

DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
Board of Dentistry and Dental Hygiene

Statutory Authority: 24 Delaware Code, Sections 1106(a)(1) and 1106(a)(17) (24 **Del.C.** §§1106(a)(1) and (17))
24 **DE Admin. Code** 1100

FINAL
ORDER

1100 Board of Dentistry and Dental Hygiene

I. SUMMARY OF THE EVIDENCE AND INFORMATION SUBMITTED

The Delaware Board of Dentistry and Dental Hygiene, pursuant to 24 **Del.C.** §§ 1106(a)(1) and 1106(a)(17), proposed to amend regulation **24 DE Admin. Code 1100** Board of Dentistry and Dental Hygiene. The proposed amendments at section 1.0 and 2.0, clarify the types of tasks that can be delegated to auxiliary personnel and the level of supervision required when such tasks are delegated. The proposed changes to subsection 7.4.1 add certified registered nurse anesthetists to the list of individuals who may administer anesthesia in an approved dental office. Finally, the changes add a subsection 5.3 and section 14.0 in order to “[e]stablish by rule and regulation the requirement to and standards for permits that authorize dental hygienists to administer local anesthesia under the direct supervision of a licensed dentist” in accordance with recently enacted legislation. Other grammar and style changes were made to comply with the *Delaware Administrative Code Drafting and Style Manual*.

Notice of the proposed regulation was published in the *Register of Regulations* on December 1, 2025. The Board received one written public comment. On January 5, 2026, Ronald Castaldo, President of the Delaware Association of Nurse Anesthetists (DANA) submitted written public comment on behalf of DANA voicing support for the Board’s proposed change to subsection 7.4.1, but requested additional changes to subsections 7.2.2.1.3 and 7.3.2.1. Specifically, DANA requested the Board strike the sentence a “certified registered nurse anesthetist may be utilized for deep sedation or general anesthesia only if the dentist also possesses an Unrestricted Permit” from each of those subsections.

**II. ASSESSMENT OF THE IMPACT ON ACHIEVEMENT OF THE STATE’S GREENHOUSE GAS EMISSIONS
REDUCTION TARGETS AND RESILIENCY TO CLIMATE CHANGE**

The Board has reviewed the proposed regulation as required by **29 Del.C. §10118(b)(3)** and has determined that if promulgated, the regulation would have a neutral or positive impact on the State’s resiliency to climate change because compliance with the regulation would not reasonably involve the increase in greenhouse gas emissions.

III. FINDINGS OF FACTS

On January 15, 2026, the Board considered the written submittals. The Board agreed with DANA’s suggestion, but found that under Senate Bill 131, the Board was to adopt regulations establishing the requirements and standards to allow dental hygienists to administer local anesthesia by January 1, 2026, and implementing any substantive changes to the proposed regulations would further delay their implementation. The Board noted that DANA’s proposed changes could be adopted at a later date but were not urgent such that they should delay the entirety of the proposed changes.

IV. DECISION TO ADOPT THE REGULATION

For the foregoing reasons, the Board concludes that it is appropriate to amend **24 DE Admin. Code 1100 Board of Dentistry and Dental Hygiene** as published on December 1, 2025. Therefore, pursuant to 24 **Del.C.** §§ 1106(a)(1) and 1106(a)(17), the changes to **11 DE Admin. Code 1100**, attached hereto as Exhibit A, are hereby adopted.

V. EFFECTIVE DATE OF ORDER

The effective date of this Order shall be ten (10) days from the date this Order is published in the *Register of Regulations*.

IT IS SO ORDERED the 15th day of January 2026.

/s/ Andrew Swiatowicz
Andrew Swiatowicz, DDS, President

/s/ Norman Steward
Norman Steward, DDS, Secretary

/s/ Michael Nies
Michael Nies, DDS

/s/Anne Annone
Anne Annone, DMD

/s/ Anthony Vattilana
Anthony Vattilana, DDS

/s/ Carla Rawheiser
Carla Rawheiser, RDH

/s/ Lydia Massey
Lydia Massey, Public Member

/s/ Mike Cebic
Mike Cebic, Public Member

(absent)
Tammy Beebe, RDH, Hygiene Advisory

/s/ Bonnie Thomas
Bonnie Thomas, RDH, Hygiene Advisory

(absent)
Annette Matoni, RDH, Hygiene Advisory

***Please note: Electronic signatures ("/s/") were accepted pursuant to 6 Del.C. §12A-107(d)**

1100 Board of Dentistry and Dental Hygiene

1.0 Supervision: Definitions –~~There are 3 recognized levels of supervision:~~

The following words and terms, when used in this regulation, have the following meaning:

1.1 "Dental technician" means any person not licensed to practice dentistry in this State, engaged in the business of constructing, altering, repairing or duplicating full dentures ("plates"), partial dentures, splints, orthodontic appliances, fixed bridges, or any other prosthetic appliances.

~~Direct Supervision – The~~ "Direct supervision" means the dentist is present in the office, personally examines the patient, diagnoses the condition to be treated, and specifically authorized ~~authorizes~~ the work to be performed. The dentist checks the work before the patient leaves the office.

1.2 "General supervision" means a dentist may or may not be present in the office while the work is performed. The dentist authorizes the work to be performed. Emergency care and consultant services are provided by an "on-call" dentist not present in the treatment facility, if the primary dentist is not present.

~~Indirect Supervision – A~~ "Indirect supervision" means a dentist is present in the office and generally authorizes the work to be performed. The dentist may examine the patient, either before or after work is performed. The dentist is available for consultation during the patient visit.

1.3 ~~General Supervision – A dentist may or may not be present in the office while the work is performed. The dentist authorizes the work to be performed. Emergency care and consultant services are provided by an "on-call" dentist not present in the treatment facility, if the primary dentist is not present.~~

1.4 ~~Dental Technician – Any person not licensed to practice dentistry in this State, engaged in the business of constructing, altering, repairing or duplicating full dentures ("plates"), partial dentures, splints, orthodontic appliances, fixed bridges or any other prosthetic appliances.~~

2.0 Auxiliary Personnel

2.1 ~~Expanded Duties:~~ Duties. A legally licensed and registered dentist may delegate to competent dental auxiliary personnel, those procedures for which the dentist exercises ~~direct supervision and~~ full responsibility except as follows:

2.1.1 Those procedures which require professional judgement and skill, such as diagnosis and treatment planning, and the cutting of hard ~~and/or or~~ soft tissues, or any intra-oral procedure which would lead to the fabrication of an appliance ~~and/or or~~ restoration which, when received by the patient, would come in direct contact with hard or soft tissue and which could result in tissue irritation or injury. These procedures must be performed by a licensed dentist.

2.1.2 ~~Those procedures allocated by the Dental Code to registered dental hygienists included within the dental hygienists' scope of practice -~~ must be performed by a licensed dentist or dental hygienist.

2.2 ~~Interpretation of Regulation –~~ Regulation. Competency and level of supervision of the dental auxiliary personnel must be determined by the individual dentist in assigning specific duties. The dentist is given full responsibility in deciding the scope of work to be allocated to the auxiliary personnel.

2.3 ~~Training of Auxiliary Personnel –~~ Personnel. Adequate training of dental auxiliary personnel will be the responsibility of the dentist.

2.4 ~~Assignment of Duties –~~ Following are some Duties. Some of the procedures that may be assigned to auxiliary personnel under the conditions and provisions ~~stated above;~~ provided in subsection 2.3:

2.4.1 Take and develop x-rays. This involves placing an x-ray film in the patient's mouth and exposing that film.

2.4.2 Give and demonstrate home-care procedures to the patient, including those procedures the patient is expected to carry out in preventive care.

2.4.3 Placing a rubber dam.

2.4.4 Placing cotton rolls.

2.4.5 Taking impressions for study models.

2.4.6 Removal of excess cements from dental restorations and appliances with hand instruments only.

2.4.7 Removal of temporary medicinal fillings or packs under direct orders of the dentist.

- 2.5 ~~Responsibilities~~ Responsibilities. In summary, the Dental Board places full responsibility for the work done by auxiliary personnel directly upon the dentist. Violations of the regulations will be subject to penalties as spelled out in [24 Del.C. §1131\(5\)](#).

3.0 Prescriptions to Dental Technicians

- 3.1 ~~Written Prescriptions~~ Prescriptions. Any dentist who uses the services of a dental technician in this State shall furnish ~~him/her~~ the technician with a written prescription, which shall contain:
- 3.1.1 ~~the~~ The name and address of the technician, technician;
 - 3.1.2 ~~the~~ The patient's name and/or identification number, number;
 - 3.1.3 ~~the~~ The date on which the prescription was written, written;
 - 3.1.4 ~~a~~ A prescription of the work to be done, done;
 - 3.1.5 ~~specification~~ Specification of the type and quality of materials to be ~~used~~ and used; and
 - 3.1.6 ~~signature~~ Signature and license number of the dentist and ~~his/her~~ license number.
- 3.2 ~~Record of Prescriptions~~ Prescriptions. The dentist shall retain a duplicate copy ~~thereof~~ of the prescription for inspection by the Board or its agent for a period of ~~two~~ 2 years of the original.
- 3.3 The Dental Technician as an ~~Auxiliary~~ Auxiliary. Dentists employing a dental technician as an auxiliary within the confines of ~~his/her~~ the dentist's office, may elect to maintain the required date of the prescription as an entry on the patient's record, in lieu of duplicating the prescription form to the technician.

