

CHAPTER 30

NEW JERSEY BOARD OF DENTISTRY

Authority

N.J.S.A. 45:6-3, 45:6-19.4 and 45:6-50.

Source and Effective Date

R.1995 d.191, effective March 10, 1995.
See: 27 N.J.R. 293(a), 27 N.J.R. 1424(b).

Executive Order No. 66(1978) Expiration Date

Chapter 30, New Jersey Board of Dentistry, expires on March 10, 2000.

Chapter Historical Note

Chapter 30, New Jersey Board of Dentistry, was filed and became effective prior to September 1, 1969. Chapter 30 was readopted as R.1990 d.205, effective March 12, 1990. See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

Pursuant to Executive Order No. 66(1978), Chapter 30 was readopted as R.1995 d.191. See: Source and Effective Date. As a part of R.1995 d.191, old Subchapter 2, Applicants for License to Practice Dental Hygiene, was repealed and a new Subchapter 2 was adopted, effective April 3, 1995. See, also, section annotations.

Public Notice: Receipt of and action on petition for rulemaking. See: 28 N.J.R. 4531(a). Public Notice: Notice of Receipt of and Action on a Petition for Rulemaking. See: 29 N.J.R. 3745(a), 29 N.J.R. 4202(a).

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Deleted (d) regarding fees for simultaneous reexamination.
 Amended by R.1995 d.191, effective April 3, 1995.
 See: 27 N.J.R. 293(a), 27 N.J.R. 1424(b).

13:30-1.3 Recognition of Northeast Regional Board Examination after five years

(a) The Board may, in its discretion, recognize successful completion of the Northeast Regional Board Examination after five years as set forth in N.J.A.C. 13:30-1.1(b)2 provided that the candidate submits, at a minimum, evidence satisfactory to the Board that the candidate holds a license in good standing in every state where currently licensed.

(b) As part of its review, the Board shall consider and evaluate any prior record of disciplinary action or pending disciplinary action or investigation in any other state and the applicant's complete professional employment history.

New Rule, R.1998 d.165, effective April 6, 1998.
 See: 29 N.J.R. 5046(b), 30 N.J.R. 1293(a).

13:30-1.4 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
 See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-1.5 (Reserved)

Amended by R.1973 d.114, effective April 26, 1973.
 See: 5 N.J.R. 51(a), 5 N.J.R. 166(c).
 Amended by R.1973 d.194, effective December 11, 1973.
 See: 5 N.J.R. 154(c), 5 N.J.R. 291(c).
 Administrative correction to (b).
 See: 21 N.J.R. 2386(a).
 Repealed by R.1990 d.205, effective April 2, 1990.
 See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-1.6 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
 See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-1.7 (Reserved)

Amended by R.1973 d.194, eff. December 11, 1973.
 See: 5 N.J.R. 154(c), 5 N.J.R. 291(c).
 Repealed by R.1990 d.205, effective April 2, 1990.
 See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-1.8 (Reserved)

Amended by R.1973 d.194, eff. December 11, 1973.
 See: 5 N.J.R. 154(c), 5 N.J.R. 291(c).
 Repealed by R.1990 d.205, effective April 2, 1990.
 See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-1.9 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
 See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-1.10 (Reserved)

Repeal and New Rule, R.1973 d.194, eff. December 11, 1973.
 See: 5 N.J.R. 154(c), 5 N.J.R. 291(c).
 Repealed by R.1990 d.205, effective April 2, 1990.
 See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

SUBCHAPTER 1. APPLICANTS FOR LICENSE TO PRACTICE DENTISTRY

13:30-1.1 Qualifications of applicants

(a) All persons desiring to practice dentistry in New Jersey must secure a license from the Board.

(b) To qualify as a candidate for dental licensure, an applicant must present satisfactory evidence of successful completion of the following:

1. A dental degree from a dental school, college or department of a university approved by the Board and the Commission on Dental Accreditation;
2. The Northeast Regional Board Examination. The Board will recognize successful completion of the Northeast Regional Board Examination for up to five years. After five years, the Board will review each request on a case-by-case basis pursuant to the provisions of N.J.A.C. 13:30-1.3.
3. The New Jersey jurisprudence examination; and
4. All parts of the National Board Dental Examinations.

Amended by R.1973 d.194, eff. December 11, 1973.
 See: 5 N.J.R. 154(c), 5 N.J.R. 291(c).
 Amended by R.1990 d.205, effective April 2, 1990.
 See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).
 Reorganized qualifications to this section.
 Amended by R.1995 d.191, effective April 3, 1995.
 See: 27 N.J.R. 293(a), 27 N.J.R. 1424(b).
 Amended by R.1998 d.165, effective April 6, 1998.
 See: 29 N.J.R. 5046(b), 30 N.J.R. 1293(a).
 Rewrote the section.

13:30-1.2 Resident permit

Prior to obtaining licensure, a graduate of an approved dental school who has passed Part I and Part II of the National Board Dental Examination may serve as a resident in an approved hospital upon obtaining a resident permit from the Board. A resident permit shall be renewed annually for the length of the residency program.

Repeal and New Rule: R.1990 d.205, effective April 2, 1990.
 See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

The following annotations pertain to N.J.A.C. 13:30-1.2, Application process:
 Amended by R.1973 d.194, effective December 11, 1973.
 See: 5 N.J.R. 154(c), 5 N.J.R. 291(c).
 Amended by R.1989 d.581, effective November 20, 1989.
 See: 21 N.J.R. 2466(a), 21 N.J.R. 3670(a).

13:30-1.11 (Reserved)

Repeal and New Rule, R.1973 d.194, effective December 11, 1973.
See: 5 N.J.R. 154(c), 5 N.J.R. 291(c).
Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-1.12 (Reserved)

Repeal and New Rule, R.1973 d.194, effective December 11, 1973.

See: 5 N.J.R. 154(c), 5 N.J.R. 291(c).
Amended by R.1974 d.110, effective May 3, 1974.
See: 6 N.J.R. 118(c), 6 N.J.R. 246(d).
Amended by R.1989 d.581, effective November 20, 1989.
See: 21 N.J.R. 2466(a), 21 N.J.R. 3670(a).
In (d)3: deleted text regarding fees and increased license fee from \$50.00 to \$100.00.
Repealed by R.1990 d.205, effective April 2, 1990.

See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-1.13 (Reserved)

Repealed by R.1973 d.194, effective December 11, 1973.
See: 5 N.J.R. 154(c), 5 N.J.R. 291(c).

13:30-1.14 (Reserved)

Repealed by R.1973 d.194, effective December 11, 1973.
See: 5 N.J.R. 154(c), 5 N.J.R. 291(c).

13:30-1.15 (Reserved)

Administrative correction to (b).
See: 21 N.J.R. 2386(a).
Amended by R.1989 d.581, effective November 20, 1989.
See: 21 N.J.R. 2466(a), 21 N.J.R. 3670(a).
In (d): raised fee from \$50.00 to \$75.00.
Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-1.16 (Reserved)

Administrative correction to (a)2.
See: 21 N.J.R. 2386(a).
Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

SUBCHAPTER 2. APPLICANTS FOR LICENSE AND STANDARDS FOR PRACTICE FOR DENTAL AUXILIARIES

13:30-2.1 Qualifications of applicants for license to practice dental hygiene

(a) All persons desiring to practice dental hygiene in New Jersey must first secure a license from the Board.

(b) A candidate for licensure as a dental hygienist shall present proof satisfactory to the Board of the following:

1. National Dental Hygiene Board certification;
2. Northeast Regional Board certification;
3. Successful completion of the New Jersey jurisprudence examination; and
4. Graduation from an educational program in dental hygiene approved by the Board and the Commission on Dental Accreditation. If the candidate's dental hygiene degree was granted more than two years prior to the date of application to this Board for licensure, the candidate shall also submit evidence of 10 credits of continuing education in dental hygiene earned within two years prior to the application.

(c) The Board may, in its discretion, grant a waiver of Northeast Regional Board performance testing depending upon the record of the candidate. The candidate shall submit, at a minimum, evidence in the form required by the Board of the following:

1. Licensure in another state and licensure in good standing in all states where licensed;
2. Graduation from an educational program in dental hygiene approved by the Board and the Commission on Dental Accreditation;
3. Test results of any clinical examination other than the Northeast Regional Board; and
4. Ten credits of continuing education in dental hygiene earned within two years prior to the application.

(d) The Board will recognize successful completion of the Northeast Regional Board Examination for up to five years. After five years, the Board will review each request on a case by case basis and may, in its discretion, recognize successful completion of the Northeast Regional Board examination provided the candidate submits, at a minimum, evidence in the form required by the Board of the following:

1. Licensure in good standing in every state where currently licensed; and
2. Ten credits of continuing education in dental hygiene earned within two years prior to the application.

(e) As part of its review of applicants requesting waiver of Northeast Regional Board testing as set forth in (c) above or recognition of the Northeast Regional Board Examination after five years as set forth in (d) above, the Board will consider and evaluate any prior record of disciplinary action or pending disciplinary action or investigation in any other state and the applicant's complete professional employment history.

Amended by R.1998 d.165, effective April 6, 1998.
See: 29 N.J.R. 5046(b), 30 N.J.R. 1293(a).
In (b)4, added the last sentence.

13:30-2.2 Qualifications of registered dental assistants and limited registered dental assistants

(a) A registered dental assistant or a limited registered dental assistant desiring to secure registration from the Board shall have:

1. Satisfactorily completed and graduated, within the past 10 years, from an educational program for dental assistants approved by the Board and the Commission on Dental Accreditation; or
2. Successfully completed high school (or its equivalent); and
 - i. Obtained at least two years' work experience as a dental assistant during the five-year period prior to making application for registration; or
 - ii. Until three years from the date the Board implements the first internship program, obtained at least six months' work experience, as defined in N.J.A.C. 13:30-2A.3, as a dental assistant or a limited registered dental assistant and successfully completed a three-

month internship program in the office and under the direct supervision of a New Jersey licensed dentist as set forth in N.J.A.C. 13:30-2A.

(b) Candidates for registered dental assistant or limited registered dental assistant shall have satisfactorily completed the Certification Examination administered by the Dental Assisting National Board within 10 years prior to the application.

(c) All registered dental assistants shall furnish the Board with proof of one of the following:

1. A certificate of graduation from an approved educational program in dental assisting in which the expanded functions or duties as listed in N.J.A.C. 13:30-2.4(a) are taught;

2. A certificate of successful completion of an examination for clinical competency in expanded functions in dental assisting administered by the Board or its delegated authority;

3. A certificate of successful completion of an approved program in expanded functions in dental assisting. The Board may recognize the following as providers of approved programs in expanded functions:

i. An institution approved by the Commission on Dental Accreditation;

ii. Institutions of higher education which have met the standards of the Commission of Higher Education or a regional agency recognized by the council on Post-Secondary Accreditation;

iii. In-service training programs conducted at the graduate level by agencies of the Federal, State, or local government; and

iv. Internship and residency programs conducted in hospitals which are approved by the Council on Hospital Dental Services of the American Dental Association; or

4. A certificate of successful completion of a three-month internship program as set forth in N.J.A.C. 13:30-2A together with a certificate of successful completion of the Registered Dental Assistant or Limited Registered Dental Assistant Certification Examination administered by the Dental Assisting National Board.

Amended by R.1997 d.44, effective January 21, 1997.

See: 28 N.J.R. 4719(a), 29 N.J.R. 367(a).

In (a), inserted reference to limited registered dental assistance; inserted (a)2ii; in (b), inserted reference to registered dental assistance and limited registered dental assistance; and added (c)4.

13:30-2.3 Duties of licensed dental hygienist

(a) A licensed dental hygienist practicing under the direct supervision of a licensed dentist may:

1. Perform a complete prophylaxis including the removal of all hard and soft deposits from all surfaces of human natural and restored teeth to the epithelial attachments and the polishing of natural and restored teeth. Root planing may be performed as a separate procedure or as part of the prophylaxis;

2. Provide prophylactic and preventive measures such as the application of fluorides and pit and fissure sealants and other recognized topical agents for the prevention of oral disease or discomfort;

3. Examine soft and hard tissue of the head, neck and oral cavity; note deformities, defects and abnormalities therein;

4. Fabricate athletic mouth guard appliances;

5. Place and remove rubber dams;

6. Place and remove matrices and wedges;

7. Place temporary sedative restorations;

8. Remove excess cement from crowns or other restorations and orthodontic appliances;

9. Remove sutures;

10. Fabricate and cement temporary crowns and bridges after preparation of tooth (teeth) by a dentist. This does not include intra-oral occlusal adjustment;

11. Take impressions for diagnostic models and models to be used as counters for fixed or removable prostheses;

12. Place amalgam and gold foil in a tooth for condensation by the dentist;

13. Place and remove retraction cords and medicated pellets;

14. Perform bite registration procedures to determine occlusal relationship of diagnostic models only;

15. Place and remove periodontal dressings and other surgical dressings;

16. Trial size (pre-select) orthodontic bands, wires, stainless steel crowns and temporary crowns intra-orally;

17. Prepare teeth for bonding;

18. Remove arch wires and ligature wires;

19. Make radiographic exposures as permitted by the Department of Environmental Protection;

20. Provide oral health education such as, but not limited to, dietary analysis and clinical instruction in order to promote dental health;

21. Apply topical anesthetic agents;

22. Take and record vital signs;

23. Retract patient's cheek, tongue or other tissue parts during a dental operation;

24. Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes and water;

25. Isolate the operative field, not to include rubber dam;

26. Trial size (pre-select) orthodontic bands, wires, stainless steel crown and temporary crowns on a diagnostic model;

27. Hold a curing light in the process of restoring a tooth;

28. Take dental photographs including the use of intra-oral cameras;

29. Select shades for prosthetic appliances; and

30. Assist a licensed dentist in the administration of nitrous oxide, provided the licensed dentist is physically present in the operatory at all times during the procedure.

