

## 64B5 BOARD OF DENTISTRY

### CHAPTER 64B5-1 BOARD ORGANIZATION AND PROCEDURE

64B5-1.021 List of Approved Forms; Incorporation.

64B5-1.025 Delegation of Certification for Licensure to Chair of Examination Committee; When Permitted.

#### **64B5-1.021 List of Approved Forms; Incorporation.**

The following forms used by the Board in its dealings with the public are listed as follows and are hereby adopted and incorporated by reference, and can be obtained from the Board office at 4052 Bald Cypress Way, Bin # C08, Tallahassee, Florida 32399-3258:

(1) Application for Dental Examination/Dental Hygiene Examination, DPR/DN/003-(Rev. 2/94), effective 8-19-97;

(2) Application for Reactivation of an Inactive Florida Dental/Dental Hygiene License, AHCA/DN/004-(Rev. 5/96), effective 8-19-97;

(3) Financial Interest Disclosure Form, DPR/DN/017-(Rev. 5/97), effective 8-19-97;

(4) Application for General Anesthesia Permit, AHCA/DN/005-(8/96), effective 8-19-97;

(5) Application for Parenteral Conscious Sedation Permit, AHCA/DN/006-(8/96), effective 8-19-97;

(6) Application for Pediatric Conscious Sedation Permit, AHCA/DN/008-(12/96), effective 8-19-97;

(7) Application for Certification for Dental Radiographer, AHCA/DR/001-(Rev. 5/95), effective 8-19-97;

(8) Application for Continuing Education Credit for Individual Study, Instructors, Teachers and Lecturers, AHCA/DN/009-(4/86), effective 8-19-97;

(9) Application for Biennial Providers of Continuing Education, AHCA/DN/001-(4/86), effective 8-19-97;

(10) Application for Dentist/Dental Hygienist Limited Licensure, DOH/MQA/DNDH LL APP/new, effective 9-20-01.

*Specific Authority 466.004 FS. Law Implemented 120.52(15) FS. History—New 8-19-97, Amended 9-20-01.*

#### **64B5-1.025 Delegation of Certification for Licensure to Chair of Examination Committee; When Permitted.**

(1) The Board delegates to the Chair of the Examination Committee of the Board the authority to certify, on behalf of the Board, an applicant to the Department for licensure only in the circumstance where certification was previously denied due to a failing grade on the licensure examination and it has been subsequently determined by the Department that the failing grade resulted solely from a ministerial error in the Department's calculation of the applicant's grade. Except under the limited circumstance described herein, the Chair of the Examination Committee is not authorized to certify applicants for licensure.

(2) The Chair of the Examination Committee shall routinely inform the Board at its next meeting of those candidates that have been certified since the last meeting of the Board.

*Specific Authority 466.004(4) FS. Law Implemented 456.013(2) FS. History—New 4-19-87, Formerly 21G-1.025, 61F5-1.025, 59Q-1.025, Amended 5-20-01.*

## CHAPTER 64B5-2 EXAMINATION AND LICENSURE OF DENTISTS AND DENTAL HYGIENISTS

- 64B5-2.0125 Examination Security.
- 64B5-2.0126 Conduct at Examination Site.
- 64B5-2.013 Examination Grading System and Examination Requirements for Dental Examination.
- 64B5-2.0135 Dental Hygiene Examination.
- 64B5-2.014 Licensure Requirements for Applicants from Accredited Schools or Colleges.
- 64B5-2.0144 Licensure Requirements for Dental Hygiene Applicants from Unaccredited Dental Schools or Colleges.
- 64B5-2.0146 Licensure Requirements for Applicants from Non-Accredited Schools or Colleges.
- 64B5-2.0148 Credentials Requirements for Applicants from Non-Accredited Schools or Colleges, Whose Records Are Unavailable.
- 64B5-2.015 Credentials Requirements for Applicants Who Graduated From Dental School or College Before Accreditation by the American Dental Association Was Available. (Repealed)
- 64B5-2.0155 Time Requirements for Application, Disposition of Untimely or Incomplete Applications and Associated Fees.
- 64B5-2.016 Evaluation of Credentials.
- 64B5-2.017 Acceptable Variance of Examiners.
- 64B5-2.020 Selection of Examiners.
- 64B5-2.021 Additional Education Requirements for Reexamination.
- 64B5-2.022 Examination Review.

### **64B5-2.0125 Examination Security.**

Security of the examination shall be maintained by compliance with such procedures and requirements established by the Department of Health, unless specifically provided otherwise by these rules.

*Specific Authority 456.017(1)(d) FS. Law Implemented 456.017(1)(d) FS. History—New 3-25-90, Formerly 21G-2.0125, 61F5-2.0125, 59Q-2.0125.*

### **64B5-2.0126 Conduct at Examination Site.**

(1) The examination supervisor and proctors are the designated agents in maintaining a secure and proper examination and administration.

(2) Any individual found by the examination supervisor, examiner supervisor, or assistant examiner supervisor, to have engaged in conduct which subverts or attempts to subvert the examination process shall be ejected from the examination site. Furthermore, following completion of the examination as scheduled, the Board shall consider any such finding and determine if further action is required. Such action shall include having scores on the examination withheld or declared invalid, disqualification from the practice of dentistry, and imposition of other appropriate sanction by the Board.

(3) Conduct which subverts or attempts to subvert the examination process includes:

(a) Conduct which violates the security of the examination materials, such as removing from the examination room any of the examination materials; reproducing or reconstructing any portion of the licensing examination; selling, distributing, buying, receiving or having unauthorized possession of any portion of a future or current licensing examination.

(b) Conduct which violates the standard of test administration, such as disrupting the examination site, inappropriately communicating with any other examinee during the administration of the examination; copying answers from another examinee or permitting one's answers to be copied by another examinee during the administration of the examination; having in one's possession during the administration of the licensing examination any appliances, tools, models, teeth, books, notes, written or printed materials or data of any kind, other than the examination materials distributed or specifically listed as approved materials for the examination room in the examinee's official Candidate Information Booklet which was mailed or presented to the examinee in advance of the examination date by the Department. In cases where the examinee is found to be in possession of items other than those distributed at the exam site or specifically listed as approved materials for the examination room in the Candidate Information Booklet, the minimum sanction shall be to declare the scores on said examination invalid.

(c) Conduct which violates the credentialing process, such as falsifying or misrepresenting educational credentials or other information required for admission to the examination; impersonating an examinee or having an impersonator take the licensing examination on one's own behalf.

(4) Any violation of the conduct rules or other irregularities will be documented in writing by the agent(s) and the documentation of the violation or irregularity will be presented to the Board for consideration and further action. The agent(s) shall exercise extreme care in their documentation to ensure that the violation or irregularities are precisely recorded as they were witnessed.

*Specific Authority 456.004(5), 466.004(4) FS. Law Implemented 456.017(1)(d), 456.079 FS. History—New 2-7-96, Amended 5-21-96, Formerly 59Q-2.0126, Amended 5-1-02.*

**64B5-2.013 Examination Grading System and Examination Requirements for Dental Examination.**

(1) The grading system used during the clinical (or practical) examination for dentistry is as follows:

- 0 – Complete failure
- 1 – Unacceptable dental procedure
- 2 – Below minimal acceptable dental procedure
- 3 – Minimal acceptable dental procedure
- 4 – Better than minimally acceptable dental procedure
- 5 – Outstanding dental procedure

(2)(a) All examinations will be conducted in English.

(b) Each applicant is required to complete the entire examination, except as provided in Section 466.009, F.S. The examination for dentistry shall consist of two portions. The written examination shall be one portion and the clinical (or practical) examination shall be the other portion. It is the applicant's responsibility to provide a patient who is at least 18 years of age and whose medical history permits dental treatment. In order that the examination may be conducted in an efficient and orderly manner, an applicant will be allowed no more than three attempts to qualify a patient during the specified check-in period for each procedure requiring a patient.

(c) A final grade of 75 or better on the written portion and a final grade of 3 or better, as a general average, on the clinical (or practical) portion, including the dental prosthetics part which requires a score of 75% or better which is converted to the 0-5 scale for general averaging purposes shall be required.

(d) An applicant who passes one of the two portions of the examination need retake only the portion that was failed.

1. If an applicant for a license to practice dentistry fails to achieve a final grade of 3 or better, as a general average, on the clinical (or practical) portion of the dentistry examination because of a failing grade on just one part of the clinical (or practical) portion, the applicant shall be required to retake only that part. On any such retake, the applicant shall be required to obtain a passing grade on the part that is retaken. A failing grade on the retaken part shall not be averaged to obtain a passing score on the clinical (or practical) portion of the examination.

2. If any dentistry applicant fails to achieve a final grade of 3 or better, as a general average, on the clinical (or practical) portion because of a failing grade on more than one part of the clinical (or practical) portion, the applicant shall be required to retake the entire clinical (or practical) portion.

(e) A candidate must successfully complete both portions of the examination within a thirteen month period in order to qualify for licensure. If the candidate fails to successfully complete both portions within that time period, then the candidate must retake the entire examination.

(f) Whenever a candidate is repeating only one procedure in the clinical (or practical) portion of the dental examination, and that procedure requires the use of a patient, that candidate shall be allowed the same amount of time to complete the procedure that is allowed candidates currently taking the procedure for the first time. Whenever a candidate is repeating only one procedure in the clinical (or practical) portion of the dental examination and that procedure is performed on a mannequin, that candidate shall be allowed 3 hours to complete the procedure.

(g) Candidates for the dental state clinical boards may assess patients for suitability as board patients at any dental office under the direct supervision of a dentist, or at any accredited dental school under direct supervision of a school faculty member.

(3) The clinical (or practical) examination for dental licensure shall consist of and be graded as to each part as follows:

- (a) Class II amalgam on a patient 25%
  - 1. Preparation 2/3
  - 2. Restoration 1/3
- (b) Periodontal exercise on a patient 15%
  - 1. Definitive debridement (root planing, deep scale, stain removal)

(c) An objective type examination with respect to dental prosthetics in which candidates will view and evaluate photographs of exhibits of complete, fixed, partial, and removable partial prosthetics. These exhibits shall include but not be limited to impressions, denture set-ups, study models, master casts, wax rims, partial denture frameworks, bite registrations, crowns, bridges, crown and bridge dies and preparations, and radiographs 10%

- (d) Class II composite restoration on a specific model 10%
- (e) Endodontic Procedure on an extracted tooth 10%
- (f) Preparation for a 3-unit fixed partial denture on a specific model. 20%
- (g) Class IV composite restoration on a specified model 5%
- (h) Class II amalgam restoration on a specified model 5%

(4) The grading of the clinical portion of the dental examination shall be based on the following criteria:

(a) Class II amalgam on a patient:

1. Preparation:

- a. Outline form – all prepared surfaces smooth and acceptable extensions without weakening tooth surfaces.
- b. Depth – adequate shape and form designed to resist functional displacement forces.

- c. Retention.
- d. Mutilation of opposing or adjacent teeth.
- e. Debris removal from cavity preparation.
- f. Management of soft tissue is considered adequate in the absence of trauma or mutilation.

It is the intent of the Board that each of the criteria are to be accorded equal importance in grading. Equal importance does not mean that each criteria has a numerical or point value but means that any one of the criteria, if missed to a severe enough degree so as to render the completed procedure potentially useless or harmful to the patient in the judgment of the examiner, could result in a failing grade on the procedure. The criteria do not have assigned numerical or point value but are to be utilized in making a holistic evaluation of the procedure. However, a grade of zero (0) is mandatory if caries remain; if gross overcutting occurs; if mechanical exposure occurs; if the preparation is prepared or attempted to be prepared on the wrong tooth or wrong surface; or if the candidate fails to attempt or complete the procedure.

2. Restoration:

- a. Functional anatomy – appropriate occlusal and interproximal anatomy.
- b. Proximal contour and contact – contact is considered present if there is definite, but not excessive resistance to the passage of dental floss through the contact area.
- c. Margins – suitable continuity with the cavosurface margin should be smooth with the absence of flash or overcarving.
- d. Gingival overhang – overhang is considered to be excess amalgam in either a proximal or gingival direction at the gingival cavosurface margin.
- e. Proper handling of materials including but not limited to condensation and finishing.
- f. Management of soft tissue – is considered adequate in the absence of trauma or mutilation.

It is the intent of the Board that each of the criteria are to be accorded equal importance in grading. Equal importance does not mean that each criteria has a numerical or point value but means that any one of the criteria, if missed to a severe enough degree so as to render the completed procedure potentially useless or harmful to the patient in the judgment of the examiner could result in a failing grade on the procedure. The criteria do not have any assigned numerical or point value but are to be utilized in making a holistic evaluation of the procedure. However, a grade of zero (0) is mandatory if there is a total lack of contact; gross overhang; tissues grossly mutilated (may require suturing or surgical intervention); if the preparation for the restoration is prepared or attempted to be prepared on the wrong tooth or wrong surface; or a failure to attempt or complete the procedure.

(b) Periodontal exercise on a patient with a minimum of 5 teeth, none of which shall have a full crown restoration, all of which shall have pockets at least 4 mm. in depth with obvious sub-gingival calculus detectable by visual or tactile means and radiographic evidence of osseous destruction; at least one tooth shall be a multi-rooted molar which shall be in proximal contact with at least one other tooth; none of the 5 teeth shall be primary teeth. All calculus appearing on radiographs must be detectable by visual or tactile means.

- 1. Definitive debridement (root planing, deep scale, stain removal):
  - a. Diagnosis – clinical and radiographic.
  - b. Presence of stain on assigned teeth.
  - c. Presence of supra-gingival calculus on assigned teeth.
  - d. Presence of sub-gingival calculus on assigned teeth.
  - e. Root roughness on assigned teeth.
- f. Management of soft tissue is considered adequate in the absence of trauma or mutilation.

It is the intent of the Board that each of the criteria are to be accorded equal importance in grading. Equal importance does not mean that each criteria has a numerical or point value but means that any one of the criteria, if missed to a severe enough degree so as to render the completed procedure potentially useless or harmful to the patient in the judgment of the examiner, could result in a failing grade on the procedure. The criteria do not have any assigned numerical or point value but are to be utilized in making a holistic evaluation of the procedure. However, a grade of zero (0) is mandatory if there is gross mutilation of gingival tissue of if the candidate fails to attempt or complete the procedure.

(c) Endodontic Procedure on an extracted tooth:

- 1. Access preparation:
  - a. Outline form and access preparation – all prepared surfaces smooth, absence of undercuts and ledges.
  - b. Straight line access to all canals.
  - c. Presence of remaining adequate dentin.
- 2. Canal identification.
- 3. Instrumentation and shaping of canals.
- 4. Proper filling of the canal spaces with gutta percha.

It is the intent of the Board that each of the criteria be accorded equal importance in grading. Equal importance does not mean that each criterion has a numerical or point value, but means that anyone of the criteria, if missed to a severe enough degree so as to render the completed procedure potentially useless or harmful to the patient in the judgment of the examiner, could result in a failing grade on the procedure. The criteria do not have any assigned numerical or point value but are to be utilized in making a holistic evaluation of the procedure. However, a grade of zero (0) is mandatory if:

- a. A perforation occurs;

- b. The candidate fails to retrieve, or fails to successfully instrument around a broken instrument;
- c. The preparation is prepared or attempted to be prepared on the wrong tooth; or
- d. The candidate fails to attempt or complete the procedure.

(d) Dental prosthetics: The examination shall be objective, with identifiable correct answers. A scaled score shall be derived by multiplying the percent of questions answered correctly by five (5).

(e) Preparation for a 3-unit fixed partial denture on a specified model.

1. Preparation:

- a. Outline form – all prepared surfaces smooth with adequate parallelism and absence of undercuts.
- b. Depth – occlusal reduction and axial reduction.
- c. Retention – all axial walls draw from gingival margin with resistance to displacement.
- d. Adequate margins for the assigned preparation.
- e. Mutilation of opposing or adjacent teeth.
- f. Management of soft tissue is considered adequate in the absence of trauma of mutilation.

It is the intent of the Board that each of the criteria are to be accorded equal importance in grading. Equal importance does not mean that each criteria has a numerical or point value but means that any one of the criteria, if missed to a severe enough degree so as to render the completed procedure potentially useless or harmful to the patient in the judgment of the examiner, could result in a failing grade on the procedure. The criteria do not have any assigned numerical or point value but are to be utilized in making a holistic evaluation of the procedure. However, a grade of zero (0) is mandatory if the preparation is prepared or is attempted to be prepared on the wrong tooth or wrong surface; if the wrong type of preparation is performed or attempted to be performed or if the candidate fails to attempt or complete the procedure.

(f) Restoration of a Class II Amalgam with a cusp replacement on a specified tooth.

1. Restoration.

a. Functional anatomy – acceptable occlusal and interproximal anatomy.

b. Proximal contour and contact – contact is considered present if there is definite, but not excessive, resistance to the passage of dental floss through the contact area.

c. Margins – suitable continuity with the cavosurface margin should be smooth with the absence of trauma or mutilation.

d. Gingival overhang – overhang is considered to be excess amalgam in either a proximal or gingival direction at the gingival cavosurface margin.

e. Proper handling of material including but not limited to condensing and finishing.

f. Management of soft tissue is considered adequate in the absence of trauma or mutilation.

It is the intent of the Board that each of the criteria are to be accorded equal importance in grading. Equal importance does not mean that each criteria has a numerical or point value but means that any one of the criteria, if missed to a severe enough degree so as to render the completed procedure potentially useless or harmful to the patient in the judgment of the examiner, could result in a failing grade on the procedure. The criteria do not have any assigned numerical or point value but are to be utilized in making a holistic evaluation of the procedure. However, a grade of zero (0) is mandatory if there is lack of contact; gross overhang; if the restoration is completed or attempted to be completed on the wrong tooth or wrong surface; or if the candidate fails to attempt or complete the procedure.

(g) Restoration of a Class IV composite resin on a specified tooth:

1. Functional anatomy – appropriate occlusal, incisal and interproximal anatomy.

2. Proximal contour and contact – contact is considered present if there is definite, but not excessive, resistance with dental floss through the contact area.

3. Margins – suitable continuity with the cavosurface margin should be smooth with the absence of trauma or mutilation.

4. Gingival overhang – overhang is considered to be excess amalgam in either a proximal or gingival direction at the gingival cavosurface margin.

5. Proper handling of material including but not limited to condensing, curing, and finishing.

6. Re-establishment of correct tooth morphology.

7. Management of soft tissue is considered adequate in the absence of trauma or mutilation.

8. Mutilation of adjacent tooth structure or restoration during finishing procedures.

It is the intent of the Board that each of the criteria are to be accorded equal importance in grading. Equal importance does not mean that each criteria has a numerical or point value but means that any one of the criteria, if missed to a severe enough degree so as to render the completed procedure potentially useless or harmful to the patient in the judgment of the examiner, could result in a failing grade on the procedure. The criteria do not have any assigned numerical or point value but are to be utilized in making a holistic evaluation of the procedure. However, a grade of zero (0) is mandatory if the preparation for the Class IV lesion is prepared or attempted to be prepared or the restoration is completed or attempted to be completed on the wrong tooth or wrong surface: if the interproximal contact has not been re-established; or if the candidate fails to attempt or complete the procedure.

(h) Restoration of a Class II composite resin with cusp replacement on a specified tooth.

1. Functional anatomy – appropriate occlusal, and interproximal anatomy.

2. Proximal contour and contact – contact is considered present if there is definite, but not excessive, resistance to the passage of dental floss through the contact area.

3. Margins – suitable continuity with the cavosurface margin should be smooth with the absence of trauma or mutilation.
4. Gingival overhang – overhang is considered to be excess composite resin in either a proximal or gingival direction at the gingival cavosurface margin.
5. Proper handling of material including but not limited to condensing, curing, and finishing.
6. Re-establishment of correct tooth morphology.
7. Management of soft tissue is considered appropriate in the absence of trauma or mutilation.
8. Mutilation of adjacent tooth structure or restoration during finishing procedures.

It is the intent of the Board that each of the criteria are to be accorded equal importance in grading. Equal importance does not mean that each criteria has a numerical or point value but means that any one of the criteria, if missed to a severe enough degree so as to render the completed procedure potentially useless or harmful to the patient in the judgment of the examiner, will result in a failing grade on the procedure. The criteria do not have any assigned numerical or point value but are to be utilized in making a holistic evaluation of the procedure. However, a grade of zero (0) is mandatory if the restoration is completed or is attempted to be completed on the wrong tooth or wrong surface; if there is lack of contact; gross overhang; or if the candidate fails to attempt to complete the procedure.

(5) The written portion of the examination for dental licensure shall consist of the laws and rules of the State of Florida regulating the practice of dentistry and dental hygiene.

(6) Applicants for examination or re-examination must have taken and successfully completed the National Board of Dental Examiner's dental examination and receive a National Board Certificate within the past ten (10) years.

(7) Every candidate who is scheduled to take the entire clinical (or practical) portion of the examination or who is scheduled to retake any part of the clinical (or practical) portion which involves the use of a live patient must secure liability insurance coverage for injuries which may be sustained or may be claimed to have been sustained by a dental patient in the course of the examination and present proof of such coverage to the credentials committee before he or she will be allowed to perform any procedures on a live patient.

*Specific Authority 456.017(1)(b), 466.004(4), 466.006(4) FS. Law Implemented 456.017(1)(b), (2), 466.006(4), 466.009 FS. History--New 10-8-79, Amended 6-22-80, 12-3-81, 12-6-82, 5-24-83, 12-12-83, 5-2-84, 5-27-84, Formerly 21G-2.13, Amended 12-8-85, 12-31-86, 5-10-87, 10-19-87, 12-10-89, 12-24-91, 2-1-93, Formerly 21G-2.013, 61F5-2.013, Amended 1-9-95, 2-7-96, 7-16-97, Formerly 59Q-2.013, Amended 8-25-98, 3-25-99, 11-15-99, 8-3-05.*

#### **64B5-2.0135 Dental Hygiene Examination.**

(1) The Board specifies that the dental hygiene licensure examination administered by the Department of Health shall consist of two portions. One portion of the examination shall consist of a written examination and one portion of the examination shall be a clinical (or practical) examination. A final grade of 75 or better on the written portion and a final grade of 3 or better on the clinical (or practical) portion is required to achieve a passing score. An applicant who passes one portion of the examination and not the other need only retake the portion that he failed.

(a) A candidate must successfully complete both portions of the examination within a thirteen month period in order to qualify for licensure. If the candidate fails to successfully complete both portions within that time period, then the candidate must retake the entire examination.

(b) Any dental hygiene applicant who fails to pass the clinical portion of the examination in 3 attempts shall not be eligible for reexamination until he successfully completes one academic semester of clinical course work at the senior clinical practice level at a dental hygiene school approved by the American Dental Association Commission on Accreditation. The applicant must furnish proof from the accredited dental hygiene school of his successful completion of the course work required by this rule. Applicants who fail to establish compliance with this rule shall automatically be denied permission to sit for reexamination.

(2) The written portion of the examination shall test on the law and rules of the State of Florida regulating the practice of dentistry and dental hygiene.

(3) The clinical (or practical) portion of the examination requires a candidate to perform a complete prophylaxis. In addition, root planing will be performed on 4 designated teeth, none of which shall be primary teeth. More specifically, the clinical (or practical) portion of the examination shall consist of 3 parts and shall be weighted as to each part as follows:

- (a) Scaling/calculus removal 70%.
- (b) Polishing 10%.
- (c) Root planing 20%.

(4) The total time allowed for the clinical (or practical) portion will be 150 minutes and the clinical (or practical) portion is to be performed on a patient provided by the applicant. It is the applicant's responsibility to provide a patient whose medical history permits dental treatment, who is at least 18 years of age, and who has a minimum of 20 natural teeth with generalized light to moderate calculus, both supra and submarginal. The applicant's patient must have a minimum of 4 teeth, none of which shall have a full crown restoration, with not less than 4 mm. pockets which require root planing at least one of which shall be a multi-rooted molar which is in proximal contact with at least one other tooth. In order that the examination may be conducted in an efficient and orderly manner, an applicant will be allowed no more than three attempts to qualify a patient during the specified check-in period.

(5) The following criteria shall be utilized in grading the three (3) parts of the clinical (or practical) portion of the examination. Failure to meet this criteria shall be regarded as an error.

(a) Scaling/calculus removal:

1. Complete removal of all supra- marginal calculus from each tooth without laceration to the surrounding tissues.
2. Complete removal of all submarginal calculus from each tooth without laceration to the surrounding tissues.

(b) Polishing: Complete removal of all plaque from each tooth without abrasion.

(c) Root planing: Smoothing of all rough root surfaces.

(6) The three parts of the clinical (or practical) portion of the examination shall be graded as follows:

(a) For the scaling/calculus removal part, an applicant's score will be based on the absence of or number of corroborated errors committed.

Errors	Grade
≥8	0
7	1
6	2
5	3
4	4
0-3	5

(b) For the polishing part, an applicant's score will be based on the absence of or number of corroborated errors committed.

Errors	Grade
≥8	0
7	1
6	2
5	3
4	4
0-3	5

(c) For the root planing part, an applicant's score will be based on the absence of or number of corroborated errors committed. Only four teeth will be evaluated and at least one of which shall be a multi-rooted molar. The four teeth will be identified by the applicant and authorized by the examiner prior to the beginning of the clinical (or practical) part.

Errors	Grade
≥4	0.0
3	0.5
2	2.0
1	3.5
0	5

(7) Applicants for examination or re-examination must have taken and successfully completed the National Board of Dental Hygiene examination and received a National Board Certificate within the past ten (10) years.

(8) Every candidate who is scheduled to take the clinical (or practical) portion of the examination or who is scheduled to retake the clinical (or practical) portion must secure liability insurance coverage for injuries which may be sustained or may be claimed to have been sustained by a dental patient in the course of the examination and present proof of such coverage to the credentials committee before he or she will be allowed to perform any procedures on a live patient.

(9) Candidates for the dental hygiene state clinical boards may assess patients for suitability as board patients at any dental office under the direct supervision of a dentist, or at any accredited dental hygiene program or accredited dental school under direct supervision of a program faculty member.

*Specific Authority 456.017, 466.004(4), 466.007 FS. Law Implemented 456.017, 466.007, 466.009(3) FS. History—New 3-16-82, Amended 5-2-84, 5-19-85, 10-8-85, 12-8-85, Formerly 21G-2.135, Amended 12-31-86, 10-19-87, 2-21-88, 5-29-88, Formerly 21G-2.0135, 61F5-2.0135, Amended 11-15-95, Formerly 59Q-2.0135, Amended 10-31-01, 7-6-05.*

#### **64B5-2.014 Licensure Requirements for Applicants from Accredited Schools or Colleges.**

Any person who has graduated, or expects to graduate prior to the examination, or is in their final year of a dental program and has completed all the coursework necessary to prepare the student to perform the clinical and diagnostic procedures required to pass the examinations, from a school or college accredited by the Commission on Accreditation of the American Dental Association or its successor agency or a school or college approved by the board may seek licensure as a dentist or dental hygienist by applying in the following manner:

(1) Submit at least 60 days prior to the examination:

- (a) A completed application, on the appropriate form set forth in Rule 64B5-1.021, F.A.C.;
- (b) The application and examination fees specified in Rule Chapter 64B5-15, F.A.C.; and

(2) Submit at least 30 days prior to the examination:

(a) Proof of the educational requirement by one of the following methods:

1. Graduates must submit a copy of the dental school or dental hygiene school diploma;

2. A person who expect to graduate prior to the examination must submit a final official transcript received directly from the dental school or dental hygiene school which reflects the applicant's matriculation and graduation dates and degree earned; the transcript shall be authenticated by the official school stamp or seal as well as the signature of an authorized school official; applicants who will complete their education within 6 weeks prior to the scheduled examination may submit a statement which certifies that the applicant has completed or will complete all requirements for graduation and the degree earned; the statement shall be included with the application and shall be executed by the school's Dean and embossed with the school's seal; an official transcript must be received before any candidate can be issued a license.

3. Students who are in their final year of a dental program and have completed all the coursework necessary to perform the clinical and diagnostic procedures required to pass the examinations must submit a letter from the Dean of the dental school stating that the applicant is in their final year of the program and has completed all the coursework necessary to perform the clinical and diagnostic procedures required to pass the examinations.