4.0 Qualifications of Applicant; Education and Residency Requirements [[24 Del.C. §1122\(a\)\(3\)](#)]

- 4.1 An applicant for licensure as a dentist shall have received one of the following: a doctoral degree from a US dental college accredited by the Commission on Dental Accreditation; or a doctoral degree from a dental college or university, plus a post-doctoral degree or certificate from a US CODA approved specialty program in Oral and Maxillofacial Surgery, Periodontics, Pediatric Dentistry, Endodontics, Orthodontics, or Prosthodontics.
- 4.2 An applicant for licensure as a dentist must have completed 1 year as a dental intern within a general practice residency accredited by the Commission on Dental Accreditation (CODA).
- 4.3 An applicant who has completed a CODA approved specialty residency of 4 years or more will be deemed to have satisfied the general practice residency requirement.
- 4.4 An applicant who has completed a CODA approved specialty residency of less than 4 years must demonstrate that the specialty residency program meets the following criteria:
- 4.4.1 The program must meet the goals, objectives, proficiencies and competencies set forth in Standard 2.4 of the CODA Accreditation Standards for Advanced Education Programs in General Practice Residency, ©2007.
 - 4.4.2 The program must include a rotation of at least 70 hours in anesthesia and a rotation of at least 70 hours in medicine.
- 4.5 An applicant for licensure as a dentist by reciprocity who has had at least 3 years of active dental practice in another state or territory of the United States is not required to provide evidence of a general practice or specialty residency.
- 4.5.1 Active practice shall be defined as an average of at least 1000 hours of direct patient care per year. Satisfactory evidence of active practice may include, ~~but is not limited to,~~ W-2 forms, 1099 forms, tax returns, ~~and/or~~ and/or written verification of hours from the dental practice administrator. The Board reserves the right to request supplemental verification and to reject incomplete documentation.
- 4.6 An applicant for licensure as a dental hygienist by reciprocity must demonstrate active practice during 3 of the 5 years immediately preceding the application in the state in which the applicant currently is or has been licensed.
- 4.6.1 Active practice shall be defined as an average of at least 350 hours of direct patient care per year. Satisfactory evidence of active practice may include, ~~but is not limited to,~~ W-2 forms, 1099 forms, tax returns, ~~and/or~~ and/or written verification of hours from the dental practice administrator. The Board reserves the right to request supplemental verification and to reject incomplete documentation.

[14 DE Reg. 1239 \(05/01/11\)](#)

[16 DE Reg. 328 \(09/01/12\)](#)

[20 DE Reg. 651 \(02/01/17\)](#)

5.0 Supervision

- 5.1 Limited license holders may practice under general supervision and subject to the provisions of [24 Del.C. §1132](#).
- 5.2 Licensed dental hygienists must practice under general supervision subject to the following conditions:

- 5.2.1 Advance Notice to ~~Patient~~Patient. The patient is notified, as soon as it is known, that the dentist will not be present, and is given the option to reschedule to a time when the dentist will be present in the office.
 - 5.2.2 Dentist Review of ~~Records~~Records. The dentist shall review the treatment records of each patient prior to and following the patient treatment.
 - 5.2.3 The dentist must perform at least 1 clinical examination of the patient within a 12-month period.
 - 5.2.4 Patient ~~Contraindications~~Contraindications. Patients for whom it is medically or dentally contraindicated, will not be scheduled when the dentist is not present.
 - 5.2.5 Office ~~Requirements~~Requirements. A second office employee shall be present in the treatment facility at all times when patient care is performed. This is both for safety and security reasons.
- 5.3 Dental hygienists who hold a valid local anesthesia permit must administer local anesthesia under the direct supervision of a licensed dentist.
- 15 DE Reg. 1621 (05/01/12)
28 DE Reg. 62 (07/01/24)

6.0 Continuing Professional Education (CPE) and Renewal

- 6.1 Renewal. Each license shall be renewed biennially. The failure of the Board to notify a licensee of his/~~her~~the license expiration date and subsequent renewal does not, in any way, relieve the licensee of the requirement to renew his/~~her~~the license pursuant to the Board's regulations and 24 **Del.C.** Ch. 11.
 - 6.1.1 License renewal is accomplished online at the Division of Professional Regulation's website. Licensees must submit an online application along with payment of the renewal fee prescribed by the Division of Professional Regulation and an attestation of completion of the continuing education requirements.
 - ~~6.1.1.16.1.2~~ Attestation must be completed electronically at the time of renewal. Licensees selected for random audit will be required to supplement the attestation with attendance verification pursuant to ~~Section~~subsection 6.8.
- 6.2 Any licensee who fails to renew his/~~her~~the license by the renewal date may reactivate his/~~her~~the license during the ~~one-year~~1-year period immediately following the license expiration date provided the licensee pays a late fee in addition to the prescribed renewal fee, and provides proof that ~~he/she completed~~of completion of the required continuing education.
- 6.3 Continuing Education. All persons licensed to practice dentistry in the State of Delaware shall be required to acquire ~~fifty (50)~~50 hours of continuing professional education (CPE) credit every ~~two (2)~~2 years. ~~Two (2)~~2 of the 50 credit hours shall be obtained in courses covering infection control. In addition to the CPE, licensees must provide evidence that they have successfully completed a current course in cardiopulmonary resuscitation (CPR) every ~~two (2)~~2 years. The CPR course must encompass hands on clinical participation. ~~On-line~~Online courses will not be accepted to satisfy the CPR requirement. Examples of acceptable courses include, but are not limited to, include courses offered by the American Red Cross and the American Heart Association and courses offered or approved by any of the organizations listed in subsections 6.4.1 through 6.4.4 of ~~these regulations~~this regulation. All dentists, upon initial licensure in Delaware and prior to registration renewal, shall be given a written notice of these CPE requirements.
- 6.4 CPE credits may be granted upon proof of successful completion of scientific CPE programs or courses, including live webinars, sponsored or approved by:
 - 6.4.1 American Dental Association (ADA), its constituents and components including CERP (Continuing Education Recognition ~~Program~~)Program);
 - 6.4.2 American Dental Hygienists' Association (ADHA), its constituents and ~~components~~components;
 - 6.4.3 American Dental Assisting Association (ADAA), its constituents and ~~components~~components;
 - 6.4.4 Academy of General Dentistry (AGD) its constituents and components including PACE (Program Approval for Continuing ~~Education~~)Education);
 - 6.4.5 Recognized national, regional, state and local dental and dental hygiene specialty ~~organizations~~organizations;
 - 6.4.6 Recognized dental and dental hygiene study ~~clubs~~clubs;
 - 6.4.7 Accredited dental and dental hygiene CPE programs offered by dental and dental hygiene ~~schools~~schools;
 - 6.4.8 Approved hospital ~~programs~~programs; and
 - 6.4.9 ~~Such other~~Other organizations and associations as may be approved by the Board.
- 6.5 A maximum of 30 hours of the total CPE requirement may be satisfied by self-study.
 - 6.5.1 Not more than ten hours of the ~~fifty~~50 hour biennial CPE requirement may be satisfied by self-study without testing from sources approved by the Board which shall include ~~but not be limited to~~:
 - 6.5.1.1 Reading dental ~~textbooks~~textbooks;
 - 6.5.1.2 Reading dental tape ~~journals~~journals; and
 - 6.5.1.3 Viewing and listening to dental audio-visual materials.
 - 6.5.2 In addition to the maximum of ~~ten (10)~~10 hours of the CPE requirement which may be satisfied by self-study without testing and certification, a maximum of ~~twenty (20)~~20 hours of the total CPE requirements

may be fulfilled by self-study with test and certificate of completion from bona fide dental educational sources including ~~but not limited to:~~

- 6.5.2.1 Dental ~~journals~~ journals;
- 6.5.2.2 Dental ~~textbooks~~ textbooks;
- 6.5.2.3 Dental video and audio tape ~~presentations~~ presentations;
- 6.5.2.4 Dental mail-in ~~courses~~ courses; and
- 6.5.2.5 Dental courses presented on the ~~Internet~~ internet, which are not ~~live~~ live.

6.6 Special Provisions

- 6.6.1 A dentist, employed as a faculty member in a recognized school of dentistry, dental hygiene, dental assisting or any dentally-related field will be allowed not more than ~~ten (10)~~ 10 hours credit for teaching per year.
- 6.6.2 A dentist presenting a CPE course shall be allowed the hours involved in preparation and presentation on a one-time-per-course basis for a maximum of ~~ten (10)~~ 10 hours for the two-year period.
- 6.6.3 Table Clinics will be allowed, ~~one (1)~~ 1 hour of credit per hour of presentation for a maximum of ~~two (2)~~ 2 hours.
- 6.6.4 ~~Twelve (12)~~ 12 hours of credit shall be allowed for a scientific article published in a component or state society journal. 25 hours of credit shall be allowed for a scientific article published in a national journal or for a published scientific textbook or a chapter therein.
- 6.6.5 Any public health dentally-related presentation will be allowed ~~one (1)~~ 1 hour of credit per hour of participation for a maximum of ~~two (2)~~ 2 hours for the ~~two-year~~ 2-year period.
- 6.6.6 Practice management or personal self-improvement courses shall be limited to a total of ~~ten (10)~~ 10 hours for the ~~two (2)~~ 2 year period.
- 6.6.7 A dentist providing volunteer pro bono dental services acceptable to the Board will be allowed ~~one (1)~~ 1 hour of credit for each hour of patient service up to a maximum of 10 hours.
- ~~6.6.7.1~~ Volunteer pro bono care is care provided in conjunction with a non-profit entity or event without receiving compensation.
- 6.6.8 The Board reserves the right to approve any ~~and all~~ activities deemed appropriate for CPE credit. The Board also reserves the right and is the final word to disapprove any activities submitted for credit which it deems inappropriate.
- 6.6.9 All dentists licensed to practice in Delaware shall be given written notice of these CPE requirements when receiving their initial license.
- 6.6.10 For existing holders of an Unrestricted Permit for anesthesia, at least ~~twelve (12)~~ 12 hours of the required CPE credits must be taken on an Anesthesia topic by the end of the ~~six (6)~~ 6 year re-evaluation period (i.e. by the end of the third biennial licensure renewal period).
- 6.6.11 For existing holders of a Restricted I Permit, at least ~~six (6)~~ 6 hours of the required CPE credits must be taken on an Anesthesia topic by the end of the ~~six (6)~~ 6 year re-evaluation period (i.e. by the end of the third biennial license renewal period).