(b) A licensed dental hygienist practicing within an institution subject to the supervision of a New Jersey licensed dentist in the institution may:

1. Perform a complete prophylaxis including the removal of all hard and soft deposits from all surfaces of human natural and restored teeth to the epithelial attachments and the polishing of natural and restored teeth. Root planing may be performed as a separate procedure or as part of the prophylaxis;

2. Provide prophylactic and preventive measures such as the application of fluorides and pit and fissure sealants and other recognized topical agents for the prevention of oral disease or discomfort;

3. Examine soft and hard tissue of the head, neck and oral cavity, and note deformities, defects and abnormalities therein;

4. Make radiographic exposures as permitted by the Department of Environmental Protection;

5. Provide oral health education such as, but not limited to, dietary analysis and clinical instruction in order to promote dental health;

6. Take and record vital signs; and

7. Take dental photographs including the use of intra-oral cameras.

(c) Each licensed dentist may utilize no more than two licensed dental hygienists at one time in a dental office.

13:30-2.4 Duties of a registered dental assistant, a limited registered dental assistant, and a dental assistant without registration

(a) A registered dental assistant may perform the following duties under the direct supervision of a licensed dentist:

1. Place and remove rubber dams;

2. Place and remove matrices and wedges;

3. Place temporary sedative restorations;

4. Remove excess cement from crowns or other restorations and orthodontic appliances;

5. Remove sutures;

6. Fabricate and cement temporary crowns and bridges after preparation of tooth (teeth) by a dentist. This does not include intra-oral occlusal adjustment;

7. Take impressions for diagnostic models and models to be used as counters for fixed or removable prostheses;

8. Place amalgam and gold foil in a tooth for condensation by the dentist;

9. Place and remove retraction cords and medicated pellets;

10. Perform bite registration procedures to determine occlusal relationships of diagnostic models only;

11. Place and remove periodontal dressings and other surgical dressings;

12. Trial size (pre-select) orthodontic bands, wires, stainless steel crowns and temporary crowns intra-orally;

13. Prepare teeth for bonding not to include prophylaxis;

14. Remove arch wires and ligature wires;

15. Take impressions for and perform laboratory fabrication of athletic mouth guards not to include insertion of the appliance;

16. Make radiographic exposures as permitted by the Department of Environmental Protection;

17. Provide oral health education such as, but not limited to, dietary analysis and clinical instruction in order to promote dental health;

18. Apply topical anesthetic agents;

19. Take and record vital signs;

20. Retract patient's cheek, tongue or other tissue parts during a dental operation;

21. Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes and water;

22. Isolate the operative field, not to include rubber dam;

23. Trial size (pre-select) orthodontic bands, wires, stainless steel crown, and temporary crowns on a diagnostic model;

24. Hold a curing light in the process of restoring a tooth;

25. Take dental photographs including the use of intra-oral cameras;

26. Select shades of prosthetic appliances; and

27. Assist a licensed dentist in the administration of nitrous oxide, provided the licensed dentist is physically present in the operatory at all times during the procedure.

(b) A limited registered dental assistant in orthodontics may perform the following duties under the direct supervision of a New Jersey licensed dentist who has obtained a Board permit number to announce a specialty in orthodontics:

1. Take impressions for diagnostic models and models to be used as counters for fixed or removable prostheses;

2. Take impressions for and perform laboratory fabrication of athletic mouth guards not to include insertion of the appliance;

3. Make radiographic exposures as permitted by the Department of Environmental Protection;

4. Isolate the operative field, not to include rubber dam;

5. Pre-select (trial size) orthodontic bands, wires, stainless steel crowns and temporary crowns intra-orally;

6. Pre-select (trial size) orthodontic bands, wires, stainless steel crown, and temporary crowns on a diagnostic model;

7. Prepare teeth for bonding not to include prophylaxis;

8. Take dental photographs including the use of intra-oral cameras;

9. Perform bite registration procedures to determine occlusal relationships of diagnostic models only;

10. Remove excess cement from crowns and other restorations and orthodontic appliances;

11. Remove arch wires and ligature wires;

12. Provide oral health education such as, but not limited to, dietary analysis and clinical instruction in order to promote dental health; and

13. Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes and water.

(c) A dental assistant who has not obtained a registration from the Board may perform the following duties under the direct supervision of a licensed dentist:

1. Make radiographic exposures as permitted by the Department of Environmental Protection;

2. Provide oral health education such as, but not limited to, dietary analysis and clinical instruction in order to promote dental health;

3. Apply topical anesthetic agents;

4. Take and record vital signs;

5. Retract patient's cheek, tongue or other tissue parts during a dental operation;

6. Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes and water;

7. Isolate the operative field, not to include rubber dam;

8. Trial size (pre-select) orthodontic bands, wires, stainless steel crown, and temporary crowns on a diagnostic model only;

9. Hold a curing light in the process of restoring a tooth;

10. Take dental photographs including the use of intra-oral cameras;

11. Select shades for prosthetic appliances; and

12. Assist a licensed dentist in the administration of nitrous oxide, provided the licensed dentist is physically present in the operatory at all times during the procedure.

(d) A dental assistant may provide a written work authorization for emergency repair of a dental prosthesis provided that the prosthesis does not require any intra-oral procedure and will be thereafter inserted by a licensed dentist.

Amended by R.1997 d.44, effective January 21, 1997.

See: 28 N.J.R. 4719(a), 29 N.J.R. 367(a).

Inserted new (b); and recodified former (b) and (c) as (c) and (d).

13:30-2.5 Continuing education requirements; dental hygienists and dental assistants

(a) All licensed dental hygienists, registered dental assistants and limited registered dental assistants shall submit proof of completion of 10 hours of continuing education every two years at the time of registration renewal. No more than four hours of continuing education in the two year period may be fulfilled through home study courses.

(b) An acceptable form of continuing education shall directly enhance the licensee or registrant's knowledge, skill or competence in dental service to the community.

(c) The following shall be considered acceptable forms of continuing education:

1. Scientific courses applicable to the delivery of dental care, including, but not limited to, preventive services, radiography, dental photography, nutrition, patient counseling, community health, C.P.R. certification, and infection control;

2. Courses which directly relate to or concern the practice of dentistry, including, but not limited to, organization and office management, office design, communication skills, behavioral science, dental-legal matters and methods of health care delivery; and

3. Teaching and research appointments:

i. A licensee involved in teaching or research activities at least one full day or the equivalent of one full day per week per academic year and who holds at least a part-time faculty or research appointment shall receive two hours of continuing education credit annually for each full day and one credit annually for each half day.

ii. A licensee may obtain a maximum of 10 continuing education credit hours in this category in a biennial period.

(d) The Board may recognize as acceptable the courses of study and amount of hours credited in continuing education programs approved by:

1. The American Dental Association and its constituents and components;
2. The Academy of General Dentistry and its constituents and components;
3. The American Dental Hygienists Association and its constituents and components;
4. The American Dental Assistants' Association and its constituents and components; and
5. Accredited colleges or universities which meet the definition of acceptable courses in (c) above.

(e) It shall be the responsibility of each licensee/registrant to maintain an authenticated record of all continuing education activity completed and to be prepared to submit evidence of completion of the credit requirements to the Board upon request. Each licensee/registrant shall obtain from the continuing education course sponsor and retain for a period of four years an authenticated record of attendance which shall include, at a minimum, the following:

1. The participant's name;
2. The title or subject area of the course;
3. The instructor;
4. The course sponsor;
5. The date and location of the course;
6. The number of hours; and
7. Verification of successful completion by the course sponsor.

(f) The Board may inspect the licensee/registrant's records as may be necessary to insure that the continuing education requirements have been met.

Amended by R.1997 d.44, effective January 21, 1997.

See: 28 N.J.R. 4719(a), 29 N.J.R. 367(a).

In (a), inserted reference to limited registered dental assistant.

Amended by R.1998 d.165, effective April 6, 1998.

See: 29 N.J.R. 5046(b), 30 N.J.R. 1293(a).

Inserted (c)3.

13:30-2.6 Resumption of active practice by inactive dental hygienists

(a) Any dental hygienist who has been on the inactive status list for any period of time and wishes to resume the active practice of dental hygiene shall, in addition to making application for a current certificate of registration and paying the appropriate fee, submit satisfactory evidence of completion of 10 hours of continuing education earned in the two years preceding the application for active status.

(b) The minimum standards which shall be met by applicants who have been on the inactive status list for five or more years and who want to resume the practice of dental hygiene are as follows:

1. The individual shall apply to the Board for a current biennial certificate of registration and pay the prescribed registration fee;
2. An individual licensed and practicing in another state shall furnish the Board with a certification from the other state that the license to practice dental hygiene is in good standing; and
3. An individual who has not practiced for five or more years shall:
 - i. Pass the Northeast Regional Board (N.E.R.B.) examination in dental hygiene; or
 - ii. Complete satisfactorily a Board approved clinical refresher course provided by an institution accredited by the American Dental Association Commission on Dental Accreditation.

(c) An individual who has not practiced for more than 10 years shall pass the N.E.R.B. examination in dental hygiene.

SUBCHAPTER 2A. REGISTERED DENTAL ASSISTANT AND LIMITED REGISTERED DENTAL ASSISTANT THREE-MONTH INTERNSHIP PROGRAMS

Authority

N.J.S.A. 45:6-3, 45:6-49, 45:6-50, 45:6-50.1, 45:6-50.2, 45:6-55 and 45:6-56.

Source and Effective Date

R.1997 d.44, effective January 21, 1997.
See: 28 N.J.R. 4719(a), 29 N.J.R. 367(a).

13:30-2A.1 Purpose and scope

(a) The rules in this subchapter implement the provisions of P.L. 1995, c.367, by establishing the required training which shall be included in a three-month dental assisting internship program.

(b) This subchapter shall apply to an individual seeking registration as a dental assistant or a limited registered dental assistant by completing a three-month internship program as an alternative to the primary registration pathway of completing an educational program for dental assistants approved by the Board and the Commission on Dental Accreditation, as set forth in N.J.A.C. 13:30-2.2(a)1. This subchapter shall also apply to a New Jersey licensed dentist approved by the Board to supervise an internship program.

13:30-2A.2 Prerequisites for participation in an internship program

(a) To be eligible to participate in an approved internship program, an applicant shall have:

1. Obtained a high school diploma or its equivalent;
2. Completed at least six months of work experience as a dental assistant pursuant to the provisions of N.J.A.C. 13:30-2A.3 unless the applicant is exempt pursuant to the exemption outlined in N.J.A.C. 13:30-2A.3(d);
3. Obtained annual cardiopulmonary resuscitation (CPR) certification with the American Heart Association or the American Red Cross;
4. Passed the appropriate Dental Assisting National Board (DAB) examination, for example, General Chairside (GC) component of the Certified Dental Assistant (CDA) Examination or Certified Orthodontic Assistant (COA) Examination; and
5. Passed the DAB Infection Control Examination (ICE).

13:30-2A.3 Six months' work experience; exception

(a) For purposes of this section, "six months' work experience" means a structured learning experience in the basic knowledge and skills necessary for the practice of dental assisting.

(b) An intern shall render only those duties set forth in N.J.A.C. 13:30-2.4 during the six months' work experience period.

(c) During this period, the supervisor shall prepare the intern for the Dental Assisting National Board General Chairside or Certified Orthodontic Assistant and the Dental Assisting National Board Infection Control Examination. The supervisor shall use a teaching module which includes a written post-test and, at a minimum, instruction and experience opportunities in the following functions:

1. Collection and recording of clinical data;

2. Chairside dental procedures;
3. Chairside dental materials (preparation, manipulation, application);
4. Laboratory materials and procedures;
5. Universal precautions and prevention of disease transmission;
6. Patient education and oral health management;
7. Prevention and management of emergencies;
8. Occupational safety; and
9. Office management procedures.

(d) This section shall not apply to an individual who was employed as a dental assistant in the office of a New Jersey licensed dentist for at least six months during the one-year period immediately preceding (the effective date) of this subchapter.

13:30-2A.4 Three-month internship program; general provisions

(a) An individual seeking to supervise or participate in a three-month dental assisting internship program shall obtain the approval of the Board. The Board shall approve only a New Jersey licensed dentist as the supervisor of an internship program.

(b) An internship program shall consist of formal clinical training in general dentistry or in a dental specialty area within the office and under the direct supervision of a licensed New Jersey dentist pursuant to the provisions set forth in this subchapter. The program shall be designed to be completed in no less than three and no more than six months.

(c) An internship program in general dentistry shall be conducted in the office and under the direct supervision of a New Jersey dentist licensed for general practice.

(d) An internship program in a dental specialty shall be conducted in the office and under the direct supervision of a New Jersey licensed dentist who has obtained a Board specialty permit number pursuant to the provisions of N.J.A.C. 13:30-8.4.

13:30-2A.5 Three-month internship program; required clinical training for a registered dental assistant

(a) A supervisor shall not commence a three-month internship program until the intern has successfully completed all of the requirements set forth in N.J.A.C. 13:30-2A.2.

(b) For clinical training for a registered dental assistant, the supervisor shall use an appropriate teaching module and shall provide a structured learning experience that includes, at a minimum, instruction and experience opportunities in the following functions:

1. Making impressions for study models;
2. Making bite registrations;
3. Preparation of teeth for bonding;
4. Placement and removal of retraction cord;
5. Selection, placement and removal of rubber dam armamentarium;
6. Preparation, placement and removal of matrices and wedges;
7. Construction of mouthguard appliance;
8. Selection of orthodontic bands;
9. Selection of arch wires;
10. Placement of amalgam in cavity preparations;
11. Placement of gold foil in cavity preparations;
12. Fabrication of acrylic temporary crown restorations;
13. Removal of orthodontic arch wires and ligature wires;
14. Cement temporary crown and bridges; place sedative restorations;
15. Remove excess cement;
16. Placement and removal of dressings utilized following periodontal surgery and other surgical procedures; and
17. Removal of sutures that have been previously placed.

