

**DEPARTMENT OF STATE**  
**DIVISION OF PROFESSIONAL REGULATION**  
**Board of Dentistry and Dental Hygiene**  
Statutory Authority: 24 Delaware Code, Section 1106(a)(1) (24 Del.C. §1106(a)(1))  
24 DE Admin. Code 1100

**FINAL**

**ORDER**

**1100 Board of Dentistry and Dental Hygiene**

**FINAL ORDER ADOPTING REGULATION CHANGES**

The Delaware Board of Dentistry and Dental Hygiene pursuant to 24 Del. C. § 1106(a)(1), proposed to revise its regulations. The proposed amendments to Regulation 8.1 eliminate the need for an inactive licensee to renew an inactive license.

**SUMMARY OF THE EVIDENCE AND INFORMATION SUBMITTED**

Following publication in the Delaware Register of Regulations, Volume 27, Issue 6, on December 1, 2023, a public hearing was held on January 11, 2024, at a regularly scheduled meeting of the Delaware Board of Dentistry and Dental Hygiene to receive verbal comments regarding the Board's proposed amendments to its regulations. No comments were submitted at that time.

**SUMMARY OF THE EVIDENCE AND INFORMATION SUBMITTED**

At the time of the deliberations, the Board considered the following documents:

**Board Exhibit 1** - Affidavit of publication of the public hearing notice in the News Journal;

**Board Exhibit 2** - Affidavit of publication of the public hearing notice in the Delaware State News;

There was no verbal testimony given at the public hearing on January 11, 2024. No written comments were received by the Board during the initial thirty-day public comment period; nor were any written comments received after the public hearing during the fifteen day 29 Del. C. § 10118(a) second public comment period.

**FINDINGS OF FACT AND CONCLUSIONS**

1. The public was given notice and an opportunity to provide the Board with comments in writing and by testimony at the public hearing on the proposed amendments to the Board's regulations.
2. There were no public comments provided to the Board during the two written public comment periods, or the public hearing.
3. Pursuant to 24 Del. C. § 1106(a)(1) the Board has statutory authority to promulgate rules and regulations clarifying specific statutory sections of its statute.
4. The proposed changes to Regulation 8.1 eliminate the need for an inactive licensee to renew an inactive license.
5. The public was given notice and an opportunity to provide the Board with comments in writing and by testimony at the public hearing on the proposed changes to the Board's rules and regulations.
6. 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 *de minimis* impact on the State's resiliency to climate change because neither implementation nor compliance with the regulation would reasonably involve the increase in greenhouse gas emissions.
7. Having received no public comments, the Board finds no reason to amend the regulations as proposed.

**DECISION AND ORDER CONCERNING THE REGULATIONS**

NOW THEREFORE, pursuant to 24 Del. C. § 1106(a)(1) and for the reasons set forth above, the Board of Dentistry and Dental Hygiene does hereby ORDER that the regulations be, adopted and promulgated as set forth in the Delaware *Register of Regulations*. The effective date of this Order is ten days from the date of its publication in the Delaware *Register of Regulations*, pursuant to 29 Del. C. § 10118(g). The new regulations are attached hereto as Exhibit A.

**SO ORDERED** this 21st day of March 2024.

**Board of Dentistry and Dental Hygiene**

/s/ Michael Nies, DDS, President	(Absent) Andrew Swiatowicz, DDS, Secretary
/s/ Erin Cox O'Leary, DDS	/s/ Norman Steward, DDS
(Absent) Anthony Vattilana, DDS	/s/ Carla Rawheiser, RDH,
/s/ Joseph Stormer, Public Member	/s/ Mike Cebric, Public Member
/s/ Lydia Massey, Public Member	/s/ Bonnie Thomas, RDH, Hygiene Advisory
(Absent) Tammy Beebe, 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:**