6.7 Exceptions

- 6.7.1 An exception will be granted to any ~~dentist~~ dentists who can demonstrate to the Board an acceptable cause as to why ~~he/she~~ they should be relieved of this obligation. Exemptions will be granted only in unusual or extraordinary circumstances. Licensees must petition the Board for exemptions. Should the Board deny the request, the licensee must complete the requirements. Examples of circumstances for which the Board might grant exemptions include prolonged illness, extended absence from the country, or the like.
- 6.7.2 An individual initially licensed by the Board within the last 2 years shall meet the following schedule of reporting CPE credits for license renewal:
 - 6.7.2.1 If, as of May ~~31st~~ 31 of the year for license renewal, the licensee has been licensed for less than 1 year, zero hours of CPE ~~is~~ are required for license renewal; ~~for licensees who are 1 or more but less than 2 years from their initial licensure, one-half of the required CPE must be presented; for individuals 2 years or more from their initial licensure, the full CPE requirement must be presented for renewal.~~
 - 6.7.2.2 For licensees who are 1 or more but less than 2 years from their initial licensure, 1/2 of the required CPE must be presented; and
 - 6.7.2.3 For individuals 2 years or more from their initial licensure, the full CPE requirement must be presented for renewal.

6.8 Audit of Continuing Education Contact Hours

- 6.8.1 Audit. Each biennium, the Division of Professional Regulation shall randomly select from the list of renewed licensees a percentage of licensees, determined by the Board, to be audited. The Board may also audit based on complaints or charges against an individual license, relative to compliance with continuing education requirements or based on a finding of past non-compliance during prior audits.

- 6.8.2 Documentation. When a licensee is selected for audit, the licensee shall be required to submit documentation showing detailed accounting of the various CPEs claimed by the licensee. Licensees selected for random audit are required to supplement the attestation with supporting materials which may include a syllabus, agenda, itinerary or brochure published by the sponsor of the activity and a document showing proof of attendance (i.e., certificate, a signed letter from the sponsor attesting to attendance, report of passing test score). The Board shall attempt to verify the CPEs shown on the documentation provided by the licensee. Upon completion of the review, the Board will decide whether the licensee's CPEs meet the requirements of ~~these regulations~~this regulation.
- 6.8.2.1 Any continuing education not meeting all provisions of ~~these regulations~~this regulation shall be rejected in part or in whole by the Board
- 6.8.2.2 Any incomplete or inaccurate documentation of continuing education may be rejected in part or in whole by the Board.
- 6.8.2.3 Any continuing education that is rejected must be replaced by acceptable continuing education within a reasonable period of time established by the Board. This continuing education will not be counted towards the next renewal period.
- 6.8.3 Board Review and Hearing Process. The Board shall review all documentation requested of any licensee shown on the audit list. If the Board determines the licensee has met the requirements, the licensee's license shall remain in effect. If the Board initially determines the licensee has not met the requirements, the licensee shall be notified and a hearing may be held pursuant to the Administrative Procedures Act. This hearing will be conducted to determine if there are any extenuating circumstances justifying the apparent noncompliance with ~~these regulations~~this regulation. Unjustified noncompliance with these regulations shall be considered unprofessional conduct and grounds for discipline pursuant to **24 Del.C. §1128(6)**.
- 6.8.4 Sanctions for Unjustified Noncompliance. If the Board finds unjustified non-compliance, the Board will impose discipline in accordance with **29 Del.C. §1129** which may include, ~~but is not limited to~~ monetary penalties up to \$1,000, suspension and/or ~~or~~ revocation of a practitioner's license.
- 6.9 Continuing Professional Education (CPE) - Dental Hygienists [**24 Del.C. §1106(a)(1) and (7)**].
 All persons licensed to practice dental hygiene in the State of Delaware shall be required to acquire ~~twenty-four (24)~~24 hours of CPE credit every ~~two (2)~~2 years. ~~Two (2)~~2 of the 24 credit hours shall be obtained in courses covering infection control. In addition to the CPE, licensees must provide evidence that they have and successfully completed a current course in cardiopulmonary resuscitation (CPR) every ~~two (2)~~2 years. The CPR course must encompass hands on clinical participation. On-line courses will not be accepted to satisfy the CPR requirement. Examples of acceptable courses include, ~~but are not limited to~~,include courses offered by the American Red Cross and the American Heart Association. All Dental hygienists, upon initial licensure and prior to registration renewal, shall be given written notice of these CPE requirements.
- 6.9.1 Proof of continuing education is satisfied with an attestation by the licensee that ~~he or she~~the licensee has satisfied the ~~Requirements~~requirements of subsection 6.9.
- 6.9.2 Attestation must be completed electronically at the time of renewal.
- 6.9.3 Licensees selected for random audit will be required to supplement the attestation with attendance verification pursuant to subsection 6.12.
- 6.9.4 CPE credits may be granted upon proof of successful completion of programs including, ~~but not limited to~~, the following categories:
- 6.9.4.1 Scientific CPE programs or courses, including live webinars, sponsored or approved by:
- 6.9.4.1.1 American Dental Hygienists Association, its constituents and ~~components~~components;
- 6.9.4.1.2 American Dental Association, its constituents and ~~components~~components;
- 6.9.4.1.3 American Dental Assisting Association, its constituents, and ~~components~~components;
- 6.9.4.1.4 American Academy of Dental HygieneHygiene;
- 6.9.4.1.5 Recognized national, regional, state, and local dental and dental hygiene specialty ~~societies~~societies;
- 6.9.4.1.6 Recognized dental and dental hygiene study ~~clubs~~clubs;
- 6.9.4.1.7 Accredited dental and dental hygiene ~~schools~~schools;
- 6.9.4.1.8 Approved hospital ~~programs~~programs;
- 6.9.4.1.9 ~~Such other~~Other organizations and associations as may be approved by the ~~Board~~Board.
- 6.9.4.2 A maximum of ~~five (5)~~5 hours of the total ~~twenty-four (24)~~24 hour requirement may be satisfied by self-study without testing from sources approved by the Board which shall include ~~but not be limited to~~:
- 6.9.4.2.1 Reading of dental or dental hygiene ~~journals~~journals;
- 6.9.4.2.2 Reading dental or dental hygiene ~~textbooks~~textbooks; and
- 6.9.4.2.3 Viewing and listening to dental or dental hygiene audio-visual ~~materials~~materials.
- 6.9.4.3 In addition to the maximum of ~~five (5)~~5 hours which may be satisfied by self-study without testing, a maximum of ~~ten (10)~~10 hours of the total ~~twenty-four (24)~~24 hour requirement may be fulfilled

by self-study with test and certificate of completion from bona fide dental hygiene educational sources including ~~but not limited to:~~

- 6.9.4.3.1 Dental or dental hygiene ~~journals~~ journals;
- 6.9.4.3.2 Dental or dental hygiene ~~textbooks~~ textbooks;
- 6.9.4.3.3 Dental or dental hygiene video and audio tape ~~presentations~~ presentations;
- 6.9.4.3.4 Dental or dental hygiene mail-in ~~courses~~ courses; and
- 6.9.4.3.5 Dental or dental hygiene courses presented on the Internet, which are not ~~live~~ live.

6.9.5 Where CPE credits are not specified, ~~one (1)~~ 1 hour of CPE credit will be given for each hour of scientific session attended. The final approval of acceptable dental hygiene CPE credits shall be made by the Board of Dental Examiners in consultation with the Dental Hygiene Advisory Committee.

6.10 Special Provisions

6.10.1 A dental hygienist, employed as a faculty member in a recognized school of dentistry, dental hygiene or dental assisting, will be allowed not more than ~~five (5)~~ 5 hours credit for teaching per year.

6.10.2 A dental hygienist presenting a CPE course shall be allowed the hours involved in preparation and presentation on a one-time-per-course basis for a maximum of ~~five (5)~~ 5 credits for the ~~two-year~~ 2-year period.

6.10.3 Table clinics will be allowed ~~one (1)~~ 1 hour of credit per hour of presentation for a maximum of ~~two (2)~~ 2 hours.

6.10.4 ~~Twelve (12)~~ 12 hours of credit shall be granted for a scientific article published in a component or state society journal. ~~Twelve (12)~~ 12 hours of credit shall be allowed for a scientific article published in a national journal or for a published scientific textbook or a chapter ~~therein~~ within a scientific textbook.

6.10.5 A dental hygienist giving public education instruction in a school will receive credit up to ~~one (1)~~ 1 hour per year.

6.10.6 Practice management or personal self-improvement courses shall be limited to ~~five (5)~~ 5 hours for the ~~two (2)~~ 2 year period.

6.10.6.1 Practice management, personal self-improvement and computer courses shall be limited to 2.5 hours a year for a total of ~~five (5)~~ 5 hours for the ~~two (2)~~ 2 year period.

6.10.7 A dental hygienist providing volunteer pro bono dental hygiene services acceptable to the Board will be allowed ~~one (1)~~ 1 hour of credit for each hour of patient service up to a maximum of ~~five (5)~~ 5 hours.

6.10.7.1 Volunteer pro bono care is care provided in conjunction with a non-profit entity or event without receiving compensation.

6.10.8 The Board reserves the right to approve any ~~and all~~ activities deemed appropriate for CPE credit. The Board also reserves the right and is the final word to disapprove any activities submitted for credit which it deems inappropriate.

6.10.9 All dental hygienists licensed to practice in Delaware shall be given written notice of these CPE requirements when receiving their initial license.

6.11 Exceptions

6.11.1 An exception will be granted to any dental ~~hygienist~~ hygienists who can demonstrate to the Board an acceptable cause as to why ~~he/she~~ the dental hygienist should be relieved of this obligation. Exemptions will be granted only in unusual or extraordinary circumstances. Licensees must petition the Board for exemptions. Should the Board deny the request, the licensee must complete the requirements. Examples of circumstances for which the Board might grant exemptions include prolonged illness, extended absence from the country, or the like.

6.11.2 An individual initially licensed by the Board within the last 2 years shall meet the following schedule of reporting CPE credits for license renewal:

6.11.2.1 If, as of May ~~31st~~ 31 of the year for license renewal, the licensee has been licensed for less than 1 year, zero hours of CPE ~~is~~ are required for license renewal; ~~for licensees who are 1 or more but less than 2 years from their initial licensure, one-half of the required CPE must be presented; for individuals 2 years or more from their initial licensure, the full CPE requirement must be presented for renewal.~~

6.11.2.2 For licensees who are 1 or more but less than 2 years from their initial licensure, 1/2 of the required CPE must be presented; and

6.11.2.3 For individuals 2 years or more from their initial licensure, the full CPE requirement must be presented for renewal.