13:30-2A.6 Three-month internship program; required clinical training for a limited registered dental assistant in orthodontics

(a) A supervisor shall not commence a three-month internship program until the intern has successfully completed all of the requirements set forth in N.J.A.C. 13:30-2A.2.

(b) For clinical training for a limited registered dental assistant in orthodontics, the supervisor shall use an appropriate teaching module and shall provide a structured learning experience that includes, at a minimum, instruction and experience opportunities in the following functions:

1. Making impressions for study models;
2. Making bite registrations;
3. Preparation of teeth for bonding;
4. Construction of mouthguard appliance;

5. Selection of orthodontic bands;
6. Selection of arch wires;
7. Removal of orthodontic arch wires and ligature wires; and
8. Remove excess cement.

13:30-2A.7 Supervisor of three-month internship program; general provisions

(a) A New Jersey licensed dentist seeking Board approval to supervise an internship program shall forward to the Board a written request which includes:

1. The dentist's name, current office address, current office telephone number and license number;
2. A statement indicating whether the dentist shall conduct an internship program in general dentistry or in a dental specialty;
3. If the dentist intends to conduct an internship program in a dental specialty, the dentist shall have a Board specialty permit, and shall include the specialty permit number;
4. An outline of the teaching module which the dentist shall use in the internship program;
5. A detailed description of the texts, videotapes, audiotapes or other program materials which the dentist will utilize in the internship program; and
6. The application fee as set forth in N.J.A.C. 13:30-8.1.

(b) Upon receipt and evaluation of the materials set forth in (a) above, the Board shall determine whether the applicant is approved to conduct the internship program, and shall advise the applicant in writing of its determination.

New Rule, R.1997 d.492, effective November 17, 1997.
See: 29 N.J.R. 3108(a), 29 N.J.R. 4859(a).

Former N.J.A.C. 13:30-2A.7, "Responsibilities of supervisor", recodified to N.J.A.C. 13:30-2A.8.

13:30-2A.8 Responsibilities of supervisor

(a) A licensed dentist may supervise no more than two interns in an approved program at any one time. A multi-dentist practice shall be limited to two interns under supervision at any one time.

(b) The supervisor shall at all times be responsible for, and shall provide direct supervision of, the work performed by the intern. For purposes of this subsection, "direct supervision" means:

1. When direct patient services are being provided, the supervisor shall be chairside at all times and readily available to provide advice, instruction and assistance to the intern and the patient; and

2. In all other instances, the supervisor shall be in the same facility as, and in proximity to, the location where the intern renders services.

(c) The supervisor shall ensure that before an intern performs any direct patient services, the patient receives an oral explanation regarding the intern's status. The supervisor shall also ensure that the intern wears a badge which identifies himself or herself as an intern whenever rendering services or otherwise engaging in professional activity.

(d) The supervisor shall at all times be personally responsible for ensuring that the intern complies with accepted standards of practice, this subchapter, and applicable statutory requirements.

(e) The supervisor shall assign only those patient treatments which are within the scope of practice of the supervisor and the intern; which the intern can perform safely and effectively; and which are consistent with the level of training of the intern.

(f) The supervisor shall notify the Board in writing within 10 days of the termination of any internship agreement for any reason.

(g) The supervisor shall file a final report with the Board, on a form to be provided, within 30 days after the intern completes the internship program. The final report shall include at least the following information:

1. The name, address and current telephone number of the intern;

2. An itemized list and description of the functions which the supervisor included in the teaching module and whether the intern demonstrated proficiency in each function;

3. A description of any deficiency which the intern demonstrated during the program, an outline of any steps which the supervisor employed to address the deficiency, and whether the intern ultimately corrected the deficiency; and

4. A detailed description of any extraordinary circumstances or significant information which arose throughout the course of the internship.

Recodified from N.J.A.C. 13:30-2A.7 by R.1997 d.492, effective November 17, 1997.

See: 29 N.J.R. 3108(a), 29 N.J.R. 4859(a).

Former N.J.A.C. 13:30-2A.8, "Responsibilities of the intern", recodified to N.J.A.C. 13:30-2A.9.

13:30-2A.9 Responsibilities of the intern

(a) The intern shall wear a badge which identifies himself or herself as an intern when rendering services or otherwise engaging in professional activity.

(b) The intern shall not provide services independently or without the required supervision and shall not provide any services for which he or she is not trained or being trained to competently perform.

(c) The intern shall comply with the standards of practice set forth in these rules as well as all applicable statutory requirements.

Recodified from N.J.A.C. 13:30-2A.8 by R.1997 d.492, effective November 17, 1997.

See: 29 N.J.R. 3108(a), 29 N.J.R. 4859(a).

Former N.J.A.C. 13:30-2A.9, "Examination", recodified to N.J.A.C. 13:30-2A.10.

13:30-2A.10 Examination

(a) An intern who has completed a three-month internship program shall be permitted to continue to work under direct supervision pending the results of the Dental Assisting National Board certification examination.

(b) An intern who fails the certification examination shall be permitted to continue to work as an intern under direct supervision provided the intern registers for the next scheduled examination.

(c) An intern who fails the examination for the second time shall be required to repeat the internship program.

Recodified from N.J.A.C. 13:30-2A.9 by R.1997 d.492, effective November 17, 1997.

See: 29 N.J.R. 3108(a), 29 N.J.R. 4859(a).

SUBCHAPTER 3. APPLICANTS FOR LIMITED TEACHING CERTIFICATE IN A DENTAL SCHOOL

13:30-3.1 Qualifications of applicants

(a) All dentists desiring to teach dentistry in any of its branches, in this State, must hold a regularly issued license in dentistry, in the State of New Jersey, or must have procured a Limited Teaching Certificate from the New Jersey State Board of Dentistry, renewable annually prior to October 1.

(b) An applicant for such limited license must have general and technical knowledge similar to that required in this State for a license to practice dentistry without limitation.

(c) He must submit proof satisfactory to the Board of his graduation from a dental school approved by the Board.

Amended by R.1990 d.205, effective April 2, 1990.

See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

(d) deleted and language replaced in section on fee schedule.

13:30-3.2 Application procedure

(a) The applicant shall:

1. Obtain from the Secretary of the Board an application for limited teaching certificate;
2. Complete an application in every detail, including a certification of graduation by proper official of dental school;
3. Give two character references, preferably from reputable New Jersey dentists; and
4. Have the completed application notarized.

Amended by R.1990 d.205, effective April 2, 1990.

See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

Language regarding fee reorganized in section on fee schedule.

13:30-3.3 Limitations on certificate

(a) Teaching certificates are only valid in and upon the premises designated in the certificate in which the science of dentistry in any of its branches is taught.

(b) No such limited certificate shall be deemed to authorize the licensee to engage in private practice of dentistry either within or without the said premises.

13:30-3.4 Educational institutions

(a) Every educational institution where the science of dentistry is practiced, demonstrated or taught in any of its branches shall submit to the Board each year prior to October 1, a roster of all persons engaged in teaching any of the clinical subjects or who act as demonstrators or teachers in the laboratories or clinics where the practice of dentistry of any kind is performed on patients.

(b) The Board shall prescribe a form for such roster and make rules governing their submission.

SUBCHAPTER 4. INDUSTRIAL OR CORPORATE CLINICS

13:30-4.1 Industrial or corporate clinic defined

"An industrial or corporate clinic" is a privately owned clinic maintained and operated by an industrial corporation,

an organization composed of management of several industries, or a labor organization or organizations or any combinations thereof where dentistry in any or all of its branches is practiced, demonstrated or taught on a nonprofit basis for the benefit of the employees and their dependents of the industries involved or members of the labor organization or organizations and their dependents.

13:30-4.2 Application for permit

(a) All industrial or corporate agencies who wish to operate a dental clinic in New Jersey shall make application to the New Jersey State Board of Dentistry for permit to operate such a clinic.

(b) This permit shall be effective upon the date the Board grants the privilege and shall terminate on December 31, of the same year.

(c) All industrial or corporate agencies who wish to operate a dental clinic in New Jersey shall define the type of services to be rendered.

13:30-4.3 Documents submitted with application for permit

The following instruments shall accompany the application:

(a) Floor plan of clinic (to scale) setting forth:

1. Number of operatories;
2. Recovery rooms;
3. Reception room or rooms;
4. Rest-room facilities;
5. Laboratory facilities;
6. Storage-room facilities; and
7. Record room.

(b) Personnel connected with the clinic including:

1. Director—name, home address and license number;
2. Dentists—name, home address and license number;
3. Dental hygienists—name, home address and license number;
4. Dental assistants—name and home address;
5. Dental technicians—name and home address;
6. Other personnel—names with titles and home addresses;
7. If the clinic is to be operated by a public corporation, the names and addresses of all directors and officers;
8. If the clinic is to be operated by a closed corporation, the names and addresses of all directors, officers and stockholders; and

9. If the clinic is to be operated by other entity, the names and addresses of all persons having any responsibility with respect to the maintenance, operation, or establishment of clinic in either professional or business capacity.

(c) Contracts involving the clinic including:

1. List of services to which eligible persons are entitled;
2. Copy of contract between owner of clinic and the dental director;
3. Copy of contract between owner of clinic and dentists;
4. Copy of contract between owner of clinic and dental hygienists and all other personnel;
5. If dental director engages the services of dentists and dental hygienists and other personnel, a copy of these contracts;
6. If operators are to be remunerated on a fee for service basis, a copy of the fee schedule shall be included;
7. All contractors shall be filed with the New Jersey State Board of Dentistry and any changes in such contracts must have prior Board approval.

(d) A proposed budget for the operation of the clinic and the financial statement of the applicant shall accompany the application.

13:30-4.4 Permits not transferable

Clinic permits when issued shall not be transferable.

13:30-4.5 Annual registration renewal

(a) Every clinic in New Jersey that has a permit to operate shall procure from the Secretary-Treasurer of the Board on or before January 1 each year an annual certificate of renewal. Such certificate shall be issued by the Secretary-Treasurer.

(b) The Secretary-Treasurer of the Board shall on or before December 1 each year, mail to each holder of a clinic permit a printed renewal application to be properly filled out and returned by such holder of permit to said Secretary-Treasurer.

(c) Upon receipt of such application, the annual certificate of renewal shall be issued and transmitted.

(d) Any industrial or corporate clinic that fails to procure such annual registration, or fails to fill out a request for annual registration properly, or gives misleading or false information on request for annual registration shall, upon action of the Board, have its permit declared null and void.

13:30-4.6 Changes require Board approval

No industrial or corporate clinic shall make a fundamental change in its administrative organization, personnel, construction or physical plant changes or stated objectives without first apprising the Board of such contemplated changes and receiving written approval from the Board.

13:30-4.7 Qualifications

All dental clinics operated, conducted or maintained in this State shall not have any operations performed therein except by licensed dentists or licensed dental hygienists in accordance with the provisions of the Act.

13:30-4.8 Crimes involving moral turpitude

No clinic can be established by an organization where an officer, director, trustee or other executive official has been convicted of a crime involving moral turpitude.

13:30-4.9 Standards of service and facilities

(a) For the purpose of carrying on a dental health program, the following standards of service and facilities shall be maintained depending upon the scope of services rendered.

1. The services rendered shall be in keeping with accepted concepts, methods and degree of proficiency.
2. The facilities shall consist of adequate dental equipment and armamentarium, including proper and efficiently operating sterilizing and sanitary devices to make possible the satisfactory dental treatment in accordance with accepted concepts.
3. Adequate recovery rooms and emergency equipment that meet hospital standards shall be provided.
4. Rest rooms and waiting rooms in sufficient number and size to accommodate flow of traffic shall be provided.
5. The clinic shall comply with all rules and regulations adopted for such places of health service as promulgated by the New Jersey State Department of Health and any other State and/or local governmental agency.

13:30-4.10 Inspection; requirements of Director

(a) Members of the New Jersey State Board of Dentistry or their duly appointed representatives may visit the clinic for the purpose of inspection.

(b) The Director of the clinic shall be a dentist. The Director and all dentists or dental hygienists employed in the dental clinic shall be licensed to practice dentistry or dental hygiene in the State of New Jersey.

(c) The Director is responsible for activities of all professional and auxiliary personnel employed in clinic.

(d) If the facilities of the clinic are used in any way in the illegal practice of dentistry and offenders are found guilty, the Director shall be held equally responsible and liable to prosecution.

(e) All names of persons employed and titles of employment are to be furnished to the Board at the time of request for annual renewal permit. Branch office or main office registration information shall be included with each name.

(f) Dental hygienists shall be limited by State Laws and statutes regarding the type of services and supervision.

(g) Director shall furnish to the Board the method of operation as to control, direction and authority in dental matters including:

1. To whom the Director is responsible; and
2. Type of service rendered.

(h) All matters pertaining to the operation of a dental clinic shall be determined by the Dental Director.

SUBCHAPTER 5. STANDARDS FOR APPROVAL OF DENTAL SCHOOLS

13:30-5.1 Requisites for dental schools

(a) The Board will accept for licensure only graduates of dental schools approved by the Commission on Dental Accreditation.

(b) For purposes of granting limited teaching certificates, the Board will accept graduates of dental schools approved by the Commission on Dental Accreditation or graduates of dental schools approved at the discretion of the Board.

Repeal and New Rule: R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-5.2 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-5.3 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-5.4 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-5.5 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-5.6 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-5.7 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-5.8 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-5.9 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-5.10 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-5.11 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-5.12 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-5.13 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-5.14 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

SUBCHAPTER 6. STANDARDS FOR APPROVAL OF SCHOOLS OF ORAL HYGIENE

13:30-6.1 General requirements

All dental hygiene schools must be approved by the Commission on Dental Accreditation.