(b) A certificate that licensure to practice dentistry or dental hygiene currently held and ever held in another jurisdiction is in good standing and has not been disciplined or otherwise acted against;

(c) Proof of malpractice liability insurance coverage for the examination received directly from the insurance company;

(d) If the applicant's name has changed since initiation of dental or dental hygiene education, a certified copy of the legal document changing the name or an affidavit sworn before a notary public or other person authorized to administer oaths that the person named in the credentials submitted and the applicant are the same person;

(e) Two 2 inch by 2 inch photographs of the applicant which are suitable for identification at the examination site;

(f) Complete disclosure regarding any litigation in which the candidate is or was involved; and

(g) A complete chronological dental practice history, including addresses of practice, names of associates in practice and current location of any practice associates.

(3) Proof received directly from the American Dental Association, that the National Board of Dental Examiners Written Examination or National Board of Dental Hygiene Written Examination has been successfully completed within 10 years prior to application.

(4) Prior to issuance of a license, the applicant shall submit proof of having successfully completed a Board-approved course on human immunodeficiency virus and acquired immune deficiency syndrome. However, a license may be issued without proof of completion if the applicant submits an affidavit which establishes good cause for having failed to meet this pre-licensure requirement. The Chairman of the Board is delegated the authority to determine whether or not good cause has been established. Upon a determination of good cause, the applicant shall be given 6 months from issuance of licensure to complete this requirement.

(5) It is the applicant's responsibility to assure that the application for licensure is complete, including assuring that all required documents are submitted timely.

*Specific Authority 466.004 FS. Law Implemented 456.033, 466.006, 466.007, 466.0075, 466.028 FS. History—New 10-8-79, Amended 4-1-80, 4-20-81, 3-16-82, 5-2-84, 9-4-84, Formerly 21G-2.14, Amended 12-31-86, 10-8-87, 11-16-89, 10-18-90, Formerly 21G-2.014, 61F5-2.014, Amended 9-24-96, Formerly 59Q-2.014, Amended 8-20-97, 3-16-06.*

#### **64B5-2.0144 Licensure Requirements for Dental Hygiene Applicants from Unaccredited Dental Schools or Colleges.**

Applicants for licensure as dental hygienists who have graduated from an unaccredited dental school or college shall submit the following:

(1) A completed application, on the appropriate form set forth in Rule 64B5-1.021, F.A.C., and which requires the applicant to verify by oath the information supplied;

(2) The application fees specified in Rule Chapter 64B5-15.002, F.A.C.;

(3) A certified photocopy of the dental school diploma and a certified translation if the diploma is in a language other than English;

(4) A grade report or a final official transcript received directly from the schools where pre dental education was received and from the dental school which reflects the applicant's matriculation and graduation dates and degree earned; the transcript shall be authenticated by the official school stamp or seal as well as the signature of an authorized school official and shall be accompanied with a certified translation if the documents are in a language other than English;

(5) Proof which establishes successful completion of 5 academic years of postsecondary education, which shall include 4 academic years of dental education. Proof of the 5 years of required education shall include a report from an American Association of Dental Schools (AADS) approved evaluating service which evaluation includes a year by year evaluation of the applicant's credentials. Said report shall not be conclusive, but shall only be advisory to the Board;

(6) A detailed description of the applicant's dental education which is substantiated by official documents of the school;

(7) Proof received directly from the American Dental Association, that the National Board of Dental Examiners Written Examination has been successfully completed within 10 years prior to application; or that the National Board of Dental Hygiene Examination has been successfully completed within 10 years prior to application. Applicants who successfully completed the dental examination more than 10 years prior to application shall submit proof of having successfully completed Part II of the examination within 10 years prior to application and in no more than three attempts to successfully complete it, prior to application;

(8) If the applicant's name has changed since initiation of dental education, a certified copy of the legal document changing the name or an affidavit sworn before a notary public or other person authorized to administer oaths that the person named in credentials submitted and the applicant are the same person;

(9) Two 2 inch by 2 inch photographs of the applicant which are suitable for identification; and

(10) Proof of having completed an HIV course that meets the requirements of Rule 64B5-12.019, F.A.C.

*Specific Authority 466.004, 466.007 FS. Law Implemented 466.007 FS. History—New 1-18-95, Formerly 59Q-2.0144, Amended 8-19-97, 8-20-97, 5-20-01.*

#### **64B5-2.0146 Licensure Requirements for Applicants from Non-Accredited Schools or Colleges.**

(1) An applicant who otherwise meets the requirements of Section 466.006(3), F.S., and chooses to apply pursuant to Section 466.006(3)(a), F.S., will be required to:

(a) Complete, at an accredited American dental school, a matriculated general dental program which consists of either 4 years of dental subjects or 2 years of pre dental education followed by 3 years of dental subjects.

(b) Receive a D.D.S. or D.M.D. from the institution at which the dental school is located.

(c) Present to the Board at least 30 days prior to the dental examination the following documents:

1. Official transcripts issued by the dental school which verify completion of all coursework requirements of the dental program or certified copies thereof.

2. A D.D.S. or D.M.D. issued by the dental school or a certified copy thereof.

(2) An applicant who otherwise meets the requirements of Section 466.006(3), F.S., and chooses to apply pursuant to Section 466.006(3)(b), F.S., will be required to:

(a) Complete a full-time, matriculated, resident program offered by an accredited dental school which provides remediation to the level of an accredited D.D.S. or D.M.D. program and which has a duration equivalent to at least 2 academic years at the sponsoring institution.

(b) Receive a dental diploma, degree or certificate from the sponsoring institution upon successful completion of the program.

(c) Present to the Board the following documents:

1. Official transcripts issued by the sponsoring institution which verify completion of all coursework requirements of the supplemental dental education program;

2. A dental diploma, degree or certificate issued by the sponsoring institution or a certified copy thereof; and

3. A letter addressed to the Board from the dean of the sponsoring institution's dental school stating that the applicant successfully completed the sponsored supplemental general dental education program and attained the educational equivalency of a graduating senior at the sponsoring institution's dental school and completed the requirements of two academic years in a general dental program providing educational remediation to the level of a D.D.S. or D.M.D. recipient.

(3) Prior to issuance of a license, the applicant shall submit proof of having successfully completed a Board-approved course on human immuno-deficiency virus and acquired immune deficiency syndrome, as set forth in Rule 64B5-12.019, F.A.C. However, a license shall be issued without proof of completion if the applicant submits an affidavit which establishes good cause for having failed to meet this pre-licensure requirement. Upon the Board's determination that good cause has been established, the applicant shall be given 6 months from issuance of licensure to complete this requirement.

(4) It is the applicant's responsibility to assure that the application for licensure is complete, including assuring that all required documents are submitted timely.

*Specific Authority 466.004 FS. Law Implemented 456.033(6), 466.006, 466.0075 FS. History—New 10-15-92, Formerly 21G-2.0146, 61F5-2.0146, Amended 9-24-96, Formerly 59Q-2.0146, Amended 8-19-97, 5-20-01, 6-7-05.*

**64B5-2.0148 Credentials Requirements for Applicants from Non-Accredited Schools or Colleges, Whose Records Are Unavailable.**

Any person who seeks licensure as a dentist but is unable to supply proper educational credentials due to the political conditions of the country in which the education was received shall submit any and all documents which would tend to support the applicant's claim of proper credentials and shall submit at least 60 days prior to the examination:

(1) Proof received directly from the American Dental Association, that the National Board of Dental Examiners Written Examination has been successfully completed within 10 years and in no more than three attempts to successfully complete it, prior to application; dental applicants who successfully completed the examination more than 10 years prior to application shall submit proof of having successfully completed Part II of the examination within 10 years and in no more than three attempts to successfully complete it, prior to application;

(2) An affidavit sworn before a notary public or other person authorized to administer oaths which shall include:

(a) A complete chronological account of all schools attended during the candidate's entire education, including dates of attendance and graduation, the addresses of all schools attended;

(b) The date that the applicant received any license to practice dentistry, including the name and address of the issuing authority and any license number assigned;

(c) A description of all dental school courses which the applicant successfully completed;

(d) A complete chronological dental practice history, including addresses of practice, names of associates in practice and current location of any practice associates; and

(e) Complete disclosure regarding any litigation in which the candidate is or was involved;

(3) Affidavits concerning the applicant's dental education or dental practice history, sworn before a notary public or other person authorized to administer oath, from persons who are directly acquainted with the candidate's dental practice history or educational credentials. If the applicant relies primarily on affidavits to establish qualifications for licensure, at least three affidavits must be from dentists who are not related to the applicant;

(4) Any other evidence that may aid in verification of graduation from a bona fide dental school;

(5) In cases where actual credentials cannot be presented, the Board shall be the judge of the evidence presented and shall decide if evidence presented is sufficiently substantial to warrant the applicant's acceptance.

*Specific Authority 466.004 FS. Law Implemented 466.006 FS. History—New 11-16-89, Amended 10-18-90, Formerly 21G-2.0148, 61F5-2.0148, 59Q-2.0148, Amended 7-29-97.*

**64B5-2.0155 Time Requirements for Application, Disposition of Untimely or Incomplete Applications and Associated Fees.**

(1) Any application which is not postmarked at least 60 days prior to the examination or which is not accompanied by the appropriate fees shall not be accepted or reviewed by the Board or Credentials Committee, but shall be returned without review. Accordingly any fees submitted shall be refunded.

(2) Any timely filed application which does not provide the information required by the application form or in which documentation required by subsection 64B5-2.014(2) or 64B5-2.0145(2), F.A.C., is not timely received shall be deemed incomplete and shall not be considered by the Board or Credentials Committee. However, the applicant will be notified of the deficiencies and may complete application by correcting deficiencies, so long as the application is complete at least 30 days prior to the examination.

(3) Any person who has failed to timely complete application shall be required to apply as an initial applicant for future examinations.

(4) Application fees for incomplete applications shall not be refunded or transferred. One half of the examination fee submitted with incomplete applications may be refunded.

(5) Any applicant who is approved to sit for the examination shall not receive any refund or transfer of the application fee. One half of the examination fee may be refunded if the applicant notifies the Board in writing that he will not sit for the examination 14 days prior to the examination.

*Specific Authority 466.004 FS. Law Implemented 466.006, 466.007 FS. History—New 11-16-89, Formerly 21G-2.0155, 61F5-2.0155, 59Q-2.0155.*

**64B5-2.016 Evaluation of Credentials.**

(1) The Credentials Committee shall review all complete applications for licensure to determine if the applicant has met the requirements for licensure. The Committee is authorized to approve applicants to sit for the examination without review or action by the Board. However, the Committee may refer any decision regarding any applicant to the full Board.

(2) Any applicant who has been denied by the Credentials Committee may seek review of the Committee's decision by requesting review by the Board in writing within 10 days of receipt of the Committee's denial letter. Failure to timely request review renders the Committee's decision final Board action.

(3) The Board on its own initiative may review and affirm or overturn any decision of the Credentials Committee.

(4) Any meeting of the Credentials Committee which will result in applicants being granted or denied permission to sit for the examination shall be noticed as a public meeting.

(5) In reviewing a candidate's credentials, the Credentials Committee or the Board may rely upon reports from professional education evaluators when all or part of the candidate's education occurred at a non-accredited educational institution.

*Specific Authority 466.004 FS. Law Implemented 466.006, 466.007 FS. History—New 10-8-79, Amended 10-26-80, 5-2-84, Formerly 21G-2.16, Amended 11-16-89, Formerly 21G-2.016, 61F5-2.016, 59Q-2.016.*

#### **64B5-2.017 Acceptable Variance of Examiners.**

(1) All clinical gradings by examiners are to be made independently. Each clinical procedure shall be graded by three (3) examiners. However, a score of 0 or 1 that is not corroborated by another score of either 0 or 1 will be discarded and will not be used in averaging. A critical difference score, which means there is one score that is either pass or fail while the other two scores are in the opposite pass/fail category, will be discarded and will not be used in averaging. The critical difference analysis shall precede the discarding of the uncorroborated 0 or 1. On the clinical examinations described in Rules 64B5-2.013 and 64B5-2.019, F.A.C., the three independent grades shall be averaged to determine an applicant's final grade on each procedure of the clinical examination. On the clinical portion of the dental hygiene examination described in Rule 64B5-2.0135, F.A.C., the three independent grades shall be utilized in a system of corroborated errors to determine an applicant's final grade on each procedure of the clinical portion. The corroborated errors grading system requires that at least two (2) of the independent examiners must agree on the presence of the error before the error may be used in calculating an applicant's grade.

(2) There shall be a variance review of all grades of all applicants taking the clinical part of the examination for the purpose of determining inter-examiner variance.

(3) Failure of an applicant in any clinical procedure may be documented on the grading sheet by the examiner. Documentation may be accomplished through the use of "comments" contained on the grade sheet. The "comments" section may contain any technical terms or charts that define, illustrate or otherwise explain the criteria utilized in grading a particular procedure. For the purpose of expedience and brevity in grading, appropriate "comments" may be noted by recording "comments" on an optical scan field contained on the grade sheet. On the clinical portion of the dental hygiene examination described in Rule 64B5-2.0135, F.A.C., the actual marking of the presence of errors for specific teeth shall be considered documentation. When there exists a discrepancy on the grade sheet between the handwritten grade and the grade penciled in on the optical scan field and the discrepancy cannot be resolved by an examination of the grade sheet, the handwritten grade shall be accepted as the intended grade.

*Specific Authority 466.004(3), 466.006(4)(b)5. FS. Law Implemented 466.006(4) FS. History—New 12-10-79, Amended 6-22-80, 4-20-81, 5-24-82, 12-6-82, 5-24-83, 5-2-84, 5-19-85, Formerly 21G-2.17, 21G-2.017, 61F5-2.017, 59Q-2.017, Amended 10-12-04.*

#### **64B5-2.020 Selection of Examiners.**

(1) In order to be eligible for selection and retention as an examiner, a Florida licensed dentist or dental hygienist must meet the following minimum qualifications:

(a) Has been actively engaged in the practice of dentistry or dental hygiene in Florida for five (5) years immediately preceding selection;

(b) Has demonstrated interest in continuing dental education; and

(c) Is not connected in any way with any medical college or dental college.

(2) Licensees who meet the base qualifications listed in paragraphs (1)(a) and (b) and have never acted as an examiner must be recommended to the Department of Health by the Board. Those licensees who meet the base qualifications listed in paragraphs (1)(a) and (b) and have acted as an examiner at previous examinations may be asked to be an examiner by the Department so long as their previous performance as an examiner was satisfactory as determined by post-examination examiner variance statistics compiled by the Department.

(3) Prior to each examination the Department will determine the number of examiners it will need to administer the examination. Once that determination is made, the Department will establish a pool of individuals from which the actual examiners will be selected. In forming this pool the Department will initially contact those individuals who have previously examined and whose past performance is deemed satisfactory based on post-examination examiner variance statistics compiled by the Department. When the Department is unable to establish a sufficient pool of individuals with satisfactory experience as examiners, it will notify the Board who will then recommend a list of individuals meeting the qualifications of paragraphs (1)(a) and (b). The Department will select from the Board's recommended list sufficient individuals to insure that there will be an adequate pool from which to draw the requisite number of examiners.

(4) Those individuals forming the pool from which the examiners will be selected shall attend every session of the pre-examination standardization exercise conducted by the Department. At the conclusion of standardization, the individual members of the pool will be tested on their ability to adhere to and apply the examination grading criteria and they will be rank-ordered based on their performance on the standardization test. Selecting those individuals in the pool with the highest rank-order, the Department will submit a list of proposed examiners to the Board for its approval. However, if an individual has examined previously and his score on the Department's post-examination examiner variance study reflects a higher adherence to the criteria than his rank-order on the standardization test, the Department will utilize his post-examination variance score rather

than his standardization rank-order in determining whether to recommend him as an examiner. If the Board rejects any proposed examiner the Department shall return to the rank-order list and shall recommend remaining pool members based on their rank-order.

(5) Subsequent to the examination, the Department will compile post-examination variance statistics for each examiner which statistics shall be utilized in determining whether a particular examiner will be requested to participate in any future pools of prospective examiners.

(6) In an attempt to continually replenish the pool of possible examiners, no individual will be permitted to examine for more than four (4) consecutive years. Any such individual will be eligible for the pool of prospective examiners after not examining for a period of one (1) year. However, this prohibition will not be enforced when the Department is unable to establish a sufficient pool of prospective examiners.

(7) In determining whether to ask an otherwise qualified individual to participate in the examiner pool, the Department and the Board may also consider the following factors:

(a) Whether the individual is currently or has ever had a license to practice dentistry or dental hygiene revoked, suspended, or otherwise acted against, including the denial of licensure by the licensing authority of another state, territory or country;

(b) Whether the individual limits his practice of dentistry to a recognized specialty area;

(c) Whether the individual has any criminal convictions;

(d) Whether the individual has been involved in any civil litigation and, if so, the nature and result of the litigation;

(e) Whether the individual has been associated with a dental hygiene program.

*Specific Authority 456.017(1)(b), 466.004(3) FS. Law Implemented 456.017(1)(b) FS. History—New 5-24-83, Amended 5-27-84, Formerly 21G-2.20, 21G-2.020, 61F5-2.020, 59Q-2.020, Amended 2-15-06.*

#### **64B5-2.021 Additional Education Requirements for Reexamination.**

(1) Any applicant who has failed to pass the clinical examination in three attempts shall not be eligible for reexamination until he or she completes a one year general practice residency, advanced education general dentistry residency, or pedodontic residency or a minimum of one academic year of undergraduate clinical coursework in dentistry at a dental school approved by the American Dental Association's Commission on Dental Accreditation. At the time of application for reexamination the applicant must furnish proof from the educational institution of successful completion of one of the residency programs listed above or the required coursework. However, for those applicants completing their coursework immediately prior to the examination or those applicants who have completed at least 9 months of a general practice residency, who cannot provide an official transcript, proof of having successfully completed the required coursework or residency shall consist of a statement from the dean of the school where the coursework or residency was completed that the requirements of this rule will have been met prior to the date set for issuance of examination grades. Grades received by a candidate taking the examination pursuant to this exception will not be certified, and grade results will be null and void if successful completion of the coursework or residency has not been established prior to the date set for issuance of examination grades. Successful completion of coursework shall be established by submission of an official transcript.

(2) The statutory provision that an applicant complete additional educational requirements if he or she fails to pass a specified portion of the examination three times is interpreted by the Board to mean that additional education shall be required after every third unsuccessful attempt, i.e., after the third, sixth, ninth, etc., attempts.

*Specific Authority 466.004 FS. Law Implemented 466.006 FS. History—New 9-4-84, Formerly 21G-2.21, Amended 1-6-87, 11-16-89, Formerly 21G-2.021, 61F5-2.021, 59Q-2.021, Amended 6-12-00.*

#### **64B5-2.022 Examination Review.**

A candidate is entitled to review his examination under such terms and conditions as may be prescribed by the Department of Health and upon payment of the fee set forth in Rule 64B5-15.020, F.A.C.

*Specific Authority 456.017(2) FS. Law Implemented 456.017(2) FS. History—New 3-25-90, Formerly 21G-2.022, 61F5-2.022, 59Q-2.022.*

## CHAPTER 64B5-4 ADVERTISING

- 64B5-4.002 Advertising and Soliciting by Dentists.
- 64B5-4.003 Advertisement of Fees and Discounted Services.
- 64B5-4.004 Advertising Specialty Services.
- 64B5-4.005 Advertising of HIV/AIDS Status.

### 64B5-4.002 Advertising and Soliciting by Dentists.

(1) As used in the rules of the Board, the terms “advertisement” and “advertising” shall mean any statements, oral or written, disseminated to or before the public or any portion thereof with the intent of furthering the purpose, either directly or indirectly, of selling professional services, or offering to perform professional services, or inducing members of the public to enter into any obligation relating to such professional services. The provisions of this rule shall apply to media exposure of any nature regardless of whether it is in the form of paid advertising.

(2) All advertising in any media must identify the Florida licensed dentist, who assumes total responsibility for the advertisement. The term “identify” shall mean the use of the license number of the dentist as it appears on his license and renewal certificate or the use of the licensee’s commonly used name together with the current address and telephone number the licensee has on file with the Department.

(3) No dentist shall disseminate or cause the dissemination of any advertisement or advertising which is in any way fraudulent, false, deceptive, or misleading in form or content. Additionally, no dentist shall disseminate or cause the dissemination of any advertisement or advertising which:

- (a) Contains misrepresentations of fact;
- (b) Is likely to mislead or deceive because in its context or in the context in which it is presented it makes only a partial disclosure of relevant facts;
- (c) Contains laudatory statements about the dentist or group of dentists;
- (d) Is intended or is likely to create false, unjustified expectations of favorable results;
- (e) Relates to the quality of dental services provided as compared to other available dental services;
- (f) Contains other representations or implications that in reasonable probability will cause an ordinary prudent person to misunderstand or to be deceived. For example, it is fraudulent, false, deceptive, and misleading for a dentist who utilizes the laser in his dental practice to advertise that the use of lasers is painless, heals faster, or provides better results than other dental procedures. However, a dentist may advertise that he treats patients with a laser in certain instances.
- (g) Is intended or is likely to appeal primarily to a layperson’s fears.

(4) In person and telephone solicitation of dental services by a dentist or his agent poses an inherent danger to the public because such advertising cannot be supervised, may exert pressure, and often demands an immediate response without affording the recipient an opportunity for comparison or reflection. Unlike an advertisement appearing in print or on television or radio, in person and telephone solicitation does not simply provide information and leave the recipient free to act or not, but is ripe with the potential for overbearing persuasion. Accordingly, in person and telephone solicitation of dental services by a dentist or his agent is prohibited. The term “solicitation” as used in this rule does not include in person or telephone communication by a dentist or his or her agent with a patient or former patient for purposes of scheduling an appointment or offering follow-up care.

(5) Advertising which includes the name of a person who is not either actually involved in the practice of dentistry at the advertised location or an owner of the practice being advertised is not permitted. However, to facilitate the smooth transition of a practice after its sale from one licensee to another, it is permissible to identify the previous owner in advertising by the new owner for a reasonable period of time not to exceed a period of 2 years. This rule does not provide authority to use a previous owner’s name in any advertising without first obtaining that licensee’s written permission to do so.

(6) Any dentist who advertises by, through or with a referral service shall be held responsible for the content of such advertising and all such advertisements shall comply with this rule and contain the following:

- (a) A statement that the advertisement is for a dental referral service and is in behalf of the dentist members of the referral service.
- (b) A statement that the referral service refers only to those dentists who have paid or been otherwise selected for membership in the referral service.
- (c) A statement that membership in the referral service is limited by the referral agency.
- (d) A statement that dentists who receive referrals from the referral service charge no more than their usual and customary professional fees for service.
- (e) These required statements shall be present in reasonably recognizable print or volume equivalent to the size or volume of other information in the advertisement.

(7) No licensee may use, or cause the use of the term “sleep dentistry” in any advertisement, unless the licensee possesses a valid general anesthesia permit issued by the Board of Dentistry pursuant to the requirement of subsection 64B5-14.003(1) and Rule 64B5-14.005, F.A.C.

*Specific Authority 466.004(4), 466.019 FS. Law Implemented 466.019, 466.028(1)(d) FS. History—New 7-7-87, Amended 1-11-89, 10-29-90, 4-24-91, 7-14-92, Formerly 21G-4.002, Amended 3-30-94, Formerly 61F5-4.002, 59Q-4.002, Amended 5-20-01, 1-29-03, 2-26-06.*

#### **64B5-4.003 Advertisement of Fees and Discounted Services.**

(1) An appropriate disclosure regarding advertised fees is necessary to protect the public since there is no uniform code available which would enable a fair and rational selection based upon advertised fees.

(2) Any advertisement containing fee information shall contain a disclaimer that the fee is a minimum fee only.

(3) Any advertised fee for a dental service shall state a specified period during which the fee is in effect or that service shall remain available at or below the advertised fee for at least 90 days following the final advertisement for that service.

(4) Any dental service for which a fee is advertised shall be accompanied either by a description of that service using the exact wording for that service contained in the American Dental Association's "Code on Dental Procedures and Nomenclature" which is hereby adopted and incorporated by reference or by the specific ADA Code number or numbers which accurately and fully describes the advertised dental service. Listing of a category of service (diagnostic, preventive, restorative, endodontics, periodontics, prosthodontics-removable, prosthodontics-fixed, oral surgery, orthodontics) or a sub-category (any procedure whose ADA Code # ends in 00, i.e., root canal therapy 03300) is not sufficient for the purpose of advertising a fee. The advertisement must specify by use of exact nomenclature or exact code number what procedure within the sub-category is being offered. If no fee is specified for a procedure advertised then a general description of procedure by category or sub-category is permitted.

(5) Any advertisement for free or discounted services must comply with the requirements of Section 456.062, F.S., and must also clearly identify the dates that free, discounted or reduced fee services will be available.

*Specific Authority 466.004(4), 466.019 FS. Law Implemented 466.019, 466.028(1)(d) FS. History—New 1-11-89, Amended 10-29-90, 3-11-92, Formerly 21G-4.003, 61F5-4.003, 59Q-4.003.*

#### **64B5-4.004 Advertising Specialty Services.**

(1) The Board recognizes as a specialty only those specialties recognized by the American Dental Association (ADA).

(2) Any advertisement of specialty services must state whether the service will be performed by a general dentist or a specialist. Only dentists who meet the qualifications of subsection 64B5-4.004(4), F.A.C., may hold themselves out as specialists. Specialty services advertised by a dentist who is not so qualified and who limits his practice to a specialty area must be advertised in the following manner: "General Dentist, Practice limited to (particular specialty area)."

(3) Specialty services for the purpose of this rule shall include all endodontic procedures (ADA Code # 03000-03999), all orthodontic procedures (ADA Code # 08000-08999), all oral surgery procedures except nonsurgical extraction (ADA Code # 07200-07999), and all periodontal surgical procedures (ADA Code # 04200-04272). Use of terms which generally describe specialty services, i.e. children's dentistry, pediatric dentistry, pedodontics or similar phrases are also considered to be advertisement of specialty services.

(4) No dentist may hold himself or herself out as a specialist unless such licensee meets one of the following qualifications:

(a) The dentist is eligible for examination by an ADA recognized national specialty board.

(b) The dentist is a diplomate of an ADA recognized national specialty board.

(c) The dentist has continuously held himself out as a specialist since December 31, 1964.

(d) The dentist has completed a specialty educational program approved by the American Dental Association and the Commission on Dental Accreditation.

(5) No dentist may advertise a service in a manner which in its form or content would lead a reasonable person to believe that the service is a specialty unless that service is a specialty recognized by the Board. For example, it is misleading for a dentist to advertise that he is a specialist or that he limits his practice to the diagnosis and treatment of temporomandibular joint disorders, facial pain therapy or implantology since these are not Board recognized specialties. However, a dentist may advertise that he diagnoses and treats temporomandibular joint disorders or facial pain and that he places dental implants.

*Specific Authority 466.004(4), 466.019 FS. Law Implemented 466.019, 466.028(1)(d), 466.0282 FS. History—New 1-11-89, Formerly 21G-4.004, 61F5-4.004, Amended 6-9-96, Formerly 59Q-4.004.*

#### **64B5-4.005 Advertising of HIV/AIDS Status.**

(1) Public fear regarding the possibility of HIV transmission from health care workers to patients, although scientifically unfounded, has resulted in concerns regarding the safety of dental care. In order to prevent the inappropriate exploitation of such fears and the fostering of such concerns, the advertising of dental health care workers' HIV status must be sufficiently regulated.

(2) Public misunderstanding of the significance of HIV test results may cause an inappropriate reliance on negative test results. Reliance on test results may diminish vigilance necessary for the success of universal precautions in the safe practice of dentistry. HIV antibody testing is extremely accurate in detecting existing HIV antibodies. However, there are limitations to the testing technology. The "window" period between infection and the appearance of HIV antibodies may produce false negative results. The existence of this "window" period diminishes the reliability of any negative test results.

(3) It is the position of the Board of Dentistry that HIV/AIDS issues are best handled on an individual basis directly between patients and dental health care workers. However, if such advertising is to be utilized the following guidelines must be followed:

(a) No dental health care licensee may represent that he or she is HIV negative or free from AIDS. Only representations as to test results may be advertised or noticed; and

(b) Any such advertisement or notice must clearly state the following:

THIS NEGATIVE HIV TEST CANNOT GUARANTEE THAT I AM CURRENTLY FREE OF HIV.

