

- 2. Dental Hygienists:
 - i. Initial license fee:
 - (1) If paid during the first year of a biennial renewal period \$120.00
 - (2) If paid during the second year of a biennial renewal period \$60.00
 - ii. Active license renewal..... \$120.00
 - iii. Inactive license renewal \$50.00
- 3. Registered Dental Assistants, Limited Registered Dental Assistants and Limited Registered Orthodontic Assistants:
 - i. Initial registration fee:
 - (1) If paid during the first year of a biennial renewal period \$90.00
 - (2) If paid during the second year of a biennial renewal period \$45.00
 - ii. Active registration renewal \$90.00
 - iii. Inactive 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. Licensure of dentists by credentials—application fee..... \$250.00
 - 4. Licensure 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. Industrial or corporate dental clinic permit
 - i. Application..... \$100.00
 - ii. Annual renewal \$100.00

(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.
 Amended by R.2003 d.321, effective August 4, 2003.
 See: 35 N.J.R. 1762(a), 35 N.J.R. 3593(a).
 Rewrote (b); in (e)9ii, substituted "\$80.00" for "\$50.00".
 Amended by R.2005 d.269, effective August 15, 2005.
 See: 37 N.J.R. 1415(a), 37 N.J.R. 3045(a).
 Rewrote the section.

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).

13:30-8.1A Deep sedation; sleep dentistry

(a) No dentist shall administer, dispense or prescribe any pharmacological agent which shall cause a patient to lapse into deep sedation unless the dentist possesses a general anesthesia (GA) permit issued by the State Board of Dentistry pursuant to N.J.A.C. 13:30-8.3 and the dentist complies with all requirements set forth in N.J.A.C. 13:30-8.3. For purposes of this section, "deep sedation" means an induced state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to physical stimulation or verbal command, which is produced by pharmacological or non-pharmacological agents or a combination thereof.

(b) A dentist who uses or advertises the terms "sleep," "sleep dentistry," "sleeplike-state," or any similar words or combinations thereof in connection with the provision of dental services shall be considered to be inducing deep sedation as defined in (a) above.

New Rule, R.2005 d.304, effective September 6, 2005.
 See: 36 N.J.R. 3629(a), 37 N.J.R. 3432(a).

13:30-8.2 Parenteral conscious sedation

(a) No dentist shall administer parenteral conscious sedation ("PCS") unless the minimum standards of training and procedure set forth in this section are satisfied.

(b) PCS is defined as a depressed level of consciousness produced by the parenteral administration of pharmacologic

substances that allows the patient to retain the 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 for a specified practice location which shall be renewed biennially. A dentist shall obtain a separate PCS permit for each practice location at which PCS is administered, except as set forth in (j) below.

(d) A dentist applying for a Board permit to administer PCS shall complete an application as provided by the Board. The dentist shall submit as part of a completed application a certification from an accredited university, teaching hospital or other training institution or facility approved pursuant to N.J.S.A. 45:6-2, establishing that the applicant has completed formal training in the administration of PCS. Such formal training shall consist of, at a minimum, a combined 80 hours in didactic instruction and supervised clinical training in the administration of PCS. Such formal training shall have been completed within three years preceding the date of application. Supervised clinical training shall consist of, at a minimum, delivering intravenous, intramuscular, subcutaneous, submucosal and inhalation medications, monitoring patient activity and managing patient care for 20 PCS patients. As part of the dentist's PCS permit application, the institution shall certify the applicant is competent to:

1. Evaluate the medical status of patients and perform risk management assessments according to American Society of Anesthesiology (ASA) Classification by use of patient histories, physical examinations, vital signs, and pertinent laboratory data and information obtained by medical consultations, and that the applicant can modify treatment plans accordingly;
2. Understand and evaluate the effects of conscious sedation agents on the medical, physical and psychological status of patients;
3. Perform venipunctures and maintain intravenous access during PCS procedures;
4. Recognize and manage complications from drug administrations;
5. Understand the clinical pharmacology and interactions of the drugs used for PCS;
6. Maintain patient airways and support ventilation;
7. Monitor patients during the administration of PCS using clinical evaluations and mechanical means including the use of an EKG monitor and a pulse oximeter and the interpretation of such readings;
8. Recognize and manage anesthetic and medical emergencies arising from the use of PCS;

9. Manage patients during the post-operative period and assess patients' suitability for discharge; and

10. Maintain accurate anesthetic records including drug dosages, vital signs and patient responses.

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

(f) An applicant for a PCS permit shall certify to the Board upon application for a permit and upon biennial renewal of the permit that the dentist employs no fewer than two persons who will be present in the office, at least one of whom shall 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 or in Advanced Cardiac Life Support or its equivalent.