Repeal and New Rule: R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-6.2 (Reserved)

Petition for Rulemaking: Amend section.
See: 18 N.J.R. 1844(a).
Amended by R.1987 d.419, effective October 19, 1987.
See: 19 N.J.R. 849(a), 19 N.J.R. 1909(b).
Substantially amended.
Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-6.3 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.

See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-6.4 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-6.5 (Reserved)

Amended by R.1987 d.419, effective October 19, 1987.
See: 19 N.J.R. 849(a), 19 N.J.R. 1909(b).
Substantially amended.
Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-6.6 (Reserved)

Repealed by R.1987 d.419, effective October 19, 1987.
See: 19 N.J.R. 849(a), 19 N.J.R. 1909(b).
Section was dormitories.

13:30-6.7 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-6.8 (Reserved)

Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-6.9 (Reserved)

Petition for Rulemaking: Amend section.
See: 18 N.J.R. 1844(a).
Amended by R.1987 d.419, effective October 19, 1987.
See: 19 N.J.R. 849(a), 19 N.J.R. 1909(b).
Deleted (a), renumbered (b)-(c) to (a)-(b).
Administrative correction to (b)5.
See: 21 N.J.R. 2386(a).
Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-6.10 (Reserved)

Administrative correction to (a).
See: 21 N.J.R. 2386(a).
Repealed by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

SUBCHAPTER 7. FORMS

13:30-7.1 (Reserved)

Repealed by R.1987 d.12, effective January 5, 1987.
See: 17 N.J.R. 2851(b), 19 N.J.R. 131(a).
Section was "Uniform penalty letter".

SUBCHAPTER 8. GENERAL PROVISIONS

13:30-8.1 Fee schedules

(a) The application fees charged by the Board of Dentistry shall be the following:

- 1. Dentists \$125.00
- 2. Dentists Hygienists \$ 75.00
- 3. Registered Dental Assistants and Limited Registered Dental Assistants \$ 35.00
- 4. Supervisor of three-month internship program for training of registered dental assistants \$35.00

(b) The biennial registration fees charged by the Board of Dentistry shall be the following:

- 1. Dentists:
 - i. Initial registration fee:
 - (1) If paid during the first year of a biennial renewal period \$170.00
 - (2) If paid during the second year of a biennial renewal period \$85.00
 - ii. Active registration renewal \$170.00
 - iii. Inactive registration renewal \$70.00
 - iv. Initial branch office registration, dentist:
 - (1) If paid during the first year of a biennial renewal period \$44.00
 - (2) If paid during the second year of a biennial renewal period \$22.00
 - v. Branch office registration renewal, dentist \$44.00
- 2. Dental Hygienists:
 - i. Initial registration fee:
 - (1) If paid during the first year of a biennial renewal period \$50.00
 - (2) If paid during the second year of a biennial renewal period \$25.00
 - ii. Active registration renewal \$50.00
 - iii. Inactive registration renewal \$26.00
 - iv. Initial branch office registration, dental hygienists
 - (1) If paid during the first year of a biennial renewal period \$26.00
 - (2) If paid during the second year of a biennial renewal period \$13.00
 - v. Branch office renewal registration, dental hygienists \$26.00
- 3. Registered Dental Assistants:
 - i. Initial registration fee:
 - (1) If paid during the first year of a biennial renewal period \$50.00
 - (2) If paid during the second year of a biennial renewal period \$25.00
 - ii. Active registration renewal \$50.00
- (c) Late fee for dentists, dental hygienists, registered dental assistants and limited registered dental assistants \$100.00
- (d) Reinstatement fee for dentists, dental hygienists, registered dental assistants and limited registered dental assistants \$200.00
- (e) Other fees:
 - 1. Limited teaching certificate
 - i. Application \$125.00
 - ii. Annual renewal \$ 80.00
 - 2. Resident permit \$ 10.00
 - 3. Registration of dentists by reciprocity--application fee \$250.00
 - 4. Registration of dental hygienists by credentials--application fee \$125.00
 - 5. Verification of licensure \$ 25.00
 - 6. Duplicate wall certificate \$ 50.00

- 7. Duplicate license \$ 50.00
- 8. Change of address \$ 15.00
- 9. Dental clinic permit:
 - i. Application \$100.00
 - ii. Annual renewal \$ 50.00

(f) Except for the fee herein established, other fees prescribed by statute shall continue to be assessed by the Board in the lawful amount.

New Rule, R.1975 d.259, effective August 25, 1975.

See: 7 N.J.R. 482(b).

Amended by R.1976 d.11, effective January 14, 1976.

See: 7 N.J.R. 508(a), 8 N.J.R. 84(a).

Repeal and New Rule, R.1980 d.527, effective December 4, 1980.

See: 11 N.J.R. 453(a), 13 N.J.R. 41(d).

Section was "Fee schedule".

Amended by R.1985 d.196, effective April 15, 1985.

See: 17 N.J.R. 378(a), 17 N.J.R. 972(a).

Amended by R.1986 d.168, effective May 5, 1986.

See: 18 N.J.R. 398(a), 18 N.J.R. 995(b).

Fees raised; new (b); old (b) recodified to (c).

Amended by R.1989 d.581, effective November 20, 1989.

See: 21 N.J.R. 2466(a), 21 N.J.R. 3670(a).

Fees increased throughout. Added new (a); relettered old (a)-(c) as new (b)-(d), with new (b)2ii and (c)2ii.

Amended by R.1990 d.205, effective April 2, 1990.

See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

New (d) added regarding other fees, (d) recodified to (e).

Amended by R.1993 d.598, effective November 15, 1993.

See: 25 N.J.R. 3927(a), 25 N.J.R. 5352(d).

Amended by R.1995 d.502, effective September 5, 1995.

See: 27 N.J.R. 2369(a), 27 N.J.R. 3363(a).

Amended by R.1995 d.504, effective September 5, 1995.

See: 27 N.J.R. 2367(a), 27 N.J.R. 3362(a).

Amended by R.1997 d.44, effective January 21, 1997.

See: 28 N.J.R. 4719(a), 29 N.J.R. 367(a).

Amended by R.1997 d.492, effective November 17, 1997.

See: 29 N.J.R. 3108(a), 29 N.J.R. 4859(a).

Added (a)4.

Amended by R.1998 d.115, effective March 2, 1998.

See: 29 N.J.R. 5049(a), 30 N.J.R. 859(a).

In (b), changed dollar amounts throughout; and in (e), added 8.

Amended by R.1999 d.283, effective August 16, 1999.

See: 31 N.J.R. 1457(a), 31 N.J.R. 2359(b).

In (b), increased fees throughout; and in (e), increased the fee in 8, and added 9.

Case Notes

Board obligated to refund monies collected in excess of statutory authority pursuant to former fee regulation judicially invalidated. In Re Fees of the State Bd. of Dentistry, 84 N.J. 582, 423 A.2d 640 (1980).

Former rule held invalid as establishing fees in excess of those required to defray Board's proper expenses. In re Increase in Fees by the New Jersey State Bd. of Dentistry, 166 N.J.Super. 219, 399 A.2d 665 (App.Div.1979), reversed on other grounds 84 N.J. 582, 423 A.2d 640 (1980).

13:30-8.2 Parenteral conscious sedation

(a) The use of parenteral conscious sedation (hereinafter referred to as "PCS") by a dentist without first having met the minimum standards of training and procedure as stated herein shall constitute a deviation from the normal standards of practice required of a licensee.

(b) Parenteral conscious sedation is defined as a depressed level of consciousness produced by the parenteral administration of pharmacologic substances that retains the

patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command. This modality includes administration of medications via all parenteral routes, that is, intravenous, intramuscular, subcutaneous, submucosal, or inhalation, but does not include nitrous-oxide inhalation analgesia.

(c) No dentist shall use PCS for dental patients unless such dentist possesses a PCS permit issued by the State Board of Dentistry. The dentist holding such permit shall be subject to review, and such permit shall be renewed biennially.

(d) Any dentist who wishes to obtain a Board permit to employ PCS shall complete an application as provided by the Board office and shall provide certified or verifiable proof that the dentist has completed a minimum of 100 hours of continuing education in didactic training and 100 hours in clinical training in PCS within three years preceding the application.

(e) Every applicant for a permit to use PCS shall obtain emergency training by completing "Basic Life Support: Course C" of the American Heart Association or its equivalent and shall maintain current certification in the course. The applicant shall furnish proof of this training and certification to the Board upon application for a permit and proof of recertification upon biennial renewal of the permit.

(f) Every applicant for a permit to use PCS additionally shall certify to the Board that the dentist employs no fewer than two persons who will be present in the office, at least one of whom will assist in monitoring the patient whenever PCS is employed. The applicant shall further certify that these persons are trained in and capable of monitoring vital signs and of assisting in emergency procedures and that they maintain current certification in "Basic Life Support: Course C" or its equivalent.

(g) Every applicant for a permit to use PCS shall certify as part of the application that he or she possesses basic equipment and supplies to deal with emergency situations. The permit holder's facility shall contain the following readily accessible and properly operating equipment: emergency drug kit; positive pressure oxygen; stethoscope; suction; nasopharyngeal tubes; oropharyngeal tubes; and a blood pressure monitoring device.

(h) Any licensee who holds a current general anesthesia permit issued by the Board of Dentistry shall be authorized to use PCS and shall not be required to make application for a permit pursuant to this section.

(i) Any dentist who utilizes the services of a PCS permit holder or an M.D. or D.O. who is a member of the anesthesiology staff of an accredited hospital shall not be deemed to be practicing PCS, provided that such permit holder or anesthesiologist must remain present and bears full responsibility during the entire procedure and until any

patient has recovered fully and has been dismissed. Any permit holder invited by a dentist to provide PCS services shall bear full responsibility for compliance with all terms and conditions of this rule including, but not limited to, the minimum requirements for equipment and assisting staff.

(j) Prior to the administration of a PCS agent for the purpose of controlling pain, a physical evaluation shall be made by the permit holder and a complete medical history shall be obtained which shall include previous medications, allergies and sensitivities. Said history shall be maintained in the files of each dentist for a period of not less than seven years. Specific records on the use of PCS shall be kept as part of every patient chart and shall include the type of agent, the dosage and the duration of sedation.

(k) Every licensee who holds a PCS permit shall present satisfactory proof to the Board upon biennial renewal that the holder has completed at least 20 credit hours during the previous two year period in continuing education courses devoted to PCS and presented by an accepted program in a suitable institution. Satisfactory credit hours to fulfill this continuing education requirement may be obtained from the following:

1. Professional service review organizations;
2. Teaching;
3. Lectures;
4. Seminars; or
5. Other methods approved by the Board.

(l) Any designee of the Board shall be authorized during ordinary business hours to enter and inspect any dental office for the purpose of enforcing the provisions of this rule.

(m) Any licensee who administers PCS without first having obtained a permit from the Board or any licensee who fails to comply with the rules set forth herein, shall be deemed to have engaged in professional misconduct and/or gross malpractice or negligence and may be subjected to appropriate disciplinary action including an action for the suspension or revocation of the licensee's license to practice dentistry in the State of New Jersey.

New Rule, R.1976 d.353, eff. November 10, 1976.

See: 8 N.J.R. 199(a), 8 N.J.R. 561(a).

Repealed by R.1987 d.419, effective October 19, 1987.

See: 19 N.J.R. 849(a), 19 N.J.R. 1909(b).

Section was "Additional dental hygiene functions".

New Rule, R.1990 d.174, effective March 19, 1990.

See: 21 N.J.R. 3060(a), 22 N.J.R. 976(a).

Amended by R.1995 d.191, effective April 3, 1995.

See: 27 N.J.R. 293(a), 27 N.J.R. 1424(b).

13:30-8.3 Use of general anesthesia

(a) The use or employment of general anesthesia by a dentist without first having met the minimum standards of training and procedure as stated herein shall constitute a deviation from the normal standards of practice required of a licensee.

(b) General anesthesia consists of the deliberate use of any drug, combination of drugs, element or other material with the specified intent to induce a loss of sensation and consciousness.

(c) No dentist shall employ or use general anesthesia on an outpatient basis for dental patients unless such dentist possesses a permit or authorization issued by the State Board of Dentistry. The dentist holding such permit shall be subject to review, and such permit shall be renewed biennially.

(d) In order to receive such a permit, the dentist shall apply on an official application form and submit certified or verifiable proof that he or she:

- i. Has completed a minimum of three years post-doctoral training in oral surgery, or a minimum one-year training course in anesthesiology; or
- ii. Is a diplomate in oral surgery or is Board-eligible in oral surgery; or
- iii. Is a fellow of the American Dental Society of Anesthesiology, or is a member of the American Society of Oral Surgeons and/or is a member of the New Jersey Society of Oral Surgeons.

(e) Every applicant for a general anesthesia permit must certify that he or she employs no fewer than two persons who must be present in the office, at least one of whom shall assist in monitoring the patient under general anesthesia. Such personnel shall be certified by the permit holder as being trained in and capable of monitoring vital signs, and of assisting in emergency procedures.

(f) Every applicant for a general anesthesia permit must certify that he or she possesses basic equipment and supplies to deal with emergency situations, which equipment and supplies shall be readily accessible and in good order. This shall consist of no less than the list that shall be supplied by the Board.

(g) The dental facility of any permit holder shall be inspected and approved by the State Board of Dentistry or its designee, once every six years.

(h) This permit shall be renewed biennially upon satisfactory proof being submitted to the Board that the holder has completed at least 20 hours during the previous two year period in continuing education courses devoted to general anesthesia and approved by the Board.