(c) Any referral or endorsement of a dental health care licensee based upon the licensee's negative HIV test result must clearly state the following:

THIS NEGATIVE HIV TEST CANNOT GUARANTEE THAT THE PERSON TESTED IS CURRENTLY FREE OF HIV.

(d) Any representation as to a dental health care licensee's HIV test results must include the exact date of the HIV test result that is the basis of such representations.

(e) No dental health care licensee may state or imply in any advertisement or notice of his or her own HIV test results that any other licensee is or may be a greater risk to patients due to a failure or refusal to provide similar advertising or notice.

(f) Any dental health care licensee who advertises or provides notice of his or her HIV test results must produce upon the request of a patient, a prospective patient, a former patient, or a Department of Health Investigator, an original HIV test result provided by a clinical laboratory regulated by the Department of Health, indicating the result of an HIV test. If the advertisement or notice states that the dental health care licensee has tested negative for HIV, the required test result must indicate a negative result.

*Specific Authority 456.032, 466.004 FS. Law Implemented 456.032, 466.019 FS. History—New 12-10-91, Formerly 21G-4.005, 61F5-4.005, 59Q-4.005.*

## CHAPTER 64B5-7 DENTAL PRACTICE PERMITS

64B5-7.001	Requirements for Approval and Operation of Internship and Residency Programs.
64B5-7.003	Permit Requirements for Dental Interns and Residents.
64B5-7.0035	Temporary Certificate Requirements for Dentists Practicing in State and County Government Facilities.
64B5-7.005	Teaching Permits.
64B5-7.006	Non-Profit Corporation Permits.
64B5-7.007	Limited License as Allowed in Section 456.015, F.S.

### **64B5-7.001 Requirements for Approval and Operation of Internship and Residency Programs.**

(1) For the purpose of receiving a dental intern permit pursuant to Section 466.025(1), F.S., dental internships include dental residency programs for dental school graduates.

(2) All dental internships or residency programs approved by the American Dental Association's Commission on Dental Accreditation are deemed to be Board approved programs.

(3) Any hospital or institution which seeks to provide a dental internship or residency program which has not been approved pursuant to subsection 64B5-7.001(2), F.A.C., shall apply to the Board for approval. The application for approval shall contain:

(a) A plan for operation of the program which establishes compliance with subsection 64B5-7.001(4), F.A.C.;

(b) An outline of the duties and proposed schedule for dental interns or residents;

(c) Any information relating to the program review by the American Dental Association's Commission on Dental Accreditation or information regarding the program not being reviewed; and

(d) Any other information requested by the Board which is relevant to the Board's evaluation of the program.

(4) Any dental internship or residency program shall be directed by an identified staff consisting of at least one Florida licensed dentist who shall provide for the continued education and instruction of the dental interns or residents.

*Specific Authority 466.004(4), 466.025 FS. Law Implemented 466.025 FS. History—Repromulgated 1-1-75, Formerly 21G-7.01, Amended 1-29-89, Formerly 21G-7.001, 61F5-7.001, 59Q-7.001, Amended 3-28-99.*

### **64B5-7.003 Permit Requirements for Dental Interns and Residents.**

(1) Any person wishing to be issued a permit as a dental intern or resident shall apply to the Department as required in Section 466.025(1), F.S., and provide proof of the following:

(a) Applicant's name and age,

(b) Applicant's graduation from a dental college or school or verification that the applicant is expected to graduate within the next sixty days (The proof submitted shall include either a true and correct copy of a diploma awarded by the dental school or college or a letter from the dean of the dental school or college.),

(c) Applicant's licensure status in other jurisdictions, including disciplinary action and pending disciplinary action,

(d) The status of any dental malpractice actions that have been noticed or filed in any jurisdiction,

(e) The name and address of the internship or residency program at which the applicant will be practicing dentistry, and

(2) Graduates of dental schools or colleges that are not accredited by the ADA shall be issued permits only for practice in internship or residency programs that are accredited by the ADA.

(3) Any hospital, institution or clinic employing a dental intern or resident shall inform the Board office of the termination of that individual. Such notice shall be in writing and within 30 days of termination of employment or training.

(4) Experience obtained by an individual pursuant to a permit issued under the authority of this rule and Section 466.025, F.S., is not acceptable for the purpose of fulfilling the supplemental education program set forth in Section 466.006(3)(b), F.S.

(5) Every applicant is required to provide proof of current CPR certification prior to being issued a permit. Applicants who are not certified but who are otherwise eligible for a permit shall be allowed 60 days to obtain such certification following issuance of the permit.

(6) Dental intern and resident permits are subject to cancellation, revocation or other discipline by the Board for failure to comply with Chapters 455 and 466, F.S., and Chapter 64B5, F.A.C.

*Specific Authority 466.004(4), 466.025 FS. Law Implemented 466.025 FS. History—Repromulgated 1-1-75, Amended 1-9-77, Formerly 21G-7.03, Amended 1-29-89, Formerly 21G-7.003, Amended 8-12-93, 3-30-94, 7-18-94, Formerly 61F5-7.003, Amended 7-12-95, Formerly 59Q-7.003, Amended 11-10-98, 3-28-99.*

### **64B5-7.0035 Temporary Certificate Requirements for Dentists Practicing in State and County Government Facilities.**

(1) Any unlicensed dentist who wishes to practice dentistry at a state or county government facility in Florida is required to obtain a temporary certificate.

(2) Any unlicensed dentist who is a graduate of a dental school accredited by the Commission on Accreditation of the American Dental Association and who applies to the Board for such certification shall be certified by the Board for receipt of a temporary certificate.

(3) Prior to issuance of a temporary certificate, the unlicensed dentist shall submit proof of having successfully completed a Board approved course on human immunodeficiency virus and acquired immune deficiency syndrome and proof of current CPR certification. The facility at which the unlicensed dentist intends to practice shall provide to the board office the name(s) and license number(s) of the licensed dentist(s) under whose supervision the certificate holder shall work.

(4) Each state or county facility at which an unlicensed dentist practices dentistry shall inform the Board office of the termination or transfer of the temporary certificate holder. Such notice shall be in writing and within 30 days of termination or transfer of the certificate holder.

(5) A temporary certificate shall be renewed each biennium. At the time of renewal the certificate holder shall sign a statement that he or she has complied with all continuing education requirements of active licensees. A temporary certificate shall be canceled by the Board upon the unlicensed dentist being terminated from employment by a state or county government facility or upon a finding by the Board that the temporary certificate holder has violated any provision of Section 466.027 or 466.028, F.S., or has failed the Florida dental licensure examination.

*Specific Authority 466.004(4) FS. Law Implemented 456.032, 466.017(4), 466.025 FS. History–New 8-12-93, Formerly 61F5-7.0035, 59Q-7.0035, Amended 11-10-98, 3-25-99, 12-25-01, 1-12-04.*

#### **64B5-7.005 Teaching Permits.**

(1) A teaching permit may be issued by the Board of Dentistry to a faculty member of a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or a medical school accredited by the American Medical Association's Liaison Committee for Medical Education upon the request of the dean of the school if the faculty member:

(a) Is eligible to take the Florida dental licensure examination or has not failed the Florida dental licensure examination. A permit may not be issued if an applicant fails to pass the clinical examination in three attempts until he or she completes a one year general practice residency, advanced education general dentistry residency, or pedodontic residency or a minimum of one academic year of undergraduate clinical coursework in dentistry at a dental school approved by the American Dental Association's Commission on Dental Accreditation; and

(b) Is a full-time faculty member; and

(c) Does not engage in the practice of dentistry, except under the programs of the dental or medical school described in subsection 64B5-7.005(1), F.A.C.

(2) A teaching permit may be issued to a graduate of a foreign dental college if the graduate meets the requirements of paragraphs 64B5-7.005(1)(a)-(c), F.A.C.

(3) A teaching permit or temporary teaching permit authorizes the holder to practice dentistry at the teaching facility under the following terms and conditions:

(a) All records pertaining to the teaching practice shall be subject to review and available to the Board.

(b) Upon the Board's request, the permit holder shall submit any information the Board deems necessary to evaluate compliance with Chapters 456 and 466, F.S., and Chapter 64B5, F.A.C.

(c) Permits shall be in effect only as long as the holder is a full-time faculty member of the College of Dentistry or School of Medicine and shall be automatically cancelled and nullified by the termination of the holder as a faculty member of the teaching facility or failure of the Florida dental licensure examination.

(d) Teaching permits are subject to cancellation or revocation by the Board for failure to comply with Chapters 456 and 466, F.S., and Chapter 64B5, F.A.C.

(4) Prior to issuance of a teaching permit, each faculty member must provide proof of current CPR certification. If otherwise eligible, the faculty member will be granted a permit with the requirement that current CPR certification be obtained within 60 days. Each faculty member holding a teaching faculty permit shall maintain current CPR certification.

*Specific Authority 466.002(6), 466.004(4) FS. Law Implemented 466.002(6), 466.017(4) FS. History–New 4-30-80, Amended 1-13-81, Formerly 21G-7.05, Amended 1-29-89, Formerly 21G-7.005, 61F5-7.005, Amended 10-16-96, 3-16-97, Formerly 59Q-7.005, Amended 11-10-98, 8-3-00, 1-12-04.*

#### **64B5-7.006 Non-Profit Corporation Permits.**

(1) Any non-profit corporation which is chartered for the purposes specified in Section 466.025(3), F.S., seeking a permit to employ a non-Florida licensed dentist who is a graduate of a dental school accredited by the Commission on Dental Accreditation of the American Dental Association shall file an application with the Board which contains the following information:

(a) A certified copy of the non-profit corporation's charter which establishes one or more of the purposes for the organization which are specified in Section 466.025(3), F.S., and proof of registration with the Internal Revenue Service as a nonprofit organization pursuant to 26 U.S.C. § 501(c)(3).

(b) Justification for the need to provide dental services by dentists who are not licensed in this state.

(c) A plan of operation which establishes that any non-Florida licensed dentist employed by the permit holder will be practicing dentistry under the general supervision of a Florida licensed dentist.

(d) For non-profit corporations which provide dental care to indigent patients, statistics which establish that only indigent patients have been treated or admission criteria that only indigent patients will be treated. A description of the physical plant, available equipment and resources which establish that minimum standards of dentistry are or will be practiced at the facility.

(e) Any other information pertinent to the application which is requested by the Board.

(f) As to each non-Florida licensed dentist employed or sought to be employed:

1. The dentist's name and age,
2. Proof of said dentist's graduation from an accredited dental college or school,
3. The dentist's licensure status in other jurisdictions, including disciplinary action and pending disciplinary action,
4. The status of any dental malpractice actions that have been noticed or filed in any jurisdiction,
5. Proof of having successfully completed Board approved courses on human immunodeficiency virus and acquired immune deficiency syndrome, a one hour course in domestic violence, and proof of current CPR certification.

(2) A non-profit corporation permit holder shall follow the requirements of subsection 64B5-7.001(4), F.A.C., and Rule 64B5-7.003, F.A.C., regarding application, requirements for conducting the program and qualifications for any permit holders who will be employed at their facility.

(3) Any non-Florida licensed dentist employed by the holder of a permit pursuant to this rule shall be bound by all requirements for permit holders set forth in Rule 64B5-7.003, F.A.C., and shall be compensated only by salary which is not based upon productivity.

(4) Each non-profit corporation at which a non-Florida licensed dentist practices dentistry shall inform the Board office of the termination of practice of said dentist. Such notice shall be in writing and within thirty (30) days of termination.

*Specific Authority 466.004(4) FS. Law Implemented 466.025(3) FS. History—New 11-16-89, Formerly 21G-7.006, 61F5-7.006, 59Q-7.006, Amended 3-25-99, 6-12-00.*

#### **64B5-7.007 Limited License as Allowed in Section 456.015, F.S.**

(1) A limited license shall be issued by the Board of Dentistry to an applicant who has retired or intends to retire from the practice of dentistry or dental hygiene and intends to practice only pursuant to the restrictions of the limited license granted pursuant to Section 456.015, F.S., if the applicant:

(a) Has been licensed for practice in any jurisdiction in the United States for at least ten (10) years in the profession for which the applicant seeks a limited license.

(b) Has not committed or is not under investigation for prosecution for any act which would constitute the basis for discipline pursuant to the provisions of Chapter 466, F.S.

(c) Practices only in the employ of public agencies or non-profit agencies or institutions which meet the requirements of Section 501(c)(3), F.S., of the Internal Revenue Code, are permitted under Rule 64B5-7.006, F.A.C., and which provide professional liability coverage for acts or omissions of the limited licensee.

(d) Complies with all continuing education requirements of active licensees.

(e) Pays a fee of \$300. If the applicant for a limited license submits a notarized statement from the employer stating the applicant will not receive monetary compensation for any service involving the practice of dentistry or dental hygiene, the application fee and all licensure fees shall be waived.

(2) A limited licensee may provide services only to the indigent, or critical need populations within the state. The standard for determining indigency shall be recognized by the Federal Poverty Income Guidelines produced by the United States Department of Health and Human Services.

*Specific Authority 456.015, 466.004 FS. Law Implemented 456.015, 466.006, 466.007, 466.011 FS. History—New 7-19-01, Amended 6-22-05.*

## CHAPTER 64B5-9 PRESCRIPTIONS FOR DENTAL HYGIENE SERVICES AND CERTIFICATION OF DENTAL RADIOGRAPHERS

64B5-9.010 Prescriptions for the Services of a Dental Hygienist.

64B5-9.011 Radiography Training for Dental Assistants.

### 64B5-9.010 Prescriptions for the Services of a Dental Hygienist.

(1) For the purposes of Section 466.023(2)(c), F.S., a dentist's prescription for his patient of record for dental hygiene services shall contain the following information:

(a) The patient's name and address;

(b) The dentist's name, business address and license number;

(c) The name, business address and professional license number of the dental hygienist who is being authorized to perform the service; and

(d) A statement of the specific services authorized and the frequency of the services authorized.

(2) The prescription must be printed, handwritten or typed on the dentist's prescription pad or on his professional letterhead stationery.

(3) The original prescription shall be given to the patient, and a copy shall be maintained in the patient's file in the office of the prescribing dentist.

*Specific Authority 466.004(4) FS. Law Implemented 466.023(2)(c) FS. History—New 8-4-80, Formerly 21G-9.10, Amended 1-18-89, Formerly 21G-9.010, 61F5-9.010, 59Q-9.010.*

### 64B5-9.011 Radiography Training for Dental Assistants.

(1) Licensed dentists may position and expose dental radiographic films pursuant to Section 466.017, F.S.

(2) Dental hygienists may position and expose dental radiographic films pursuant to Section 466.023, F.S., and Chapter 64B5-16, F.A.C.

(3) Dental assistants may position and expose dental radiographic films only if they have been certified by the Department as dental radiographers or have graduated from a Board-approved dental assisting school or program.

(4) Dental assistants may be certified as dental radiographers if they comply with the following requirements:

(a) Apply for certification on forms provided by the Board and submit the nonrefundable fee prescribed by Rule 64B5-15.015, F.A.C.;

(b) Document having completed at least 3 months of continuous on-the-job training through assisting in the positioning and exposing of dental radiographic film under the direct supervision of a Florida licensed dentist; and

(c) Document successful completion of a Board-approved course which meets the requirements of subsection 64B5-9.011(5), F.A.C. within 12 months after completion of the on-the-job training required by paragraph 64B5-9.011(4)(b), F.A.C.

(5) Only courses which provide training in the following areas may receive Board approval:

(a) Dental radiography practice and equipment;

(b) Radiation biology and radiation safety techniques;

(c) Hands-on instruction in the positioning of dental radiograph films through the use of appropriate mannequins that will provide the didactic objectives;

(d) Radiographic anatomy;

(e) Radiographic film and processing;

(f) Intra-oral radiographic techniques;

(g) Supplemental techniques of dental radiography; and

(h) Infection control and sterilization techniques.

(6) A dental assistant's certification as a dental radiographer must be conspicuously displayed to the public in any dental office where these services are performed.

*Specific Authority 466.004, 466.017(5) FS. Law Implemented 466.017(5) FS. History—New 9-20-80, Amended 1-28-81, Formerly 21G-9.11, Amended 12-31-86, 1-18-89, 4-24-91, Formerly 21G-9.011, 61F5-9.011, 59Q-9.011, Amended 6-12-00, 5-20-01.*

## **CHAPTER 64B5-10 INACTIVE LICENSURE STATUS, RENEWAL, REACTIVATION, AND EXEMPTIONS**

- 64B5-10.004 Exemption of Spouses of Members of Armed Forces From Licensure Renewal Provisions.
- 64B5-10.005 Inactive Status and Renewal of Inactive Status.
- 64B5-10.007 Requirements for Reactivation of an Inactive License.
- 64B5-10.010 Delinquent Status License.
- 64B5-10.011 Retired Status and Reactivation of Retired Status License.

### **64B5-10.004 Exemption of Spouses of Members of Armed Forces From Licensure Renewal Provisions.**

A licensee who is the spouse of a member of the Armed Forces of the United States and was caused to be absent from the State of Florida for a period of at least six consecutive months because of the spouse's duties with the armed forces and who at the time the absence became necessary was in good standing with the Board of Dentistry and entitled to practice dentistry or dental hygiene in Florida shall be exempt from all licensure renewal provisions under these rules. The licensee must show satisfactory proof of the absence and the spouse's military status.

*Specific Authority 456.024(2), 466.004(4) FS. Law Implemented 456.024(2) FS. History—New 12-31-86, Formerly 21G-10.004, 61F5-10.004, 59Q-10.004.*

### **64B5-10.005 Inactive Status and Renewal of Inactive Status.**

(1) A licensee may elect at any time to place the license into inactive status by filing with the Department a completed application for inactive status as set forth in Section 456.036, F.S., and the appropriate fees required by Rule Chapter 64B5-15, F.A.C. Active status licensees choosing inactive status at the time of license renewal must pay the fee for renewal of inactive license required by Rule 64B5-15.008, F.A.C., any applicable delinquency fee as required by Rule 64B5-15.011, F.A.C., and the Change of Status Processing fee required by Rule 64B5-15.012, F.A.C. Active status licensees choosing inactive status at any time other than at the time of license renewal shall pay the change of status processing fee required by Rule 64B5-15.012, F.A.C.

(2) Inactive licenses must be renewed biennially including payment of the renewal fee set forth in Rule 64B5-15.008, F.A.C.

(3) An inactive license can be reactivated at any time provided the licensee meets the requirements of Rule 64B5-10.007, F.A.C. Inactive status licensees choosing active status at the time of license renewal must pay the renewal fee required by Rule 64B5-15.006, F.A.C., the reactivation fee as required by Rule 64B5-15.009, F.A.C., any applicable delinquency fee as required by Rule 64B5-15.011, F.A.C., and the change of status processing fee required by Rule 64B5-15.012, F.A.C. Inactive status licensees choosing active status at any time other than at the time of license renewal shall pay the reactivation fee as required by Rule 64B5-15.009, F.A.C., and the change of status processing fee required by Rule 64B5-15.012, F.A.C.

*Specific Authority 466.004(4), 466.015 FS. Law Implemented 456.036 FS. History—New 7-12-95, Formerly 59Q-10.005, Amended 5-20-01.*

### **64B5-10.007 Requirements for Reactivation of an Inactive License.**

An inactive license shall be reactivated upon demonstration that the licensee has paid the applicable fees set forth in Rule Chapter 64B5-15, F.A.C., and has complied with the following requirements:

(1) As a condition to the reactivation of an inactive license, a dentist or dental hygienist must submit proof of having completed the appropriate continuing education requirements as set forth in Rule 64B5-12.013, F.A.C.

(2) However, any licensee whose license has been inactive for more than two consecutive biennial licensure cycles and who has not practiced for two out of the previous four years in another jurisdiction shall be required to appear before the Board and establish the ability to practice with the care and skill sufficient to protect the health, safety, and welfare of the public. At the time of such appearance, the licensee must:

(a) Show compliance with subsection (1) above;

(b) Account for any activities related to the practice of dentistry in this or any other jurisdiction during the period that the license was inactive and establish an absence of malpractice or disciplinary actions pending in any jurisdiction;

(c) Prove compliance with the financial responsibility requirements of subsection 456.009, F.S., and Rule 64B5-17.011, F.A.C. (dentists only);

(d) Prove compliance with subsection 456.033, F.S., and Rule 64B5-12.019, F.A.C.

(3) The Department shall not reactivate the license of any dentist or dental hygienist who has:

(a) Committed any act or offense in this or any other jurisdiction which would constitute the basis for disciplining a licensee pursuant to subsection 466.028, F.S.

(b) Failed to comply with the financial responsibility requirements of Section 456.009, F.S., and Rule 64B5-17.011, F.A.C. (dentists only).

(c) Failed to comply with the provisions of Section 456.033, F.S., and Rule 64B5-12.019, F.A.C.

*Specific Authority 466.004(4), 466.015 FS. Law Implemented 456.036, 466.015 FS. History—New 7-12-95, Formerly 59Q-10.007, Amended 5-20-01.*

**64B5-10.010 Delinquent Status License.**

(1) The failure of any license holder to either renew the license or elect inactive status before the license expires shall cause the license to become delinquent.

(2) The delinquent status licensee must affirmatively apply for active or inactive status during the licensure cycle in which the license becomes delinquent. The failure by the delinquent status licensee to cause the license to be renewed or made inactive before the expiration of the licensure cycle in which the license became delinquent shall render the license null and void without further action by the Board or the Department.

(3) The delinquent status licensee who applies for license renewal or inactive status shall:

(a) Apply to the Department for either license renewal as required by Section 466.015, F.S., or inactive status as required by Section 456.036, F.S.

(b) Pay to the Board either the license renewal fee as set forth in Rule 64B5-15.006, F.A.C., or the inactive status fee as set forth in Rule 64B5-15.008, F.A.C.; the delinquency fee as set forth in Rule 64B5-15.011, F.A.C.; and, if applicable, the processing fee as set forth in Rule 64B5-15.012, F.A.C.; and

(c) If renewal is elected, demonstrate compliance with the continuing education requirements found in Rule 64B5-12.013, F.A.C.

*Specific Authority 466.004(4), 466.015 FS. Law Implemented 456.036 FS. History—New 7-12-95, Formerly 59Q-10.010.*

**64B5-10.011 Retired Status and Reactivation of Retired Status License.**

(1) A licensee may place an active or inactive license in retired status at any time. If the license is placed in retired status at the time of renewal the licensee shall pay the retired status fee set forth in Rule 64B5-15.0122, F.A.C. If the licensee chooses to place the license in retired status at any time other than at the time of license renewal the licensee shall pay the change of status processing fee set forth in Rule 64B5-15.0121, F.A.C., and the retired status fee set forth in Rule 64B5-15.0122, F.A.C.

(2) A licensee may reactivate a retired status license at any time, subject to meeting the following requirements:

(a) Paying the reactivation fee set forth in Rule 64B5-15.0091, F.A.C.;

(b) Showing documentary proof of satisfying the continuing education requirements of Rules 64B5-12.013, 64B5-12.016, 64B5-12.019, 64B5-12.020, F.A.C., for each licensure biennial period in which the license was in retired status.

*Specific Authority 456.036 FS. Law Implemented 456.036 FS. History—New 2-14-06.*

## CHAPTER 64B5-12 CONTINUING PROFESSIONAL EDUCATION

- 64B5-12.013 Continuing Education Requirements.
- 64B5-12.0135 Licensees Excused from Continuing Educational Requirements.
- 64B5-12.014 Committee on Continuing Professional Education.
- 64B5-12.016 Subject Area Requirements.
- 64B5-12.017 Application for Provider Status.
- 64B5-12.0175 Standards for Approved Providers.
- 64B5-12.018 Individual Study.
- 64B5-12.0185 Standards for Board Approval of Pro Bono Programs.
- 64B5-12.019 Courses Required for Initial Licensure, Renewal, or Reactivation.
- 64B5-12.020 Courses Required of Licensees for Renewal and Reactivation.

### 64B5-12.013 Continuing Education Requirements.

(1) Dentists shall complete 30 hours of continuing professional education during each license renewal biennium as a condition of license renewal. No more and no less than one hour shall consist of training in domestic violence as required by Section 456.031, F.S., and described in subsection 64B5-12.019(8), F.A.C. In addition to the 30 hours required herein, each licensed dentist shall complete the training in cardiopulmonary resuscitation (CPR) required in subsection 64B5-12.020(1), F.A.C.

(2) Dental hygienists shall complete 24 hours of continuing professional education which shall include no more or no less than one hour of training in domestic violence every other biennium as required by Section 456.031, F.S., and as described in subsection 64B5-12.019(8), F.A.C., as a condition of license renewal. In addition, during each license renewal biennium licensed dental hygienists shall complete training in cardiopulmonary resuscitation (CPR) at the basic support level, which results in certification or recertification in CPR by the American Heart Association, the American Red Cross or an entity with equivalent requirements.

(3) Continuing education credit shall be awarded only for educational experiences that are specifically appropriate for, and contain useful information directly pertinent to, dentistry and only if received through the following methods:

- (a) By participating in courses offered by a Board-approved continuing education provider; or
- (b) By participating in courses offered by:

1. The American or National Dental Associations and their constituent and component and affiliate dental associations and societies, including affiliated specialty organizations or a provider organization recognized by either the American or National Dental Associations;

2. The American or National Dental Hygienist Association and their constituent and component associations and societies;

3. The Academy of General Dentistry and its constituent and component organizations or a provider approved by the Academy of General Dentistry's National Sponsor Approval Program;

4. A dental, dental hygiene or dental assisting school accredited by the American Dental Association's Commission on Dental Accreditation;

5. A hospital, college, university, or community college, accredited by an accrediting agency approved by the United States Department of Education;

6. The American Red Cross, American Heart Association, and the American Cancer Society; and

7. An educational program or course associated with a medical school which is accredited by the American Medical Association's Liaison Committee for Medical Education;

(c) By participating in Board-Approved individual study; and

(d) By participating in examination standardization exercises. Dentists and dental hygienists may receive a maximum of 6 continuing education credits per biennium for participating in the dental hygiene exercise; dentists may receive a maximum of 8 continuing education credits for the dental clinical exercise; and dentists may receive a maximum of 11 continuing education credits per biennium for participating in both exercises;

(e) By participating in programs approved by the Board pursuant to Rule 64B5-12.0185, F.A.C., that provide substantial pro bono dental and dental hygiene services to the indigent, to dentally underserved populations or to persons who reside in areas of critical need within Florida. Dentists and dental hygienists may obtain a maximum of 5 hours per biennium of required continuing education credit for participating in such programs. Continuing education credit shall be calculated at a ratio of 1 continuing education credit for each 3 hours of patient services provided to approved programs.

(f) By participating as an expert witness in the review of disciplinary cases, a licensee may receive a maximum of 11 hours of continuing education credit for completing five disciplinary cases in each biennium. By participating as an expert witness in the review of disciplinary cases, a licensee may receive a maximum of 4 hours of continuing education credit for completing two disciplinary cases in each biennium. A maximum of 11 hours in any one biennium may be earned toward license renewal.

(g) By participating as part of a course at a dental, dental hygiene or dental assisting school accredited by the ADA Commission on Dental Accreditation, its successor agency or other nationally recognized accrediting agency, an adjunct, part-time faculty member may receive 3 continuing education hours per semester/quarter by providing the following requirements: application, documentation from the teaching institution which shall include the number of the semesters/quarters the licensee taught the course.

(h) Up to 4 hours of credit per renewal cycle may be earned by attending a meeting of the Board of Dentistry wherein disciplinary cases are considered. The licensee must check in with staff prior to the beginning of the disciplinary proceedings. After the conclusion of the meeting, Board staff will issue a certificate of attendance to the licensee. Credit hours shall be awarded on an hour for hour basis up to a maximum of 4 hours. Credit hours may not be earned when the licensee attends a disciplinary case session as a party to a disciplinary action.

(4) The Department shall send a license renewal application to each licensee at the licensee's last address of record during each license renewal period. The application shall contain an affidavit form to be completed and sworn to by the licensee stating that the licensee has completed required continuing education. The licensee shall retain documentation of having completed the continuing education hours claimed on the renewal application for a period of 4 years.