6.12 Audit of Continuing Education Contact Hours

6.12.1 Audit. Each biennium, the Division of Professional Regulation shall randomly select from the list of renewed licensees a percentage of licensees, determined by the Board, to be audited. The Board may also audit based on complaints or charges against an individual license, relative to compliance with continuing education requirements or based on a finding of past non-compliance during prior audits.

6.12.2 Documentation. When a licensee is selected for audit, the licensee shall be required to submit documentation showing detailed accounting of the various CPEs claimed by the licensee. Licensees

selected for random audit are required to supplement the attestation with supporting materials which may include a syllabus, agenda, itinerary or brochure published by the sponsor of the activity and a document showing proof of attendance (i.e., certificate, a signed letter from the sponsor attesting to attendance, report of passing test score). The Board shall attempt to verify the CPEs shown on the documentation provided by the licensee. Upon completion of the review, the Board will decide whether the licensee's CPEs meet the requirements of ~~these regulations~~this regulation.

- 6.12.2.1 Any continuing education not meeting all provisions of ~~these regulations~~this regulation shall be rejected in part or in whole by the Board
- 6.12.2.2 Any incomplete or inaccurate documentation of continuing education may be rejected in part or in whole by the Board.
- 6.12.2.3 Any continuing education that is rejected must be replaced by acceptable continuing education within a reasonable period of time established by the Board. This continuing education will not be counted towards the next renewal period.
- 6.12.3 Board Review and Hearing Process. The Board shall review all documentation requested of any licensee shown on the audit list. If the Board determines the licensee has met the requirements, the licensee's license shall remain in effect. If the Board initially determines the licensee has not met the requirements, the licensee shall be notified and a hearing may be held pursuant to the Administrative Procedures Act. This hearing will be conducted to determine if there are any extenuating circumstances justifying the apparent noncompliance with these regulations. Unjustified noncompliance with ~~these regulations~~this regulation shall be considered unprofessional conduct and grounds for discipline pursuant to [24 Del.C. §1128\(6\)](#).
- 6.12.4 Sanctions for Unjustified Noncompliance. If the Board finds unjustified non-compliance, the Board will impose discipline in accordance with [29 Del.C. §1129](#) which ~~may include, but is not limited to include~~ monetary penalties up to \$1,000, suspension ~~and/or~~ revocation of a practitioner's license.

5 DE Reg. 1251 (12/01/01)

9 DE Reg. 1583 (04/01/06)

16 DE Reg. 328 (09/01/12)

16 DE Reg. 881 (02/01/13)

18 DE Reg. 399 (11/01/14)

21 DE Reg. 642 (02/01/18)

24 DE Reg. 181 (08/01/20)

7.0 **Anesthesia Regulations: Regulations**

7.1 ~~Definitions:~~Definitions.

The following definitions are taken from the **Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry**, American Dental Association, Council on Dental Education (July 1993). These terms refer to the extent of a drug's depressant effect upon the central nervous system and should not be confused with the route by which the drug is administered.

7.1.1 ~~Analgesia~~ — **“Analgesia”** means the diminution or elimination of pain in the conscious patient.

7.1.2 ~~Local Anesthesia~~ — **“Local Anesthesia”** means the elimination of sensations, especially pain, in one part of the body by the topical application or regional injection of a drug.

7.1.3 ~~Conscious Sedation~~ — **“Conscious Sedation”** means a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command and that is produced by a pharmacologic or non-pharmacologic method or a combination thereof.

In accord with this definition, the conscious patient is also defined as “one who has intact protective reflexes, including the ability to maintain an airway, and who is capable of rational response to question or command.” The drugs and techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

For purposes of ~~these regulations~~this Section, Conscious Sedation Permits shall be divided into ~~two~~2 classifications:

~~Restricted and Unrestricted Permits~~ — **“Restricted and Unrestricted Permits”** mean permits allowing for Conscious Sedation induced by parenteral or enteral or rectal routes as well as nitrous oxide inhalation. This does not preclude the use of usual and customary pre-operative oral sedation.

~~Restricted Permit II~~ — **“Restricted Permit II”** means a permit allowing for Conscious Sedation induced by nitrous oxide inhalation only.

7.1.4 ~~Deep Sedation~~ — **“Deep sedation”** means is a controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently ~~and/or~~ to respond purposefully to verbal command, and is produced by a pharmacologic or non-pharmacologic method or combination thereof.

~~7.1.5 General Anesthesia — is~~ — "**General anesthesia**" means a controlled state of unconsciousness accompanied by partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, and is produced by a pharmacologic or non-pharmacologic method or a combination thereof.

The same level of advanced training is necessary for the administration of both Deep Sedation and General Anesthesia.

~~7.1.6 Adverse Occurrences —~~ — "**Adverse occurrences**" means any mortality or other incident occurring in the out-patient facilities of such dentist which results in temporary or permanent physical or mental injury requiring hospitalization of said patient during, or as a direct result of, the conscious sedation, or deep sedation, or general anesthesia related thereto.

7.2 ~~Conscious Sedation:~~ Sedation

7.2.1 No dentist shall employ or use Conscious Sedation, Restricted Permit I or Restricted Permit II, for dental patients unless ~~such that~~ the dentist possesses a permit of authorization issued by the Delaware State Board of Dentistry and Dental Hygiene. The dentist holding ~~such~~ a permit shall be subject to review and ~~such the~~ the permit must be renewed biennially.

7.2.2 In order to receive ~~such~~ a permit, the dentist shall produce evidence showing that ~~he or she~~ the following:

7.2.2.1 For Restricted Permit I Conscious Sedation:

7.2.2.1.1 Has completed a minimum of 60 hours of instruction, including management of at least 20 patients per participant (to achieve competency in this technique).

7.2.2.1.2 Must be certified in CPR as documented by the American Heart Association or the American Red Cross. Advanced Cardiac Life Support Certification is encouraged.

7.2.2.1.3 Must also have a properly equipped facility for the administration of Restricted Permit I Conscious Sedation, staffed with a supervised team of auxiliary personnel capable of reasonably handling procedures, problems and emergencies incident thereto. Adequacy of the facility and competence of the team is to be determined by the Anesthesia Advisory Consultants appointed by the Board. A certified registered nurse anesthetist may be utilized for Restricted Permit I Conscious Sedation only if the dentist also possesses ~~such a~~ the relevant permit.

7.2.3 A list of emergency drugs and equipment that should be on hand would consist of the following:

7.2.3.1 Agents capable of treating:

7.2.3.1.1 ~~hypotension~~ Hypotension and ~~bradycardia~~ bradycardia;

7.2.3.1.2 ~~allergy/bronchospasm~~ Allergy or bronchospasm;

7.2.3.1.3 ~~seizures~~ Seizures;

7.2.3.1.4 ~~narcotic-induced~~ Narcotic-induced respiratory depression (e.g., narcotic antagonists) antagonists;

7.2.3.1.5 ~~angina pectoris~~ Angina pectoris;

7.2.3.1.6 ~~adrenal~~ Adrenal insufficiency (e.g., ~~steroids~~ steroids); and

7.2.3.1.7 ~~nausea~~ Nausea.

7.2.3.2 Equipment necessary to provide artificial respiration and assist in airway maintenance.

7.2.3.3 Equipment necessary to establish an intravenous infusion and to inject medications.

7.2.4 For Restricted Permit II Conscious Sedation:

7.2.4.1 Has completed a minimum of 14 instructional hours including supervised clinical experience in managing patients (in a course required to achieve competency in nitrous oxide inhalation sedation).

7.2.4.2 Must also show certification in cardio-pulmonary resuscitation as certified by the American Heart Association or the American Red Cross.

7.3 Deep Sedation and General Anesthesia (Unrestricted Permit- Individual):

7.3.1 No dentist shall administer deep sedation or general anesthesia ~~for his/hers~~ to dental patients unless ~~such the~~ the dentist possesses a permit of authorization issued from the Delaware State Board of Dentistry and Dental Hygiene. This permit also includes all ~~Conscious Sedation~~ conscious sedation techniques. The dentist holding ~~such~~ a permit shall be subject to review and ~~such the~~ the permit must be renewed biennially.

7.3.2 In order to receive ~~such a~~ this permit, the dentist must produce evidence showing that ~~he/she~~ the:

7.3.2.1 ~~Has completed~~ Completion of a minimum of ~~two~~ 2 years of advanced training in anesthesiology and related academic subjects ~~(or its equivalent)~~ beyond the undergraduate dental school level in a training program as described in Part II of the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry or, is a Diplomate of the American Board of Oral and Maxillofacial Surgeons, or has satisfactorily completed a residency in Oral and Maxillofacial Surgery at an institution approved by the Council of Dental Education, American Dental Association, or is a fellow of the American Dental Society of Anesthesiology. A certified registered nurse anesthetist may be utilized for deep sedation or general anesthesia only if the dentist also possesses an Unrestricted Permit.