(i) Satisfactory credit hours to fulfill the continuing education requirement may be obtained in any one of the following areas:

1. Professional service review organizations;
2. Teaching;
3. Lectures;

4. Seminars; or
5. Other methods approved by the Board.

(j) Prior to the administration of an anesthetic agent for the purpose of controlling pain, a physical evaluation shall be made by the permit holder and a complete medical history which shall include previous medications, allergies and sensitivities shall be obtained. Said history shall be maintained in the files of each dentist for a period of not less than seven years succeeding the taking of same. Specific records on use of general anesthesia shall be kept and shall include type of agent, dosage and duration.

(k) Any dentist who utilizes the services of a permit holder or an M.D. or D.O. who is a member of the anesthesiology staff of an accredited hospital shall not be deemed to be practicing general anesthesia provided that such permit holder or anesthesiologist remains present and bears full responsibility during the entire procedure and until any patient regains consciousness. Any permit holder invited by a dentist to provide general anesthesia services shall bear full responsibility for compliance with all terms and conditions of this rule including, but not limited to, the minimum requirements for equipment and assisting staff.

(l) Every applicant for a permit to use general anesthesia must obtain emergency training by completing the "Basic Life Support: Course C" of the American Heart Association or its equivalent and must maintain current certification in said course. This training also shall be required of all persons who assist in monitoring a patient under general anesthesia. The permit applicant must furnish proof of said training and certification to the Board.

(m) Any designee of the Board shall be authorized during ordinary business hours to enter and inspect any dental office for the purpose of enforcing the provisions of this rule.

(n) Any licensee who administers general anesthesia without first having obtained a permit from the Board or any licensee who fails to comply with the rules set forth herein, shall be deemed to have engaged in professional misconduct and/or gross malpractice or negligence and may be subjected to appropriate disciplinary action including an action for the suspension or revocation of the licensee's license to practice dentistry in the State of New Jersey.

New Rule, R.1976 d.367, eff. November 19, 1976.

See: 8 N.J.R. 198(b), 8 N.J.R. 561(b).

Amended by R.1977 d.206, eff. June 9, 1977.

See: 9 N.J.R. 128(c), 9 N.J.R. 346(a).

Amended by R.1978 d.120, eff. April 6, 1978.

See: 9 N.J.R. 483(a), 10 N.J.R. 203(b).

Amended by R.1980 d.423, eff. September 30, 1980.

See: 12 N.J.R. 430(a), 12 N.J.R. 672(b).

(c)3 added; (d) amended to include last sentence concerning penalty.

Amended by R.1985 d.196, effective April 15, 1985.

See: 17 N.J.R. 378(a), 17 N.J.R. 972(a).

Amended by R.1985 d.548, effective November 4, 1985.

See: 17 N.J.R. 1864(b), 17 N.J.R. 2669(a).

Amended by R.1990 d.173, effective March 19, 1990.

See: 21 N.J.R. 3062(a), 22 N.J.R. 975(a).

In (a), use of anesthesia without meeting training standards shall constitute deviation of practice. Stylistic and codification revisions to (c)-(h). Deleted old (f) and (h). Added new (l)-(n).

13:30-8.4 Announcement of practice in a special area of dentistry

(a) Any licensee who seeks to announce to the public that he or she is a specialist or specializes in one or more area(s) of dental practice listed in (b) below shall first obtain a permit to do so from the Board of Dentistry.

(b) The following special areas of dentistry are hereby recognized as suitable for the announcement of specialty dental practices:

1. Endodontics;
2. Oral surgery;
3. Oral pathology;
4. Orthodontics;
5. Pediatric dentistry (also called Pedodontics);
6. Periodontics;
7. Prosthodontics;
8. Public health.

(c) The Board shall grant permission to announce specialty or specialization to:

1. Any licensed dentist who is currently certified or currently eligible for certification by a specialty board recognized by the American Dental Association appropriate to that area of dental practice listed in (b) above; or
2. Any licensed dentist who first meets the educational requirements and standards approved by the Board. The educational requirements and standards of the Board shall be the successful completion of a post-doctoral education of two or more years in duration in one or more of the special areas listed in (b) above and which, at the time of completion, was accredited or provisionally accredited by the American Dental Association Council on Dental Education.

i. The Board may review the credentials and educational background of any licensed dentist eligible by (c)2 above and approve or deny permission to announce specialization in a special area of dentistry.

(d) A licensed dentist permitted to announce by (c) above shall avoid any inference, implication or announcement by press, sign, card, letterhead or printed matter or any other means of public advertising that another licensed dentist not permitted to announce, and associated or employed in the same practice, is also qualified for the announcement in the specialty practice area.

(e) These rules regarding the announcement of specialty practice shall not prohibit any licensed dentist from engaging in any aspect of the practice of dentistry in accord with applicable laws or other rules and regulations of the Board.

(f) Prior to making any announcement of specialty in accord with the preceding paragraphs, a licensed dentist shall apply to the Board for permission to do so. Application to the Board for permission to announce in a special area of dental practice shall be upon such form and contain such information as the Board may direct. When granted a permit of announcement of specialty in a designated area(s) of dentistry, a licensee shall display this permit or a copy thereof in all office location(s) during the period of specialty practice. If a licensee discontinues a specialty practice, the Board shall be so notified.

(g) All advertisements and public representations of a licensee granted a permit of announcement of specialization shall contain the licensee's name and the phrase "N.J. Specialty Permit No. _____." A licensee advertising or publicly representing that his or her practice specializes in or has licensees on staff who specialize in one or more of the special areas of dentistry in (b) above shall list the licensee's name and the phrase "N.J. Specialty Permit No. _____."

(h) If a dentist, other than a specialist granted a permit by the Board, wishes to advertise services in one or more of the special areas of dentistry in (b) above, such advertisement shall contain the licensee's name and the phrase "General Dentist" immediately preceding or following each specialty area claim in a type size and style at least as prominent as any service described as being offered in the practice. The advertisement shall not use the terms "specialist," "specialty," "specializing," "practice limited to," or any other word or phrase connoting that the licensee is a specialist. The advertisement of services exclusively in one specialty area shall be limited to those licensees who practice that specialty at all times and in all locations.

(i) If a dentist advertises under a banner heading for any of the special areas of dentistry in (b) above in any directory (for example, telephone book yellow pages), such advertisement shall contain the licensee's name and either the phrase "General Dentist" or "N.J. Specialty Permit No. _____."

(j) If a dentist wishes to advertise services in an area of dentistry other than the recognized special areas of dentistry in (b) above, such advertisement shall not use the terms "specialist," "specialty," "specializing," "practice limited to," or any other word or phrase connoting that the licensee is a specialist or that the area of dentistry is a recognized specialty.

(k) The Board may require a licensee to substantiate the truthfulness of any objective assertion or representation set forth in an advertisement.

(l) Noncompliance with these rules may be deemed professional misconduct and may subject the licensee to suspension or revocation of his or her license to practice dentistry.

(m) Applications for a permit pursuant to (a) above may be obtained by writing to the Office of the Board of Dentistry, 124 Halsey Street, P.O. Box 45005, Newark, New Jersey 07101-45005.

New Rule, R.1976 d.370, eff. November 19, 1976.

See: 8 N.J.R. 198(a), 8 N.J.R. 562(a).

Amended by R.1980 d.368, eff. August 13, 1980.

See: 12 N.J.R. 429(a), 12 N.J.R. 609(a).

Amended by R.1985 d.253, effective May 20, 1985.

See: 17 N.J.R. 378(a), 17 N.J.R. 1320(a).

Amended by R.1986 d.269, effective July 7, 1986.

See: 18 N.J.R. 816(a), 18 N.J.R. 1394(a).

(b)8 added text "Pediatric dentistry".

Amended by R.1992 d.165, effective April 6, 1992.

See: 23 N.J.R. 3429(a), 24 N.J.R. 1365(b).

Revised text.

Petition for Rulemaking.

See: 31 N.J.R. 2275(b), 31 N.J.R. 2658(a).

13:30-8.5 Complaint review procedures

(a) Complaints to the Board shall be in writing.

1. The complaint shall specify the name and address of the licensee(s) involved, the name and telephone number of the complainant, the date(s) of the alleged misconduct, and a brief but detailed explanation of the grounds for the complaint.

2. The Executive Director of the Board shall review all complaints for sufficiency. When insufficient information is given, he or she shall notify the complainant to supply the needed information without delay. Complaints may be received by telephone, but shall be confirmed in writing as indicated above.

(b) The Executive Director shall then forward the completed complaint to the licensee(s) involved with a request for all records, X-rays, models, and any other pertinent materials as well as a complete narrative in response to allegations contained in the complaint. Should sensitive material be contained in the complaint, the Executive Director may, with the consent of the Board, withhold all or part of said complaint from forwarding to the licensee(s).

1. The Executive Director shall review all responses for sufficiency. When insufficient information is given, he or she shall notify the licensee(s) to supply the information without delay.

(c) All completed complaints along with the responses of the licensee(s) shall then be forwarded to a dentist member of the Board for review and to report for consideration at the next scheduled Board meeting concerning review of complaints.

(d) The Board shall review each complaint in order to make one or more of the following determinations:

1. That the information contained in the complaint and/or the response is insufficient. In such cases, the Board shall notify the complainant or the licensee(s) to provide the needed information without delay;

2. That the information contained in the complaint and/or response is insufficient and requires information from a subsequent treating licensee(s). In such cases, the Board shall request needed information from said subsequent treating licensee(s) without delay;

3. That the complaint is of a nature that requires the complainant to be directly examined by another dentist to determine the state of the patient's dental health and the quality of the services which are the subject matter of the complaint;

4. That the complaint requires an investigative hearing as provided by N.J.S.A. 45:1-18; and/or

5. That the complaint is of a nature that requires referral for investigative purposes to the appropriate governmental agency.

(e) Upon completion of its review of a complaint the Board shall make one of the following determinations:

1. No cause for Board action;

2. Probable cause for action with attendant offer of settlement by mutual consent;

3. Referral to the Division of Law for action pursuant to N.J.S.A. 45:1-14 et seq.; and/or

4. Other direction or informal resolution as the Board shall deem appropriate.

New Rule, R.1976 d.422, effective December 17, 1976.

See: 8 N.J.R. 248(a), 9 N.J.R. 41(a).

Amended by R.1989 d.63, effective February 6, 1989.

See: 20 N.J.R. 2680(a), 21 N.J.R. 338(a).

Repealed (a)3.

Amended by R.1990 d.205, effective April 2, 1990.

See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

(b)-(g) deleted, new (b)-(e) added.

Amended by R.1995 d.191, effective April 3, 1995.

See: 27 N.J.R. 293(a), 27 N.J.R. 1424(b).

Case Notes

Telephone complaints permitted, but must be confirmed in writing; Board secretary required to maintain complaint log book; complainant's identity and complaint contents may be withheld during investigation, but professional has a right to disclosure of that information upon completion of the investigation. *Grodjesk v. Faghani*, 198 N.J. Super. 449, 487 A.2d 759 (App.Div.1985) modified and remanded 104 N.J. 89, 514 A.2d 1328 (1986).

13:30-8.6 Professional advertising

(a) Definitions:

1. The term "advertisement" shall refer to the attempt directly or indirectly by publication, dissemination, solicitation, endorsement or circulation or in any other way to attract directly or indirectly any person to enter into an

express or implied agreement to accept dental services or treatment related thereto.

2. The term "dignified manner" shall mean that all advertising shall be predominantly informational. No drawings, animations, dramatizations, music or lyrics shall be used in televised advertising. No advertisement shall rely in any way on techniques to obtain attention that depend upon absurdity or that demonstrate a clear and intentional lack of relevance to the selection of a dentist; included in this category are all advertisements that contain any extreme portrayal of dentists exhibiting characteristics clearly unrelated to the competence of the dentist.

3. The term "routine professional service" shall refer to a service which the advertising licensee, professional association or institution providing dental care routinely performs.

4. The term "print media" shall refer to newspapers, magazines, periodicals, professional journals, telephone directories, circulars, handbills, flyers and other similar documents or comparable publications, the content of which is disseminated by means of the printed word.

5. The term "electronic media" shall include radio and television, but shall not include communications made by sound equipment from a motor vehicle.

6. The term "range of fees" shall refer to an expressly stated upper and lower limit on the fee charged for a professional service.

(b) A licensed dentist who is actively engaged in the practice of dentistry in the State of New Jersey may provide information to the public by advertising in print or electronic media in a dignified manner.

(c) A licensee who engages in the use of advertising which contains the following shall be deemed to be engaged in professional misconduct:

1. Any statement, claim or format which is false, fraudulent, misleading or deceptive.

2. Claims that the service performed or the materials used are professionally superior to that which is ordinarily performed or used.

3. Promotion of a professional service which the licensee knows or should know is beyond the licensee's ability to perform.

4. Techniques of communication which appear to intimidate, exert undue pressure or undue influence over a prospective patient.

5. The use of any personal testimonial attesting to the technical quality or technical competence of a service or treatment offered by a licensee. Other testimonials shall be permitted so long as they are not violative of any other section of this chapter.

6. The communication of personally identifiable facts, data, or information about a patient without first obtaining written consent.

7. The use of any misrepresentation.

8. The suppression, omission or concealment of any material fact under circumstances which a Board licensee knows or should know that the omission is improper or prohibits a prospective patient from making a full and informed judgment, on the basis of the information set forth in the advertisement.

9. Any print, language or format which directly or indirectly obscures a material fact.

(d) The Board may require a licensee to substantiate the truthfulness of any assertion or representation set forth in an advertisement. Failure of a licensee to provide factual substantiation to support a representation or assertion shall be deemed professional misconduct.

(e) A Board licensee shall not engage in uninvited, in-person solicitation of actual or potential patients who, because of their particular circumstances, are vulnerable to undue influence. This subsection shall not prohibit the offering of services by a Board licensee to any bona fide representative of prospective patients including, but not limited to employers, labor union representatives, or insurance carriers.