- 1.1 Direct Supervision - The dentist is present in the office, personally examines the patient and specifically authorized the work to be performed. The dentist checks the work before the patient leaves the office.
- 1.2 Indirect Supervision - 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: 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 soft tissues, or any intra-oral procedure which would lead to the fabrication of an appliance and/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.
  - 2.1.2 Those procedures allocated by the Dental Code to registered dental hygienists.
- 2.2 Interpretation of Regulation - Competency 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 - Adequate training of dental auxiliary personnel will be the responsibility of the dentist.
- 2.4 Assignment of Duties - Following are some of the procedures that may be assigned to auxiliary personnel under the conditions and provisions stated above:
  - Take and develop x-rays. This involves placing an x-ray film in the patient's mouth and exposing that film.
  - Give and demonstrate home-care procedures to the patient, including those procedures the patient is expected to carry out in preventive care.
  - Placing a rubber dam.
  - Placing cotton rolls.
  - Taking impressions for study models.
  - Removal of excess cements from dental restorations and appliances with hand instruments only.
  - Removal of temporary medicinal fillings or packs under direct orders of the dentist.
- 2.5 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 - Any dentist who uses the services of a dental technician in this State shall furnish him/her with a written prescription, which shall contain:
  - 3.1.1 the name and address of the technician,
  - 3.1.2 the patient's name and/or identification number,
  - 3.1.3 the date on which the prescription was written,
  - 3.1.4 a prescription of the work to be done,
  - 3.1.5 specification of the type and quality of materials to be used and
  - 3.1.6 signature of the dentist and his/her license number.
- 3.2 Record of Prescriptions - The dentist shall retain a duplicate copy thereof for inspection by the Board or its agent for a period of two years of the original.
- 3.3 The Dental Technician as an Auxiliary - Dentists employing a dental technician as an auxiliary within the confines of his/her 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 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 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 Conditions Applicable to General Supervision - A licensed dental hygienist, by virtue of having passed a licensure examination and being duly licensed by the State, is capable of performing those services allowed by law under supervision, the following conditions shall exist:
- 5.2 Advance Notice to 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.

- 5.3 Dentist Review of Records - The dentist shall review the treatment records of each patient prior to and following the patient treatment.
- 5.4 The dentist must perform at least one clinical examination of the patient within a 12 month period.
- 5.5 Patient Contraindications - Patients for whom it is medically or dentally contraindicated, will not be scheduled when the dentist is not present.
- 5.6 Office 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.
- 5.7 Practice in a Public Health Institution - A licensed dental hygienist, per 24 **Del.C.** §1121(c), may operate under the general direction of a dentist in an institution, provided that all of the conditions of general supervision are met.

**15 DE Reg. 1621 (05/01/12)**

**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 license expiration date and subsequent renewal does not, in any way, relieve the licensee of the requirement to renew his/her 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.
    - 6.1.1.1 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 6.8.
- 6.2 Any licensee who fails to renew his/her license by the renewal date may reactivate his/her license during the one 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 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) hours of continuing professional education (CPE) credit every two (2) years. Two (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) 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, courses offered by the American Red Cross and the American Heart Association and courses offered or approved by any of the organizations listed in 6.4.1 through 6.4.4 of these regulations. 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)
  - 6.4.2 American Dental Hygienists' Association (ADHA), its constituents and components
  - 6.4.3 American Dental Assisting Association (ADAA), its constituents and components
  - 6.4.4 Academy of General Dentistry (AGD) its constituents and components including PACE (Program Approval for Continuing Education)
  - 6.4.5 Recognized national, regional, state and local dental and dental hygiene specialty organizations
  - 6.4.6 Recognized dental and dental hygiene study clubs
  - 6.4.7 Accredited dental and dental hygiene CPE programs offered by dental and dental hygiene schools.
  - 6.4.8 Approved hospital programs.
  - 6.4.9 Such 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 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
    - 6.5.1.2 Reading dental tape journals
    - 6.5.1.3 Viewing and listening to dental audio-visual materials.

6.5.2 In addition to the maximum of ten (10) hours of the CPE requirement which may be satisfied by self-study without testing and certification, a maximum of twenty (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

6.5.2.2 Dental textbooks

6.5.2.3 Dental video and audio tape presentations

6.5.2.4 Dental mail-in courses

6.5.2.5 Dental courses presented on the Internet, which are not 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) 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) hours for the two-year period.

6.6.3 Table Clinics will be allowed, one (1) hour of credit per hour of presentation for a maximum of two (2) hours.

6.6.4 Twelve (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) hour of credit per hour of participation for a maximum of two (2) hours for the two year period.

6.6.6 Practice management or personal self-improvement courses shall be limited to a total of ten (10) hours for the two (2) year period.

6.6.7 A dentist providing volunteer pro bono dental services acceptable to the Board will be allowed one 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) hours of the required CPE credits must be taken on an Anesthesia topic by the end of the six (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) hours of the required CPE credits must be taken on an Anesthesia topic by the end of the six (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 who can demonstrate to the Board an acceptable cause as to why he/she 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 of the year for license renewal, the licensee has been licensed for less than 1 year, zero hours of CPE is 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.