- 7.3.2.2 ~~Has~~Having a properly equipped facility for the administration of deep sedation and general anesthesia, staffed with a supervised team of auxiliary personnel capable of reasonably handling procedures, problems and emergencies ~~incident thereto~~. Adequacy of the facility and competence of the anesthesia team is determined by the Anesthesia Advisory Committee Consultants appointed by Delaware State Board of Dentistry and Dental Hygiene.
- 7.3.2.3 And is certified in Advanced Cardiac Life Support by the American Heart Association.
- 7.4 Deep Sedation and General Anesthesia (Unrestricted Facility Permit):
- 7.4.1 General anesthesia, deep sedation, conscious sedation by means other than nitrous oxide, may be administered in a dental office that has these services provided by an individual meeting the requirements of subsections 7.3.2.1 and 7.3.2.2 or employs or works in conjunction with a board certified anesthesiologist or certified registered nurse anesthetist (CRNA) with an active Delaware license, provided that ~~such the~~ anesthesiologist or CRNA must remain on the premises of the dental facility until any patient given a general anesthetic or deep sedation regains consciousness. The requirements of ~~regulations~~subsections 7.4, 7.5 and 7.6 shall apply to the facility.
- 7.4.2 Inspections: Prior to the issuance of a permit for Restricted Permit I (parenteral, enteral, or rectal Conscious Sedation) or an Unrestricted Permit (Deep Sedation or General Anesthesia), the Board shall require an ~~on-site~~ on-site inspection of the facility, equipment and personnel to determine if, in fact, the aforementioned requirements have been met. The evaluation shall be carried out in a manner described by the Board. The evaluation shall be carried out by the Anesthesia Advisory Consultants appointed by the Board. Each office that the dentist utilizes for Restricted Permit I Conscious Sedation or Deep Sedation or General Anesthesia requires individual inspection and must meet the requirements of that permit for which the dentist is applying.
- 7.4.3 Anesthesia Advisory Consultants:
- 7.4.3.1 The Board of Dentistry and Dental Hygiene shall appoint a team of Advisory Consultants and alternates who will visit the facility concurrently to conduct the on-site inspection and evaluation of the facilities, equipment and personnel of a licensed dentist applying for written authorization to administer or to employ another to administer Restricted Permit I Conscious Sedation, or Deep Sedation or General Anesthesia (Unrestricted Permit). The Advisory Consultants shall also aid the Board in the adoption of criteria and standards relative to the regulation and control of Conscious Sedation, Deep Sedation and General Anesthesia. The Anesthesia Advisory Consultants shall utilize the "Guidelines for the use of conscious sedation, deep sedation and general anesthesia for Dentist", as approved by the American Dental Association in October 1996, or any current update thereof. If the applicant has been satisfactorily evaluated by another similar organization (e.g., the Delaware Society of Oral and Maxillofacial Surgeons which uses the AAOMS Office Anesthesia Evaluation Manual Standards), then the Board may accept this evaluation and not require additional on-site evaluation.
- 7.4.3.2 If the results of the initial evaluation of an applicant are deemed unsatisfactory, upon written request of the applicant, a second evaluation shall be conducted by a different team of consultants.
- 7.4.4 Re-evaluation: The Board may at any time re-evaluate credentials, facilities, equipment, personnel and procedures of a licensed dentist who has previously received a written authorization or permit from the Board to determine if ~~he/she~~that dentist is still qualified to have ~~such this~~ such this written authorization. If the Board determines that the licensed dentist is no longer qualified to have ~~such this~~ such this written authorization, it may revoke or refuse to renew ~~such the~~ such the authorization, after an opportunity for a hearing is given to the licensed dentist.
- 7.5 Report of Adverse Occurrences:
- 7.5.1 All licensed dentists engaged in the practice of dentistry in the State of Delaware must submit a complete report within a period of ~~thirty (30)~~ 30 days to the Delaware State Board of Dentistry and Dental Hygiene of any mortality or other incident occurring in the out-patient facilities of ~~such a~~ such a dentist which results in temporary or permanent physical or mental injury requiring hospitalization of ~~said a~~ said a patient during, or as a direct result of, the Conscious Sedation or Deep Sedation or General Anesthesia related thereto.
- 7.5.2 Failure to comply with this rule when ~~said an~~ said an occurrence is related to the use of Conscious Sedation or Deep Sedation or General Anesthesia may result in the loss of ~~such the~~ such the permit described above, and will be considered unprofessional conduct.
- 7.6 Applications and Reapplications:
- 7.6.1 A dentist who desires to obtain a permit to administer Conscious Sedation, Deep Sedation, or General Anesthesia or to maintain a facility where ~~such these~~ such these services are provided shall submit an application on the form provided by the Board, pay the permit fee, and meet the requirements for ~~the that~~ the that permit ~~described herein~~.
- 7.6.2 A dentist who desires to renew a permit shall submit a renewal application on the form provided by the Board and pay the permit renewal fee. Re-inspection of the facility, equipment, and staff shall not be

necessary unless new techniques or criteria arise, as determined by the Board with the aid of the Anesthesia Advisory Committee.

- 7.6.3 A permit issued by the Board under ~~these regulations~~ this regulation will expire at the same time as the permit holder's dental license and may be renewed biennially at the same time as the dental license is renewed.

1 DE Reg. 852 (01/01/98)

14 DE Reg. 1239 (05/01/11)

15 DE Reg. 1359 (03/01/12)

16 DE Reg. 880 (02/01/13)

8.0 Inactive Status

- 8.1 A licensee may be placed on inactive status by the Board for a period of no more than 4 years. Requests for inactive status shall be made, in writing, to the Board.
- 8.2 To apply for reactivation of an inactive license, a licensee shall:
- 8.2.1 Submit a letter requesting reactivation;
- 8.2.2 Submit a prorated reactivation fee;
- 8.2.3 Submit proof of completion of the continuing education requirements set forth below;
- 8.2.3.1 All licensees who are inactive for 1 year or less must complete one half of the required CPE requirement prior to reactivation;
- 8.2.3.2 All licensees who are inactive for more than 1 year must complete the full CPE requirement within 24 months prior to reapplication.

14 DE Reg. 1239 (05/01/11)

21 DE Reg. 337 (10/01/17)

21 DE Reg. 642 (02/01/18)

28 DE Reg. 60 (07/01/24)

9.0 Voluntary Treatment Option for Chemically Dependent or Impaired Professionals

- 9.1 If the report is received by the chairperson of the regulatory Board, that chairperson shall immediately notify the Director of Professional Regulation or ~~his/her designate~~ the Director's designee of the report. If the Director of Professional Regulation receives the report, ~~he/she~~ the Director shall immediately notify the chairperson of the regulatory Board, or that chairperson's designate or designates.
- 9.2 The chairperson of the regulatory Board or that chairperson's designate or designates shall, within 7 days of receipt of the report, contact the individual in question and inform him/her in writing of the report, provide the individual written information describing the Voluntary Treatment Option, and give him/her the opportunity to enter the Voluntary Treatment Option.
- 9.3 In order for the individual to participate in the Voluntary Treatment Option, ~~he/she shall~~ the individual must agree to submit to a voluntary drug and alcohol screening and evaluation at a specified laboratory or health care facility. This initial evaluation and screen shall take place within 30 days following notification to the professional by the participating Board chairperson or that chairperson's ~~designate(s)~~ designate.
- 9.4 A regulated professional with chemical dependency or impairment due to addiction to drugs or alcohol may enter into the Voluntary Treatment Option and continue to practice, subject to any limitations on practice the participating Board chairperson or that chairperson's designate or designates or the Director of the Division of Professional Regulation or ~~his/her designate~~ designee may, in consultation with the treating professional, deem necessary, only if such action will not endanger the public health, welfare or safety, and the regulated professional enters into an agreement with the Director of Professional Regulation or ~~his/her designate~~ designee and the chairperson of the participating Board or that chairperson's designate for a treatment plan and progresses satisfactorily in such treatment program and complies with all terms of that agreement. Treatment programs may be operated by professional Committees and Associations or other similar professional groups with the approval of the Director of Professional Regulation and the chairperson of the participating Board.
- 9.5 Failure to cooperate fully with the participating Board chairperson or that chairperson's designate or designates or the Director of the Division of Professional Regulation or ~~his/her designate~~ designee in regard to the Voluntary Treatment Option or to comply with their requests for evaluations and screens may disqualify the regulated professional from the provisions of the Voluntary Treatment Option, and the participating Board chairperson or that chairperson's designate or designates shall cause to be activated an immediate investigation and institution of disciplinary proceedings, if appropriate, as outlined in section 9.8.
- 9.6 The Voluntary Treatment Option may require a regulated professional to enter into an agreement which ~~includes, but is not limited to,~~ includes the following provisions:
- 9.6.1 Entry of the regulated professional into a treatment program approved by the participating Board. Board approval shall not require that the regulated professional be identified to the Board. Treatment and

evaluation functions must be performed by separate agencies to assure an unbiased assessment of the regulated professional's progress.

- 9.6.2 Consent to the treating professional of the approved treatment program to report on the progress of the regulated professional to the chairperson of the participating Board or to that chairperson's designate or designates or to the Director of the Division of Professional Regulation or ~~his/her designate/designee~~ at such intervals as required by the chairperson of the participating Board or that chairperson's designate or designates or the Director of the Division of Professional Regulation or ~~his/her designate/designee~~, and such person making such report will not be liable when such reports are made in good faith and without malice.
- 9.6.3 Consent of the regulated professional, in accordance with applicable law, to the release of any treatment information from anyone within the approved treatment program.
- 9.6.4 Agreement by the regulated professional to be personally responsible for all costs and charges associated with the Voluntary Treatment Option and treatment ~~program(s)~~program. In addition, the Division of Professional Regulation may assess a fee to be paid by the regulated professional to cover administrative costs associated with the Voluntary Treatment Option. The amount of the fee imposed under this subparagraph shall approximate and reasonably reflect the costs necessary to defray the expenses of the participating Board, as well as the proportional expenses incurred by the Division of Professional Regulation in its services on behalf of the Board in addition to the administrative costs associated with the Voluntary Treatment Option.
- 9.6.5 Agreement by the regulated professional that failure to satisfactorily progress in such treatment program shall be reported to the participating Board's chairperson or ~~his/her designate or designates~~designee or to the Director of the Division of Professional Regulation or ~~his/ her designate/designee~~ by the treating professional who shall be immune from any liability for such reporting made in good faith and without malice.
- 9.6.6 Compliance by the regulated professional with any terms or restrictions placed on professional practice as outlined in the agreement under the Voluntary Treatment Option.
- 9.7 The regulated professional's records of participation in the Voluntary Treatment Option will not reflect disciplinary action and shall not be considered public records open to public inspection. However, the participating Board may consider such records in setting a disciplinary sanction in any future matter in which the regulated professional's chemical dependency or impairment is an issue.
- 9.8 The participating Board's chairperson, ~~his/her designate or designates~~the chairperson's designee, or the Director of the Division of Professional Regulation or ~~his/her designate/designee~~ may, in consultation with the treating professional at any time during the Voluntary Treatment Option, restrict the practice of a chemically dependent or impaired professional if such action is deemed necessary to protect the public health, welfare or safety.
- 9.9 If practice is restricted, the regulated professional may apply for unrestricted licensure upon completion of the program.
- 9.10 Failure to enter into such agreement or to comply with the terms and make satisfactory progress in the treatment program shall disqualify the regulated professional from the provisions of the Voluntary Treatment Option, and the participating Board shall be notified and cause to be activated an immediate investigation and disciplinary proceedings as appropriate.
- 9.11 Any person who reports pursuant to this section in good faith and without malice shall be immune from any civil, criminal or disciplinary liability arising from such reports, and ~~shall have his/her~~the person's confidentiality will be protected if the matter is handled in a nondisciplinary matter.
- 9.12 Any regulated professional who complies with all of the terms and completes the Voluntary Treatment Option shall have ~~his/her~~protected confidentiality ~~protected~~ unless otherwise specified in a participating Board's rules and regulations. In such an instance, the written agreement with the regulated professional shall include the potential for disclosure and specify those to whom such information may be disclosed.