(f) Advertising making reference to setting forth a fee shall be limited to that which contains a fixed or a stated range of fees for a specifically described professional service.

1. A licensee who advertises shall disclose all the relevant variables and considerations which are ordinarily included in such a service so that the fees will not be misunderstood. In the absence of such a disclosure, the stated fees shall be presumed to include everything ordinarily required for such a service. No additional charges shall be made for an advertised service unless the advertisement includes the following disclaimer: "Additional charges may be incurred for related services which may be required in individual cases". The disclaimer cannot be used for treatment where related services are ordinarily required.

(g) Offers of discounts or fee reductions or free services shall indicate the advertiser's fixed or stated range of fees against which said discount is to be made and/or the value of the free service.

1. The fixed or stated range of fees or value of free service shall mean and be established on the basis of the advertiser's most commonly charged fee for the stated service within the most recent 60 days prior to, or to be charged in the first 60 days following, the effective date of the advertisement.

2. Offers of across-the-board discounts shall include a representative list of services and the fixed or stated range of fees against which discounts are to be made for these services. The list for general dentistry shall include a sampling of the advertiser's most frequently performed services from the areas of preventive, diagnostic, restorative, endodontic, periodontic, prosthodontic (fixed and removable) dentistry, and oral surgery.

i. "Across-the-board discounts" shall mean the offer of a specified discount on an undefined class of services or the offer of a specified discount to a defined class of patients (for example, "15 percent discount during April on all dental services" or "15 percent discount to senior citizens on all dental services").

ii. Example of Representative List of Services:

| | Regular Fee | Discount Fee |
|---------------------------|-------------|--------------|
| Prophylaxis | \$ | \$ |
| Examination | | |
| Complete X-Rays | | |
| One Surface Filling | | |
| Root Canal | | |
| Crown | | |
| Gingivectomy | | |
| Complete Denture | | |
| Simple Extraction | | |

3. Licensees who limit their practice to one or more areas of dentistry, as permitted by N.J.A.C. 13:30-8.4, shall in similar manner, as in (g)2 above, include a representative list of the most frequently performed services in the advertiser's office.

(h) All licensee advertisements and public representations shall contain the name and address or telephone number of the licensee, professional service corporation or trade name under which the practice is conducted and shall also set forth the names of all licensees who are principals, partners, or officers in the professional service facility identified in the advertisement and/or public representation.

(i) A licensee shall be presumed to have approved and shall be personally responsible for the form and contents of an advertisement which contains the licensee's name, office address, or telephone number. A licensee who employs or allows another to employ for his benefit an intermediary source or other agent in the course of advertising shall be personally responsible for the form and contents of said advertisement.

(j) The effective period during which a fee or discount shall remain in effect shall be set forth on the face of the advertisement. In the absence of such disclosure and solely for the purposes of enforcement, the effective period shall be deemed to be 30 days from the date of the advertisement's initial publication.

(k) A video or audio tape of every advertisement communicated by electronic media shall be retained by the licensee and made available for review upon request by the Board or its designee.

(l) A licensee shall be required to keep a copy of all advertisements for a period of three years. All advertisements in the licensee's possession shall indicate the accurate date and place of publication.

New Rule, R.1978 d.170, effective May 23, 1978.

See: 10 N.J.R. 117(b), 10 N.J.R. 261(c).

Repeal and New Rule, R.1980 d.540, effective December 15, 1980.

See: 12 N.J.R. 668(a), 13 N.J.R. 103(a).

Section was "Providing information to the public."

Amended by R.1985 d.253, effective May 20, 1985.

See: 17 N.J.R. 378(a), 17 N.J.R. 1320(a).

Amended by R.1987 d.158, effective April 6, 1987.

See: 18 N.J.R. 2419(a), 19 N.J.R. 552(a).

Deleted (c)6; renumber (c)8-12 to (c)7-11.

Amended by R.1987 d.417, effective October 19, 1987.

See: 19 N.J.R. 1053(a), 19 N.J.R. 1910(a).

Substantially amended.

Correction: Delete "routine" from (f).

See: 20 N.J.R. 1959(a).

Amended by R.1993 d.332, effective July 6, 1993.

See: 24 N.J.R. 2801(a), 25 N.J.R. 2898(a).

Amended by R.1993 d.651, effective December 20, 1993.

See: 25 N.J.R. 2823(a), 25 N.J.R. 5934(a).

Amended by R.1998 d.373, effective July 20, 1998.

See: 30 N.J.R. 1188(a), 30 N.J.R. 2632(a).

In (a), inserted a new 2 and recodified former 2 through 5 as 3 through 6; in (b), inserted "in a dignified manner" at the end; in (c), deleted "unless such claims can be substantiated by the licensee and are not misleading or deceptive" following "performed or used" in 2, added a new 5 and recodified former 5 through 8 as 6 through 9; rewrote (h); and deleted (m).

Petition for Rulemaking.

See: 31 N.J.R. 2275(b), 31 N.J.R. 2658(a).

13:30-8.7 Patient records

(a) A contemporaneous, permanent patient record shall be prepared and maintained by a licensee for each person seeking or receiving dental services, regardless of whether any treatment is actually rendered or whether any fee is charged. Licensees also shall maintain records relating to charges made to patients and third party carriers for professional services. All treatment records, bills and claim forms shall accurately reflect the treatment or services rendered. Such records shall include, at a minimum:

1. The name, address, and date of birth of the patient and, if a minor, the name of the parent or guardian;
2. The patient's medical history;
3. A record of results of a clinical examination where appropriate or an indication of the patient's chief complaint;
4. A treatment plan where appropriate;
5. The dates of each patient visit and a description of the treatment or services rendered at each visit;

6. A description of all radiographs taken and diagnostic models made properly identified with the patient's name and date;

7. The date and a description of any medications prescribed, dispensed or sold including the dosage or a copy of any written prescriptions;

8. Complete financial data concerning the patient's account, including each amount billed to or received from the patient or third party payor and the date of each such bill and payment;

9. Copies of all claim forms submitted to third party payors by a licensee or the licensee's agent or employee;

10. Payment vouchers received from third party payors; and

11. A record of any recommendations or referrals for treatment or consultation by a specialist, including those which were refused by the patient.

(b) A patient record may be prepared and maintained on a personal or other computer provided that the licensee complies with all of the following requirements:

1. The licensee shall use a computer system which contains an internal, permanently activated date recordation for all entries;

2. The computer system shall have the capability to print on demand a hard copy of all current and historical data contained in each patient record file;

3. The licensee shall identify each patient record by the patient's name and at least one other form of identification so that the record may be readily accessed;

4. The licensee shall post record entries at least once a month so that the entries are permanent and cannot be deleted or altered in any way. The licensee may subsequently make a new entry to indicate a correction to a permanent entry, provided that the new entry generates a permanent audit trail which is maintained in the patient record. The audit trail shall show the original entry, the revised entry, the date of the revised entry, the reason for the change and the identity of the person who authorized the change;

5. The licensee shall prepare a back-up of all computerized patient records at least quarter-annually, except that if a licensee changes computer systems or software programs, the licensee shall prepare a back-up as of the last date when the system to be replaced shall be used.

i. For purposes of this section, "back-up" shall cover data files and the software programs required to retrieve those files including, but not limited to, the operating system and the program file.

ii. The back-ups shall be clearly dated and marked with an external label as "Back-up of computerized data as of (date)."

iii. The licensee shall maintain and store at least the last three quarterly back-ups onsite.

iv. The licensee shall maintain and store the fourth quarter (annual) back-up offsite; and

6. The licensee shall provide to the Board upon request any back-up data maintained off premises, together with the following information:

i. The name of the computer operating system containing the patient record files and instructions on using such system;

ii. Current passwords;

iii. Previous passwords if required to access the system; and

iv. The name of contact person at the practice management company, if any, that provides technical support for the licensee's computer system.

(c) Patient records, including all radiographs, shall be maintained for at least seven years from the date of the last entry, except that diagnostic models need be maintained only for three years from the date the model is made. Working models and preliminary models need not be kept.

(d) Licensees shall provide patient records to the patient or the patient's authorized representative or another dentist in accordance with the following:

1. Upon receipt of a written request from a patient or the patient's authorized representative and within 14 days thereof, legible copies of the patient record including, if requested, duplicates of models and copies of radiographs, shall be furnished to the patient or an authorized representative or a dentist. "Authorized representative" means, but is not necessarily limited to, a person who has been designated by the patient or a court to exercise rights under this section. An authorized representative may be the patient's attorney or an agent of an insurance carrier with whom the patient has a contract which provides that the carrier be given access to records to assess a claim for monetary benefits or reimbursement. If the patient is a minor, a parent or guardian who has custody (whether sole or joint) will be deemed to be an authorized representative.

2. A licensee may require any unpaid balance for diagnostic services be paid prior to release of such records. Where treatment of a patient whose dental expenses are paid through Medicaid is discontinued by the dentist prior to completion of the treatment, no charge for the records shall be made or payment required.

3. The licensee may charge a reasonable fee for the reproduction of records, which shall be no greater than an amount reasonably calculated to recoup the cost of copying or duplicating. To the extent that the record is illegible or prepared in a language other than English, the licensee shall provide a typed transcription and/or translation at no additional cost to the patient.

(e) Licensees shall maintain the confidentiality of patient records, except that:

1. The licensee shall release patient records as directed by the Board of Dentistry or the Office of the Attorney General, or by a Demand for Statement in Writing under Oath, pursuant to N.J.S.A. 45:1-18. Such records shall be originals, unless otherwise specified, and shall be unedited, with full patient names. To the extent that the record is illegible, the licensee, upon request, shall provide a typed transcription of the record. If the record is in a language other than English, the licensee shall also provide a translation. All radiographs, models, and reports maintained by the licensee, including those prepared by other dentists, also shall be provided. The costs of producing such records shall be borne by the licensee.

2. The licensee, in the exercise of professional judgment and in the best interests of the patient (even absent the patient's request), may release pertinent information about the patient's treatment to another licensed health care professional who is providing or who has been asked to provide treatment to the patient, or whose expertise may assist the licensee in his or her rendition of professional services.

3. The licensee shall release information as required by law or regulation, such as the reporting of communicable diseases or gunshot wounds or suspected child abuse, etc., or when the patient's treatment is the subject of peer review.

(f) If a licensee ceases to engage in practice or it is anticipated that he or she will remain out of practice for more than six months, the licensee or a designee shall:

1. Establish a procedure by which patients can obtain treatment records or agree to the transfer of those records to another licensee who is assuming the responsibilities of that practice;

2. If the practice will be unattended by another licensee, publish a notice of the cessation and the established procedure for the retrieval of records in a newspaper of general circulation in the geographic location of the licensee's practice, at least once each month for the first three months after the cessation;

3. File a notice of the established procedure for the retrieval of records with the Board of Dentistry;

4. Make reasonable efforts to directly notify any patient treated during the six months preceding the cessation of practice providing information concerning the established procedure for retrieval of records; and

5. Conspicuously post a notice on the premises of the procedure for the retrieval of records when possible.

(g) The provisions of this section shall not apply to situations where no patient-dentist relationship exists, such as where the professional services of a dentist are rendered at the behest of a third party for the purposes of examination and evaluation only or at the behest of the Board pursuant to N.J.A.C. 13:30-8.5 or in the course of any investigation.

New Rule, R.1980 d.457, effective October 16, 1980.

See: 12 N.J.R. 347(a), 12 N.J.R. 672(f).

Amended by R.1986 d.269, effective July 7, 1986.

See: 18 N.J.R. 816(a), 18 N.J.R. 1394(a).

Added text to (c) "provided, however, where . . . or payment required."

Amended by R.1990 d.205, effective April 2, 1990.

See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

Repeal and New Rule, R.1993 d.650, effective December 20, 1993.

See: 25 N.J.R. 1833(a), 25 N.J.R. 5935(a).

Amended by R.1998 d.90, effective February 17, 1998.

See: 29 N.J.R. 4069(b), 30 N.J.R. 686(a).

Rewrote (a)8; inserted new 9 and 10; recodified existing 9 as 11; added a new (b); recodified existing (b) as (c) and added language regarding models; and recodified existing (c) through (f) as (d) through (g).

13:30-8.8 Reporting of incidents or deaths

(a) All licensees shall report to the main office of the State Board of Dentistry within seven days, in writing, any incident occurring in a dental office, clinic or any other dental facility which requires the removal of a patient to a hospital for observation or treatment.

(b) All licensees shall likewise report any death which may be related to dental treatment, whether or not the death occurred in the dental facility.

New Rule, R.1980 d.503, effective November 18, 1980.
See: 12 N.J.R. 607(c), 13 N.J.R. 40(a).
Recodification, R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).
Recodified from N.J.A.C. 13:30-8.9.

13:30-8.9 Display of names; identifying badges

(a) Every facility offering dental care to the public shall legibly display on all exterior signs or other means of exterior display only those names of the licensees who are responsible for the administration of said facility.

(b) Every dental care facility wherein two or more dental licensees are engaged in providing dental care shall legibly display in its office, the names and professional status of all licensees associated with said facility.

(c) Any licensee associated with such facility shall be required to wear an identifying badge indicating his or her name and professional status.

New Rule, R.1980 d.509, effective November 21, 1980.
See: 12 N.J.R. 608(a), 13 N.J.R. 41(a).
Recodification, R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).
Recodified from N.J.A.C. 13:30-8.10.

13:30-8.10 Dental insurance forms; professional misconduct

(a) Professional misconduct shall be construed to include, but not be limited to, dishonesty, fraud, deception or misrepresentation by a licensee in submitting any claim, bill, or governmental assistance claim to a third party payor for dental services rendered to any patient.