(5) Failure of the Department to send or the licensee to receive a license renewal notice shall not affect the licensee's responsibility to timely renew licensure.

(6) The Board will randomly audit licensees' continuing education documentation to assure compliance with continuing education requirements. Failure to maintain documentation or the submission of false or misleading information or documentation shall subject the licensee to discipline, up to and including revocation of licensure.

*Specific Authority 456.013(8), 456.031, 466.004(4), 466.0135, 466.014, 466.017(3), (4) FS. Law Implemented 456.013(8), 456.031, 466.0135, 466.014, 466.017(3), (5), 466.028(1)(i), (bb) FS. History—New 4-2-86, Amended 12-31-86, 4-26-87, 7-20-87, 9-16-87, 11-18-89, 7-9-90, Formerly 21G-12.013, Amended 5-19-94, 7-18-94, Formerly 61F5-12.013, Amended 11-15-95, 4-8-96, Formerly 59Q-12.013, Amended 2-17-98, 2-15-99, 3-11-99, 11-9-00, 5-20-01, 8-25-03, 5-31-04, 7-13-05, 2-14-06.*

#### **64B5-12.0135 Licensees Excused from Continuing Educational Requirements.**

(1) Licensees shall not be required to complete continuing education requirements during the biennium in which they receive initial licensure.

(2) Dentists shall not be required to complete continuing education requirements during any biennium in which they are:

(a) Enrolled full-time in a post-graduate specialty training or residency program at a dental school accredited by the American Dental Association's Commission on Dental Accreditation; or

(b) Serving as full-time faculty members at a dental, dental hygiene or dental assisting school accredited by the American Dental Association's Commission of Dental Accreditation.

(3) Dental hygienists shall not be required to complete continuing education requirements during any biennium in which they are:

(a) Enrolled full-time in an academic program directly related to dentistry or dental hygiene; or

(b) Serving as full-time faculty members at a dental, dental hygiene school or dental assisting school accredited by the American Dental Association's Commission on Dental Accreditation.

(4) No provision of this section shall relieve a licensee from the obligation to obtain training required by Sections 456.013(7), 456.031, 456.033, F.S., as a condition of licensure renewal.

*Specific Authority 466.004(4), 466.0135, 466.014 FS. Law Implemented 456.013(7), 456.031, 456.033, 466.0135, 466.014 FS. History—New 1-18-89, Formerly 21G-12.0135, 61F5-12.0135, 59Q-12.0135, Amended 5-17-06.*

#### **64B5-12.014 Committee on Continuing Professional Education.**

(1) The Chairman of the Board shall appoint a Continuing Professional Education Committee to effectively administer continuing education requirements.

(2) The committee shall consist of at least one dentist member, one public member, and one dental hygienist member. A quorum shall be a majority of the committee members.

(3) The committee shall prepare for the Board's consideration and final approval or disapproval, requests for continuing education provider status and requests for continuing education credit for individual study.

*Specific Authority 466.004(4), 466.014 FS. Law Implemented 466.0135, 466.014 FS. History—New 4-2-86, Amended 6-30-86, 1-18-89, Formerly 21G-12.014, 61F5-12.014, 59Q-12.014.*

#### **64B5-12.016 Subject Area Requirements.**

(1) Regardless of the manner by which a licensee obtains continuing education, no credit will be awarded unless the subject matter falls within the following subject matter categories:

(a) Basic medical and scientific subjects, including but not limited to – biology, microbiology, anatomy, dental anatomy, microscopic anatomy, pathology, physiology, chemistry, organic chemistry, biochemistry, neurology, pharmacology, anesthesia, analgesia, diet and nutrition as it relates to the conditions of the human oral cavity.

(b) Clinical and technical subjects, including but not limited to – techniques in general dentistry or recognized specialties, dental materials and equipment, diagnosis and treatment planning, asepsis and sterilization techniques and radiology.

(c) Patient health and safety subjects including but not limited to – public health problems, communicable diseases, emergency care, cardiopulmonary resuscitation, advanced life support, anesthesia, patient stress management and risk management.

(d) Subjects dealing with licensees' legal responsibilities, including but not limited to the laws and rules governing the practice of dentistry and dental hygiene.

(e) One hour of credit will be awarded for completion of a course on domestic violence as required by Section 456.031, F.S.

(f) Formal group discussions concerning case presentations sponsored by approved providers.

(2) Except as expressly allowed below in this section, no continuing education credit shall be given for courses which do not directly relate to providing dental care. The following types of courses do not relate directly to providing dental care – organization or design of a dental office, practice development or management, marketing of dental services, investments or financial management and personnel management.

(3) No continuing education credit shall be given for identical courses taken during the same biennium.

(4) Notwithstanding any other provision of this section to the contrary, a dentist may earn up to three hours of continuing education renewal credit per biennium, by completing an approved course in dentistry practice management, that meets the criteria set forth in Section 466.0135(1)(c), F.S.

*Specific Authority 466.004(4), 466.0135, 466.014 FS. Law Implemented 456.031, 466.0135, 466.014 FS. History—New 4-2-86, Amended 1-18-89, 7-9-90, 2-1-93, Formerly 21G-12.016, 61F5-12.016, Amended 9-27-95, Formerly 59Q-12.016, Amended 10-29-00, 5-20-01, 5-31-04, 7-6-06.*

#### **64B5-12.017 Application for Provider Status.**

(1) Entities or individuals who wish to become approved providers of continuing education must submit the approval fee set forth in subsection 64B5-15.022(1), F.A.C., and an application on the appropriate form set forth in Rule 64B5-1.021, F.A.C., which contains the following information and which is accompanied by the following documentation:

(a) The name of the contact person who will fulfill the reporting and documentation requirements for approved providers and who will assure the provider's compliance with Rule 64B5-12.0175, F.A.C.; and

(b) The qualifications of all instructors, which may be evidenced by a curriculum vitae or professional licensure in the subject area taught. Because domestic violence courses must contain information specifically appropriate for, directly pertinent to, and useful in, dentistry, all domestic violence instructors shall identify dental injuries indicative of domestic violence, mandatory reporting and patient records confidentiality for dentists under Florida and federal law, and incidence statistics in the dental profession.

(2) Provider approval may be granted for a period not to exceed the time from the date of approval to the end of the next successive licensure biennium after approval was obtained. Application for renewal of provider status shall be made at least 90 days prior to the end of the biennium in which approval expires and must be accompanied by the biennial renewal fee set forth in subsection 64B5-15.022(2), F.A.C. Renewal applications shall contain all information required for initial provider approval as well as course outlines and information evidencing compliance with Rule 64B5-12.0175, F.A.C., for each course offered during the provider status.

(3) Study clubs which are composed of at least five licensees, are formed for the purpose of scientific study and which have adopted written by-laws may apply to become approved continuing education providers.

*Specific Authority 456.027, 466.004(4), 466.014 FS. Law Implemented 456.027, 466.0135, 466.014 FS. History—New 4-2-86, Amended 10-26-87, 1-18-89, 7-9-90, 5-2-91, Formerly 21G-12.017, 61F5-12.017, 59Q-12.017, Amended 8-19-97, 10-29-00, 5-20-01.*

#### **64B5-12.0175 Standards for Approved Providers.**

Approved continuing professional education providers and providers authorized pursuant to paragraph 64B5-12.013(3)(b), F.A.C., shall comply with the following requirements:

(1) All courses shall reflect appropriate didactic and clinical training for the subject matter and shall be designed to meet specifically stated educational objectives.

(2) Instructors shall be adequately qualified by training, experience or licensure to teach specified courses. Because domestic violence courses must contain information specifically appropriate for, directly pertinent to, and useful in, dentistry, all domestic violence instructors shall be familiar with dental injuries indicative of domestic violence, reporting obligations under Florida and federal law, and incidence statistics in the dental profession. Instructors who have had a professional license revoked, suspended, or otherwise acted against, in Florida or in another jurisdiction, shall be disqualified when the nature and number of disciplinary actions indicate a conscious disregard for the laws, rules and ethics of the profession.

(3) Any clinical dental hygiene course in which patients are treated during instruction must be supervised by a licensed dentist.

(4) Facilities and equipment for each course in which patients are treated during instruction shall be adequate for the subject matter and method of instruction.

(5) Course length shall be sufficient to provide meaningful education in the subject matter presented. One half hour or one hour of continuing education credit shall be awarded for each 25 or 50 minutes of actual classroom or clinical instruction, respectively. No continuing education credit shall be awarded for participation of less than 25 minutes.

(6) Providers shall provide written certification to each participant who completes a continuing education course or portion of that course which consists of at least 25 minutes of instruction. Certification shall include the participant's name and license number, the provider's name and number, the course title, instructor, location, date offered and hours of continuing education credit awarded and validation through the signature of the provider, official representative or instructor.

(7) Providers shall maintain records of each course offering for 4 years following each licensure biennium during which the course was offered. Course records shall include a course outline which reflects its educational objectives, the instructor's name, the date and location of the course, participants' evaluations of the course, the hours of continuing education credit awarded for each participant and a roster of participants by name and license number.

(8) Providers' records and courses shall be subject to Board review. Failure to maintain the standards set forth in this rule shall subject the provider to the suspension or rescission of the providership.

(9) The provider number shall not be used on any advertisement or certification for a course that does not meet the requirements of Rule 64B5-12.016, F.A.C.

(10) A licensee who has been approved as a provider may not give more than 12 hours of continuing education credit in subjects other than cardiopulmonary resuscitation to office staff, employees, or fellow employees during a biennium.

*Specific Authority 466.004(4), 466.014 FS. Law Implemented 466.0135, 466.014 FS. History—New 1-18-89, Amended 7-9-90, Formerly 21G-12.0175, 61F5-12.0175, 59Q-12.0175, Amended 10-3-99, 10-29-00, 3-7-02.*

#### **64B5-12.018 Individual Study.**

(1) Licensees may receive continuing education credit for individual study by submitting an application for approval on a form provided by the Board which is accompanied by documentation of compliance with the requirements of this rule.

(2) Credit for individual study shall only be awarded in the following manner, for the following educational experiences:

(a) The initial presentation of material falling within the subject areas set forth in Rule 64B5-12.016, F.A.C., which is part of a professional conference or meeting or which is offered at a formal course given in conjunction with a professional conference or meeting. Two hours of continuing education credit shall be awarded for each 50 minute segment of a presentation. The licensee must submit documentation which includes: the name of the professional conference or meeting and its sponsoring organization; the date, location and subject of the presentation; and written confirmation of this information by the sponsoring organization.

(b) Publication of an article or book devoted to a subject area set forth in Rule 64B5-12.016, F.A.C., in journals or other media which select materials through an editorial review process. Continuing education credits in an amount determined by the Board may be awarded for a published article or for a published book upon the licensee's documentation of the following: the title, authors, subject and length of the article or book; the publisher's name and date published; and if the licensee co-authored an article or book, documentation of the licensee's actual contribution to the finished product.

(c) Presentation of a lecture devoted to a subject area set forth in Rule 64B5-12.016, F.A.C., when given as part of a course at a dental, dental hygiene or dental assisting school accredited by the American Dental Association's Commission on Dental Accreditation, its successor agency or other nationally recognized accrediting agency, or as part of a formal course or program approved by the Board pursuant to Rule 64B5-16.002, F.A.C. Two hours of continuing education credit shall be awarded for each 50 minutes of actual lecture time upon the licensee's documentation of the following: name of the institution, course and program; subject, length and date of the lecture; and written confirmation of this information from the sponsoring institution or program. Licensees may obtain a maximum of 15 hours per biennium.

*Specific Authority 466.004(4), 466.014 FS. Law Implemented 466.0135, 466.014 FS. History—New 4-2-86, Amended 9-7-87, 3-28-88, 1-18-89, Formerly 21G-12.018, 61F5-12.018, 59Q-12.018, Amended 7-13-05.*

#### **64B5-12.0185 Standards for Board Approval of Pro Bono Programs.**

(1) To receive Board approval, programs seeking to provide continuing education credit for the provision of pro bono dental services must meet the following guidelines:

(a) Programs must be organized as or as part of a not-for-profit entity that provides substantial pro bono dental services to the indigent or dentally underserved populations or persons who reside in areas of critical need within Florida.

(b) The program must require the dentist and dental hygienist volunteers to provide beneficial dental services to indigent patients, without compensation.

(c) Any volunteer dental hygienist must be under the appropriate supervision of a Florida licensed dentist as set forth in Chapter 64B5-16, F.A.C.

(d) The program must require the volunteer dentist or dental hygienist to register with the program director or designee before commencing to provide dental or dental hygiene services. Such registration shall occur on each day that the volunteer participates in the pro bono activities.

(e) The program must require the volunteer dentist or dental hygienist to sign out with the program's director or designee upon concluding the rendering of pro bono dental or dental hygiene services.

(f) The program shall calculate the award of continuing education credit based upon the time each dentist or dental hygienist has actually dedicated to the performance of substantial professional dental or dental hygiene services for indigent patients.

(g) The program must retain documentation of the number of hours of volunteer professional service contributed by each volunteer involved in the program's pro bono activities. This documentation shall contain the name and license number of each participant; the dates and times of all pro bono activity; the location of the related patient records; and in the case of dental hygienist volunteers, the name and license number of the supervising Florida licensed dentist. Such records must be maintained for a minimum of 4 years following the biennium in which the pro bono services are provided.

(2) The following pro bono programs are found by the Board to meet the foregoing requirements and are hereby approved by the Board:

(a) Programs affiliated with Project Dentists Care.

(b) Programs operated by accredited dental colleges or schools and accredited dental hygiene programs.

(3) Other formalized not-for-profit programs may petition for Board approval by filing a written petition with the Board that establishes the program's compliance with the requirements of this rule.

*Specific Authority 456.013(8) FS. Law Implemented 456.013(8) FS. History—New 2-15-99.*

**64B5-12.019 Courses Required for Initial Licensure, Renewal, or Reactivation.**

(1) No license shall be granted and no license shall be renewed or reactivated unless the applicant or licensee submits confirmation to the Board that he or she has successfully completed, within 24 months prior to seeking initial licensure, renewal or reactivation, a Board-approved course on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), and other infectious diseases pertinent to the practice of dentistry and dental hygiene, a Board-approved course on domestic violence, and a Board-approved course on prevention of medical errors.

(2) To receive Board approval, courses on HIV/AIDS and infectious diseases pertinent to the practice of dentistry and dental hygiene shall consist of instruction which shall include, but need not be limited to, viral counts, hepatitis, sterilization and infection control requirements, identification of oral lesions associated with infectious disease, how the presence of infectious disease directly affects treatment decisions of dentists, and the subject areas set forth under Section 456.033, F.S.

(3) Every such course for the purpose of obtaining initial licensure shall have a minimum of two (2) hours dedicated to the subject areas set forth. Every such course for the purpose of renewal or reactivation of licensure shall have no less than one (1) hour dedicated to the subject areas set forth. Furthermore, every such course shall include information on current Florida law and its impact on testing, confidentiality of test results, and treatment of patients. However, any such course completed outside of Florida, which complies with the criteria set forth in paragraph (2) above shall be approved by the Board if the applicant or licensee submits to the Board a statement that he or she has reviewed and studied current Florida law and its impact on testing, confidentiality of test results, and treatment of patients. To fulfill the requirements of this paragraph every HIV/AIDS course shall include or each applicant or licensee shall review and study Chapters 381 and 384, F.S.

(4) Only courses on HIV/AIDS and infectious diseases pertinent to the practice of dentistry and dental hygiene that meet the requirements set forth in subsections 64B5-12.019(2) and (3), F.A.C., and that are offered in compliance with subsection 64B5-12.013(3), F.A.C., shall be and are hereby approved by the Board. Home study courses are permitted for the purpose of meeting the requirements of HIV/AIDS and infectious diseases pertinent to the practice of dentistry and dental hygiene education, provided they comply with the requirements set forth in subsections (2) and (3), above.

(5) Each applicant or licensee may submit confirmation of having completed a course which complies with subsections 64B5-12.019(2) and (3), F.A.C., on the form prepared by the Department of Health and provided by the Board.

(6) The requirements of this rule shall also apply to the initial issuance and renewal of any permit held pursuant to Chapter 64B5-7, F.A.C. Confirmation of completion shall be submitted at the time of applying for an initial permit and biennially thereafter.

(7) Courses taken subsequent to licensure and for the purpose of compliance with the HIV/AIDS portion of this rule may be included by the licensee in the total continuing education hours required pursuant to subsections 64B5-12.013(1) and (2), F.A.C., as a condition of biennial license renewal.

(8) To receive Board approval, courses on domestic violence must be a minimum of 1 hour long, must cover the substantive areas set forth in Section 456.031, F.S., and must be approved by any state or federal government agency or professional association or offered by a Board approved continuing education provider.

(9) In lieu of completing a Board approved HIV/AIDS course, a licensee who has completed such approved course in the immediately preceding biennium may complete a course in end-of-life care and palliative health care, or any other course approved under the provisions of this rule chapter, as substitute for the course so completed in the immediately preceding biennium. A Board approved HIV course must be taken no less than every other biennium for license renewal.

(10) In lieu of completing a Board approved domestic violence course, a licensee who has completed such approved course in the immediately preceding biennium may complete a course in end-of-life care and palliative health care, or any other course approved under the provisions of this rule chapter, as substitute for the course so completed in the immediately preceding biennium. A Board approved domestic violence course must be taken no less than every other biennium for license renewal.

(11) To receive Board approval, courses on prevention of medical errors shall include a study of root cause analysis, error reduction and prevention, and patient safety. Every such course shall have a minimum of two (2) hours dedicated to the subject areas set forth.

*Specific Authority 456.031, 456.033 FS. Law Implemented 456.013, 456.031, 456.033 FS. History—New 1-18-89, Amended 10-28-91, 2-1-93, Formerly 21G-12.019, Amended 6-14-94, Formerly 61F5-12.019, Amended 11-15-95, 2-10-97, Formerly 59Q-12.019, Amended 10-29-00, 8-2-01, 9-27-01, 12-23-02, 1-12-04.*

**64B5-12.020 Courses Required of Licensees for Renewal and Reactivation.**

Licensed dentists and dental hygienists are required to complete the following continuing education during each license renewal biennium.

(1) Training in cardiopulmonary resuscitation (CPR) at the basic support level, including one-rescuer and two-rescuer CPR for adults, children, and infants; the relief of foreign body airway obstructions for adults, children, and infants; the use of an automatic external defibrillator (AED); and the use of ambu-bags resulting in certification or recertification by the American Heart Association, the American Red Cross or an entity with equivalent requirements.

(2) A course in the prevention of medical errors of at least 2 hours in relevant topics including a study of root cause analysis, error reduction and prevention, and patient safety.

*Specific Authority 466.004 FS. Law Implemented 456.013(6), (7), (8), 466.0135, 466.014, 466.017(4) FS. History--New 4-11-94, Amended 7-18-94, Formerly 61F5-12.020, 59Q-12.020, Amended 1-23-01, 6-7-01, 9-27-01, 12-23-02, 10-8-03, 5-11-05.*

## CHAPTER 64B5-13 DISCIPLINARY ACTION

- 64B5-13.001 Determination of Probable Cause.
- 64B5-13.002 Time for Payment of Administrative Fines.
- 64B5-13.0045 Minor Violations.
- 64B5-13.0046 Citation Authority.
- 64B5-13.005 Disciplinary Guidelines.
- 64B5-13.006 Post Board Order Activity.

### **64B5-13.001 Determination of Probable Cause.**

(1) The probable cause panel by majority vote shall determine whether probable cause exists to believe that a licensee has violated the provisions of Chapter 456 or 466, F.S., or the rules of the Department or Board.

(2) The probable cause panel shall be appointed by the Chairman and shall be composed of three members, two of which must be dentists who hold valid and active dental licenses in this State. At least two members of the probable cause panel must be present to constitute a quorum. If only two members are present, the determination of probable cause shall require the affirmative vote of both members present.

(a) One or two members may be former dentist or consumer Board members.

(b) At least one member must be a current Board member who holds a valid and active license in this State.

(c) At least one member must be a current or former consumer member of the Board if one is available and willing to serve.

(d) Any former dentist member of the Board appointed to the panel must currently hold a valid and active dental license in this State.

(e) Probable cause panel members shall serve for one year terms but may serve successive terms.

(3) The probable cause panel shall meet as necessary to conduct business as determined by the Chairman of the Board or the Chairman of the panel.

*Specific Authority 456.073(4), 466.004(4) FS. Law Implemented 456.073(4) FS. History—New 11-11-79, Amended 12-7-81, 7-13-82, Formerly 21G-13.01, Amended 1-18-89, Formerly 21G-13.001, Amended 11-22-93, Formerly 61F5-13.001, 59Q-13.001, Amended 9-27-01.*

### **64B5-13.002 Time for Payment of Administrative Fines.**

When the Board imposes an administrative fine in a disciplinary or initial licensure proceeding, the fine shall be paid within 30 days from the effective date of the Board's final order, unless specifically provided otherwise.

*Specific Authority 456.072(2), 466.004(4) FS. Law Implemented 456.072(2) FS. History—New 10-26-80, Formerly 21G-13.02, Amended 1-18-89, Formerly 21G-13.002, 61F5-13.002, 59Q-13.002.*

### **64B5-13.0045 Minor Violations.**

(1) Subject to the limitations imposed by this rule, the following violations are designated as minor for the purposes of Section 456.073(3), F.S.

(a) Violation of Section 466.026(1)(a), F.S., by practicing for a period of less than two months without an active license.

(b) Violation of Section 466.028(1)(d), F.S., by the following errors or omissions:

1. Violation of subsection 64B5-4.002(2), F.A.C.

2. Violation of subsection 64B5-4.003(2), (3), (4) or (5), F.A.C., so long as there is no allegation of consumer injury as a result of the violation and the advertisement which is in violation is capable of being withdrawn from circulation to the public within 15 days of issuance of the notice of noncompliance.

3. Violation of Rule 64B5-4.004, F.A.C., so long as there is no allegation of consumer injury as a result of the violation and the advertisement which is in violation is capable of being withdrawn from circulation to the public within 15 days of issuance of the notice of noncompliance.

(c) Violation of Section 466.028(1)(n), F.S., so long as the records have been released.

(d) Violation of Section 466.028(1)(aa), F.S., by violating Rule 64B5-17.0011, F.A.C., which requires the licensee to notify the Board of changes of address.

(e) Violation of Section 466.028(1)(dd), F.S., by presigning laboratory work order forms.

(2) This designation of violations as minor for the purposes of Section 456.073(3), F.S., is limited to initial violations.

(3) A monthly report of notices of noncompliance issued by the Department shall be reviewed by the Board to monitor the use and success of this procedure.

(4) Notices of noncompliance issued shall be reviewed by the Probable Cause Panel in any consideration of subsequent allegations of similar violations by the licensee.

*Specific Authority 456.073(3) FS. Law Implemented 456.073(3) FS. History—New 7-9-90, Formerly 21G-13.0045, 61F5-13.0045, 59Q-13.0045.*

### **64B5-13.0046 Citation Authority.**

(1) Pursuant to Section 456.077, F.S. (2000), the Board sets forth below those violations for which there is no substantial threat to the public health, safety, and welfare; or, if there is a substantial threat to the public health, safety, and welfare, such potential for harm has been removed prior to the issuance of the citation and the appropriate penalties for specific violations. In addition to the penalty, the costs of investigation shall be assessed as determined by rules of the Department of Health. The form to be used for the issuance of the citation shall be set forth in rules of the Department of Health. The following subsections indicate those violations which may be disposed of by citation, with the accompanying penalty.

(2) Violation of Section 466.026(1)(a), and/or 466.028(1)(aa), F.S., by practicing for a period of 2-6 months without an active license. The penalty for a dentist shall be a \$1,000.00 fine to be in addition to any reactivation fee, and completion within 6 months of 4 hours of continuing education in risk management. Said continuing education to be in compliance with Rule Chapter 64B5-12, F.A.C., and in addition to any continuing education required for biennial renewal of licensure. The penalty for a dental hygienist shall be a \$250.00 administrative fine.

(3) A first time violation of Sections 466.028(1)(i) and/or 466.028(1)(aa), F.S., and/or subsection 64B5-12.013(1) or (2), F.A.C., by renewing a license without completing the required continuing education credits. The penalty for a dentist shall be an administrative fine of \$150.00 per hour not completed as required, completion of all continuing education hours that were not completed, and completion of one additional hour of continuing education for each hour not completed or completed late. Said continuing education shall be in compliance with Rule Chapter 64B5-12, F.A.C., and shall be in addition to and not count toward any continuing education required for biennial renewal of licensure. Furthermore, the licensee shall submit proof of completion of all required continuing education under this rule to the Board office no later than 12 months from the date of the citation. The penalty for a dental hygienist shall be an administrative fine of \$35.00 per hour not completed as required, and completion of all continuing education hours that were not completed, and completion of one additional hour of continuing education for each hour not completed or completed late. Said continuing education shall be in compliance with Rule Chapter 64B5-12, F.A.C., and shall be in addition to and not count toward any continuing education required for biennial renewal of licensure. Furthermore, the licensee shall submit proof of completion of all required continuing education under this rule to the Board office no later than 12 months from the date of citation.

(4) Violation of Rule 64B5-4.002, F.A.C., as follows:

(a) Violation of Rule 64B5-4.002, F.A.C., by failing to properly identify through license number or use of the licensee's commonly used name the Florida licensed dentist, who assumes total responsibility for the advertisement.

(b) Violation of subsection 64B5-4.002(3), F.A.C., by disseminating or causing the dissemination of any advertisement or advertising which is in any way fraudulent, false, deceptive, or misleading in form or content.

(c) Violation of paragraph 64B5-4.002(3)(a), F.A.C., by disseminating or causing the dissemination of any advertisement that contains misrepresentations of facts.

(d) Violation of paragraph 64B5-4.002(3)(b), F.A.C., by disseminating or causing the dissemination of any advertisement that is likely to mislead or deceive because in its context or in the context in which it is presented it makes only a partial disclosure of relevant facts.

(e) Violation of paragraph 64B5-4.002(3)(c), F.A.C., by disseminating or causing the dissemination of any advertisement that contains laudatory statements about the dentist or group of dentists.

(f) Violation of paragraph 64B5-4.002(3)(d), F.A.C., by disseminating or causing the dissemination of any advertisement that is intended or is likely to create false, unjustified expectations of favorable results.

(g) Violation of paragraph 64B5-4.002(3)(e), F.A.C., by disseminating or causing the dissemination of any advertisement that relates to the quality of dental services provided as compared to other available dental services.

(h) Violation of paragraph 64B5-4.002(3)(f), F.A.C., by disseminating or causing the dissemination of any advertisement that contains other representations or implications that in reasonable probability will cause an ordinary prudent person to misunderstand or to be deceived.

(i) Violation of subsection 64B5-4.002(4), F.A.C., by disseminating or causing the dissemination of any advertisement through in person and telephone solicitation of dental services by a dentist or his agent.

(j) Violation of subsection 64B5-4.002(5), F.A.C., by disseminating or causing the dissemination of any advertisement that includes the name of a person who is not either actually involved in the practice of dentistry at the advertised location or an owner of the practice being advertised.

(5) Violation of Rule 64B5-4.003, F.A.C., as follows:

(a) Violation of subsection 64B5-4.003(2), F.A.C., by providing an advertisement that failed to contain fee information with a disclaimer that the fee is a minimum fee only.

(b) Violation of subsection 64B5-4.003(3), F.A.C., by providing an advertised fee for a dental service which does not state a specified period during which the fee is in effect.

(c) Violation of subsection 64B5-4.003(4), F.A.C., by providing an advertisement which states a particular dental service is for a fee yet it is not accompanied by a description of that service using the exact wording for that service contained in the American Dental Association's "Code on Dental Procedures and Nomenclature".

(d) Violation of subsection 64B5-4.003(5), F.A.C., by providing an advertisement for free or discounted services which does not comply with the requirements of Section 455.664, F.S., and/or clearly identify the dates that free, discounted or reduced fee services will be available.

(6) Violation of Rule 64B5-4.004, F.A.C., as follows:

(a) Violation of subsection 64B5-4.004(2), F.A.C., by providing an advertisement of speciality services which does not state whether the service will be performed by a general dentist or a specialist.

(b) Violation of subsection 64B5-4.004(4), F.A.C., by providing an advertisement that states that a dentist is a specialist when the dentist does not meet the applicable criteria.