10.0 Practical (Clinical) Examination

- 10.1 No person shall be eligible to take the practical (clinical) examination in dentistry administered by the Delaware Board of Dentistry and Dental Hygiene unless the applicant has received a degree in dentistry from an accredited dental college or university accredited by the Commission on Dental Accreditation of the American Dental Association.
- 10.2 No person shall be eligible to take the practical (clinical) examination in dental hygiene administered by the Delaware Board of Dentistry and Dental Hygiene unless the applicant has graduated from a dental hygiene college or university program accredited by the Commission on Dental Accreditation of the American Dental Association of at least 2 academic years' duration or has graduated, prior to 1953, from a dental hygiene program of at least 1 year's duration which program had been approved by the Board at the time of the person's graduation.

- 10.3 The Board reserves the right to waive the requirement set forth above in sections 10.1 and 10.2 if the Applicant can establish to the satisfaction of the Board's Credentialing Committee that ~~he or she~~the applicant is a student in good standing in an educational facility accredited by the Commission on Dental Accreditation of the American Dental Association and will graduate within ~~sixty (60)~~ 60 days of the administration of the practical (clinical) examination with a degree in dentistry or dental hygiene.
- 10.4 Dentistry or dental hygiene candidates, other than dental hygiene candidates who qualify for licensure under [24 Del.C. §1124](#), must have passed the applicable practical clinical examination within five years of application for licensure in Delaware. The Board reserves the right to waive this requirement for just cause.
- 10.5 Prior to the examination, all candidates will be provided a copy of the Examination Guidelines, which can be found at <http://dpr.delaware.gov/boards/dental/exams/>. The Board hereby adopts the guidelines in their entirety by reference.
- 10.6 Any dentistry or dental hygiene applicant who fails the practical clinical examination may appeal the Board's decision. Such appeal shall be filed in writing with the Director of the Division of Professional Regulation within 20 days of the date of notification by the Board. Appeals are based on the facts surrounding the examiners decisions during the examination. Appeals based on patient behavior, tardiness, or failure to appear will not be considered.
- 10.6.1 Appeal hearings shall be conducted in accordance with the Administrative Procedures Act, Chapter 101 of Title 29.
- 10.6.2 The Board's scoring of the examination is presumed correct, and the burden of proof at an appeal hearing is on the appellant to prove otherwise. The appeal is limited to a determination of whether there exists substantial evidence to support the judgment of the examiners at the time of the examination.
- ~~10.6.2-1~~10.6.3 The appeal panel may only consider documents, radiographs, and materials submitted during the examination that remain in the possession of the Board. The panel will not consider documentation or evidence that was not part of the examination, including opinions of the candidate or any other party, academic records, or letters of reference. The panel will not consider radiographs, photographs, or models of a patient taken after the completion of the examination.

[9 DE Reg. 77 \(07/01/05\)](#)

[14 DE Reg. 1239 \(05/01/11\)](#)

[17 DE Reg. 1191 \(06/01/14\)](#)

[19 DE Reg. 431 \(11/01/15\)](#)

[21 DE Reg. 642 \(02/01/18\)](#)

11.0 **Crimes Substantially Related to the Practice of Dentistry and Dental Hygiene-Hygiene**

~~Authority. Pursuant to [74 Del. Laws. c.262](#), (Senate Bill No. 229 of the 142nd General Assembly, 2004, as amended), the Board was directed to promulgate regulations specifically identifying those crimes which are substantially related to the practice of dentistry and dental hygiene.~~

~~Purpose. The Board of Dentistry and Dental Hygiene believes that the State of Delaware has a compelling public policy interest in ensuring that its licensed professionals not only have specified levels of educational and professional competence but also possess sufficient character and judgment necessary to practice safely in their chosen fields and to do so in a manner which will not undermine the community's confidence in the expertise and professionalism of the members of the profession. Licensed professionals, particularly those in health care related fields, often come into contact with clients and patients and other members of the public at times when they may be sick, infirmed or otherwise extremely vulnerable to undue influence or other forms of misuse, fraud and abuse. It is therefore critical that all reasonable steps are taken to determine, to the extent possible, that the regulation of ~~such these~~ professionals takes into consideration not only the individual's technical competence but ~~his or her~~the dentist's demonstrated propensity to behave in a way that does not expose the client population to risk or diminish legitimate expectations of honest and honorable behavior by ~~such~~ licensed health care professionals. Therefore, the Board finds that for purposes of licensing, renewal, reinstatement and discipline, the conviction of any of the following crimes, or of the attempt to commit or a conspiracy to commit or conceal the following crimes or substantially similar crimes in another state or jurisdiction, is deemed to be substantially related to the practice of Dentistry and Dental Hygiene in the State of Delaware without regard to the place of ~~conviction~~conviction. Unless~~

~~Definitions:~~

~~"Conviction", unless otherwise defined by specific statute, means a verdict of guilty by whether entered by a judge or jury, or a plea of guilty or a plea of nolo contendere or other similar plea such as a "Robinson" or "Alford" plea unless the individual has been discharged under §4218 of Title 11 of the Delaware Code (probation before judgment) or under §1024 of Title 10 (domestic violence diversion program) or by §4764 of Title 16 (first offenders controlled substances diversion program).~~

~~“Substantially similar crimes in another state or jurisdiction”~~ Substantially similar crimes in another state or jurisdiction includes all crimes prohibited by or punishable under Title 18 of the United States Code Annotated (U.S.C.A.) such as, ~~but not limited to,~~ as Federal Health Care offenses.

11.1 Any crime which involves the use of physical force or violence toward or upon the person of another and shall include ~~by way of example and not of limitation~~ the following crimes set forth in Title 11 of the Delaware Code Annotated:

Assaults and Related Offenses

- 11.1.1 §602(b). Aggravated Menacing;
- 11.1.2 §603. Reckless endangering in the second degree;
- 11.1.3 §604. Reckless endangering in the first degree;
- 11.1.4 §605. Abuse of a pregnant female in the second degree;
- 11.1.5 §606. Abuse of a pregnant female in the first degree;
- 11.1.6 §611. Assault in the third degree;
- 11.1.7 §612. Assault in the second degree;
- 11.1.8 §613. Assault in the first degree;
- 11.1.9 §614. Abuse on a sports official;
- 11.1.10 §615. Assault by abuse or neglect;
- 11.1.11 §616. Gang Participation;
- 11.1.12 §621. Terroristic threatening;
- 11.1.13 §625. Unlawfully administering drugs;
- 11.1.14 §626. Unlawfully administering controlled substance or counterfeit substance or narcotic drugs;
- 11.1.15 §629. Vehicular assault in the first degree;
- 11.1.16 §630. Vehicular homicide in the second degree;
- 11.1.17 §630A. Vehicular homicide in the first degree;
- 11.1.18 §631. Criminally negligent homicide;
- 11.1.19 §632. Manslaughter;
- 11.1.20 §633. Murder by abuse or neglect in the second degree;
- 11.1.21 §634. Murder by abuse or neglect in the first degree;
- 11.1.22 §635. Murder in the second degree;
- 11.1.23 §636. Murder in the first degree;

Sexual Offenses

- 11.1.24 §763. Sexual harassment;
- 11.1.25 §764. Indecent exposure in the second degree;
- 11.1.26 §765. Indecent exposure in the first degree;
- 11.1.27 §766. Incest;
- 11.1.28 §767. Unlawful sexual contact in the third degree;
- 11.1.29 §768. Unlawful sexual contact in the second degree;
- 11.1.30 §769. Unlawful sexual contact in the first degree;
- 11.1.31 §770. Rape in the fourth degree;
- 11.1.32 §771. Rape in the third degree;
- 11.1.33 §772. Rape in the second degree;
- 11.1.34 §773. Rape in the first degree;
- 11.1.35 §774. Sexual extortion;
- 11.1.36 §776. Continuous sexual abuse of a child;
- 11.1.37 §780. Female genital mutilation;

Kidnapping and Related Offenses

- 11.1.38 §781. Unlawful imprisonment in the second degree;
- 11.1.39 §782. Unlawful imprisonment in the first degree;
- 11.1.40 §783. Kidnapping in the second degree;
- 11.1.41 §783A. Kidnapping in the first degree;

11.2 Any crime which involves dishonesty or false, fraudulent or aberrant behavior and shall include by way of example and not of limitation the following crimes listed in Title 11 of the Delaware Code Annotated:

Arson and Related Offenses

- 11.2.1 §801. Arson in the third degree;
- 11.2.2 §802. Arson in the second degree;
- 11.2.3 §803. Arson in the first degree;

Criminal Trespass and Burglary

- 11.2.4 §820. Trespassing with intent to peer or peep into a window or door of another;
- 11.2.5 §823. Criminal trespass in the first degree;
- 11.2.6 §824. Burglary in the third degree;
- 11.2.7 §825. Burglary in the second degree;

- 11.2.8 §826. Burglary in the first degree;
- 11.2.9 §828. Possession of burglar's tools or instruments facilitating theft;

Robbery

- 11.2.10 §831. Robbery in the second degree;
- 11.2.11 §832. Robbery in the first degree;
- 11.2.12 §835. Carjacking in the second degree;
- 11.2.13 §836. Carjacking in the first degree;

Theft and Related Offenses

- 11.2.14 §840. Shoplifting; class G felony;
- 11.2.15 §841. Theft;
- 11.2.16 §841C Possession or theft of a prescription form or a pad.
- 11.2.17 §854. Identity theft;