(g) An applicant for a PCS permit shall certify as part of the application for a permit and upon biennial renewal of the permit 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; a blood pressure monitoring device; an EKG monitor; and a pulse oximeter or its equivalent. The permit holder's facility shall also contain back-up, battery-operated equipment consisting of, at a minimum, lighting, suction and a pulse oximeter, which shall be readily accessible and properly operating.

(h) A 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 apply for a PCS permit pursuant to this section.

(i) A dentist who utilizes the services of a PCS permit holder or an M.D. or D.O. who is authorized to perform anesthesia services by the Board of Medical Examiners pursuant to N.J.A.C. 13:35-4A.1 shall not be deemed to be administering PCS, provided that the PCS permit holder or anesthesiologist remains present during the administration of PCS and bears full responsibility during the entire procedure until the patient has recovered fully and has been discharged.

(j) A PCS permit holder invited by a dentist to provide PCS services at a specific location shall bear full responsibility for compliance with all provisions of this section including the minimum requirements for assisting staff and equipment set forth in (f) and (g) above. When a PCS permit holder utilizes mobile equipment and supplies to

administer PCS pursuant to this section, the mobile equipment and supplies of the permit holder shall be inspected by the Board or its designee not less than once every three years. "Mobile equipment and supplies," for purposes of this subsection, means any equipment and/or supplies which are transported and used by a permit holder to administer PCS in one or more locations. When more than one permit holder utilizes the mobile equipment and supplies, it shall be the responsibility of the permit holder using the equipment and supplies to ensure that the mobile equipment and supplies satisfy the requirements of this section as set forth in (g) above prior to the administration of PCS.

(k) Prior to the administration of a PCS agent for the purpose of controlling pain, a physical evaluation of the patient shall be made by the permit holder and a complete medical history shall be obtained which shall include previous medications, allergies and sensitivities. The patient 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.

(l) A licensee who holds a PCS permit shall certify to the Board upon biennial renewal that the holder has completed a least 20 hours during the previous two-year period in continuing education courses devoted to PCS consistent with the requirements set forth in N.J.A.C. 13:30-5.1.

(m) Any designee of the Board shall be authorized during ordinary business hours to enter and inspect any dental office

or mobile equipment and supplies for the purpose of enforcing the provisions of this rule.

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).
Amended by R.2003 d.262, effective July 7, 2003.
See: 34 N.J.R. 2367(a), 35 N.J.R. 2933(a).
Rewrote the section.

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) Any permit holder invited by a dentist to provide general anesthesia services shall be responsible for compliance with all terms and conditions of this section, including the minimum requirements for assisting staff, as set forth in (e) above, and equipment, as set forth in (f) above.

(h) 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.

(i) In a dental facility where a permit holder administers general anesthesia pursuant to this section, the mobile equipment and supplies of the permit holder shall be inspected and approved by the State Board of Dentistry or its designee once every six years. "Mobile equipment and supplies," for purposes of this subsection, means any equipment and/or supplies which are transported and used by a permit holder to administer anesthesia in one or more dental facilities.

(j) 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.

(k) 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.

(l) 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.

(m) 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.

(n) 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.

(o) 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.

(p) 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).
Amended by R.2000 d.357, effective September 5, 2000.

See: 31 N.J.R. 2130(a), 32 N.J.R. 3327(a).

Inserted a new (g); recodified former (g) as (h); inserted a new (i); and recodified former (h) through (n) as (j) through (p).