(b) In addition, it shall be professional misconduct for a licensee rendering dental services or procedures to a patient to submit to a third party payor any claim, bill, or governmental assistance claim which contains any of the following:

1. Any treatment date which does not accurately reflect the date when the service and procedures were actually completed;

2. Any description of a dental service or procedure which does not accurately reflect the actual work completed;

3. Any service or procedure which cannot be justified by the licensee as necessary and proper; or

4. Any statement material to the claim which is known to be false or misleading.

(c) A licensee who renders dental services or procedures to a patient enrolled in any dental plan with co-payment features and who intends to waive any part or all of the co-payment by the patient shall, when submitting any claim or bill to the third party payor, conspicuously disclose on the face of the claim or bill in a legible and readable manner or in the electronic claim submission that co-payment, or a portion of co-payment, will not be billed to, or collected from, the patient.

(d) The accuracy of all information contained in written or electronic submissions to a third party payor including, but not limited to, predeterminations, claims, bills, or governmental assistance claims, shall be the personal responsibility of the licensee whose name, license number or signature appears on the signature line on the claim. In the case of electronic claims, the licensee identified as the provider shall be held responsible for the accuracy of the information whether or not said licensee actually completed the claim. The Board shall presume that the licensee identified on the claim reviewed its contents and approved its submission.

1. In the event that no licensee is identified on the claim, the patient's dentist of record as defined in N.J.A.C. 13:30-8.15 shall be the licensee responsible for the claim.

2. It shall not be a defense to an allegation of a violation of this section that the claim was completed or submitted by an agent of the licensee.

(e) All insurance records shall be maintained pursuant to the provisions of N.J.A.C. 13:30-8.7.

New Rule, R.1981 d.175, eff. June 4, 1981.
See: 13 N.J.R. 102(c), 13 N.J.R. 366(a).
Amended by R.1985 d.196, effective April 15, 1985.
See: 17 N.J.R. 378(a), 17 N.J.R. 972(a).
Recodified from N.J.A.C. 13:30-8.12 by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).
Amended by R.1990 d.311, effective June 18, 1990.
See: 21 N.J.R. 2226(a), 22 N.J.R. 153(a), 22 N.J.R. 1914(a).
New (d)-(f) added regarding signature of forms by treating dentist.
Amended by R.1995 d.191, effective April 3, 1995.
See: 27 N.J.R. 293(a), 27 N.J.R. 1424(b).
Amended by R.1998 d.90, effective February 17, 1998.
See: 29 N.J.R. 4069(b), 30 N.J.R. 686(a).

In (a), (b), and (d), substituted "claim" for "form"; added a new (b)4; in (c), added "or in the electronic claim submission"; rewrote (d); added (d)1 and 2; added a new (e); and deleted existing (e) and (f).

13:30-8.11 Removable prosthesis identification**(a) Definitions:**

1. The term "prosthesis" shall refer to an artificial substitute for a missing part of the oral cavity, such as a tooth, used for functional and/or cosmetic reasons.

2. The term "rebasings" means the act of replacing the base material of a denture without changing the occlusal relationship of the teeth.

(b) Every complete maxillary and mandibular denture and removable partial denture prosthesis constructed by a Board licensee or fabricated pursuant to his work order shall be marked in an appropriate area with the name and social security number of the patient for whom the prosthesis is prepared unless the patient objects thereto. In the event the patient, after being so informed, objects to the marking of the prosthesis, the licensee shall place such objection on the patient's permanent dental record.

(c) The marking of a dental prosthesis shall be accomplished during processing and shall be permanent, legible and cosmetically acceptable. The exact location of the markings and the methods used to place them shall be determined by the licensee.

(d) If, in the licensee's professional judgment, marking of the prosthesis with the patient's complete name and social security number is not practicable, identification shall be provided as follows:

1. The social security number may be omitted if the patient's complete name is marked; or
2. The initials of the patient may be marked alone if the marking of the patient's full name is impracticable; or
3. The identification marks may be omitted in their entirety if none of the forms of identification specified in (d)1 and 2 above are practicable or clinically safe.

(e) Any complete or partial removable dental prosthesis in existence prior to the effective date of this regulation, which has not been marked in accordance with (b) above, shall be so marked at the time of any subsequent rebasing or repair.

(f) A reasonable fee may be charged for the marking of the complete or partial removable dental prosthesis.

New Rule, R.1985 d.196, effective April 15, 1985.

See: 17 N.J.R. 378(a), 17 N.J.R. 972(a).

Repealed by R.1990 d.174, effective March 19, 1990.

See: 21 N.J.R. 3060(a), 22 N.J.R. 976(a).

Section was "intravenous sedation".

Recodified from N.J.A.C. 13:30-8.13 by R.1990 d.205, effective April 2, 1990.

See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

The following annotations pertain to the prior rule at N.J.A.C. 13:30-8.11:

New Rule, R.1980 d.541, eff. December 15, 1980.

See: 12 N.J.R. 669(a), 13 N.J.R. 103(b).

Amended by R.1985 d.196, effective April 15, 1985.

See: 17 N.J.R. 378(a), 17 N.J.R. 972(a).

13:30-8.12 Notification of change of address; service of process

(a) A licensee of the Board of Dentistry shall notify the Board in writing of any change of address from the address currently registered with the Board and shown on the most recently issued certificate. Such notice shall be sent to the Board by certified mail, return receipt requested, not later than 30 days following the change of address.

(b) Failure to notify the Board of any change of address pursuant to (a) above may result in disciplinary action in accordance with N.J.S.A. 45:1-21(h), including, but not limited to, a civil penalty of \$200.00.

(c) Service of an administrative complaint or other Board-initiated process at a licensee's address currently on file with the Board shall be deemed adequate notice for the purposes of N.J.A.C. 1:1-7.1 and the commencement of any disciplinary proceedings.

New Rule, R.1985 d.548, effective November 4, 1985.

See: 17 N.J.R. 1864(b), 17 N.J.R. 2669(a).

Recodified from N.J.A.C. 13:30-8.14 by R.1990 d.205, effective April 2, 1990.

See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-8.13 Permissible business structures, prohibition on referral fees and fee splitting; professional misconduct

(a) The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise.

"Associate" means a health care professional who is a partner, an employee, a fellow shareholder in a professional service corporation or a fellow member of another permissible practice format, properly organized pursuant to law, such as a limited liability corporation or partnership.

"Board" means the New Jersey State Board of Dentistry.

"Closely allied health care professional" means an individual who provides professional services and is licensed to practice by a professional or occupational licensing board or other State agency, in any of the following fields: dentistry, medicine (or its branches), nursing, optometry and physical therapy.

"Health care provider" means an individual who or entity which provides health care services, including, but not limited to, closely allied health care professionals.

"Limited liability company" means a business entity organized pursuant to N.J.S.A. 42:2B-1 et seq.

"Permissible business format" means:

1. Sole proprietorships;

2. All partnerships, including limited liability partnerships (comprised of dentists or closely allied health care professionals);

3. Professional service corporations (comprised of dentists or closely allied health care professionals); and

4. Limited liability companies (comprised of dentists or closely allied health care professionals).

“Professional service corporation” means a business entity as defined in N.J.S.A. 14A:17-1 et seq.

“Referral” means the sending or directing of a person to any health care provider (other than an associate) for diagnosis, evaluation, treatment or the furnishing of dental or other health services.

“Remuneration”, means any salary, payment, distribution of income, dividend, interest income, loan, bonus, commission, kickback, bribe, rebate, gift, free goods or services of more than nominal value, discount, the furnishing of supplies, facilities or equipment, credit arrangement and waiver of financial obligations.

(b) Dentists may engage in the practice of dentistry in any permissible business format in which they are not shielded from liability for their own breaches of professional duties, they retain responsibility for the quality of care and the appropriateness of their professional judgments, and they are assured access to information and involvement in issues pertaining to quality of care, professional judgment, recordkeeping, advertising practices, and the finances of the permissible business format.

(c) Dentists may be employed by a permissible business format which includes one or more closely allied health care professionals, including at least one licensed dentist, provided their professional practice is not supervised and evaluated by a professional who is not a dentist.

(d) Dentists shall not receive, solicit, offer or pay any remuneration as an inducement to make a referral or as compensation for a referral of a patient for a service, product, drug or device or to purchase, prescribe or recommend a product, drug or device.

(e) Dentists shall not participate in any arrangement or agreement, with any person other than an associate, whereby any remuneration received by that person in payment for the provision of space, facilities, equipment, personnel, marketing or management services used by the dentist is to be determined or calculated as a fixed percentage of, or otherwise dependent upon, the income or receipts derived from the practice of dentistry. Nothing in this section, however, shall preclude a dentist from entering into a bona fide profit sharing plan or retaining the services of a collection agency.

(f) Violations of (b) through (e) above shall be deemed professional misconduct pursuant to N.J.S.A. 45:1-21e.

New Rule, R.1987 d.158, effective April 6, 1987.

See: 18 N.J.R. 2419(a), 19 N.J.R. 552(a).

Recodified from N.J.A.C. 13:30-8.15 by R.1990 d.205, effective April 2, 1990.

See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

Repeal and New Rule, R.1999 d.68, effective March 1, 1999.

See: 30 N.J.R. 1898(a), 31 N.J.R. 649(a).

Section was “Referral fees”.

13:30-8.14 Dental X-rays; lead shields

Every licensee, as well as any employee or agent of such licensee duly licensed by the Department of Environmental Protection shall be required to use a lead shield to provide protection to the greatest extent possible to the torso and thyroid areas of patients during all dental X-ray procedures.

New Rule, R.1987 d.98, effective February 2, 1987.

See: 18 N.J.R. 2113(c), 19 N.J.R. 296(b).

Recodified from N.J.A.C. 13:30-8.16 by R.1990 d.205, effective April 2, 1990.

See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-8.15 Dentist of record; fee reimbursement

(a) Each patient shall have a dentist of record who shall remain primarily responsible for assuring the proper implementation of the dental treatment plan on such patient regardless of whether the treatment is rendered by the dentist of record, by another dentist or by a dental hygienist rendering such treatment in conjunction with, in the employ of, at the direction or request of, or under the supervision of such dentist of record.

(b) The name of the dentist of record shall be conspicuously identified on the patient record. If the dentist of record is not identified on the patient record, it shall be presumed that the dentist of record is the owner(s) of the practice in which the patient was treated.

(c) Each dentist or dental hygienist shall sign or initial each entry on the patient record pertaining to the treatment he or she rendered. If no such entry appears on the patient record, it shall be presumed that such treatment was rendered by the dentist of record, unless the latter shall establish, to the satisfaction of the Board, the identity of the individual who rendered such treatment.

(d) In a multi-dentist practice, the dentist of record shall not change unless the subsequent treating dentist acknowledges in writing in the patient record that he or she is currently the dentist of record for the patient. The dentist of record shall be changed when such individual leaves the practice where treatment was provided and the patient elects to continue treatment in the facility in which treatment began.

(e) A new dentist of record shall be presumed to have obtained or reviewed the patient's medical history and dental records, examined the patient, and either developed a new treatment plan or concurred with the continuance of the pre-existing treatment plan.

(f) Any licensee found to have rendered deficient treatment and the owner of the facility in which the licensee rendered the deficient treatment shall be jointly and severally responsible for the reimbursement to the patient of any fees as may be directed by the Board.

New Rule, R.1988 d.81, effective February 16, 1988.
See: 19 N.J.R. 1629(a), 20 N.J.R. 403(c).
Recodified from N.J.A.C. 13:30-8.17 by R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-8.16 Right to hearing

Prior to any suspension, revocation or refusal to renew a license, the licensee shall have the right to request a hearing which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

New Rule, R.1990 d.205, effective April 2, 1990.
See: 22 N.J.R. 149(b), 22 N.J.R. 1145(a).

13:30-8.17 Delegation of physical modalities to unlicensed dental assistants

(a) A dentist may direct an unlicensed assistant to administer to the dentist's patients certain physical modalities in the limited circumstances set forth in this section.

(b) Physical modalities, for the purpose of this section, shall be limited to heat, cold, ultrasound, and electrogalvanic stimulation. An unlicensed assistant shall not be permit-

ted to perform any rehabilitative exercise programs. No other modalities including, but not limited to, transcutaneous electrical nerve stimulation ("T.E.N.S.") and phonophoresis, shall be performed by an unlicensed assistant.

(c) A dentist may direct the administration of the physical modalities by the unlicensed assistant provided all of the following conditions are satisfied:

1. The dentist shall examine the patient to ascertain the nature of the dental condition or disease; to determine whether the application of a physical modality will encourage the alleviation of dentally related pain and the promotion of healing; to assess the risks of the modality for a given patient and the diagnosed condition, injury or disease, and to decide that the anticipated benefits are likely to outweigh those risks.

2. The dentist shall examine the patient prior to each visit and shall determine all components of the treatment to be performed at the present patient visit. This determination shall include all types of modalities to be employed, a delineation of the precise area to which the application of each modality shall be limited, the dosage, wattage, or other applicable setting, the length of the treatment, and any and all other factors peculiar to the risks of that modality such as strict avoidance of certain parts of the body or static placement of the applicator. This information shall be written on the patient's chart prior to each patient's treatment after the dentist has examined the patient, and it shall be made available at all times to the unlicensed assistant carrying out the instructions. Each dentist who employs such assistants shall submit written notice to the Board of such employment prior to permitting an unlicensed assistant to perform physical modalities as provided in this section.

3. The dentist shall provide instruction to and shall ascertain a satisfactory level of education, competence and comprehension of each unlicensed assistant in regard to all modalities used in that office prior to the use of any modality by an unlicensed assistant. The dentist shall prepare and maintain a written document listing the names of all such unlicensed assistants and outlining the instructions given to each unlicensed assistant. The dentist shall submit such document to the Board upon request.