Forgery and Related Offenses

- 11.2.18 §861. Forgery; class F felony;
- 11.2.19 §862. Possession of forgery devices;
- Bribery Not Involving Public Servants
- 11.2.20 §881. Bribery;
- 11.2.21 §882. Bribe receiving;

Frauds on Creditors

- 11.2.22 §891. Defrauding secured creditors;
- 11.2.23 §892. Fraud in insolvency;

Other Frauds and Cheats

- 11.2.24 §900. Issuing a bad check (felony);
- 11.2.25 §903. Unlawful use of a payment card;
- 11.2.26 §907A. Criminal impersonation, accident related;
- 11.2.27 §907B. Criminal impersonation of a police officer, firefighter, emergency medical technician (EMT), paramedic or fire police;
- 11.2.28 §913. Insurance fraud;
- 11.2.29 §913A. Health care fraud;
- 11.2.30 §917. New home construction fraud;

- 11.3 Any crime which involves misuse or abuse of children or animals and shall include by way of example and not of limitation the following crimes listed in Title 11 of the Delaware Code Annotated:

Child Welfare; Sexual Offenses, Animal Offenses

- 11.3.1 §1100A. Dealing in children;
- 11.3.2 §1101. Abandonment of child;
- 11.3.3 §1102. Endangering the welfare of a child;
- 11.3.4 §1105. Crime against a vulnerable adult;
- 11.3.5 §1106. Unlawfully dealing with a child;
- 11.3.6 §1107. Endangering children;
- 11.3.7 §1108. Sexual exploitation of a child;
- 11.3.8 §1109. Dealing in child pornography;
- 11.3.9 §1111. Possession of child pornography;
- 11.3.10 §1112. Sexual offenders; prohibitions from school zones;
- 11.3.11 §1112A Sexual solicitation of a child;
- 11.3.12 §1113 Criminal non-support and aggravated criminal non-support;
- 11.3.13 §1114A. Tongue-splitting;
- 11.3.14 §1325. Cruelty to animals;
- 11.3.15 §1326. Animals; fighting and baiting prohibited;

- 11.4 Any crime which involves offenses against the public order the commission of which may tend to bring discredit upon the profession and which are thus substantially related to one's fitness to practice ~~such~~ the profession and shall include by way of example and not of limitation the following crimes listed in Title 11 of the Delaware Code Annotated:

Bribery and Improper Influence

- 11.4.1 §1201. Bribery;
- 11.4.2 §1203. Receiving a bribe;
- 11.4.3 §1207. Improper influence;
- 11.4.4 §1211. Official Misconduct;
- 11.4.5 §1212. Profiteering;

Perjury, Escape and related offenses

- 11.4.6 §1221. Perjury in the third degree;
- 11.4.7 §1222. Perjury in the second degree;

- 11.4.8 §1223. Perjury in the first degree;
- 11.4.9 §1233. Making a false written statement;
- 11.4.10 §1239. Wearing a disguise during commission of a felony;
- 11.4.11 §1240. Terroristic threatening of public officials or public servants;
- 11.4.12 §1244. Felony hindering prosecution;
- 11.4.13 §1245. Felony false reporting an incident
- 11.4.14 §1252. Felony escape;
- 11.4.15 §1253. Escape after conviction.
- 11.4.16 §1254. Assault in a detention facility;
- 11.4.17 §1256. Felony promoting prison contraband;

Offenses Relating to Judicial and Similar Proceedings

- 11.4.18 §1261. Bribing a witness;
- 11.4.19 §1262. Bribe receiving by a witness;
- 11.4.20 §1263. Tampering with a witness;
- 11.4.21 §1263A. Interfering with child witness;
- 11.4.22 §1264. Bribing a juror;
- 11.4.23 §1265. Bribe receiving by a juror;
- 11.4.24 §1266. Tampering with a juror;
- 11.4.25 §1267. Misconduct by a juror;
- 11.4.26 §1269. Tampering with physical evidence.

- 11.5 Any crime which involves offenses against a public health order and decency which may tend to bring discredit upon the profession, specifically including the below listed crimes from Title 11 of the Delaware Code Annotated which evidence a lack of appropriate concern for the safety and well being of another person or persons in general or sufficiently flawed judgment to call into question the individuals ability to make health care decisions or advise upon health care related matters for other individuals.

Disorderly Conduct and Related Offenses

- 11.5.1 §1302. Riot;
- 11.5.2 §1304. Hate crimes;
- 11.5.3 §1312A. Felony Stalking;

- 11.6 Any crime which involves the illegal possession or the misuse or abuse of narcotics, or other addictive substances and those non-addictive substances with a substantial capacity to impair reason or judgment and shall include by way of example and not of limitation the following crimes listed in Chapter 47 of Title 16 of the Delaware Code Annotated:

- 11.6.1 §4798. Misuse of the PMP;
- 11.6.2 §4752. Drug dealing--Aggravated possession; Class B felony;
- 11.6.3 §4753. Drug dealing—Aggravated possession; Class C felony;
- 11.6.4 §4754. Drug dealing—Aggravated possession; Class D felony;
- 11.6.5 §4758. Unlawful dealing in a counterfeit or purported controlled substance;
- 11.6.6 §4756 Drug dealing-Aggravated possession; Class F felony;
- 11.6.7 §4757 Miscellaneous drug crimes; Class B, C, and F Felonies;
- 11.6.8 §4774. Drug paraphernalia;

- 11.7 Any crime which involves the misuse or illegal possession or sale of a deadly weapon or dangerous instrument and shall include by way of example and not of limitation the following crimes listed in Title 11 of the Delaware Code Annotated:

Offenses Involving Deadly Weapons and Dangerous Instruments

- 11.7.1 §1442. Carrying a concealed deadly weapon;
- 11.7.2 §1445. Felony unlawfully dealing with a dangerous weapon;
- 11.7.3 §1447. Possession of a deadly weapon during commission of a felony;
- 11.7.4 §1447A. Possession of a firearm during commission of a felony;
- 11.7.5 §1448. Possession and purchase of deadly weapons by persons prohibited;
- 11.7.6 §1450. Receiving a stolen firearm;
- 11.7.7 §1451. Theft of a firearm;
- 11.7.8 §1454. Giving a firearm to person prohibited;
- 11.7.9 §1455. Engaging in a firearms transaction on behalf of another;
- 11.7.10 §1456. Unlawfully permitting a minor access to a firearm;
- 11.7.11 §1457. Felony Possession of a weapon in a Safe School and Recreation Zone;
- 11.7.12 §1458. Removing a firearm from the possession of a law enforcement officer;
- 11.7.13 §1459. Possession of a weapon with a removed, obliterated or altered serial number;
- 11.7.14 §1471. Prohibited Acts; Offenses Involving Organized Crime and Racketeering
- 11.7.15 §1504. Criminal Penalties for Organized Crime & Racketeering;

Offenses Involving Intimidation of Victims or Witnesses

- 11.7.16 §3533. Aggravated act of intimidation;
- 11.8 Other Crimes
- Title 16 Health and Safety
 - 11.8.1 §1136. Abuse or neglect of a patient or resident of a nursing facility;
- Title 23 Navigation and Waters
 - 11.8.2 §2302. Operation of a vessel or boat while under the influence of intoxicating liquor ~~and/or~~ drugs (felony);
- Title 30 State Taxes
 - 11.8.3 §571. Attempt to evade or defeat tax; class E felony;
 - 11.8.4 §572. Failure to collect or pay over tax; class E felony;
 - 11.8.5 §573. Failure to file return, supply information or pay tax; class A misdemeanor;
 - 11.8.6 §574. Fraud and false statements; class E felony;
- Title 21 Motor Vehicles
 - 11.8.7 §4177. Felony Driving a vehicle while under the influence or with a prohibited alcohol content; evidence;
 - 11.8.8 §4177M. Operating a commercial motor vehicle with a prohibited blood alcohol concentration or while impaired by drugs;
 - 11.8.9 §4202. Felony Duty of driver involved in accident resulting in injury or death to any person; penalty;
 - 11.8.10 §6704. Receiving or transferring stolen vehicle; penalty;
- Title 12 Descendants' Estates
 - 11.8.11 §210. Alteration, Theft or Destruction of Will
- Title 16 Health & Safety
 - 11.8.12 §2513. Felony Penalties Relating To Improper Health-Care Decisions;
 - 11.8.13 §7113. Felony Penalties for Violations of Chapter;
 - 11.8.14 §7416. Penalties for Violating Statute Governing Radiation Control;
- Title 24 Professions and Occupations
 - 11.8.15 §903. Deadly Weapons Dealers – Sale to Persons under 21 or Intoxicated Persons;
- Title 31 Welfare
 - 11.8.16 §3913. Felony Violations – Knowing or Reckless Abuse of an Adult Who Is Impaired.
- 11.9 Any crime which is a violation of either Title 24, Chapter 11 (Board of Dental Examiners) as it may be amended from time to time or of any other statute which requires the reporting of a medical/dental situation or condition to state, federal or local authorities or a crime which constitutes a violation of the dental or hygiene practice act of the state in which the conviction occurred or in which the dentist or dental hygienist is licensed.
- 11.10 The Board reserves the jurisdiction and authority to modify this regulation as and if it becomes necessary to either add or delete crimes including such additions as may be required on an emergency basis under [29 Del.C. §10119](#) to address imminent peril to the public health, safety or welfare.
 - [9 DE Reg. 77 \(07/01/05\)](#)
 - [14 DE Reg. 1239 \(05/01/11\)](#)
 - [15 DE Reg. 1183 \(02/01/12\)](#)
 - [15 DE Reg. 1359 \(03/01/12\)](#)
 - [21 DE Reg. 337 \(10/01/17\)](#)
 - [21 DE Reg. 642 \(02/01/18\)](#)

12.0 Unprofessional Conduct

- 12.1 Dentists and dental hygienists whose behavior fails to conform to legal and accepted standards of the profession and who thus may adversely affect the health and welfare of the public may be found guilty of unprofessional conduct.
- 12.2 Unprofessional conduct shall include ~~but is not limited to the following:~~
 - 12.2.1 Performing acts beyond the authorized scope of the level of dental/dental hygiene practice for which the individual is licensed.
 - 12.2.2 Assuming duties and responsibilities within the practice of dentistry or dental hygiene without adequate preparation, or without maintenance of competency.
 - 12.2.3 Performing new techniques ~~and/or~~ procedures without education and practice.
 - 12.2.4 Inaccurately and willfully recording, falsifying or altering a patient or agency document record related to patient care, employment, or licensure.
 - 12.2.5 Committing or threatening violence, verbal or physical abuse of patients or co-workers or the public.
 - 12.2.6 Violating professional boundaries of the dentist/hygienist-patient relationship including ~~but not limited to~~ physical, sexual, emotional or financial exploitation of the patient or patient's significant ~~other(s)-other~~.
 - 12.2.7 Engaging in sexual conduct with a patient, touching a patient in a sexual manner, requesting or offering sexual favors, or language or behavior suggestive of the same.
 - 12.2.8 Assigning unlicensed persons to perform the practice of licensed dentists/hygienists.
 - 12.2.9 Delegating dental practice to unqualified persons.