(c) Violation of subsection 64B5-4.004(5), F.A.C., by advertising a service in a manner which in its form or content would lead a reasonable person to believe that the service is a speciality unless that service is a speciality recognized by the Board.

(7) The penalty for a violation of Rule Chapter 64B5-4, F.A.C., as enumerated above are as follows: first offense will result in \$250.00 fine and reprimand; second offense, will result in a \$1,000.00 fine, reprimand and four (4) hour continuing education in ethics. Violations occurring subsequent to the second offense of the same rule or statute shall require the procedures of Section 456.073, F.S., to be followed.

(8) Violation of subsection 466.028(1)(n), F.S., failure to make available to a patient or client, or to his legal representative or to the Department, if authorized in writing by the patient, copies of documents in the possession or under control of the licensee, which relate to the patient or client. Failure to comply will result in a \$1,000.00 fine.

(9) Violation of subsection 466.028(1)(aa), F.S., which requires licensees to notify the Board of change of address. Failure to comply will result in a \$250.00 fine.

(10) Violation of subsection 466.028(1)(dd), F.S., by presigning laboratory work order forms. Failure to comply will result in a \$500.00 fine.

(11) Citations shall be issued to licensees by the Bureau of Investigative Services only after review by the legal staff of the Department of Health. Such review may be by telephone, in writing or facsimile machine.

(12) The procedures described herein apply only for an initial offense of the alleged violation. Subsequent violation(s) of the same rule or statute shall require the procedures of Section 456.073, F.S., to be followed. In addition, should an initial offense for which a citation could be issued occur in conjunction with violations not described herein, then the procedures of Section 456.073, F.S., shall apply.

(13) Citations are to be served upon the subject either by personal service or by certified mail, return receipt, to the last known business or residence address of the subject.

(14) The subject has 30 days from the date the citation becomes a final order to pay the fine and costs. All fines and costs are to be made payable to the "Board of Dentistry – Citations" and sent to the Department of Health in Tallahassee. A copy of the citation shall accompany the payment of the fine.

(15) If the licensee rejects the Department of Health's offer of the citation or if the licensee fails to comply with the penalty then the procedures of Section 456.073, F.S., shall apply to the original charge. In cases where the licensee fails to comply with the penalty, both the original charge and a charge of violating Section 466.028(1)(i), F.S., shall be brought before the probable cause panel pursuant to Section 456.073, F.S.

(16) The Department of Health shall, at the end of each calendar quarter, submit a report to the Board of the citations issued which report shall contain the name of the subject, the violation, fine imposed, whether the subject complied with the citation upon it becoming a final order, and the number of subjects who chose to follow the procedures of Section 456.073, F.S.

*Specific Authority 456.077, 466.004(4) FS. Law Implemented 456.072(3)(a), 456.077 FS. History--New 12-24-91, Formerly 21G-13.0046, Amended 11-22-93, Formerly 61F5-13.0046, 59Q-13.0046, Amended 7-19-01.*

### **64B5-13.005 Disciplinary Guidelines.**

(1) When the Board finds an applicant, licensee, or certificate holder whom it regulates under Chapter 466, F.S., has committed any of the acts set forth in Section 456.072(1) or 466.028, F.S., it shall issue a final order imposing appropriate penalties as recommended in these disciplinary guidelines. For any violation found that is for fraud or making a false or fraudulent representation, the Board will impose a fine of \$10,000.00 per count or offense. The use of terms to describe the offenses herein within the individual guidelines is intended to be only a generally descriptive use of the terms. For an accurate description of the actual offenses, the reader should refer to the statutory disciplinary provisions. The maximum penalties set forth in any individual offense guideline include all of the less severe penalties that would fall in between the maximum and the minimum penalties stated:

VIOLATION	PENALTY RANGE	
	MINIMUM	MAXIMUM
(a) Attempting to obtain, obtaining or renewing a license by bribery, fraudulent misrepresentations or error of the Board. (466.028(1)(a), 456.072(1)(h))		
First Offense	Denial – \$500 fine and referral to State Attorney’s office if not licensed	Denial/revocation \$10,000 fine and referral to State Attorney’s office if not licensed
Second Offense	Probation with conditions \$500 fine	Revocation \$10,000 fine permanent denial and revocation
(b) Having a license to practice dentistry or dental hygiene revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country. (466.028(1)(b), 456.072(1)(f))		
First Offense	\$1,000 fine	Suspension/denial until the license is unencumbered and active in the jurisdiction in which the disciplinary action was originally taken, or up to five years followed by probation and \$10,000 fine or revocation
Second Offense	Imposition of discipline which would have been imposed if the substantive violation occurred in Florida. Probation and \$1,000 fine	Revocation until the license is unencumbered in the jurisdiction in which disciplinary action was taken and \$10,000 fine
Third Offense	One year suspension followed by probation and \$5,000 fine	Revocation and permanent denial and \$10,000 fine
(c) Guilty of a crime directly relating to practice or ability to practice. (466.028(1)(c), 456.072(1)(c))		
First Offense	\$1,000 fine	Denial or 2 years suspension, 2 years probation with conditions and \$10,000 fine, or revocation
Second Offense	One year suspension followed by probation and \$1,000 fine	Denial or revocation and \$10,000 fine, with conditions
Third Offense	Revocation and \$2,500 fine	Revocation and \$10,000 fine

(d) Advertising goods or services in a manner which is fraudulent, false, deceptive, or misleading in form.  
(466.028(1)(d))

First Offense	\$500 fine	1 year probation with conditions and \$10,000 fine
Second Offense	1 year probation with conditions and \$3,000 fine	1 year suspension 2 years probation with conditions and \$10,000 fine
Third Offense	2 years probation with conditions and \$5,000 fine	Revocation and \$10,000 fine

(e) Advertising, practicing, or attempting to practice under a name other than one's own.  
(466.028(1)(e))

First Offense	\$1,000 fine	1 year suspension and \$10,000 fine
Second Offense	Probation with conditions and \$3,000 fine	Denial or revocation and \$10,000 fine
Third Offense	Probation with conditions and \$5,000 fine	Revocation and \$10,000 fine

(f) Failing to report any person in violation of this chapter or of the rules of the department or the board.  
(466.028(1)(f), 456.072(1)(i))

First Offense	\$500 fine	1 year probation with conditions and \$1,000 fine
Second Offense	1 year probation with conditions and \$1,000 fine	6 months suspension, 1 year probation with conditions and \$3,000 fine
Third Offense	1 year probation with conditions and \$3,000 fine	1 year suspension, 1 year probation with conditions and \$5,000 fine

(g) Aiding, assisting, procuring, or advising any unlicensed person to practice dentistry or dental hygiene.  
(466.028(1)(g), 456.072(1)(j))

First Offense	\$1,000 fine	6 months suspension, 1 year probation with conditions and \$10,000 fine
Second Offense	1 year suspension, 2 years probation with conditions and \$5,000 fine	2 years suspension, 2 years probation with conditions and \$10,000 fine

Third Offense	2 years suspension followed by 2 years probation with conditions and \$10,000 fine	Denial/revocation and \$10,000 fine
(h) Being employed by any corporation, organization, group, or person other than a dentist or a professional corporation or limited liability company composed of dentists to practice dentistry. (466.028(1)(h))		
First Offense	\$1,000 fine	2 years probation with conditions and up to suspension, and \$10,000 fine
Second Offense	1 year probation with conditions, reprimand and \$3,000 fine	Suspension, 1 year probation with conditions and \$10,000 fine
Third Offense	1 year suspension, reprimand and \$5,000 fine	Revocation and \$10,000 fine
(i) Failing to perform any statutory or legal obligation placed upon a licensee. (466.028(1)(i), 456.072(1)(k))		
First Offense	\$500 fine	2 years probation with conditions and \$10,000 fine
Second Offense	1 year probation with conditions and \$1,000 fine	2 years probation with conditions and \$10,000 fine
Third Offense	2 years probation with conditions and \$2,000 fine	1 year suspension and \$10,000 fine
(j) Making or filing a false report, failing to file a report or record required by state or federal law, knowingly impeding or obstructing such filing. (466.028(1)(j), 456.072(1)(l))		
First Offense	\$1,000 fine	1 year probation with conditions and up to suspension, and \$10,000 fine
Second Offense	1 year probation with conditions and \$2,500 fine	Suspension, probation with conditions and \$10,000 fine
Third Offense	2 years probation with conditions and \$5,000 fine	Denial/revocation and \$10,000 fine
(k) Sexual battery, as defined in Chapter 794, F.S., upon a patient. (466.028(1)(k), 456.072(1)(u))		

First Offense	6 months suspension followed by probation and \$2,500 fine	Denial or revocation and \$10,000 fine
Second or Subsequent Offense	5 years suspension followed by probation with conditions and \$5,000 fine	Denial/revocation and \$10,000 fine
(l) Making deceptive, untrue, or fraudulent representations in or related to the practice of dentistry. (466.028(1)(l), 456.072(1)(a))		
First Offense	\$1,000 fine	6 months probation with conditions and \$10,000 fine
Second Offense	1 year probation with conditions and \$1,000 fine	6 months suspension and \$10,000 fine
Third Offense	2 years probation with conditions and \$2,500 fine	Revocation and \$10,000 fine
(m) Failing to keep written records and history justifying the course of treatment of the patient. (466.028(1)(m))		
First Offense	\$500 fine	Probation with conditions and \$7,500 fine
Second Offense	Probation with conditions and \$1,000 fine	Suspension and \$10,000 fine
Third Offense	Probation with conditions and \$2,500 fine	Revocation and \$10,000 fine
(n) Failing to make available to a patient or client, copies of documents which relate to the patient or client. (466.028(1)(n))		
First Offense	\$500 fine	Probation with conditions and \$7,500 fine
Second Offense	\$1,000 fine	Probation with conditions and \$10,000 fine
Third Offense	\$2,500 fine	Revocation and \$10,000 fine
(o) Performing professional services which have not been authorized by the patient or client. (466.028(1)(o))		

First Offense	\$1,000 fine	Probation with conditions and \$8,000 fine
Second Offense	Probation with conditions and \$2,500 fine	Suspension and \$10,000 fine
Third Offense	Probation with conditions and \$5,000 fine	Revocation and \$10,000 fine
(p) Prescribing a legend drug, other than in the course of the professional practice of the dentist. (466.028(1)(p))		
First Offense	\$500 fine	Probation with conditions, \$10,000 fine and up to suspension
Second Offense	Probation with conditions and \$2,500 fine	Suspension and \$10,000 fine
Third Offense	Suspension followed by probation and \$5,000 fine	Revocation and \$10,000 fine
(q) Prescribing any medicinal drug scheduled in Chapter 893, F.S., to herself or himself. (466.028(1)(q))		
First Offense	\$500 fine	Suspension followed by probation with conditions and \$10,000 fine
Second Offense	Probation with conditions and \$2,500 fine	Suspension and \$10,000 fine
Third Offense	Suspension followed by probation and \$5,000 fine	Revocation and \$10,000 fine
(r) Prescribing any drug which is a Schedule II amphetamine or a Schedule II sympathomimetic amine drug, pursuant to Chapter 893, F.S. (466.028(1)(r))		
First Offense	\$1,000 fine	Probation with conditions and \$10,000 fine
Second Offense	Probation with conditions and \$2,500 fine	Suspension followed by probation and \$10,000 fine
Third Offense	Probation with conditions and \$5,000 fine	Revocation and \$10,000 fine

(s) Being unable to practice her or his profession with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition.

(466.028(1)(s), 456.072(1)(y))

First Offense

Denial, or suspension until licensee petitions the Board and demonstrates ability to practice with reasonable skill and safety, followed by probation with conditions and up to \$5,000 fine

Second Offense

Denial, or suspension until licensee petitions the Board and demonstrates ability to practice with reasonable skill and safety, followed by probation with conditions and up to \$5,000 fine

Suspension followed by probation and \$10,000 fine

Third Offense

Denial, or suspension until licensee petitions the Board and demonstrates ability to practice with reasonable skill and safety, followed by probation with conditions and up to \$10,000 fine

Revocation and \$10,000 fine

(t) Fraud, deceit, or misconduct in the practice of dentistry or dental hygiene.

(466.028(1)(t))

First Offense

\$2,500 fine

Probation with conditions and \$8,000 fine

Second Offense

Probation with conditions and \$8,000 fine

Suspension followed by probation and \$10,000 fine

Third Offense

Probation with conditions and \$10,000 fine

Revocation and \$10,000 fine

(u) Failure to provide and maintain reasonable sanitary facilities and conditions.

(466.028(1)(u))

First Offense	\$500 fine	Probation with conditions and \$8,000 fine
Second Offense	Probation with conditions and \$3,000 fine	Suspension, probation with conditions and \$10,000 fine
Third Offense	Probation with conditions and \$8,000 fine	Revocation and \$10,000 fine
(v) Failure to provide adequate radiation safeguards. (466.028(1)(v))		
First Offense	\$500 fine	Probation with conditions and \$8,000 fine
Second Offense	Probation with conditions and \$3,000 fine	Suspension followed by probation and \$10,000 fine
Third Offense	Probation with conditions and \$8,000 fine	Revocation and \$10,000 fine
(w) Performing any procedure which would constitute experimentation on human subjects, without first obtaining full, informed, and written consent. (466.028(1)(w))		
First Offense	\$1,000 fine	Probation with conditions and \$3,000 fine
Second Offense	Probation with conditions and \$3,500 fine	Suspension followed by probation and \$10,000 fine
Third Offense	Suspension followed by probation and \$5,000 fine	Revocation and \$10,000 fine
(x) Being guilty of incompetence or negligence, including, but not limited to, being guilty of dental malpractice. (466.028(1)(x))		
First Offense	\$500 fine	Probation with conditions and \$8,000 fine
Second Offense	Probation with conditions and \$1,000 fine	Suspension and \$10,000 fine
Third Offense	\$2,500 fine	Revocation and \$10,000 fine
(y) Practicing beyond the scope that she or he is competent to perform. (466.028(1)(y), 456.072(1)(o))		

First Offense	\$500 fine	Probation with conditions and \$10,000 fine
Second Offense	Probation with conditions and \$1,000 fine	Suspension and \$10,000 fine
Third Offense	\$2,500 fine	Revocation and \$10,000 fine

(z) Delegating or contracting for professional responsibilities to a person who is not qualified to perform them.  
(466.028(1)(z), 456.072(1)(p))

First Offense	\$2,500 fine	Probation with conditions, \$10,000 fine and suspension
Second Offense	Probation with conditions and \$5,000 fine	Suspension followed by probation and \$10,000 fine
Third Offense	Probation with conditions and \$7,500 fine	Revocation and \$10,000 fine

Any violation of Section 466.028(1)(z), F.S., will result in a minimum licensure suspension of six months, in addition to any other penalty authorized for this violation, except where revocation is imposed.

(aa) The violation of a lawful order of the board, or failure to comply with subpoena of the board or department.  
(466.028(1)(aa), 456.072(1)(q))

First Offense	\$1,000 fine	Suspension until compliant with order or subpoena, probation with conditions and \$10,000 fine
Second Offense	Probation with conditions and \$2,500 fine	Suspension until compliant with order or subpoena followed by probation with conditions and \$10,000 fine
Third Offense	Suspension until compliant with order or subpoena, followed by probation and \$5,000 fine	Revocation and \$10,000 fine

(bb) Conspiring with another licensee or with any person to commit an act, which would tend to coerce, intimidate, or preclude another licensee from advertising services.  
(466.028(1)(bb))

First Offense	\$1,000 fine	\$10,000 fine
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Second Offense	Probation with conditions and \$2,500 fine	Probation with conditions and \$10,000 fine
Third Offense	Probation with conditions and \$5,000 fine	Suspension and \$10,000 fine
(cc) Being adjudged mentally incompetent in this or any other state, the discipline for which shall last only so long as the adjudication. (466.028(1)(cc))		
First and any subsequent offense	Suspension until adjudged competent by same court	Suspension until adjudged competent by same court
(dd) Presigning blank prescription forms.		
First Offense	\$500 fine	Probation with conditions and \$500 fine
Second Offense	\$1,000 fine	Probation with conditions and \$7,500 fine
Third Offense	Probation with conditions and \$2,500 fine	Suspension and \$10,000 fine
(ee) Prescribing growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), or other hormones for the purpose of muscle building or to enhance athletic performance. (466.028(1)(ee))		
First Offense	\$1,000 fine	Probation with conditions and \$10,000 fine
Second Offense	Probation with conditions and \$2,500 fine	Probation with conditions and \$10,000 fine
Third Offense	\$5,000 fine	Suspension and \$10,000 fine
(ff) Operating a dental office such as to result in dental treatment that is below minimum acceptable standards of performance for the community. (466.028(1)(ff))		
First Offense	\$500 fine	Probation with conditions and \$10,000 fine
Second Offense	Probation with conditions and \$2,500 fine	Suspension and \$10,000 fine
Third Offense	Probation with conditions and \$4,000 fine	Revocation and \$10,000 fine

(gg) Administering anesthesia in a manner which violates rules of the board.

(466.028(1)(gg))

First Offense	\$1,000 fine	Probation with conditions and \$10,000 fine
Second Offense	Probation with conditions and \$2,500 fine	Suspension and \$10,000 fine
Third Offense	Probation with conditions and \$4,000 fine	Revocation and \$10,000 fine

(hh) Failing to report any licensee under Chapter 458 or 459, F.S., who the dentist knows has violated the grounds for disciplinary action.

(466.028(1)(hh))

First Offense	\$1,000 fine	Probation with conditions and \$10,000 fine
Second Offense	\$2,500 fine	\$10,000 fine
Third Offense	\$3,500 fine	\$10,000 fine

(ii) Failing to report to the board, within 30 days action has been taken against one's license to practice dentistry in another state, territory, or country.

(466.028(1)(ii))

First Offense	\$1,000 fine	Denial, revocation and \$8,000 fine
Second Offense	Probation and \$1,500 fine	Denial, revocation and \$10,000 fine
Third Offense	Suspension followed by probation and \$3,000 fine	Denial, revocation and \$10,000 fine

(jj) Advertising specialty services in violation of this chapter.

(466.028(1)(jj))

First Offense	\$1,000 fine	\$7,500 fine
Second Offense	\$2,500 fine	Probation with conditions and \$10,000 fine
Third Offense	Probation with conditions and \$5,000 fine	Suspension followed by probation and \$10,000 fine

(kk) Allowing any person to interfere with a dentist's clinical judgment.

(466.028(1)(kk))

First Offense	\$1,000 fine	\$5,000 fine
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Second Offense	Probation with conditions and \$2,500 fine	Probation with conditions and \$10,000 fine
Third Offense	Probation with conditions and \$5,000 fine	Suspension and \$10,000 fine
(ll) Violating any provision of Chapters 456 and 466, F.S., or any rules adopted pursuant thereto. (466.028(1)(ll), 456.072(1)(b), 456.072(1)(cc))		
First Offense	\$750 fine	Probation with conditions and \$10,000 fine
Second Offense	Probation with conditions and \$1,000 fine	Probation with conditions and \$10,000 fine
Third Offense	Probation with conditions and \$2,500 fine	Suspension followed by probation and \$10,000 fine
(mm) Failing to comply with the educational course requirements for HIV. (456.072(1)(e))		
First Offense	\$500 fine	Probation with conditions and \$1,500 fine
Second Offense	\$1,000 fine	Probation with conditions and \$5,000 fine
Third Offense	\$1,500 fine	Probation with conditions and \$7,500 fine
(nn) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another licensee. (456.072(1)(g))		
First Offense	\$1,000 fine	Probation with conditions and \$8,000 fine
Second Offense	\$3,500 fine	Probation with conditions and \$10,000 fine
Third Offense	Probation with conditions and \$5,000 fine	Suspension and \$10,000 fine
(oo) Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession. (456.072(1)(m))		

First Offense	\$1,000 fine	Probation with conditions and \$8,000 fine
Second Offense	\$3,500 fine	Probation with conditions and \$10,000 fine
Third Offense	Probation with conditions and \$5,000 fine	Suspension and \$10,000 fine
(pp) Exercising influence on the patient or client for the purpose of financial gain of the licensee or a third party. (456.072(1)(n))		
First Offense	\$1,000 fine	Probation with conditions and \$10,000 fine
Second Offense	Probation with conditions and \$2,500 fine	Suspension and \$10,000 fine
Third Offense	Probation with conditions and \$3,500 fine	Revocation and \$10,000 fine
(qq) Wrong patient, wrong-site procedure, a wrong procedure, medically unnecessary. (456.072(1)(aa))		
First Offense	\$1,000 fine	Probation with conditions and \$10,000 fine
Second Offense	Probation with conditions and \$2,000 fine	Suspension followed by probation with conditions and \$10,000 fine
Third Offense	Suspension followed by probation with conditions and \$3,000 fine	Revocation and \$10,000 fine
(rr) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding. (456.072(1)(r))		
First Offense	\$1,000 fine	Probation with conditions and \$10,000 fine
Second Offense	Probation with conditions and \$2,500 fine	Suspension followed by probation and \$10,000 fine
Third Offense	Probation with conditions and \$5,000 fine	Revocation and \$10,000 fine
(ss) Failing to comply with the educational course requirements for domestic violence. (456.072(1)(s))		
First Offense	\$500 fine	Probation with conditions and \$2,500 fine

Second Offense	Probation with conditions and \$1,000 fine	Probation with conditions and \$4,000 fine
Third Offense	\$2,500 fine	Probation with conditions and \$8,000 fine
(tt) Failing to comply with Sections 381.026 and 381.0261, F.S., patient rights and how to file a patient complaint. (456.072(1)(t))		
First Offense	\$500 fine	Probation with conditions and \$2,500 fine
Second Offense	Probation with conditions and \$1,000 fine	Probation with conditions and \$4,000 fine
Third Offense	\$2,500 fine	Probation with conditions and \$8,000 fine
(uu) Engaging or attempting to engage in sexual misconduct as defined and prohibited in Section 456.063(1), F.S. (456.072(1)(u))		
First Offense	\$2,500 fine	Revocation or probation with conditions and \$10,000 fine
Second Offense	Probation with conditions and \$5,000 fine	Suspension followed by probation with conditions or revocation, and \$10,000 fine
Third Offense	Suspension followed by probation with conditions and \$8,000 fine	Revocation and \$10,000 fine
(vv) Failing to report to the board, in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to regardless of adjudication, a crime in any jurisdiction. (456.072(1)(w))		
First Offense	\$500 fine	Probation with conditions and \$10,000 fine
Second Offense	Probation with conditions and \$1,000 fine	Probation with conditions and \$10,000 fine
Third Offense	Suspension followed by probation with conditions and \$2,500 fine	Revocation and \$10,000 fine
(ww) Using information about people involved in motor vehicle accidents which has been derived from accident reports. (456.072(1)(x))		

First Offense	\$500 fine	Probation with conditions and \$5,000 fine
Second Offense	\$1,000 fine	Probation with conditions and \$8,000 fine
Third Offense	\$2,500 fine	Suspension followed by probation and \$10,000 fine
(xx) Leaving a foreign body in a patient. (456.072(1)(bb))		
First Offense	\$1,000 fine	Probation with conditions and \$10,000 fine
Second Offense	Probation with conditions and \$2,500 fine	Suspension followed by probation with conditions and \$10,000 fine
Third Offense	Probation with conditions and \$5,000 fine	Suspension and/or revocation and \$10,000 fine
(yy) Testing positive for any drug, on any preemployment or employer-ordered drug screening. (456.072(1)(z))		
First Offense	\$500 fine	Probation with conditions and \$8,000 fine
Second Offense	\$1,000 fine	Suspension followed by probation with conditions and \$10,000 fine
Third Offense	\$2,500 fine	Revocation and \$10,000 fine
(zz) Intentionally submitting a personal injury protection claim required by Section 627.736, F.S., statement that has been “upcoded” as defined in Section 627.732, F.S. (456.072(1)(dd))		
First Offense	\$500 fine	Probation with conditions and \$8,000 fine
Second Offense	\$1,000 fine	Probation with conditions and \$10,000 fine
Third Offense	\$2,500 fine	Suspension followed by probation with conditions and \$10,000 fine
(aaa) Intentionally submitting a personal injury protection claim required by Section 627.736, F.S., for services that were not rendered. (456.072(1)(ee))		

First Offense	\$500 fine	Probation with conditions and \$8,000 fine
Second Offense	\$1,000 fine	Probation with conditions and \$10,000 fine
Third Offense	\$2,500 fine	Suspension followed by probation with conditions and \$10,000 fine

(bbb) Engaging in a pattern of practice of prescribing medicinal drugs or controlled substances which demonstrates a lack of reasonable skill or safety to patients.  
(456.072(1)(ff))

First Offense	\$1,500 fine	Probation with conditions and \$8,000 fine
Second Offense	Probation with conditions and \$3,000 fine	Suspension and \$10,000 fine
Third Offense	\$5,000 fine	Revocation and \$10,000 fine

(ccc) Failing to comply with, failing to successfully complete, or being terminated from an impaired practitioner treatment program.  
(456.072(1)(gg))

First Offense	Suspension, until compliant, followed by 2 years probation with conditions and \$2,000 fine	Suspension until compliant, followed by 5 years probation with conditions and \$5,000 fine
Second or Subsequent Offense	Three years suspension followed by 5 years probation with conditions and \$10,000 fine	Revocation and \$10,000 fine

(2) Based upon consideration of aggravating or mitigating factors, present in an individual case, except for explicit statutory maximum and minimum penalty requirements, the Board may deviate from the penalties recommended in subsections (1) above and (3) below. The Board shall consider as aggravating or mitigating factors the following:

- (a) The danger to the public;
- (b) The number of specific offenses, other than the offense for which the licensee is being punished.;
- (c) Prior discipline that has been imposed on the licensee;
- (d) The length of time the licensee has practiced;
- (e) The actual damage, physical or otherwise, caused by the violation and the reversibility of the damage;
- (f) The deterrent effect of the penalty imposed;
- (g) The effect of the penalty upon the licensee;
- (h) Efforts by the licensee towards rehabilitation;
- (i) The actual knowledge of the licensee pertaining to the violation;
- (j) Attempts by the licensee to correct or stop the violation or refusal by the licensee to correct or stop the violation; and
- (k) Any other relevant mitigating or aggravating factor under the circumstances.

(3) Penalties imposed by the Board pursuant to subsections (1) and (2) above may be imposed in combination or individually, and are as follows:

- (a) Issuance of a reprimand or letter of concern, which may be imposed in any disciplinary case, regardless of whether the penalty is referenced in any individual offense guideline;

(b) Imposition of an administrative fine not to exceed \$10,000.00 for each count or separate offense; for any violation found that is for fraud or making a false or fraudulent representation, the Board will impose a fine of \$10,000.00 per each count or offense, pursuant to Section 456.072(2)(d), F.S.;

(c) Restriction of the authorized scope of practice or license. In taking disciplinary action against any person, whether or not the action also involves placing a licensee on probation, or imposing any penalty, the Board may impose restrictions on the practice or the license that include, but are not limited to the following:

1. Requiring remedial education as a requirement of continued practice;
2. Restricting the licensee from practicing in certain settings;
3. Restricting the licensee to work in only certain settings or under designated conditions;
4. Restricting the licensee from performing or providing designated clinical and administrative services;
5. Restricting the licensee from practicing a designated number of hours;
6. Any other restriction found to be necessary for the protection of the public health, safety, and welfare.

(d) Placement of the licensee on probation for a period of time and subject to such conditions as the Board may specify:

1. Probation Term. Unless otherwise specified above within each individual offense guideline, or unless a lesser period of time is stated in the order imposing probation, the period of probation will be for a period of five (5) years;

2. Probation Conditions. Probation conditions may include but not be limited to the following and may be imposed regardless of whether the term "conditions" is referenced in an individual offense guideline:

- a. Requiring the licensee to attend additional continuing education courses or remedial education,
- b. Requiring the licensee to pass an examination on the content and requirements of Chapters 456 and 466, F.S., and Chapter 64B5 F.A.C.,
- c. Requiring the licensee to work under the supervision of another licensee, including the submission of documents and reports from the supervisor and licensee,
- d. Tolling of the running of the probationary period when the licensee ceases to practice in Florida, or fails to maintain compliance with the probation requirements,
- e. Compliance with all terms of the order that imposes probation,
- f. Evaluation by an impaired practitioners network or program and entering or maintaining compliance with a recommended impaired practitioners program contract,
- g. Submitting to a continuing education audit for the next two consecutive biennial licensure renewal periods beginning with the date of the order imposing probation
- h. Corrective action related to the violation, including but not limited to the repayment of any fees billed and collected from a patient or third party on behalf of the patient.
- i. The licensee is responsible for all costs associated with compliance with the terms of probation.