13:30-8.4 Enteral sedation with single or multiple pharmacological agents

(a) For purposes of this section, the following words and terms shall have the following meanings, unless the context clearly indicates otherwise.

“Anxiolysis” means the diminution or elimination of anxiety.

“Enteral” means any method for the introduction of pharmacological agents, including oral, sublingual, rectal or any other method which relies upon absorption through the gastrointestinal tract or oral mucosa and introduction through the nasal passages or any other mucous membrane.

“Enteral sedation with single or multiple pharmacological agents” means the administering, dispensing or prescribing of one or more pharmacological agents to be used concurrently or sequentially for the purposes of causing anxiolysis and a depressed level of consciousness, but not a loss of consciousness. For purposes of this section, pharmacological agents shall include any non-parenteral agent, and shall exclude any agent introduced by intravenous, intramuscular, subcutaneous, submucosal, or inhalation routes, including nitrous oxide inhalation analgesia.

(b) As of July 1, 2006, no dentist shall administer, dispense or prescribe enteral sedation with single or multiple pharmacological agents (hereinafter “enteral sedation”) unless the minimum standards of training and procedure set forth in this section are satisfied.

(c) As of July 1, 2006, no dentist shall administer, dispense or prescribe enteral sedation unless such dentist possesses an enteral sedation permit issued by the State Board of Dentistry, except as provided in (d) below, for a specified practice location which shall be renewed biennially. A dentist shall obtain a separate enteral sedation permit for each practice location at which enteral sedation is administered, dispensed or prescribed.

(d) A dentist who holds a current general anesthesia (GA) permit issued by the Board pursuant to N.J.A.C. 13:30-8.3, or a current parenteral conscious sedation (PCS) permit issued by the Board pursuant to N.J.A.C. 13:30-8.2, shall be authorized to use enteral sedation and shall not be required to apply for an enteral sedation permit pursuant to this section, provided the dentist complies with all requirements set forth in N.J.A.C. 13:30-8.3 or 8.2.

(e) As of July 1, 2006, no dentist may administer, dispense or prescribe any pharmacological agent in a dosage which has the potential to inhibit patient response beyond anxiolysis without the possession of an enteral sedation permit issued pursuant to this section.

(f) A dentist applying for a Board permit to administer, dispense or prescribe enteral sedation shall complete an application as provided by the Board. The dentist shall submit as part of a completed application, a certification verifying that the dentist has completed Board approved post-doctoral course work at an accredited dental school, in a hospital-based program or in a college or university clinical setting sufficient to prepare a dentist to satisfactorily use enteral sedation safely and effectively. Such course work shall consist of a minimum of 40 hours of didactic training in basic enteral sedation, physical evaluation, recognition and management of complications and emergencies, and patient monitoring.

(g) A dentist applying for an enteral sedation permit shall be exempt from the course work requirements set forth in (f) above provided the applicant submits proof of having satisfied one of the following conditions:

1. The dentist holds a current general anesthesia (GA) permit issued by the Board pursuant to N.J.A.C. 13:30-8.3;

2. The dentist holds a current parenteral conscious sedation (PCS) permit issued by the Board pursuant to N.J.A.C. 13:30-8.2;

3. The dentist has completed an accredited general practice residency, or has graduated from a post-doctoral training program within the three years immediately preceding application. The general practice residency or the post-doctoral training program shall include a minimum of 60 hours of training in general anesthesia or conscious sedation; or

4. The dentist has completed an accredited general practice residency, or has graduated from a post-doctoral training program more than three years preceding application, and has completed a minimum of 20 hours of didactic training in basic enteral sedation, physical evaluation, recognition and management of complications and emergencies, and patient monitoring within the three years immediately preceding application. The general practice residency or the post-doctoral training program shall include a minimum of 60 hours of training in general anesthesia or conscious sedation.

(h) An applicant for an enteral sedation permit shall obtain emergency training by completing “Basic Life Support: Course C” of the American Heart Association or its equivalent or a course in Advanced Cardiac Life Support or its equivalent and shall maintain current certification in such course. The applicant shall furnish proof of this training and certification to the Board upon application for an enteral sedation permit and proof of recertification upon biennial renewal of the permit.