- 12.2.10 Failing to supervise persons to whom dental/hygiene practice has been delegated.
- 12.2.11 Leaving a patient assignment except in documented emergency situations.
- 12.2.12 Failing to safeguard a patient's dignity and right to privacy in providing services.
- 12.2.13 Violating the confidentiality of information concerning a patient.
- 12.2.14 Failing to take appropriate action to safeguard a patient from incompetent, unethical or illegal health care practice.
- 12.2.15 Practicing dentistry or dental hygiene when unfit to perform procedures and make decisions in accordance with the license held because of physical or mental impairment or dependence on alcohol or drugs.
- 12.2.16 Diverting or misappropriating monies, drugs, supplies or property of a patient agency or governmental program.
- 12.2.17 Diverting, possessing, obtaining, supplying or administering prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs.
- 12.2.18 Practicing dentistry or dental hygiene with an expired license.
- 12.2.19 Allowing another person to use her/his license or temporary permit.
- 12.2.20 Aiding, abetting ~~and/or~~ assisting an individual to violate or circumvent any law or duly promulgated rule and regulation intended to guide the conduct of a dentist, dental hygienist, or other health care provider.
- 12.2.21 Committing fraud, misrepresentation or deceit in taking the licensure exam, or in obtaining a license or temporary permit.
- 12.2.22 Disclosing the contents of the licensing examination or soliciting, accepting or compiling information regarding the examination before, during or after its administration.
- 12.2.23 Failing to report unprofessional conduct by another licensee.
- 12.2.24 Practicing or holding oneself out as a dentist or dental hygienist without a current license.
- 12.2.25 Failing to comply with the requirements for continuing professional education, unless exempt.
- 12.2.26 Failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard the patient.
- 12.2.27 Failing to comply with the terms and conditions set out in a disciplinary action of the Board.
- 12.2.28 Knowingly making or receiving any payment to another dentist, dental hygienist, or employee of a dental office or to divide or split any fee received for professional services for directly bringing or referring a patient. Furthermore, a corporation cannot be established to evade the above regulation.
- 12.3 Licensees must provide the Division of Professional Regulation with their current home mailing address. Any change in home mailing address must be reported to the Division within ten days of ~~such~~the change. All notifications and correspondence pertaining to a dentist or dental hygienist's license that are sent through the mail will be sent only to the most recent address provided by the licensee. The failure to provide the Division with a current home mailing address will not operate to excuse any duty or responsibility of the licensee and confirmed delivery to the most recent address provided by the licensee will be considered proper notice.
 - 17 DE Reg. 862 (02/01/14)
 - 20 DE Reg. 651 (02/01/17)
 - 21 DE Reg. 642 (02/01/18)

13.0 Telehealth

- 13.1 Telehealth is the use of electronic communications to provide and deliver a host of health-related information and health-care services, including dentistry and dental hygiene-related information and services, over large and small distances. Telehealth encompasses a variety of health care and health promotion activities, including education, advice, reminders, interventions, and monitoring of interventions.
- 13.2 In order to deliver Telehealth services one must hold a current, valid license issued by the Board.
- 13.3 Licensees understand that this rule does not provide licensees with authority to deliver Telehealth Services to anyone located in a jurisdiction other than Delaware, and licensees bear responsibility for complying with laws, rules, ~~and/or~~ or policies for the delivery of Telehealth Services set forth by other jurisdictional regulatory boards.
- 13.4 Licensees delivering Telehealth services shall comply with all of the rules of professional conduct and state and federal statutes relevant to Dentistry and Dental Hygiene.
- 13.5 Informed consent
 - 13.5.1 Before services are provided through telehealth, the licensee shall obtain written, informed consent from the patient, or other appropriate person with authority to make health care treatment decisions for the patient. At minimum, the informed consent shall inform the patient and document acknowledgement of the risk and limitations of:
 - 13.5.1.1 The use of electronic communications in the provision of care;
 - 13.5.1.2 The potential breach of confidentiality, or inadvertent access, of protected health information using electronic communication in the provision of care; and
 - 13.5.1.3 The potential disruption of electronic communication in the use of telehealth.

- 13.6 Confidentiality: The licensee shall ensure that the electronic communication is secure to maintain confidentiality of the patient's medical information as required by the Health Insurance Portability and Accountability Act (HIPAA) and other applicable Federal and State laws. Confidentiality shall be maintained through appropriate processes, practices and technology, including disposal of electronic equipment and data.
- 13.7 Competence and scope of practice
- 13.7.1 The licensee shall be responsible for determining and documenting that telehealth is an appropriate level of care for the patient.
- 13.7.2 The licensee shall comply with the Board's law and rules and regulations and all current standards of care requirements applicable to onsite care.
- 13.7.3 The licensee shall limit the practice of telehealth to the area of competence in which proficiency has been gained through education, training and experience.
- 13.7.4 The licensee shall document in the file or record which services were provided by telehealth.
- 21 DE Reg. 337 (10/01/17)**

14.0 Dental Hygiene Local Anesthesia Permit

- 14.1 Permit Required. A dental hygienist must possess a current permit issued by the Board before administering local anesthesia to a patient in a dental office. For purposes of this section, the term "local anesthesia" includes the topical application or regional injection of a drug, and includes anesthesia administered using the infiltration technique and anesthesia administered using the nerve block technique.
- 14.2 Direct Application. A dental hygienist who is applying for a permit to administer local anesthesia must submit an application on a form provided by the Board, pay the permit fee, and meet the following qualifications:
- 14.2.1 Hold a current license in good standing to practice as a dental hygienist in Delaware;
- 14.2.2 Hold current certification in Basic Life Support;
- 14.2.3 Have successfully completed at least one of the following within 5 years of applying for the local anesthesia permit:
- 14.2.3.1 A CODA-approved dental hygiene program, which included the successful completion of a didactic and clinical course in the administration of local anesthesia; or
- 14.2.3.2 A Board approved course consisting of a minimum of 20 hours of didactic training and 8 hours of clinical instruction in the administration of local anesthesia sponsored by a dental or dental hygiene education program. The course shall include instruction in: head and neck anatomy; pharmacology of anesthetic and analgesic agents, including appropriate and efficacious injection techniques and minimum and maximum dosages; patient pre-evaluation, including medical and dental history considerations; recognition of adverse events, emergency procedures and basic life support; and selection of appropriate armamentarium, agents and techniques; and
- 14.2.4 Achieved a passing score on the written examination in the administration of local anesthesia administered by the Commission on Dental Competency Assessments (CDCA).
- 14.3 Reciprocity Application. A dental hygienist who is applying for a permit to administer local anesthesia based upon the authority to do so in another state, the District of Columbia, or territory of the United States must submit an application on a form provided by the Board, pay the permit fee, and submit the following:
- 14.3.1 A certificate, permit, or license from the proper licensing authority in that jurisdiction verifying that the dental hygienist possesses the current authority to administer local anesthesia in another state, the District of Columbia, or territory of the United States;
- 14.3.2 Confirmation that the jurisdiction where the dental hygienist is so permitted requires completion of a course in the administration of local anesthesia accredited by CODA. Confirmation can be provided through a copy of that jurisdiction's statute and regulations or a certificate issued directly from the jurisdiction's proper licensing authority;
- 14.3.3 A certified examination score from the CDCA indicating that the applicant has passed the CDCA Local Anesthesia Examination for Dental Hygienists; and
- 14.3.4 An affirmation confirming that the applicant has successfully administered local anesthesia at least 25 times in the 2-year period immediately preceding the date of application.
- 14.4 Refresher Course. A dental hygienist who successfully completed the education requirements more than 5 years prior to applying for a current permit but otherwise meets the permit requirements, may complete a Board-approved refresher course of at least 4 hours on local anesthesia in order to qualify for a local anesthesia permit. The refresher course requirement does not apply to applicants who meet the reciprocity requirements under subsection 14.3.
- 14.5 Continuing Education. A licensed dental hygienist who holds a permit to administer local anesthesia under the direct supervision of a licensed dentist shall complete 2 hours of continuing education in the administration of local anesthesia in every renewal period that shall be in addition to and not in lieu of the continuing education requirements for dental hygienists set forth at Section 6.0.
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1 DE Reg. 852 (01/01/98)
5 DE Reg. 1251 (12/01/01)
9 DE Reg. 77 (07/01/05)
9 DE Reg. 1583 (04/01/06)
14 DE Reg. 1239 (05/01/11)
15 DE Reg. 1183 (02/01/12)
15 DE Reg. 1359 (03/01/12)
15 DE Reg. 1621 (05/01/12)
16 DE Reg. 328 (09/01/12)
16 DE Reg. 881 (02/01/13)
17 DE Reg. 862 (02/01/14)
17 DE Reg. 1191 (06/01/14)
18 DE Reg. 399 (11/01/14)
19 DE Reg. 431 (11/01/15)
20 DE Reg. 651 (02/01/17)
21 DE Reg. 337 (10/01/17)
21 DE Reg. 642 (02/01/18)
24 DE Reg. 181 (08/01/20)
28 DE Reg. 62 (07/01/24)