(e) Suspension of a license. Unless otherwise specified above within each individual offense guideline, or unless a lesser period of time is stated in the order imposing suspension, the period of suspension will be for a period of three years;

(f) Revocation of a license; which shall be permanent unless specified otherwise in the final order;

(g) Denial of an application for licensure, any violation of a provision of Section 456.072(1) or Section 466.028(1), F.S., may be the basis for denial or issuance of licensure with restrictions or conditions; and

(h) Costs. The licensee is responsible for payment of all costs of investigation and prosecution related to a disciplinary case. Additionally, all costs related to compliance with an order taking disciplinary action are the obligation of the licensee.

(4) The provisions of subsections (1) through (3) above are not intended and shall not be construed to limit the ability of the Board to informally dispose of disciplinary actions by stipulation, agreed settlement or consent order pursuant to Section 120.57(4), F.S.

(5) The provisions of subsections (1) through (4) above are not intended and shall not be construed to limit the ability of the Board to pursue or recommend the Agency pursue collateral civil or criminal actions when appropriate.

*Specific Authority 456.079(1) FS. Law Implemented 456.072(2), 456.079(1), 466.028 FS. History—New 12-31-86, Amended 2-21-88, 1-18-89, 12-24-91, Formerly 21G-13.005, 61F5-13.005, 59Q-13.005, Amended 4-2-02, 8-25-03, 2-27-06.*

#### **64B5-13.006 Post Board Order Activity.**

(1) Any licensee whose license to practice dentistry or dental hygiene has been revoked or suspended by the Board shall:

(a) Immediately surrender the revoked or suspended license to the Department of Health or its authorized representatives. When a suspension is ordered, the license shall be held by the Department for the duration of the suspension period;

(b) Refrain from misrepresenting the status of his license to practice dentistry or dental hygiene to any patient or to the general public;

(c) Be prohibited from receiving any compensation from any person, group practice, partnership, or corporate practice for dental or dental hygiene services provided to any person subsequent to revocation or during the period of suspension. This subsection is not intended to preclude a revoked or suspended licensee from receiving fees to which he is entitled as a result of services performed prior to the effective date of his suspension or revocation but which are received subsequent to revocation or during the period of suspension;

(d) During a period of suspension, a licensee shall not accept fees from any capitation or third party payment program to which he might otherwise be entitled. This subsection is not intended to preclude a suspended licensee from receiving such fees for services performed during a period of time prior to the effective date of his suspension.

(2) Any licensee whose license to practice dentistry or dental hygiene in Florida has been revoked or suspended for a period of one (1) year or more in length shall:

(a) Notify his patients of record of the suspension or revocation by mail no later than one (1) month after the effective date of the suspension or revocation;

(b) Remove any telephone listings identifying him as licensed to practice dentistry or dental hygiene in the State of Florida;

(c) Remove his name from any sign, door or advertising material identifying him as one licensed to practice dentistry or dental hygiene in the State of Florida;

(d) Refrain from addressing the public in any manner which may suggest that he is licensed to practice dentistry or dental hygiene in the State of Florida.

*Specific Authority 466.004(4) FS. Law Implemented 466.028(2) FS. History—New 9-1-87, Formerly 21G-13.006, 61F5-13.006, 59Q-13.006.*

## CHAPTER 64B5-14 ANESTHESIA

64B5-14.001	Definitions.
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### 64B5-14.001 Definitions.

(1) Anesthesia – The loss of feeling or sensation, especially loss of the sensation of pain.

(2) General anesthesia – A controlled state of unconsciousness, produced by a pharmacologic agent, accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command. This modality includes administration of medications via parenteral routes; that is: intravenous, intramuscular, subcutaneous, submucosal, or inhalation, as well as enteral routes, that is oral, rectal, or transmucosal.

(3) Deep Sedation – A controlled state of depressed consciousness accompanied by partial loss of protective reflexes, including either or both the inability to continually maintain an airway independently or to respond appropriately to physical stimulation or verbal command, produced by pharmacologic or non-pharmacologic method or combination thereof. Deep sedation includes administration of medications via parenteral routes; that is intravenous, intra muscular, subcutaneous, submucosal, or inhalation, as well as enteral routes, that is oral, rectal, or transmucosal.

(4) Conscious sedation – A depressed level of consciousness produced by the administration of pharmacologic substances, that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command. This modality includes administration of medications via all parenteral routes, that is, intravenous, intramuscular, subcutaneous, submucosal, or inhalation, as well as enteral routes, that is oral, rectal, or transmucosal. The drugs, and techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

(5) Pediatric Conscious Sedation – A depressed level of consciousness produced by the administration of pharmacologic substances, that retains a child patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command. This modality includes administration of medication via all parenteral routes; that is intravenous, intramuscular, subcutaneous, submucosal, or inhalation, and all enteral routes; that is oral, rectal, or transmucosal. The drugs, doses, and techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. For the purposes of this chapter, a child is defined as an individual under 18 years of age, or any person who has special needs, which means having a physical or mental impairment that substantially limits one or more major life activities.

(6) Nitrous-oxide inhalation analgesia – The administration by inhalation of a combination of nitrous-oxide and oxygen producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

(7) Local anesthesia – The loss of sensation of pain in a specific area of the body, generally produced by a topically applied agent or injected agent without causing the loss of consciousness.

(8) Analgesia – Absence of sensibility of pain, designating particularly the relief of pain without loss of consciousness.

(9) Office team approach – A methodology employed by a dentist in the administration of general anesthesia, deep sedation, conscious sedation, and pediatric sedation whereby the dentist uses one or more qualified assistants/dental hygienists who, working under the direct supervision of the dentist, assist the dentist, and assist in emergency care of the patient.

(10) Minimal Sedation (anxiolysis) – The perioperative use of medication to relieve anxiety before or during a dental procedure which does not produce a depressed level of consciousness and maintains the patient’s ability to maintain an airway independently and to respond appropriately to physical and verbal stimulation. This minimal sedation shall include the administration of a single enteral sedative or a single narcotic analgesic medication administered in doses appropriate for the unsupervised treatment of anxiety and pain. If clinically indicated, an opioid analgesic may also be administered during or following a procedure if needed for the treatment of pain. Except in extremely unusual circumstances, the cumulative dose shall not exceed the maximum recommended dose (as per the manufacturers recommendation). It is understood that even at appropriate doses a patient may occasionally drift into a state that is deeper than minimal sedation. As long as the intent was minimal sedation and all of the above guidelines were observed, this shall not automatically constitute a violation. A permit shall not be required for the perioperative use of medication for the purpose of providing anxiolysis.

(11) Titration of Oral Medication – The administration of small incremental doses of an orally administered medication until an intended level of conscious sedation is observed.

*Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History—New 1-31-80, Amended 4-7-86, Formerly 21G-14.01, Amended 12-31-86, 6-1-87, 9-1-87, 2-1-93, Formerly 21G-14.001, Amended 12-20-93, Formerly 61F5-14.001, Amended 8-8-96, Formerly 59Q-14.001, Amended 3-9-03, 11-4-03, 7-3-06.*

#### **64B5-14.002 Prohibitions.**

(1) General anesthesia or deep sedation. Beginning November 1, 1986, no dentists licensed in this State, including those authorized to administer general anesthesia or deep sedation subsequent to January 31, 1982, shall administer general anesthesia or deep sedation in the practice of dentistry until they have obtained a permit as required by the provisions of this rule chapter.

(2) Conscious sedation. Beginning November 1, 1986, no dentists licensed in this State, including those authorized to administer conscious sedation subsequent to January 31, 1982, shall administer conscious sedation in the practice of dentistry until they have obtained a permit as required by the provisions of this rule chapter.

(3) Beginning with the effective date of this rule, no dentist licensed in this state shall administer Pediatric Conscious Sedation in the practice of dentistry until such dentist has obtained a permit as required by the provisions of this rule chapter.

(4) Nitrous-oxide inhalation analgesia. Beginning November 1, 1986, no dentists licensed in this State, including those authorized to administer nitrous-oxide inhalation analgesia subsequent to January 31, 1982, shall administer nitrous-oxide inhalation analgesia in the practice of dentistry until they have complied with the provisions of this rule chapter.

(5) Local anesthesia. Dentists licensed in this State may use local anesthetics to produce local anesthesia in the course of their practice of dentistry.

(6) The only agents that can be used for inhalation analgesia pursuant to Rule 64B5-14.003, F.A.C., below are nitrous-oxide and oxygen.

(7) Titration of Oral Medication. The Board of Dentistry has determined that the perioperative titration of oral medication(s) with the intent to achieve a level of conscious sedation poses a potential overdosing threat due to the unpredictability of enteral absorption and may result in an alteration of the state of consciousness of a patient beyond the intent of the practitioner. Such potentially adverse consequences may require immediate intervention and appropriate training and equipment. Beginning with the effective date of this rule, no dentist licensed in this state shall use any oral medication(s) to induce conscious sedation until such dentist has obtained a permit as required by the provisions of this rule chapter. The use of enteral sedatives or narcotic analgesic medications for the purpose of providing minimal sedation (anxiolysis) as defined by and in accordance with subsection 64B5-14.001(10), F.A.C., shall not be deemed titration of oral medication and shall not be prohibited by this rule.

(8) The following general anesthetic drugs shall not be employed on or administered to a patient by a dentist unless the dentist possesses a valid general anesthesia permit issued by the Board pursuant to the requirements of this chapter: propofol, methohexital, thiopental, or etomidate.

*Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History—New 1-31-80, Amended 4-20-81, 2-13-86, Formerly 21G-14.02, 21G-14.002, Amended 12-20-93, Formerly 61F5-14.002, Amended 8-8-96, Formerly 59Q-14.002, Amended 3-9-03, 11-4-03, 6-15-06.*

#### **64B5-14.003 Training, Education, Certification, and Requirements for Issuance of Permits.**

(1) General Anesthesia Permit.

(a) A permit shall be issued to an actively licensed dentist authorizing the use of general anesthesia or deep sedation at a specified practice location or locations on an outpatient basis for dental patients provided the dentist:

1. Has completed a minimum of one year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in Part II of the "Guidelines for Teaching the Comprehensive Control in Pain and Anxiety in Dentistry" as published by American Dental Association; or

2. Is a diplomate of the American Board of Oral and Maxillofacial Surgery; or

3. Is eligible for examination by the American Board of Oral and Maxillofacial Surgery; or

4. Is a member of the American Association of Oral and Maxillofacial Surgeons; or

5. Is a Fellow of the American Dental Society of Anesthesiology.

(b) A dentist employing or using general anesthesia or deep sedation shall maintain a properly equipped facility for the administration of general anesthesia, staffed with supervised assistant/dental hygienist personnel, capable of reasonably handling procedures, problems and emergencies incident thereto. The facility must have the equipment capability of delivering positive pressure oxygen ventilation. Administration of general anesthesia or deep sedation requires at least three individuals, each appropriately trained: the operating dentist, a person responsible for monitoring the patient, and a person to assist the operating dentist.

(c) A dentist employing or using general anesthesia or deep sedation and all assistant/dental hygienist personnel shall be certified in an American Heart Association or American Red Cross or equivalent Agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one person CPR, two person CPR, infant resuscitation and obstructed airway, with a periodic update not to exceed two years. Starting with the licensure biennium commencing on March of 2000, a dentist and all assistant/dental hygienist personnel shall also be trained in the use of either an Automated External Defibrillator or a defibrillator

and electrocardiograph as part of their cardiopulmonary resuscitation course at the basic life support level. In addition to CPR certification, a dentist utilizing general anesthesia or deep sedation must be currently trained in ACLS (Advanced Cardiac Life Support) or ATLS (Advanced Trauma Life Support).

(d) A dentist permitted to administer general anesthesia or deep sedation under this rule may administer conscious sedation and nitrous-oxide inhalation conscious sedation.

(e) A dentist employing or using deep sedation shall maintain an active and current permit to perform general anesthesia.

(2) Conscious Sedation Permit.

(a) A permit shall be issued to a dentist authorizing the use of conscious sedation at a specified practice location or locations on an outpatient basis for dental patients provided such dentist:

1. Has received formal training in the use of conscious sedation; and

2. Is certified by the institution where the training was received to be competent in the administration of conscious sedation;

and

3. Is competent to handle all emergencies relating to conscious sedation.

(b) Such certification shall specify the type, the number of hours, the number of patients treated and the length of training. The minimum number of didactic hours shall be sixty. Clinical training shall include personal administration for at least twenty patients including supervised training, clinical experience and demonstrated competence in airway management of the compromised airway.

(c) This formal training program shall be sponsored by or affiliated with a university, teaching hospital or other facility approved by the Board of Dentistry or part of the undergraduate curriculum of an accredited dental school.

(d) A dentist utilizing conscious sedation shall maintain a properly equipped facility for the administration of conscious sedation, staffed with supervised assistant/dental hygienist personnel, capable of reasonably handling procedures, problems, and emergencies incident thereto. The facility must have the equipment capability of delivering positive pressure oxygen ventilation. Administration of conscious sedation requires at least two individuals: a dentist, and an auxiliary trained in basic cardiac life support. It shall be incumbent upon the operating dentist to insure that the patient is appropriately monitored.

(e) A dentist utilizing conscious sedation and his assistant/dental hygienist personnel shall be certified in an American Heart Association or American Red Cross or equivalent agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one man CPR, two man CPR, infant resuscitation, and obstructed airway with a periodic update not to exceed two years. Starting with the licensure biennium commencing on March of 2000, a dentist and all assistant/dental hygienist personnel shall also be trained in the use of either an Automated External Defibrillator or a defibrillator and electrocardiograph as part of their cardiopulmonary resuscitation course at the basic life support level. In addition to CPR certification, a dentist utilizing conscious sedation must be currently trained in ACLS (Advanced Cardiac Life Support) or ATLS (Advanced Trauma Life Support).

(f) Dentists permitted to administer conscious sedation may administer nitrous-oxide inhalation conscious sedation.

(g) Dentists permitted to administer conscious sedation may administer pediatric conscious sedation in compliance with Rule 64B5-14.010, F.A.C.

(3) Pediatric Conscious Sedation Permit.

(a) A permit shall be issued to a dentist authorizing the use of pediatric conscious sedation at a specified practice location or locations on an outpatient basis for dental patients provided such dentist:

1. Has received formal training in the use of pediatric conscious sedation. This formal training program shall be sponsored by or affiliated with a university, teaching hospital or other facility approved by the Board of Dentistry or part of the undergraduate curriculum of an accredited dental school; and

2. Is certified by the institution where the training was received to be competent in the administration of pediatric conscious sedation. This certification shall specify the type, the number of hours, the number of patients treated and the length of training. The minimum number of didactic hours shall be sixty. Clinical training shall include management of sedation for at least twenty patients including supervised training, clinical experience and demonstrated competence in airway management of the compromised airway; and

3. Is competent to handle all emergencies relating to pediatric conscious sedation. A dentist utilizing pediatric conscious sedation shall maintain a properly equipped facility for the administration of pediatric conscious sedation, staffed with supervised assistant/dental hygienist personnel, capable of reasonably handling procedures, problems, and emergencies incidental thereto. The facility must have the equipment capability of delivering positive pressure oxygen ventilation. Administration of pediatric conscious sedation requires at least two individuals: a dentist, and an auxiliary trained in basic cardiac life support. It shall be incumbent upon the operating dentist to insure that the patient is appropriately monitored.

(b) A dentist utilizing pediatric conscious sedation and his assistant/dental hygienist personnel shall be certified in an American Heart Association or American Red Cross or equivalent agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one man CPR, two man CPR, infant resuscitation, and obstructed airway with a periodic update not to exceed two years. Starting with the licensure biennium commencing on March of 2000, a dentist and all assistant/dental hygienist personnel shall also be trained in the use of either an Automated External Defibrillator or a defibrillator and electrocardiograph as part of their cardiopulmonary resuscitation course at the basic life support level. In addition to CPR certification, a dentist utilizing pediatric conscious sedation must be currently trained in ACLS (Advanced Cardiac Life Support),

PALS (Pediatric Advanced Life Support), or a course providing similar instruction which has been approved by the Board. An entity seeking approval of such a course shall appear before the Board and demonstrate that the content of such course and the hours of instruction are substantially equivalent to those in an ACLS or PALS course.

(c) Dentists permitted to administer pediatric conscious sedation may administer nitrous-oxide inhalation conscious sedation.

(d) Dentists permitted to administer conscious sedation may administer pediatric conscious sedation.

(4) Nitrous-Oxide Inhalation Analgesia.

(a) A dentist may employ or use nitrous-oxide inhalation analgesia on an outpatient basis for dental patients provided such dentist:

1. Has completed no less than a two-day course of training as described in the American Dental Association's "Guidelines for Teaching and Comprehensive Control of Pain and Anxiety in Dentistry" or its equivalent; or

2. Has training equivalent to that described above while a student in an accredited school of dentistry; and

3. Has adequate equipment with fail-safe features and a 25% minimum oxygen flow.

(b) A dentist utilizing nitrous-oxide inhalation analgesia and such dentist's assistant/dental hygienist personnel shall be certified in an American Heart Association or American Red Cross or equivalent Agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one man CPR, two man CPR, infant resuscitation and obstructed airway with a periodic update not to exceed two years. Starting with the licensure biennium commencing on March of 2000, a dentist and all assistant/dental hygienist personnel shall also be trained in the use of either an Automated External Defibrillator or a defibrillator and electrocardiograph as part of their cardiopulmonary resuscitation course at the basic life support level. In addition to CPR certification, a dentist utilizing pediatric conscious sedation must be currently trained in ACLS (Advanced Cardiac Life Support), ATLS (Advanced Trauma Life Support), or PALS (Pediatric Advanced Life Support).

(c) A dentist who regularly and routinely utilized nitrous-oxide inhalation analgesia on an outpatient basis in a competent and efficient manner for the three-year period preceding January 1, 1986, but has not had the benefit of formal training outlined in subparagraphs 1. and 2. of paragraph (3)(a) above, may continue such use provided the dentist fulfills the provisions set forth in paragraph 3. of paragraph (3)(a) and the provisions of paragraph (b) above.

(d) Nitrous oxide may be used in combination with a single dose enteral sedative or a single dose narcotic analgesic to achieve a minimally depressed level of consciousness so long as the manufacturer's maximum recommended dosage of the enteral agent is not exceeded. Nitrous oxide may not be used in combination with more than one (1) enteral agent, or by dosing a single enteral agent in excess of the manufacturer's maximum recommended dosage unless the administering dentist holds a conscious sedation permit issued in accordance with subsection 64B5-14.003(2), F.A.C., or a pediatric conscious sedation permit issued in accordance with Rule 64B5-14.010, F.A.C.

*Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History—New 1-31-80, Amended 4-20-81, 2-13-86, Formerly 21G-14.03, Amended 12-31-86, 11-8-90, 2-1-93, Formerly 21G-14.003, Amended 12-20-93, Formerly 61F5-14.003, Amended 8-8-96, 10-1-96, Formerly 59Q-14.003, Amended 2-17-98, 12-20-98, 5-31-00, 6-7-01, 11-4-03, 6-23-04.*

#### **64B5-14.004 Additional Requirements.**

(1) Office Team – A dentist licensed by the Board and practicing dentistry in Florida and who is permitted by these rules to induce and administer general anesthesia, deep sedation, conscious sedation, pediatric conscious sedation or nitrous-oxide inhalation analgesia may employ the office team approach.

(2) Dental Assistants, Dental Hygienists – Dental assistants and dental hygienists may monitor nitrous-oxide inhalation analgesia under the direct supervision of a dentist who is permitted by rule to use general anesthesia, conscious sedation, pediatric conscious sedation, or nitrous-oxide inhalation analgesia, while rendering dental services allowed by Chapter 466, F.S., and under the following conditions:

(a) Satisfactory completion of no less than a two-day course of training as described in the American Dental Association's "Guidelines for Teaching and Comprehensive Control of Pain and Anxiety in Dentistry" or its equivalent; and

(b) Maintenance of competency in cardiopulmonary resuscitation evidenced by certification in an American Heart Association or American Red Cross or equivalent Agency sponsored cardiopulmonary resuscitation course at the basic life support level to include one man CPR, two man CPR, infant resuscitation and obstructed airway, with a periodic update not to exceed two years.

(3) After the dentist has induced a patient and established the maintenance level, the assistant or hygienist may monitor the administration of the nitrous-oxide oxygen making only adjustments during this administration and turning it off at the completion of the dental procedure.

(4) Nothing in this rule shall be construed to allow a dentist or dental hygienist or assistant to administer to himself or to any person any drug or agent used for anesthesia, analgesia or sedation other than in the course of the practice of dentistry.

(5) A dentist utilizing conscious sedation in the dental office may induce only one patient at a time. A second patient shall not be induced until the first patient is awake, alert, conscious, spontaneously breathing, has stable vital signs, is ambulatory with assistance, is under the care of a responsible adult, and that portion of the procedure requiring the participation of the dentist is complete. In an office setting where two or more permit holders are present simultaneously, each may sedate one patient provided that the office has the necessary staff and equipment, as set forth in paragraph 64B5-14.003(2)(d), F.A.C., for each sedated patient.

(6) Each anesthesia permit holder must complete at least four (4) hours of continuing education relating to anesthesia each biennium the permit is held, to include two (2) hours dealing with the management of medical emergencies. These hours would be included in the 30 hours of continuing education required by Section 466.0135(1), F.S.

*Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History—New 1-31-80, Amended 2-13-86, Formerly 21G-14.04, Amended 12-31-86, 12-28-92, Formerly 21G-14.004, Amended 12-20-93, Formerly 61F5-14.004, Amended 8-8-96, Formerly 59Q-14.004, Amended 11-4-03, 6-23-04, 5-24-05.*

#### **64B5-14.005 Application for Permit.**

(1) No dentist shall administer, supervise or permit another health care practitioner, as defined in Section 456.001, F.S., to perform the administration of general anesthesia, deep sedation, conscious sedation or pediatric conscious sedation in a dental office for dental patients, unless such dentist possesses a permit issued by the Board. A permit is required even when another health care practitioner, as defined in Section 456.001, F.S., administers general anesthesia, deep sedation, conscious sedation, or pediatric conscious sedation in a dental office for a dental patient. The dentist holding such a permit shall be subject to review and such permit must be renewed biennially. Nothing herein shall be read to authorize the administration of any anesthesia by a health care practitioner who is permitted to administer anesthesia pursuant to their own professional license. All dentists in a practice who perform the administration of general anesthesia, deep sedation, conscious sedation or pediatric conscious sedation shall each possess an individual permit. Nothing in this paragraph shall be construed to prohibit administration of anesthetics as part of a program authorized by Rule 64B4-14.003, F.A.C., or any other educational program authorized by Board rule, for training in the anesthetic being administered.

(2) An applicant for any type of anesthesia permit must demonstrate both:

(a) Training in the particular type of anesthesia listed in Rule 64B5-14.003, F.A.C.; and

(b) Documentation of actual clinical administration of anesthetics to 20 patients within two (2) years prior to application.

(3) Prior to the issuance of such permit, the Board may, at its discretion, require an on-site inspection of the facility, equipment and personnel pursuant to Rule 64B5-14.007, F.A.C., to determine if the requirements of this chapter have been met.

(4) An application for a general anesthesia permit must include the application fee specified in Rule 64B5-15.017, F.A.C., which is non-refundable; the permit fee specified in Rule 64B5-15.018, F.A.C., which may be refunded if the application is denied without inspection of the applicant's facilities; evidence indicating compliance with all the provisions of this chapter; and identification of the location or locations at which the licensee desires to be authorized to use or employ general anesthesia or deep sedation.

(5) An application for a conscious sedation permit must include the application fee specified in Rule 64B5-15.017, F.A.C., which is non-refundable; the permit fee specified in Rule 64B5-15.018, F.A.C., which may be refunded if the application is denied without inspection of the applicant's facilities; evidence indicating compliance with all the provisions of this chapter; and identification of the location or locations at which the licensee desires to be authorized to use or employ conscious sedation.

(6) An application for a pediatric conscious sedation permit must include the application fee specified in Rule 64B5-15.017, F.A.C., which is non-refundable; the permit fee specified in Rule 64B5-15.018, F.A.C., which may be refunded if the application is denied without inspection of the applicant's facilities; evidence indicating compliance with all the provisions of this chapter; and identification of the location or locations at which the licensee desires to be authorized to use or employ pediatric conscious sedation.

(7) The Board shall renew the permit biennially upon application by the permit holder, proof of continuing education required by subsection 64B5-14.004(6), F.A.C., and payment of the renewal fee specified by Rule 64B5-15.019, F.A.C., unless the holder is informed in writing that a re-evaluation of his credentials and facility is to be required. In determining whether such re-evaluation is necessary, the Board shall consider such factors as it deems pertinent including, but not limited to, patient complaints, reports of adverse occurrences and the results of inspections conducted pursuant to Rule 64B5-14.007, F.A.C. Such re-evaluation shall be carried out in the manner described in subsection (2) set forth above. A renewal fee of \$25.00 must accompany the biennial application.

(8) The holder of any general anesthesia, conscious sedation, or pediatric conscious sedation permit is authorized to practice pursuant to such permit only at the location or locations previously reported to the Board office.

*Specific Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History—New 4-7-86, Amended 1-29-89, 11-16-89, 11-8-90, 4-24-91, Formerly 21G-14.005, Amended 12-20-93, Formerly 61F5-14.005, Amended 8-8-96, Formerly 59Q-14.005, Amended 12-12-00, 11-4-03, 6-23-04, 2-22-06.*

#### **64B5-14.006 Reporting Adverse Occurrences.**

(1) Any dentist practicing in the State of Florida must notify the Board in writing by registered mail, postmarked within 48 hours of any mortality or other incident occurring in the dentist's outpatient facilities. A complete written report shall be filed with the Board within 30 days of the mortality or other incident. Incidents which shall be reported are those which result in temporary or permanent physical or mental injury requiring hospital emergency room treatment and/or hospitalization of a patient during, or as a direct result of the use of general anesthesia, deep sedation, conscious sedation, pediatric conscious sedation, oral sedation, nitrous oxide, or local anesthesia during or related to a dental procedure. The report shall include at minimum, responses to the following:

- (a) Description of dental procedure.
- (b) Description of preoperative physical condition of the patient.
- (c) List of drugs and dosage administered.
- (d) Description in detail, of techniques utilized in administering the drugs utilized.
- (e) Description of adverse occurrence.
  1. Describe in detail symptoms of any complications to include but not limited to onset, and type of symptoms in patient.
  2. Treatment instituted on patient.
  3. Response of the patient to treatment.
- (f) Describe the patient's condition on termination of any procedure undertaken.
  - (2) Failure to comply with subsection 64B5-14.006(1), F.A.C., will be the basis for disciplinary action by the Board.

*Specific Authority 466.004(4), 466.017(3) FS. Law Implemented 466.017(3) FS. History--New 2-12-86, Amended 3-27-90, Formerly 21G-14.006, Amended 12-20-93, Formerly 61F5-14.006, Amended 8-8-96, Formerly 59Q-14.006, Amended 11-4-03.*

#### **64B5-14.007 Inspection of Facilities.**

(1) The Chairman of the Board or the Board by majority vote shall appoint consultants who are Florida licensed dentists to inspect facilities where general anesthesia, deep sedation, conscious sedation, or pediatric conscious sedation is performed. Consultants shall receive instruction in inspection procedures from the Board prior to initiating an inspection.

(2) Any dentist who has applied for or received a general anesthesia permit, conscious sedation permit, or pediatric conscious sedation permit shall be subject to announced or unannounced on-site inspection and evaluation by an inspection consultant. This inspection and evaluation shall be required prior to issuance of an anesthesia permit. However, if the Department cannot complete the required inspection prior to licensure, such inspection shall be waived until such time that it can be completed following licensure.

(3) The inspection consultant shall determine compliance with the requirements of Rules 64B5-14.008, 64B5-14.009 and 64B5-14.010, F.A.C., as applicable, by assigning a grade of pass or fail.