4. The dentist shall evaluate the patient prior to any subsequent scheduled application of the modality to ascertain that continued treatment is appropriate and that no contraindications to treatment have become apparent.

5. The dentist shall be physically present in the dental office at all times that treatment orders are being carried out by the unlicensed assistant and shall be within reasonable proximity to the treatment room.

(d) A dentist shall have due regard for the specialized training and experience of registered physical therapists. The application of these physical modalities in cases of injuries, diseases or conditions requiring prolonged treatment, if not administered personally by the dentist, shall normally be referred to a licensed physical therapist or other appropriate health care provider.

(e) On a health insurance claim form pertaining to such service and requiring certification by the dentist, the dentist shall identify the specific modality applied and shall not generically identify the treatment as physical therapy.

New Rule, R.1991 d.351, effective July 15, 1991.
See: 23 N.J.R. 2647(b), 23 N.J.R. 2159(a).

13:30-8.18 Continuing dental education; requirements; exceptions; resumption of practice

(a) Continuing education shall be a mandatory requirement for license renewal, except that the Board shall not require completion of continuing dental education credits for initial registration of dentists. All licensed dentists shall submit proof of completion of 40 hours of continuing dental education every two years at the time of registration renewal, except for the following:

1. Any licensee who has no authority to practice dentistry in New Jersey because the licensee holds an inactive registration issued to a person not practicing in this State or a retired registration issued to a person who, for at least 25 years, practiced dentistry in this State and then retired from practice.

2. Any such licensee who desires to resume the practice of dentistry in this State shall submit proof of completion of a minimum of 20 hours of continuing education for each year of inactive or retired registration retroactive to July 16, 1992 not to exceed a cumulative total of 40 hours.

3. A licensee who was initially licensed during the preceding biennial period. Such licensee shall submit proof of completion of continuing dental education credit on a pro rata basis as follows:

- i. Licensed October-January in the first year of period 40 credits
- ii. Licensed February-April in first year of period 35 credits
- iii. Licensed May-July in first year of period 30 credits
- iv. Licensed August-October in the first year of period 25 credits
- v. Licensed November-January in second year of period 20 credits
- vi. Licensed February-April in second year of period 15 credits
- vii. Licensed May-July in second year of period 10 credits
- viii. Licensed August-October in second year of period Five credits

(b) One hour of continuing education credit shall be granted for each hour of instruction at lectures, seminars, clinical or laboratory participatory courses, the program portion of dinner and other meetings of national, constituents, and components of dental professional associations recognized by the Board, or other educational methods as may be approved by the Board, excluding time spent at meals, breaks or business sessions. Credit shall be granted only for full instructional hours, but not for less than one instructional hour. Successful completion of an entire course or segment of course instruction is required in order to receive any continuing education credit. Unless otherwise provided, only in class participation, not student time devoted to preparation, will be counted.

(c) It shall be the responsibility of each licensee to maintain an authenticated record of all continuing education activity completed and to be prepared to submit evidence of completion of the credit requirements to the Board upon request. Each licensee must obtain from the continuing education course sponsor and retain for a period of four years an authenticated record of attendance which shall include, at a minimum, the following:

- 1. The participant's name;
- 2. The title or subject area of the course;
- 3. The instructor;
- 4. The course sponsor;
- 5. The date and location of the course;
- 6. The number of hours; and
- 7. Verification of successful completion by the course sponsor.

(d) The Board shall monitor compliance with the mandatory continuing dental education requirement by requesting some licensees, at the discretion of the Board, to provide documentary proof of successful completion of continuing education credits.

(e) All continuing education activities to be accepted for credit shall have significant intellectual or practical content which deals primarily with matters directly related to the practice of dentistry or with the professional responsibilities or ethical obligations of licensees. Subjects such as estate planning, financial or investment/tax planning, personal health or others so deemed by the Board from time to time shall not be acceptable for continuing education credit.

(f) A continuing education sponsor may receive prior approval for a course of acceptable subject matter and be assigned a designated number of continuing education credits by the Board if the program sponsor provides, in writing and on a form provided by the Board, information required by the Board to document that the course meets the following requirements:

1. The course is offered in a subject matter and in a format permissible pursuant to the provisions of this section;

2. The course is conducted by a qualified instructor or discussion leader; and

3. The course is at least one hour in length.

(g) Applications for pre-approval of continuing education programs must be submitted by the program sponsor on the form provided by the Board at least 45 days prior to the date the continuing education program is to be offered. Incomplete applications shall be returned to the sponsor and may result in a failure to grant prior approval of the program. Although failure to obtain prior approval shall not preclude acceptance of the program, there shall be no assurance that the Board will grant approval retroactively.

(h) A licensee may select from any of the areas of study listed below, except that for purposes of obtaining continuing education credits towards the mandatory requirement the licensee may not exceed the maximum number of hours permitted in each category for each biennial period.

1. Educational and scientific courses:

i. A licensee may obtain all of the required continuing education hours in this category.

ii. The following shall satisfy the entire continuing education requirement (40 hours) for a biennial registration period:

(1) Completion of an accredited one-year dental residency program; or

(2) Attendance at, or completion of, an approved advanced education program leading to specialty certification in endodontics, oral surgery, oral pathology, orthodontics, pediatric dentistry, periodontics, prosthodontics or public health.

iii. A maximum of six hours of continuing education credit shall be given to a student or an instructor for basic C.P.R. courses.

iv. A maximum of 10 hours of continuing education credit shall be given for videotape, audiotape or correspondence courses. The course must include a written post-test in order to be eligible for credit, and such test shall be retained by the licensee as an additional record of completion of the course.

v. A maximum of seven hours of continuing education credit shall be given for practice management/managed care courses.

2. Papers, publications and scientific presentations:

i. A licensee may obtain a maximum of 20 hours of continuing education credit in this category.

ii. A maximum of 10 hours of continuing education credit shall be given for each original scientific paper

authored by the licensee and published in a refereed journal. At the discretion of the Board, these 10 hours may be divided among all co-authors.

iii. For each original presentation of a paper, essay or formal lecture to a recognized group of fellow professionals, the presenter shall receive two hours of continuing education credit for every hour of presentation.

3. Teaching and research appointments:

i. A licensee involved in teaching or research activities at least one full day or the equivalent of one full day per week per academic year and who holds at least a part-time faculty or research appointment shall receive four hours of continuing education credit annually for each full day or two hours annually for each half day.

ii. A licensee may obtain a maximum of 20 continuing education credit hours in this category in a biennial period.

4. Table clinics and scientific exhibits:

i. A licensee may obtain a maximum of eight continuing education hours in this category.

ii. The original presentation of a table clinic or scientific exhibit at a professional meeting will provide a maximum of one hour of continuing education credit per clinic or exhibit for each two hours of presentation.

(i) Those licensees who complete 20 hours of continuing education credit in accordance with the requirements for parenteral conscious sedation and/or general anesthesia permit holders pursuant to N.J.A.C. 13:30-8.2 and 8.3 shall be given credit for all 20 hours towards fulfilling the general requirement for professional continuing education under this section so long as the credits otherwise comply with the provisions of this section.

(j) A maximum of seven continuing education credits completed by a licensee in excess of the requirement as herein provided may be credited to the subsequent registration period.

(k) Any continuing education courses directed or ordered by the Board as a remedial measure shall not be eligible to fulfill the general mandatory continuing education requirement.

(l) The Board may, in its discretion, waive all or a portion of the requirements for continuing dental education on an individual basis for reasons of hardship such as illness or disability or other good cause. Any licensee seeking a waiver of the continuing education requirement must apply to the Board in writing and set forth with specificity the reasons for requesting the waiver. The licensee also shall provide the Board with such additional information as it may reasonably request in support of the application.

New Rule, R.1993 d.413, effective August 16, 1993.
 See: 25 N.J.R. 1344(a), 25 N.J.R. 3837(b).
 Amended by R.1994 d.621, effective December 19, 1994.
 See: 26 N.J.R. 1948(a), 26 N.J.R. 5032(b).
 Amended by R.1998 d.165, effective April 6, 1998.
 See: 29 N.J.R. 5046(b), 30 N.J.R. 1293(a).
 Rewrote the section.

13:30-8.19 through 13:30-8.20 (Reserved)

13:30-8.21 Divestiture of interest in professional corporations by disqualified licensees

(a) As used in this section, the following terms have the following meanings unless the context indicates otherwise:

1. "Board" means the New Jersey State Board of Dentistry.
2. "Disqualify" means to prohibit a licensee from engaging in professional practice and from deriving income from that practice as a result of a revocation, permanent surrender, with or without prejudice, or active suspension of licensure of one year or more. As used in this section, a licensee shall not be deemed disqualified if he or she is permitted to practice dentistry in a limited fashion, is the subject of an order of suspension which is stayed or if the duration of a suspension is less than one year.
3. "Divest" means to relinquish interest of all shares or equity interest in a professional corporation.
4. "Licensee" means any person licensed by the Board to engage in the practice of dentistry.
5. "Professional practice" means that activity which is defined as "practicing dentistry" pursuant to N.J.S.A. 45:6-19.
6. "Professional corporation" means a corporation comprised of one or more persons, each of whom is duly licensed by the Board, which has been organized pursuant to the Professional Service Corporation Act (N.J.S.A. 14A:17 et seq.) for the purpose of engaging in professional practice.

(b) A licensee disqualified pursuant to Board order shall divest his or her interest in each professional corporation for which the holding of a license issued by the Board is a prerequisite. The licensee shall complete such divestiture within 90 days of the entry of the Board order and shall furnish proof of divestiture to the Board.

(c) If all shareholders of a professional corporation are disqualified pursuant to Board order, the employees of the professional corporation shall cease to engage in professional practice in the professional corporation until the professional corporation is restructured in membership and in a format authorized to engage in professional practice pursuant to N.J.S.A. 14A:17-13.

(d) Transfer of any shares or equity interest to a member of the licensee's immediate family shall not be deemed a divestiture as required in (b) above unless:

1. The immediate family member held an interest in the professional corporation prior to the licensee's disqualification; and
2. The immediate family member was actively engaged in the practice of dentistry within the professional corporation prior to the licensee's disqualification.

New Rule, R.1998 d.286, effective June 1, 1998.
 See: 30 N.J.R. 516(d), 30 N.J.R. 2049(a).

13:30-8.22 Validity of diagnostic tests for traumatically induced temporomandibular dysfunction

(a) As used in this section, the following terms shall have the following meanings, unless the context clearly indicates otherwise.

"Board" means the New Jersey State Board of Dentistry.

"Clinically supported" means that a licensee, prior to selecting, performing or ordering the administration of a diagnostic test, has:

1. Personally performed a physical examination, making an assessment of any current and/or historical subjective complaints, observations, and objective findings;
2. Considered any and all previously performed tests relating to the patient's injury; and
3. Documented in the patient record positive and negative findings, observations and clinical indications to justify the test.

"Conservative treatment" means therapy which is not considered aggressive; avoiding the utilization of invasive procedures until such procedures are clearly indicated.

"Diagnostic test" means a service or procedure intended to assist in establishing a dental diagnosis for the purpose of recommending a course of treatment to be implemented by the treating dentist or by the consultant.

"Medically necessary" means that the treatment is consistent with the symptoms or diagnosis, and treatment of the injury:

1. Is not primarily for the convenience of the injured person or provider;
2. Is the most appropriate standard or level of service which is in accordance with standards of good practice and standard professional treatment protocols, as such protocols may be recognized or designated by the Commissioner of Banking and Insurance, in consultation with the Commissioner of Health and Senior Services or with a professional licensing or certifying board in the Division of Consumer Affairs in the Department of Law and Public Safety, or by a nationally recognized professional organization; and
3. Does not involve unnecessary diagnostic testing.

(b) A licensee may charge the patient or bill a third party for the following diagnostic tests to determine the presence of temporomandibular dysfunction (TMD) resulting from traumatic injury, which tests have been determined to have value in the evaluation of traumatic injuries and the diagnosis and development of a treatment plan, when medically necessary and consistent with clinically supported findings:

1. Diagnostically acceptable panoramic x-ray or transcranial temporomandibular joint x-ray: This diagnostic test may be repeated post surgery.

2. Magnetic resonance imaging (MRI): Where there are clinical signs of internal derangement such as nonself-induced clicking, deviation, limited opening, and pain with a history of trauma to the lower jaw, an MRI is allowable to show displacement of the condylar disc, such procedure following a panoramic or transcranial x-ray and six to eight weeks of conservative treatment. This diagnostic test may be repeated post surgery and/or post appliance therapy.

3. Tomography: Where there are clinical signs of degenerative joint disease as a result of traumatic injury of the temporomandibular joint, tomograms may not be performed sooner than 12 months following traumatic injury.

(c) A licensee shall not charge the patient or bill a third party for the following diagnostic tests to determine the presence of temporomandibular dysfunction (TMD) resulting from traumatic injury, as these tests fail to yield data of

sufficient value, not otherwise available from a comprehensive clinical examination and/or tests listed in (b) above, which would alter or influence the development, evaluation, or implementation, of a plan of treatment for injuries sustained as a result of trauma:

1. Mandibular tracking;
2. Surface EMG;
3. Sonography;
4. Doppler ultrasound;
5. Needle EMG;
6. Electroencephalogram (EEG);
7. Thermograms/thermographs;
8. Video fluoroscopy;
9. Reflexology.

(d) Notwithstanding the limitations set forth in (c) above, a licensee may perform such enumerated diagnostic tests for which there shall be no charge to the patient or third party payor only after obtaining written informed consent from the patient.

New Rule, R.1999 d.69, effective March 1, 1999.
See: 30 N.J.R. 3748(b), 31 N.J.R. 651(a).
Administrative correction.
See: 31 N.J.R. 2360(a).