	Application for Radiograph Permit	\$30
(ii)	Application for Pit and Fissure Permit	\$30
(iii)	Biennial Radiograph and Pit and Fissure Permit Renewal	\$1520

(iv)	Biennial Pit and Fissure Permit Renewal	\$20
(v)	Late Permit Renewal	\$15
(e)	Other Fees:	
(i)	License or Permit Verification	\$25
(ii)	Replacement Document	\$25
(iii)	Roster	\$25
<u>(iii)</u> (iv)	Non-Sufficient Fund Fee	\$30