(4) Any applicant who receives a failing grade as a result of the on-site inspection shall be denied a permit for general anesthesia and conscious sedation.

(5) Any permit holder who fails the inspection shall be so notified by the anesthesia inspection consultant and shall be given a written statement at the time of inspection which specifies the deficiencies which resulted in a failing grade. The inspection team shall give the permit holder 20 days from the date of inspection to correct any documented deficiencies. Upon notification by the permit holder to the inspection consultant that the deficiencies have been corrected, the inspector shall reinspect to insure that the deficiencies have been corrected. If the deficiencies have been corrected, a passing grade shall be assigned. No permit holder who has received a failing grade shall be permitted 20 days to correct deficiencies unless he voluntarily agrees in writing that no general anesthesia or deep sedation or conscious sedation will be performed until such deficiencies have been corrected and such corrections are verified by the anesthesia inspection consultant and a passing grade has been assigned.

(6) Upon a determination of the inspection consultant that a permit holder has received a failing grade and that the permit holder has not chosen to exercise his option by taking immediate remedial action and submitting to reinspection, or reinspection has established that remedial action has not been accomplished, the Inspection Consultant shall determine whether the deficiencies constitute an imminent danger to the public. Should an imminent danger exist, the consultant shall report his findings to the Executive Director of the Board. The Executive Director shall immediately request an emergency meeting of the Probable Cause Panel. The Probable Cause Panel shall determine whether an imminent danger exists and upon this determination of imminent danger request the Secretary of the Department to enter an emergency suspension of the anesthesia permit. If no imminent danger exists, the consultant shall report his findings to the Probable Cause Panel for further action against the permit holder. Nothing herein is intended to affect the authority of the Secretary of the Department to exercise his emergency suspension authority independent of the Board or the Probable Cause Panel.

(7) When a patient death or other adverse occurrence as described in subsection 64B5-14.006(1), F.A.C., is reported to the Department pursuant to Rule 64B5-14.006, F.A.C., the initial report shall be faxed or otherwise telephonically transmitted to the Chairman of the Board's Probable Cause Panel or another designated member of the Probable Cause Panel to determine if an emergency suspension order is necessary. If so, the Department shall be requested to promptly conduct an investigation which shall include an inspection of the office involved in the patient death.

(a) If the results of the investigation substantiate the previous determination, an emergency suspension order shall be drafted and presented to the Secretary of the Department for consideration and execution. Thereafter, a conference call meeting of the Probable Cause Panel shall be held to determine the necessity of further administrative action.

(b) If the determination is made that an emergency does not exist, the office involved with the patient death shall be inspected as soon as practicable following receipt of the notice required by Rule 64B5-14.006, F.A.C. However, in the event that the office has previously been inspected with a passing result, upon review of the inspection results, the Chairman of the Probable Cause Panel or other designated member of the Probable Cause Panel shall determine whether or not a reinspection is necessary. The complete written report of the adverse occurrence as required in Rule 64B5-14.006, F.A.C., shall be provided to the Probable Cause Panel of the Board to determine if further action is appropriate.

(c) If a routine inspection reveals a failure to comply with Rule 64B5-14.006, F.A.C., the Inspection Consultant shall obtain the information which was required to be reported and shall determine whether the failure to report the death or incident reveals that an imminent danger to the public exists and report to the Executive Director or Probable Cause Panel as set forth in subsection 64B5-14.007(6), F.A.C.

(8) The holder of any general anesthesia, conscious sedation, or pediatric conscious sedation permit shall inform the Board office in writing of any change in authorized locations for the use of such permits prior to accomplishing such changes. Written notice shall be required prior to the addition of any location or the closure of any previously identified location.

(9) Failure to provide access to an inspection team on two successive occasions shall be grounds for the issuance of an emergency suspension of the licensee's permit pursuant to the provisions of Section 120.60(8), Florida Statutes.

*Specific Authority 466.017(3) FS. Law Implemented 120.60(8), 466.017(3) FS. History—New 10-24-88, Amended 3-27-90, 11-8-90, 4-24-91, 2-1-93, Formerly 21G-14.007, Amended 12-20-93, Formerly 61F5-14.007, Amended 8-8-96, Formerly 59Q-14.007, Amended 11-4-03.*

#### **64B5-14.008 Requirements for General Anesthesia or Deep Sedation.**

General Anesthesia Permit applicants and permit holders shall comply with the following requirements at each location where anesthesia procedures are performed. The requirements shall be met and equipment permanently maintained and available at each location.

(1) The operatory where anesthesia is to be administered must:

(a) Be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management;

(b) Be equipped with a chair or table adequate for emergency treatment, including a chair or cardiopulmonary resuscitation (CPR) board suitable for CPR;

(c) Be equipped with suction and backup suction equipment, also including suction catheters and tonsil suction.

(2) If a recovery room is present it shall be equipped with suction and backup suction equipment, positive pressure oxygen and sufficient light to provide emergency treatment. The recovery room shall also be of adequate size and design to allow emergency access and management. The recovery room shall be situated to allow the patient to be observed by the Dentist or an office team member at all times.

(3) The following equipment must be readily available to the operatory and recovery room and maintained in good working order:

(a) A positive pressure oxygen delivery system and backup system, including full face mask for adults and for pediatric patients, if pediatric patients are treated;

(b) Oral and nasal airways of various sizes;

(c) Blood pressure cuff and stethoscope; and

(d) Cardioscope – electrocardiograph (EKG) machine and pulse oximeter to provide continuous monitoring of heart rhythm and rate of oxygen saturation of the blood. This equipment shall be used for each procedure; and

(e) Defibrillator equipment appropriate for the patient population being treated.

(4) The following emergency equipment must be present:

(a) Appropriate I.V. set-up, including appropriate hardware and fluids;

(b) Laryngoscope with current batteries;

(c) McGill forceps and endotracheal tubes;

(d) Suction with backup suction;

(e) Appropriate syringes;

(f) Tourniquet and tape;

(g) CPR board or chair suitable for CPR;

(h) Stylet;

(i) Spare bulbs and batteries;

(j) Cricothyrotomy equipment;

(k) Precordial stethoscope or capnometer; and

(l) Blood pressure cuff and stethoscope.

(5) The following drugs or type of drugs with a current shelf life must be maintained and easily accessible from the operatory and recovery room:

(a) Epinephrine;

(b) Atropine;

(c) Lidocaine;

(d) Amiodarone;

(e) An antihistamine;

(f) A vasodilator;

(g) A bronchodilator;

(h) An antihypoglycemic agent;

- (i) A vasopressor;
- (j) A corticosteroid;
- (k) An anticonvulsant;
- (l) A muscle relaxant;
- (m) A narcotic and benzodiazepine antagonist;
- (n) An appropriate antiarrhythmic medication;
- (o) Nitroglycerine;
- (p) Antiemetic;
- (q) Sodium bicarbonate; and
- (r) Dantrolene, when used with volatile gases.

(6) The applicant or permit holder shall provide written emergency protocols, and shall provide training to familiarize office personnel in the treatment of the following clinical emergencies:

- (a) Laryngospasm;
- (b) Bronchospasm;
- (c) Emesis and aspiration;
- (d) Airway blockage by foreign body;
- (e) Angina pectoris;
- (f) Myocardial infarction;
- (g) Hypertension/Hypotension;
- (h) Hypertensive crisis;
- (i) Allergic and toxicity reactions;
- (j) Convulsions;
- (k) Seizures;
- (l) Syncope;
- (m) Phlebitis;
- (n) Intra-arterial injection; and
- (o) Hyperventilation/Hypoventilation.

The applicant or permit holder shall maintain for inspection a permanent record which reflects the date, time, duration and type of training provided to named personnel.

(7) The following records are required when general anesthesia is administered:

- (a) The patient's current written medical history, including known allergies and previous surgery; and
- (b) Base line vital signs, including blood pressure, and pulse; and
- (c) An anesthesia record which shall include:
  1. Continuous monitoring of vital signs taken at appropriate intervals during the procedure;
  2. Drugs administered during the procedure, including route of administration, dosage, time and sequence of administration;
  3. Duration of the procedure;
  4. Documentation of complications or morbidity;
  5. Status of patient upon discharge, and to whom the patient is discharged;
- (d) Names of participating personnel.

*Specific Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History—New 10-24-88, Amended 11-16-89, Formerly 21G-14.008, Amended 12-20-93, Formerly 61F5-14.008, Amended 8-8-96, Formerly 59Q-14.008, Amended 5-31-00, 6-23-04, 9-14-05, 3-23-06.*

#### **64B5-14.009 Conscious Sedation.**

Conscious Sedation Permit applicants or permit holders shall comply with the following requirements at each location where anesthesia procedures are performed. The requirements shall be met and equipment permanently maintained and available at each location.

(1) The operatory where sedation is to be administered must:

(a) Be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management;

(b) Be equipped with a chair or table adequate for emergency treatment, including a CPR board or chair suitable for CPR;

(c) Be equipped with suction and backup suction equipment, also including tonsil suction and suction catheters.

(2) If a recovery room is present it shall be equipped with suction and backup suction equipment, positive pressure oxygen and sufficient light to provide emergency treatment. The recovery room shall also be of adequate size and design to allow emergency access and management. The recovery room shall be situated so that the patient can be observed by the dentist or an office team member at all times.

(3) The following equipment must be readily available to the operatory and recovery room and maintained in good working order:

- (a) A positive pressure oxygen delivery system and backup system, including full face mask for adults and for pediatric patients, if pediatric patients are treated;
- (b) Oral and nasal airways of various sizes;
- (c) Blood pressure cuff and stethoscope;
- (d) Suction and backup suction equipment, also including suction catheters and tonsil suction;
- (e) A pulse oximeter which provides continuous monitoring of pulse and rate of oxygen saturation of the blood shall be used during each procedure;
- (f) A backup lighting system;
- (g) A Precordial stethoscope or capnometer; and
- (h) Defibrillator equipment appropriate for the patient population being treated.

(4) The following emergency equipment must be present:

- (a) Appropriate intravenous set-up, including appropriate hardware and fluids;
  - (b) Appropriate syringes;
  - (c) Tourniquet and tape.
- (5) The following drugs or type of drugs with a current shelf life must be maintained and easily accessible from the operatory and recovery room:
- (a) Epinephrine;
  - (b) Atropine;
  - (c) Lidocaine;
  - (d) Narcotic (e.g., Naloxone HCl) and benzodiazepine (e.g., Flumazenil) antagonists, if these agents are used;
  - (e) An antihistamine (e.g., Diphenhydramine HCl);
  - (f) A corticosteroid (e.g., Hydrocortisone);
  - (g) Nitroglycerine;
  - (h) A bronchodilator (e.g., Albuterol inhaler);
  - (i) An antihypoglycemic (e.g., 50% glucose);
  - (j) Amiodarone;
  - (k) Vasopressor;
  - (l) Anticonvulsant;
  - (m) Antihypertensive;
  - (n) Anticholinergic; and
  - (o) Antiemetic.

(6) The applicant or permit holder shall provide written emergency protocols, and shall provide training to familiarize office personnel in the treatment of the following clinical emergencies:

- (a) Laryngospasm;
- (b) Bronchospasm;
- (c) Emesis and aspiration;
- (d) Airway blockage by foreign body;
- (e) Angina pectoris;
- (f) Myocardial infarction;
- (g) Hypertension/Hypotension;
- (h) Hypertensive crisis;
- (i) Allergic and toxicity reactions;
- (j) Convulsions;
- (k) Seizures;
- (l) Cardiac arrest;
- (m) Intra-arterial injection;
- (n) Syncope; and
- (o) Hyperventilation/Hypoventilation.

The applicant or permit holder shall maintain for inspection a permanent record which reflects the date, time, duration and type of training provided to named personnel.

(7) The following records are required when conscious sedation is administered:

- (a) The patient's current written medical history, including known allergies and history of previous surgery and anesthesia history;
- (b) Physical and risk assessment (e.g., ASA classification);
- (c) Base line vital signs, including blood pressure, and pulse; and
- (d) A sedation record which shall include:
  1. Periodic vital signs recorded at appropriate intervals during the procedure;
  2. Drugs administered during the procedure, including route of administration, dosage, time and sequence of administration;
  3. Duration of the procedure;

4. Documentation of complications or morbidity;
  5. Status of patient upon discharge and to whom discharged; and
  6. The patient who is administered a drug(s) for conscious sedation, must be continuously monitored intraoperatively by pulse oximetry. A precordial/pretracheal stethoscope must be available to assist in the monitoring of heart and respiratory rates. A sphygmomanometer shall be immediately available.
- (e) Names of participating personnel.

*Specific Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History—New 10-24-88, Amended 11-16-89, 4-24-91, Formerly 21G-14.009, 61F5-14.009, Amended 8-8-96, 10-1-96, Formerly 59Q-14.009, Amended 8-2-00, 11-4-03, 6-23-04, 3-23-06.*

**64B5-14.010 Pediatric Conscious Sedation.**

Pediatric Conscious Sedation Permit applicants or permit holders shall comply with the following requirements at each location where anesthesia procedures are performed. The requirements shall be met and equipment permanently maintained and available at each location.

(1) The operatory where the sedated child patient is to be treated must:

(a) Be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management;

(b) Be equipped with a chair or table adequate for emergency treatment, including a CPR board or chair suitable for CPR;

(c) Be equipped with suction and backup suction equipment, also including tonsil suction and suction catheters.

(2) If a recovery room is present, it shall be equipped with suction and backup suction equipment, positive pressure oxygen and sufficient light to provide emergency treatment. The recovery room shall also be of adequate size and design to allow emergency access and management. The recovery room shall be situated so that the patient can be observed by the dentist or an office team member at all times.

(3) The following equipment must be readily available to the operatory and recovery room and maintained in good working order:

(a) A positive pressure oxygen delivery system and backup system, including full face mask for pediatric patients;

(b) Airways of appropriate size for the pediatric patient;

(c) Blood pressure cuff and stethoscope;

(d) Suction and backup suction equipment, also including tonsil suction and suction catheters;

(e) A pulse oximeter which provides continuous monitoring of pulse and rate of oxygen saturation of the blood shall be used during each procedure; and

(f) A scale for weighing pediatric patients.

(4) The following emergency equipment must be present:

(a) Appropriate intravenous set-up, including appropriate hardware and fluids;

(b) Appropriate syringes;

(c) Tourniquet and tape; and

(d) Defibrillator equipment appropriate for the patient population being treated.

(5) The following drugs or type of drugs with a current shelf life must be maintained and easily accessible from the operatory and recovery room:

(a) Epinephrine;

(b) Atropine;

(c) Lidocaine;

(d) Narcotic (e.g., Naloxone HCl) and benzodiazepine (e.g., Flumazenil) antagonists, if these agents are used;

(e) An antihistamine (e.g., Diphenhydramine HCl);

(f) A corticosteroid (e.g., Hydrocortisone);

(g) Nitroglycerine;

(h) A bronchodilator (e.g., Albuterol inhaler);

(i) An antihypoglycemic (e.g., 50% glucose);

(j) A vasopressor;

(k) An anticonvulsant;

(l) An antihypertensive;

(m) Nitroglycerin;

(n) An anticholinergic;

(o) An antiemetic; and

(p) Amiodarone.

(6) The applicant or permit holder shall provide written emergency protocols, and shall provide training to familiarize office personnel in the treatment of the following clinical emergencies:

(a) Laryngospasm;

(b) Bronchospasm;

- (c) Emesis and aspiration;
- (d) Airway blockage by foreign body;
- (e) Cardiac arrhythmias;
- (f) Hypertension/Hypotension;
- (g) Hypertensive crisis;
- (h) Allergic and toxicity reactions;
- (i) Convulsions;
- (j) Hyperventilation/Hypoventilation;
- (k) Syncope;
- (l) Seizures;
- (m) Cardiac arrest;
- (n) Intra-arterial injection;
- (o) Angina pectoris; and
- (p) Myocardial infarction.

The applicant or permit holder shall maintain for inspection a permanent record which reflects the date, time, duration and type of training provided to named personnel.

(7) The following records are required when pediatric conscious sedation is administered:

(a) The patient's current written medical history, including known allergies, history of previous surgery and anesthesia, and the patient's age, weight, and calculation of maximum allowable local anesthesia.

(b) Physical and risk assessment (e.g., ASA classification);

(c) Base line vital signs, including pulse, percent hemoglobin oxygen saturation, and when possible, blood pressure;

(d) A sedation record which shall include:

1. Periodic vital signs recorded at appropriate intervals during the procedure;

2. Drugs, including local anesthetics, administered during the procedure, including route of administration, dosage, time and sequence of administration;

3. Duration of the procedure;

4. Documentation of complications or morbidity; and

5. Status of patient upon discharge and to whom discharged.

(e) Names of participating personnel.

(8) Drugs for conscious sedation must be administered in a dental office and the patient must be observed by a qualified office staff member. Continuous monitoring with pulse oxymetry must be initiated with early signs of conscious sedation and continued until the patient is alert. A precordial, pretracheal stethoscope or capnometer must be available to assist interoperatively in the monitoring of heart and respiratory rates. A sphygmomanometer shall be immediately available.

*Specific Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History—New 8-8-96, Formerly 59Q-14.010, Amended 8-2-00, 5-20-01, 3-23-06.*

## CHAPTER 64B5-15 FEE SCHEDULE

64B5-15.001	Collection and Payment of Fees.
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64B5-15.016	Fee for Duplicating Licenses, Certifications, and Permits.
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64B5-15.023	Fee for Certification of a Public Record.
64B5-15.024	Fees for Enforcement of Unlicensed Practice Prohibitions.
64B5-15.025	Registration Fee for Dispensing Practitioners.

### **64B5-15.001 Collection and Payment of Fees.**

All fees shall be made payable to the Department of Health.

*Specific Authority 466.004(3) FS. Law Implemented 456.025 FS. History—New 4-1-80, Formerly 21G-15.01, 21G-15.001, 61F5-15.001, 59Q-15.001.*

### **64B5-15.002 Application Fees.**

The application fee for licensure as a dentist shall be one hundred dollars (\$100.00), and the application fee for licensure as a dental hygienist shall be fifty dollars (\$50.00).

*Specific Authority 466.004(3) FS. Law Implemented 466.006(1), 466.007(1) FS. History—New 4-1-80, Amended 5-9-82, Formerly 21G-15.02, 21G-15.002, 61F5-15.002, 59Q-15.002.*

### **64B5-15.003 Examination Fees.**

The examination fee for the dental examination is \$425.00 plus the actual costs to the Department for the portions of the examination purchased from the Northeast Regional Board of Dental Examiners or similar national organization; the examination fee for the dental hygiene examination is \$225.00; and the examination fee for the manual skills examination is \$250.00. The examination fee must be submitted at the same time the application and application fee is submitted. However, the Department of Health will refund one-half of the examination fee of any applicant who notifies the Department in writing at least 14 days prior to the examination date that he is not going to take the examination.

*Specific Authority 466.004(4), 466.006(1), 466.007(1) FS. Law Implemented 466.006(1), (3)(c), 466.007(1) FS. History—New 4-1-80, Amended 10-26-80, 5-9-82, 3-11-84, 10-8-85, Formerly 21G-15.03, Amended 9-14-87, 10-4-88, Formerly 21G-15.003, 61F5-15.003, 59Q-15.003.*

### **64B5-15.004 Reexamination Fees.**

A person applying to retake the dental or the dental hygiene examination, or any portion or part thereof, must pay the appropriate applications and reexamination fees. The reexamination fee for the practical portion of the dental examination, or any part of the practical portion of the dental examination shall be \$345.00; the reexamination fee for the practical portion of the dental hygiene examination shall be \$200.00; the reexamination fee for the manual skills examination shall be \$250.00; the reexamination fee for the diagnostic skills portion of the dental examination shall be \$30.00 plus the costs of the examination; and the reexamination fee for the written portion of the dental examination shall be \$50.00 and the dental hygiene examination shall be \$25.00.

*Specific Authority 456.017(2), 466.004(4) FS. Law Implemented 456.017(2), 466.009(1) FS. History—New 4-1-80, Amended 6-22-80, 5-9-82, 3-11-84, Formerly 21G-15.04, Amended 9-14-87, 10-24-88, Formerly 21G-15.004, 61F5-15.004, 59Q-15.004.*

**64B5-15.006 Licensure and Renewal Fees.**

(1) The fee for biennial renewal of a dental license shall be \$300.00, and for a dental hygiene license, the renewal fee shall be \$135.00.

(2) Initial licensure fees shall be the same as renewal fees. However, applicants granted initial licensure during the second year of the biennium shall pay one half of the normal fee.

*Specific Authority 456.013, 456.023, 466.013 FS. Law Implemented 456.013, 456.023, 466.013 FS. History—New 4-1-80, Amended 1-25-82, 10-3-83, Formerly 21G-15.06, Amended 11-16-89, 8-13-92, Formerly 21G-15.006, 61F5-15.006, Amended 5-6-96, Formerly 59Q-15.006, Amended 8-2-01.*

**64B5-15.008 Fee for Renewal of Inactive License.**

The fee for renewal of an inactive dental license shall be \$300.00. The fee for renewal of an inactive dental hygiene license shall be \$135.00.

*Specific Authority 466.004, 466.015 FS. Law Implemented 466.015 FS. History—New 4-2-84, Formerly 21G-15.08, Amended 1-18-87, 11-16-89, 8-13-92, Formerly 21G-15.008, 61F5-15.008, Amended 5-6-96, Formerly 59Q-15.008, Amended 9-27-01.*

**64B5-15.009 Fee for Reactivation of Inactive License.**

The fee for reactivation of an inactive dental license shall be \$300.00. The fee for reactivation of an inactive dental hygiene license shall be \$135.00.

*Specific Authority 466.004, 466.015 FS. Law Implemented 466.015 FS. History—New 4-2-84, Formerly 21G-15.09, Amended 1-18-87, 11-16-89, 8-13-92, Formerly 21G-15.009, 61F5-15.009, Amended 5-6-96, Formerly 59Q-15.009, Amended 9-27-01.*

**64B5-15.0091 Fee for Reactivation of Retired License.**

The fee for reactivation of a retired license shall be payment of all biennial renewal fees that would have been imposed on an active status licensee pursuant to Rule 64B5-15.006, F.A.C., for all of the biennial periods wherein the licensee had a retired license.

*Specific Authority 456.036 FS. Law Implemented 456.036 FS. History—New 2-14-06.*

**64B5-15.011 Delinquency Fee.**

The fee for delinquent status of a dental license shall be \$50.00 for renewals postmarked no later than March 31 of the even numbered years. The fee for delinquent status of a dental license renewal postmarked after March 31 of the even numbered years shall be \$150.00. The fee for delinquent status of a dental hygiene license shall be \$25.00 for renewals postmarked no later than March 31 of the even numbered years. The fee for delinquent status of a dental hygiene license renewal postmarked after March 31 of the even numbered years shall be \$75.00.

*Specific Authority 456.036, 466.004(4), 466.013, 466.015 FS. Law Implemented 456.036, 466.015 FS. History—New 7-12-95, Amended 5-6-96, Formerly 59Q-15.011, Amended 9-27-01, 5-11-05.*

**64B5-15.012 Change of Status Processing Fee.**

The fee for processing a licensee's request to change status at any time other than at the beginning of a licensure cycle shall be \$300.00 for a dental license and \$135.00 for a dental hygiene license.

*Specific Authority 456.036, 466.004(4) FS. Law Implemented 456.036 FS. History—New 7-12-95, Amended 5-6-96, Formerly 59Q-15.012, Amended 9-27-01.*

**64B5-15.0121 Change of Status Processing Fee for Retired Status.**

The fee for changing to retired status at any time other than at license renewal shall be \$300.00 for a dental license and \$135.00 for a dental hygiene license.

*Specific Authority 456.036 FS. Law Implemented 456.036 FS. History—New 2-14-06.*

**64B5-15.0122 Retired Status Fee.**

The retired status fee shall be \$50.00.

*Specific Authority 456.036 FS. Law Implemented 456.036 FS. History—New 2-14-06.*

**64B5-15.015 Fee for Certification as a Dental Radiographer.**

The fee for certification as a dental radiographer pursuant to Rule 64B5-9.011, F.A.C., shall be twenty dollars (\$20.00).

*Specific Authority 466.004(4) FS. Law Implemented 466.017(5) FS. History—New 1-18-87, Formerly 21G-15.015, 61F5-15.015, 59Q-15.015.*

**64B5-15.016 Fee for Duplicating Licenses, Certifications, and Permits.**

The Board shall charge a fee of twenty-five dollars (\$25.00) per duplication to defray the cost of duplicating any license, certification, or permit.

*Specific Authority 456.025(4) FS. Law Implemented 456.025(4) FS. History—New 1-18-87, Amended 1-7-92, Formerly 21G-15.016, 61F5-15.016, 59Q-15.016.*

**64B5-15.017 Application Fees for General Anesthesia, Pediatric Conscious Sedation, and Conscious Sedation Permits.**

- (1) The application fee for a General Anesthesia Permit shall be \$100.00.
- (2) The application fee for a Conscious Sedation Permit shall be \$100.00.
- (3) The application fee for a Pediatric Conscious Sedation Permit shall be \$100.00.
- (4) Application fees are not refundable.

*Specific Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History—New 11-16-89, Formerly 21G-15.017, 61F5-15.017, 59Q-15.017, Amended 9-9-98, 2-14-06.*

**64B5-15.018 Initial Permit Fees for General Anesthesia, Pediatric Conscious Sedation, and Conscious Sedation Permits.**

- (1) The initial fee for a General Anesthesia Permit shall be \$200.00.
- (2) The initial fee for a Conscious Sedation Permit shall be \$200.00.
- (3) The initial fee for a Pediatric Conscious Sedation Permit shall be \$200.00.
- (4) Initial permit fees may be refunded if the applicant is denied the permit without inspection.

*Specific Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History—New 11-16-89, Formerly 21G-15.018, 61F5-15.018, 59Q-15.018, Amended 9-9-98, 2-14-06.*

**64B5-15.019 Renewal Fees for General Anesthesia, Pediatric Conscious Sedation, and Conscious Sedation Permits.**

- (1) The biennial renewal fee for a General Anesthesia Permit shall be \$200.00.
- (2) The biennial renewal fee for a Conscious Sedation Permit shall be \$200.00.
- (3) The biennial renewal fee for a Pediatric Conscious Sedation Permit shall be \$200.00.
- (4) Renewal fees are not refundable.

*Specific Authority 466.004, 466.017 FS. Law Implemented 466.017 FS. History—New 11-16-89, Formerly 21G-15.019, 61F5-15.019, 59Q-15.019, Amended 9-9-98, 2-14-06.*

**64B5-15.020 Examination Review Fee.**

- (1) Fees for review of the Dental Examination shall be:
  - (a) Review of the practical examination and Florida Laws and Rules examination: \$75.00.
  - (b) Review of the practical examination only: \$75.00.
  - (c) Review of the Florida Laws and Rules examination: \$30.00.
- (2) Fees for review of the Dental Hygiene Examination shall be:
  - (a) Review of the practical examination and Florida Laws and Rules examination: \$75.00.
  - (b) Review of the practical examination only: \$75.00.
  - (c) Review of the Florida Laws and Rules examination only: \$30.00.

*Specific Authority 456.017(2) FS. Law Implemented 456.017(2) FS. History—New 3-25-90, Formerly 21G-15.020, 61F5-15.020, 59Q-15.020.*

**64B5-15.022 Fees for Continuing Education Providers.**

- (1) The initial fee for approval as a continuing education provider shall be \$125.00.
- (2) The biennial renewal fee for an approved continuing education provider shall be \$125.00.

*Specific Authority 456.025(2) FS. Law Implemented 456.025(2), 466.014 FS. History—New 5-2-91, Formerly 21G-15.022, 61F5-15.022, 59Q-15.022.*

**64B5-15.023 Fee for Certification of a Public Record.**

The Board shall charge a fee of twenty-five dollars (\$25.00) for each request for the certification of a public record.

*Specific Authority 456.025(5) FS. Law Implemented 456.025(5) FS. History—New 1-7-92, Formerly 21G-15.023, 61F5-15.023, 59Q-15.023.*

**64B5-15.024 Fees for Enforcement of Unlicensed Practice Prohibitions.**

The Department of Health is authorized to collect an additional \$5.00 with each initial licensure fee and each biennial renewal fee as set forth in Rule 64B5-15.006, F.A.C., for the purpose of investigating and prosecuting the unlicensed practice of dentistry and dental hygiene.