## 6.8 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.

6.8.2.1 Any continuing education not meeting all provisions of these regulations 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. 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 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) hours of CPE credit every two (2) years. Two (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) 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, 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 has satisfied the 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

6.9.4.1.2 American Dental Association, its constituents and components

6.9.4.1.3 American Dental Assisting Association, its constituents, and components

6.9.4.1.4 American Academy of Dental Hygiene

6.9.4.1.5 Recognized national, regional, state, and local dental and dental hygiene specialty societies

6.9.4.1.6 Recognized dental and dental hygiene study clubs

6.9.4.1.7 Accredited dental and dental hygiene schools

6.9.4.1.8 Approved hospital programs

6.9.4.1.9 Such other organizations and associations as may be approved by the Board

6.9.4.2 A maximum of five (5) hours of the total twenty-four (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

6.9.4.2.2 Reading dental or dental hygiene textbooks

6.9.4.2.3 Viewing and listening to dental or dental hygiene audio-visual materials

6.9.4.3 In addition to the maximum of five (5) hours which may be satisfied by self-study without testing, a maximum of ten (10) hours of the total twenty-four (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

6.9.4.3.2 Dental or dental hygiene textbooks

6.9.4.3.3 Dental or dental hygiene video and audio tape presentations

6.9.4.3.4 Dental or dental hygiene mail-in courses

6.9.4.3.5 Dental or dental hygiene courses presented on the Internet, which are not live

Where CPE credits are not specified, one (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) 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) credits for the two-year period.

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

6.10.4 Twelve (12) hours of credit shall be granted for a scientific article published in a component or state society journal. Twelve (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.

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

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

6.10.7 A dental hygienist providing volunteer pro bono dental hygiene services acceptable to the Board will be allowed one hour of credit for each hour of patient service up to a maximum of five 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 who can demonstrate to the Board an acceptable cause as to why he/she 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 of the year for license renewal, the licensee has been licensed for less than 1 year, zero hours of CPE is 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.

## 6.12 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.
- 6.12.2.1 Any continuing education not meeting all provisions of these regulations 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 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 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:

### 7.1 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 -- the diminution or elimination of pain in the conscious patient.
- 7.1.2 Local Anesthesia -- 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 -- 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, Conscious Sedation Permits shall be divided into two classifications:

Restricted and Unrestricted Permits -- 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 -- Conscious Sedation induced by nitrous oxide inhalation only.



- 7.1.4 Deep Sedation -- 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 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 -- 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:
  - 7.2.1 No dentist shall employ or use Conscious Sedation, Restricted Permit I or Restricted Permit II, for dental patients unless such 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 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:
    - 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 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 and bradycardia
        - 7.2.3.1.2 allergy/bronchospasm
        - 7.2.3.1.3 seizures
        - 7.2.3.1.4 narcotic-induced respiratory depression (e.g., narcotic antagonists)
        - 7.2.3.1.5 angina pectoris
        - 7.2.3.1.6 adrenal insufficiency (e.g., steroids)
        - 7.2.3.1.7 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/her dental patients unless such dentist possesses a permit of authorization issued from the Delaware State Board of Dentistry and Dental Hygiene. This permit also includes all Conscious Sedation techniques. The dentist holding such a permit shall be subject to review and such permit must be renewed biennially.
  - 7.3.2 In order to receive such a permit, the dentist must produce evidence showing that he/she:

- 7.3.2.1 Has completed a minimum of two 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 Diplomat 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 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 7.3.2.1 and 7.3.2.2 or employs or works in conjunction with a board certified anesthesiologist with an active Delaware license, provided that such anesthesiologist 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 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 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 is still qualified to have such written authorization. If the Board determines that the licensed dentist is no longer qualified to have such written authorization, it may revoke or refuse to renew such 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) 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 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.

7.5.2 Failure to comply with this rule when said occurrence is related to the use of Conscious Sedation or Deep Sedation or General Anesthesia may result in the loss of such 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 services are provided shall submit an application on the form provided by the Board, pay the permit fee, and meet the requirements for the 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 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 four years. Requests for inactive status shall be made, in writing, to the Board, ~~and requests which exceed one year shall be renewed biennially at the time of regular license renewals.~~

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 one 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 one 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)**

## 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 of the report. If the Director of Professional Regulation receives the report, he/she 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 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).

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 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 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 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, 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 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, 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). 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 or to the Director of the Division of Professional Regulation or his/her designate 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 or the Director of the Division of Professional Regulation or his/her designate 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 confidentiality 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 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 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) 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 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.**

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 professionals takes into consideration not only the individual's technical competence but his or her 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:

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”** 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, 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 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).

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 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 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.

**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)**

**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. 60 (07/01/24) (Final)**