(1) The Department shall include in the report required in Section 455.587, Florida Statutes, all financial and statistical data resulting from unlicensed activity enforcement. This information shall appear in a separate category in the quarterly management report provided to the Board.

(2) These earmarked or specially collected funds will be used to vigorously combat unlicensed activity and provide public awareness and education involving unlicensed activities in Florida. However, public awareness and education activities shall be initiated only after the Department has received the Board's approval.

(3) At the end of each biennial renewal cycle, any balance remaining in the unlicensed activity account consisting of funds allocated pursuant to this rule shall be transferred to the operating fund account of the Board of Dentistry.

*Specific Authority 456.004 456.065, 466.004(4) FS. Law Implemented 456.065(3) FS. History—New 8-29-93, Formerly 61F5-15.024, 59Q-15.024, Amended 10-31-01.*

**64B5-15.025 Registration Fee for Dispensing Practitioners.**

Each licensed dentist who dispenses medicinal drugs for human consumption to patients in the regular course of dental practice for fee or remuneration of any kind, whether direct or indirect, must register and pay a fee of \$100.00 at the time of registration and upon each biennial renewal of licensure.

*Specific Authority 465.0276 FS. Law Implemented 465.0276 FS. History—New 11-22-93, Formerly 61F5-15.025, 59Q-15.025.*

## **CHAPTER 64B5-16 REMEDIABLE TASKS DELEGABLE TO DENTAL HYGIENISTS AND DENTAL ASSISTANTS**

- 64B5-16.001 Definitions of Remediable Tasks and Supervision Levels.
- 64B5-16.002 Required Training.
- 64B5-16.005 Remediable Tasks Delegable to Dental Assistants.
- 64B5-16.006 Remediable Tasks Delegable to a Dental Hygienist.
- 64B5-16.007 Levels of Supervision for Dental Hygienists.
- 64B5-16.008 Emergency Remediable Tasks.
- 64B5-16.009 Display of Certificates.
- 64B5-16.010 Prior Certification and Training.

### **64B5-16.001 Definitions of Remediable Tasks and Supervision Levels.**

(1) Remediable tasks, also referred to as expanded functions of dental assistants, are those intra-oral tasks which do not create unalterable changes in the oral cavity or contiguous structures, are reversible and do not expose a patient to increased risks. The use of a laser or laser device of any type is not a remediable task.

(2) A dentist may delegate a remediable task to dental hygienists, and dental assistants so long as delegation of the task poses no increased risk to the patient and the requirements of training and supervision set out in Chapter 64B5-16, F.A.C., are met.

(3) Remediable tasks are those specified in Section 466.024, F.S., and those designated as such by the Board. The Board hereby designates the tasks listed in Chapter 64B5-16, F.A.C., as remediable tasks.

(4) Direct supervision requires that a licensed dentist examine the patient, diagnose a condition to be treated, authorize the procedure to be performed, be on the premises while the procedure is performed, and approve the work performed prior to the patient's departure from the premises.

(5) Indirect supervision requires that a licensed dentist examine the patient, diagnose a condition to be treated, authorize the procedure to be performed, and be on the premises while the procedure is performed.

(6) General supervision requires that a licensed dentist examine the patient, diagnose a condition to be treated, and authorize the procedure to be performed.

(7) Any authorization for remediable tasks to be performed under general supervision is valid for a maximum of 13 months; after which, no further treatment under general supervision can be performed without another clinical exam by a Florida licensed dentist.

*Specific Authority 466.004(4), 466.024(1), (3) FS. Law Implemented 466.024, 466.003(11), (12) FS. History—New 4-30-80, Amended 8-20-80, 1-28-81, 3-4-81, 10-8-85, Formerly 21G-16.01, Amended 6-30-86, 12-31-86, 7-5-87, 2-21-88, 1-18-89, Formerly 21G-16.001, Amended 3-30-94, Formerly 61F5-16.001, Amended 4-6-97, Formerly 59Q-16.001, Amended 1-6-99, 10-29-00.*

### **64B5-16.002 Required Training.**

(1) Formal training which is required for the performance of certain remediable tasks consists of a dental hygienist's or dental assistant's successful completion of an expanded duty course or program which meets one of the following requirements:

(a) The course or program is administered or was developed as a part of the regular curriculum at a school of dentistry, dental hygiene or dental assisting accredited by the American Dental Association's Commission on Dental Accreditation, its successor agency or any other nationally recognized accrediting agency; or

(b) The course or program has been approved by the Board for the purpose of providing expanded-duties training for dental hygienists and dental assistants.

(2) For the purpose of positioning and exposing radiographs by dental assistants, formal training may consist of having received certification as a dental radiographer pursuant to Rule 64B5-9.011, F.A.C.

(3) The Board shall approve a course or program specified in paragraph 64B5-16.002(1)(b), F.A.C., in expanded duties only upon the application of the entity seeking to offer the course or program which establishes compliance with the following requirements. Failure to adhere to these requirements shall subject the course or program to revocation of Board approval.

(a) The course or program curriculum reflects appropriate didactic and clinical training in each remediable task which requires completion of Board-approved formal training;

(b) Documentation of the training and experience of faculty members which establishes their qualifications to teach specified subject areas;

(c) Submission of a detailed syllabus of the course or program which specifies the educational objectives for participants, the manner of achieving these specified objectives, including subject matter, hours of instruction and choice of instructional method (clinical or didactic) and the method of assessing a participant's performance; and

(d) The course or program requires participants to pass clinical or written examinations which adequately test competency in each subject area. Participants must obtain a score of at least 75% out of a possible score of 100%. The choice of a clinical or written examination shall be based on the specified objectives for each subject area; and

(e) Each participant who successfully completes the course or program is issued a certificate which contains the following information: name of course or program sponsor; title of course; date course offered; number of hours of instruction; participant's name; signature authorized by the sponsor which attests to the certificate's validity; and a list of all remediable tasks in which the participant has received formal training.

(4) On-the-job training required for the performance of certain remediable tasks consists of training in those tasks by a licensed dentist who assumes full responsibility for assuring that the dental hygienist or dental assistant so trained is competent to perform the tasks.

*Specific Authority 466.004, 466.024 FS. Law Implemented 466.023, 466.024 FS. History--New 4-30-80, Amended 8-20-80, 1-28-81, 3-4-81, 4-20-81, Formerly 21G-16.02, Amended 6-30-86, 12-31-86, 7-5-87, 2-21-88, 7-12-88, 1-18-89, 11-16-89, Formerly 21G-16.002, 61F5-16.002, Amended 6-12-97, Formerly 59Q-16.002.*

#### **64B5-16.005 Remediable Tasks Delegable to Dental Assistants.**

(1) The following remediable tasks may be performed by a dental assistant who has received formal training and who performs the tasks under direct supervision:

- (a) Removing sutures;
- (b) Placing or removing temporary restorations with non-mechanical hand instruments only;
- (c) Polishing amalgam restorations of the teeth when not for the purpose of changing the existing contour of the tooth and only with the following instruments used with appropriate polishing materials – burnishers, slow-speed hand pieces, rubber cups, and bristle brushes;
- (d) Polishing clinical crowns when not for the purpose of changing the existing contour of the tooth and only with the following instruments used with appropriate polishing materials – slow-speed hand pieces, rubber cups, bristle brushes and porte polishers;
- (e) Removing excess cement from dental restorations and appliances with non-mechanical hand instruments only;
- (f) Cementing temporary crowns and bridges with temporary cement;
- (g) Applying sealants;
- (h) Monitor the administration of the nitrous-oxide oxygen making adjustments only during this administration and turning it off at the completion of the dental procedure;
- (i) Selecting and pre-sizing orthodontic bands, including the selection of the proper size band for a tooth to be banded which does not include or involve any adapting, contouring, trimming, cementing or otherwise modifying the band material such that it would constitute fitting the band;
- (j) Selecting and pre-sizing archwires prescribed by the patient's dentist so long as the dentist makes all final adjustments to bend, arch form determination, and symmetry prior to final placement;
- (k) Selecting prescribed extra-oral appliances by pre-selection or pre-measurement which does not include final fit adjustment;
- (l) Placing or removing prescribed pre-treatment separators;
- (m) Preparing a tooth surface by applying conditioning agents for orthodontic appliances by conditioning or placing of sealant materials which does not include placing brackets;
- (n) Using appropriate implements for preliminary charting of existing restorations and missing teeth and a visual assessment of existing oral conditions;
- (o) Fabricating temporary crowns or bridges intra-orally which shall not include any adjustment of occlusion to the appliance or existing dentition; and
- (p) Packing and removing retraction cord, so long as it does not contain vasoactive chemicals and is used solely for restorative dental procedures;
- (q) Securing or unsecuring an archwire by attaching or removing the fastening device;
- (r) Removing and recementing properly contoured and fitting loose bands that are not permanently attached to any appliance.
- (s) Inserting or removing dressings from alveolar sockets in post-operative osteitis when the patient is uncomfortable due to the loss of a dressing from an alveolar socket in a diagnosed case of post-operative osteitis;
- (t) Making impressions for study casts which are being made for the purpose of fabricating orthodontic retainers;
- (u) Taking of impressions for and delivery of at-home bleaching trays.

(2) The following remediable tasks may be performed by a dental assistant who has received formal training and who performs the tasks under indirect supervision:

- (a) Making impressions for study casts which are not being made for the purpose of fabricating any intra-oral appliances, restorations or orthodontic appliances;
- (b) Making impressions to be used for creating opposing models or the fabrication of bleaching stents and surgical stents to be used for the purpose of providing palatal coverage;
- (c) Placing periodontal dressings;
- (d) Removing periodontal or surgical dressings;
- (e) Placing or removing rubber dams;
- (f) Placing or removing matrices;

- (g) Applying cavity liners, varnishes or bases;
  - (h) Applying topical fluorides which are approved by the American Dental Association or the Food and Drug Administration;
- and
- (i) Positioning and exposing dental and carpal radiographic film and sensors.
- (3) The following remediable tasks may be performed by a dental assistant who has received on-the-job training and who performs the tasks under direct supervision:
- (a) Applying topical anesthetics and anti-inflammatory agents which are not applied by aerosol or jet spray and;
  - (b) Changing of bleach pellets in the internal bleaching process of non-vital, endodontically treated teeth after the placement of a rubber dam. A dental assistant may not make initial access preparation.
- (4) The following remediable tasks may be performed by a dental assistant who has received on-the-job training and who performs the tasks under indirect supervision:
- (a) Retraction of lips, cheeks and tongue;
  - (b) Irrigation and evacuation of debris not to include endodontic irrigation;
  - (c) Placement and removal of cotton rolls; and
  - (d) Taking and recording a patient's blood pressure, pulse rate, respiration rate, case history and oral temperature.
  - (e) Removing excess cement from orthodontic appliances with non-mechanical hand instruments only.
- (5) The following remediable tasks may be performed by a dental assistant who has received on-the-job training and who performs the tasks under general supervision:
- (a) Instructing patients in oral hygiene care and supervising oral hygiene care.
  - (b) Provide educational programs, faculty or staff programs, and other educational services which do not involve diagnosis or treatment of dental conditions.
  - (c) Fabricating temporary crowns or bridges in a laboratory.

*Specific Authority 466.004(4), 466.024(3) FS. Law Implemented 466.024 FS. History—New 1-18-89, Amended 11-16-89, 3-25-90, 9-5-91, 2-1-93, Formerly 21G-16.005, Amended 3-30-94, Formerly 61F5-16.005, Amended 1-9-95, 9-27-95, 6-12-97, Formerly 59Q-16.005, Amended 1-8-01, 4-22-03, 7-13-05.*

**64B5-16.006 Remediable Tasks Delegable to a Dental Hygienist.**

- (1) The following remediable tasks may be performed by a dental hygienist who has received formal training and who performs the tasks under direct supervision:
- (a) Marginating restorations with finishing burs, green stones, and/or burlew wheels with slow-speed rotary instruments which is not for the purpose of changing existing contours or occlusion;
  - (b) Fabricating temporary crowns or bridges intra-orally which shall not include any adjustment of occlusion to the appliance or existing dentition;
  - (c) Cementing temporary crowns and bridges with temporary cement;
  - (d) Selecting and pre-sizing orthodontic bands, including the selection of the proper size band for a tooth to be banded which does not include or involve any adapting, contouring, trimming or cementing or otherwise modifying the band material such that it would constitute fitting the band;
  - (e) Selecting and pre-sizing archwires prescribed by the patient's dentist so long as the dentist makes all final adjustments to bend, arch form determination, and symmetry prior to final placement;
  - (f) Selecting prescribed extra-oral appliances by pre-selection or pre-measurement which does not include final fit adjustment;
  - (g) Placing or removing prescribed pre-treatment separators;
  - (h) Preparing a tooth surface by applying conditioning agents for orthodontic appliances by conditioning or placing of sealant materials which does not include placing brackets;
  - (i) Monitor the administration of the nitrous-oxide oxygen making adjustments only during this administration and turning it off at the completion of the dental procedure;
  - (j) Packing and removing retraction cord, so long as it does not contain vasoactive chemicals and is used solely for restorative dental procedures;
  - (k) Removing and re-cementing properly contoured and fitting loose bands that are not permanently attached to any appliance;
  - (l) Securing or unsecuring an archwire by attaching or removing the fastening device;
  - (m) Inserting or removing dressings from alveolar sockets in post-operative osteitis when the patient is uncomfortable due to the loss of a dressing from an alveolar socket in diagnosed cases of post-operative osteitis;
  - (n) Making impressions for study casts which are being made for the purpose of fabricating orthodontic retainers.
- (2) The following remediable tasks may be performed by a dental hygienist who has received training in these procedures in pre-licensure education or who has received formal training and who performs the tasks under indirect supervision:
- (a) Placing or removing rubber dams;
  - (b) Placing or removing matrices;
  - (c) Applying cavity liners, varnishes or bases;

(d) Making impressions for study casts which are not being made for the purpose of fabricating any intra-oral appliances, restorations or orthodontic appliances;

(e) Making impressions to be used for creating opposing models or the fabrication of bleaching stents and surgical stents to be used for the purpose of providing palatal coverage;

(f) Placing subgingival resorbable chlorhexidine, doxycycline hyclate, or minocycline hydrochloride;

(g) Taking of impressions for and delivery of at-home bleaching trays;

(h) Applying sealants.

(3) The following remediable tasks may be performed by a dental hygienist who has received training in these procedures in pre-licensure education or who has received formal training as defined by Rule 64B5-16.002, F.A.C., and who performs the tasks under general supervision:

(a) Polishing amalgam restorations which is not for the purpose of changing the existing contour of the tooth and only with the following instruments used with appropriate polishing materials – burnishers, slow-speed hand pieces, rubber cups, and bristle brushes;

(b) Polishing clinical crowns of the teeth which is not for the purpose of changing the existing contour of the teeth and only with the following instruments used with appropriate polishing materials – slow-speed hand pieces, bristle brushes, rubber cups, porte polishers and air-abrasive polishers;

(c) Applying of topical fluorides which are approved by the American Dental Association or the Food and Drug Administration;

(d) Removing excess cement from dental restorations and appliances with non-mechanical hand instruments or ultrasonic scalers only;

(e) Placing periodontal or surgical dressings;

(f) Removing periodontal or surgical dressings;

(g) Removing sutures;

(h) Using appropriate implements to preassess and chart suspected findings of the oral cavity.

(4) The following remediable tasks may be performed by a dental hygienist who has received training in these procedures in pre-licensure education or on-the-job training and who performs the tasks under general supervision:

(a) Fabricating temporary crowns and bridges in a laboratory;

(b) Applying topical anesthetics and anti-inflammatory agents which are not applied by aerosol or jet spray;

(c) Taking or recording patients' blood pressure rate, pulse rate, respiration rate, case history and oral temperature;

(d) Retracting lips, cheeks and tongue;

(e) Irrigating and evacuating debris not to include endodontic irrigation;

(f) Placing and removing cotton rolls;

(g) Placing or removing temporary restorations with non-mechanical hand instruments only; and

(h) Obtaining bacteriological cytological (plaque) specimens, which do not involve cutting of the tissue and which do not include taking endodontic cultures, to be examined under a microscope for educational purposes.

(5) The following remediable task may be performed by a dental hygienist who has received on-the-job training and who performs the task under direct supervision: Changing of bleach pellets in the internal bleaching process of non-vital, endodontically treated teeth after the placement of a rubber dam. A dental hygienist may not make initial access preparations.

*Specific Authority 466.004, 466.023, 466.024 FS. Law Implemented 466.023, 466.024 FS. History—New 1-18-89, Amended 11-16-89, 3-25-90, 9-5-91, 2-1-93, Formerly 21G-16.006, Amended 3-30-94, Formerly 61F5-16.006, Amended 1-9-95, 6-12-97, Formerly 59Q-16.006, Amended 1-25-98, 9-9-98, 3-25-99, 4-24-00, 9-27-01, 7-13-05, 2-14-06.*

#### **64B5-16.007 Levels of Supervision for Dental Hygienists.**

By virtue of their training and licensure, dental hygienists are authorized to perform the following remediable tasks without additional training as defined in Chapter 64B5-16, F.A.C., under the following levels of supervision:

(1) Direct supervision: Gingival curettage.

(2) Indirect supervision:

(a) Root planing.

(b) Removal of excess remaining bonding adhesive or cement following orthodontic appliance removal with slow-speed rotary instrument, hand instrument or ultrasonic scalers.

(3) General Supervision:

(a) Removing calculus deposits, accretions and stains from exposed surfaces of the teeth and from the tooth surfaces within the gingival sulcus (prophylaxis);

(b) Placing and exposing dental and carpal radiographic film and sensors; and

(c) Instructing patients in oral hygiene care and supervising patient oral hygiene care.

(4) Without Supervision: Provide educational programs, faculty or staff training programs, authorized fluoride rinse programs, and other services which do not involve diagnosis or treatment of dental conditions.

*Specific Authority 466.004, 466.023, 466.024 FS. Law Implemented 466.023, 466.024(3) FS. History—New 1-18-89, Formerly 21G-16.007, 61F5-16.007, Amended 9-27-95, 6-12-97, Formerly 59Q-16.007, Amended 1-8-01.*

#### **64B5-16.008 Emergency Remediable Tasks.**

In an emergency in which a dentist of record is unable to be physically present to pre-examine the patient, and the patient will be seen by a dentist within 3 days, the following remediable tasks may be performed by both dental assistants and dental hygienists who hold current CPR certification from the American Red Cross, the American Heart Association or an equivalent CPR training agency and who are trained pursuant to Rule 64B5-16.002, F.A.C., without pre-examination by a dentist:

- (1) Removing and re-cementing properly contoured and fitting loose bands that are not permanently attached to any appliance;
- (2) Securing or unsecuring an archwire by attaching or removing the fastening device;
- (3) Inserting or removing dressings from alveolar sockets in post-operative osteitis when the patient is uncomfortable due to the loss of a dressing from an alveolar socket in diagnosed cases of post-operative osteitis;
- (4) Placing or removing periodontal dressings when the patient is uncomfortable due to the loss of a periodontal pack during the prescribed period of treatment;
- (5) Cementing temporary crowns or bridges using temporary cement when the patient is uncomfortable due to the loss of a temporary crown or bridge; and
- (6) Placing temporary medicinal restorative material when the patient is uncomfortable due to the loss of a temporary medicinal restoration.

*Specific Authority 466.004(4), 466.023, 466.024 FS. Law Implemented 466.023, 466.024 FS. History—New 1-18-89, Formerly 21G-16.008, 61F5-16.008, Amended 6-12-97, Formerly 59Q-16.008, Amended 8-25-98.*

#### **64B5-16.009 Display of Certificates.**

The supervising licensee is responsible for ensuring that any dental assistant or dental hygienist who performs remediable tasks as a result of formal training shall display the certificate received at the conclusion of the training in a conspicuous public place where the tasks are performed. The supervising licensee shall also keep a copy of each such certificate on file in the dental office at which the dental assistant or dental hygienist performs remediable tasks.

*Specific Authority 466.004(4) FS. Law Implemented 466.024(3) FS. History—New 1-18-89, Formerly 21G-16.009, 61F5-16.009, Amended 8-8-94, Formerly 59Q-16.009.*

#### **64B5-16.010 Prior Certification and Training.**

Dental hygienists and dental assistants trained prior to April 30, 1980, who were at that time authorized to perform tasks set forth by Board Rule may continue to perform those tasks without the formal training required by Rule Chapter 64B5-16, F.A.C.

*Specific Authority 466.004(4), 466.024(3) FS. Law Implemented 466.023(4), 466.024(3) FS. History—New 4-30-80, Formerly 21G-16.04, Amended 12-31-86, Formerly 21G-16.004, Amended 1-18-89, Formerly 21G-16.010, 61F5-16.010, 59Q-16.010.*

## CHAPTER 64B5-17 DENTAL PRACTICE AND PRINCIPLES

- 64B5-17.001 Required Availability of Dental Records Upon Relocation or Termination of Practice, or Death of Practitioner.
- 64B5-17.0011 Change of Address.
- 64B5-17.002 Written Dental Records; Minimum Content; Retention.
- 64B5-17.003 Patient Referrals.
- 64B5-17.004 Emergency Care.
- 64B5-17.0045 Standards for the Use of Controlled Substances for Treatment of Pain.
- 64B5-17.005 Identification of Removable Prosthetic Devices.
- 64B5-17.006 Work Order Forms.
- 64B5-17.009 Patient Records; Copying Charges; Timely Release.
- 64B5-17.010 Unlicensed Practice of Dentistry.
- 64B5-17.0105 Ownership of Dental Instruments by a Dental Hygienist.
- 64B5-17.011 Financial Responsibility.
- 64B5-17.012 Use of Sargenti Material.
- 64B5-17.013 Proprietorship by Nondentists.
- 64B5-17.014 Removal of Amalgam Fillings.
- 64B5-17.015 Office Safety Requirement.

### **64B5-17.001 Required Availability of Dental Records Upon Relocation or Termination of Practice, or Death of Practitioner.**

(1) Patient records are confidential and may not be released unless authorized by the patient in writing. This confidentiality prohibits review of the records by a dentist other than the dentist of record or by other health care providers unless they are actually involved in care or treatment of the patient. Maintenance of patient records by a deceased dentist's estate, authorized agent of the estate or by a successor-owner dentist of a practice does not authorize review of patient records. However, limited review for the purpose of obtaining a patient's name, address and last date of treatment in order to comply with this rule is permitted.

(2) Within 90 days of a dentist's death, the dentist's estate or agent shall place all patient records of the deceased dentist in the care of another Florida licensed dentist.

(a) The patient records of the deceased dentist shall be maintained and made available to patients for a period of 4 years.

(b) Within 90 days of a dentist's death the dentist's estate or agent shall cause a notice to be published in the newspaper of greatest general circulation in the county where the dentist practiced which advises patients of the dentist's death. The notice shall advise patients that they may obtain copies of their dental records and specify the name, address and telephone number of the person from whom the copies of records may be obtained. The notice shall appear at least once a week for four consecutive weeks.

(c) The subsequent Florida licensed dentist shall cause to be published a similar notice whenever the patient records of the deceased dentist are subsequently transferred to another licensed Florida dentist if such transfer is within 4 years of the dentist's death.

(d) During the four year retention period required by this rule each licensed Florida dentist who is in possession of the deceased dentist's patient records shall insure that the original patient records, or in cases where the patient has requested that the records be released or transferred, copies thereof remain in his possession.

(3) Dental records of a practitioner who is terminating or relocating his practice shall be retained by the dentist or his authorized agent, which may be a successor-owner dentist, and made available to patients for 4 years from the date the patient was last examined or treated.

(4) Within one month of a dentist's termination of practice or relocation of practice outside the local telephone directory service area of his or her current practice, a notice shall be published in the newspaper of greatest general circulation in the county where the dentist practiced which advises patients of the dentist's termination of practice or relocation. The notice shall advise patients that they may obtain copies of their dental records and specify the name, address and telephone number of the person from whom copies of records may be obtained. The notice shall appear at least once a week for 4 consecutive weeks.

(5) If a dentist relocates his practice but maintains a listing in the same local telephone directory used in his previous practice location, notice of relocation shall be clearly posted at his practice location for one month prior to relocation. The notice shall state the date of relocation and the address to which the office is being relocated.

(6) Records shall be made available at a location within the county where the dentist practices or practiced and shall be made available at reasonable times.

*Specific Authority 456.058, 466.004(3) FS. Law Implemented 456.058 FS. History—New 10-26-80, Formerly 21G-17.01, Amended 7-16-90, 10-28-91, 4-23-90, Formerly 21G-17.001, 61F5-17.001, 59Q-17.001.*

### **64B5-17.0011 Change of Address.**

All licensees are required to notify the Board in writing within 10 days of any change in their address.

*Specific Authority 456.035, 466.004(4) FS. Law Implemented 456.035, 466.013 FS. History—New 3-27-90, Formerly 21G-17.0011, 61F5-17.0011, 59Q-17.0011.*

**64B5-17.002 Written Dental Records; Minimum Content; Retention.**

(1) For the purpose of implementing the provisions of subsection 466.028(1)(m), F.S., a dentist shall maintain written records on each patient which written records shall contain, at a minimum, the following information about the patient:

- (a) Appropriate medical history;
- (b) Results of clinical examination and tests conducted, including the identification, or lack thereof, of any oral pathology or diseases;
- (c) Any radiographs used for the diagnosis or treatment of the patient;
- (d) Treatment plan proposed by the dentist; and
- (e) Treatment rendered to the patient.

(f) Whenever patient records are released or transferred, the dentist releasing or transferring the records shall maintain either the original records or copies thereof and a notation shall be made in the retained records indicating to whom the records were released or transferred. However, whenever patient records are released or transferred directly to another Florida licensed dentist, it is sufficient for the releasing or transferring dentist to maintain a listing of each patient whose records have been so released or transferred which listing also includes the dentist to whom such records were released or transferred. Such listing shall be maintained for a period of 4 years.

(2) In order that the patients may have meaningful access to their dental records pursuant to subsections 466.028(1)(m) and (o), F.S., a dentist shall maintain the written dental record of a patient for a period of at least four (4) years from the date the patient was last examined or treated by the dentist. However, upon the death of the dentist, the retention provisions of Rule 64B5-17.001, F.A.C., are controlling.

(3) Each licensed dentist in Florida shall retain a copy of each entry in his or her patient appointment book or such other log, calendar, book, file or computer data, used in lieu of an appointment book for a period of no less than 4 years from the date of each entry thereon.

(4) The records required above and any other patient records shall be properly annotated to identify the dentist of record. The dentist of record is the dentist who:

- (a) Is noted in the patient record as the dentist of record; or
- (b) Provides a treatment or service and is noted in the patient record as the dentist of record for that treatment or service; or
- (c) If there has been more than one provider of treatment, is the dentist who places the final restoration, does the surgical procedure, makes the diagnosis or finishes the service or procedure in question; or
- (d) If there has been more than one provider of treatment and neither paragraph (a) nor (b) can be determined with reasonable certainty, is the owner dentist of the practice in which the dental patient was seen or treated.

(5) All dental records required by this rule and any additional records maintained in the course of practicing dentistry shall be the property of the owner dentist of the dental practice in which the dental patient is seen or treated and the owner dentist shall be ultimately responsible for all record keeping requirements set forth by statute or rule.

(a) The owner dentist is responsible for the records of patients seen or treated by any employee, associate or visiting dentists.

(b) Multiple owners will be held equally responsible for the records of patients seen or treated within the dental practice of that dental group.

(c) An owner dentist is not responsible for the records of an independent dentist who is merely leasing or renting space or services for the operation of a separate dental practice.

(6) Patient records may be kept in an electronic data format, provided that the dentist maintains a back-up copy of information stored in the data processing system using disk, tape or other electronic back-up system and that said back-up is updated on a regular basis, at least weekly, to assure that data is not lost due to system failure. Any electronic data system must be capable of producing a hard copy on demand.

*Specific Authority 466.004(4) FS. Law Implemented 456.058, 466.028(1)(m), (o) FS. History—New 10-8-85, Formerly 21G-17.02, Amended 10-28-91, Formerly 21G-17.002, Amended 11-22-93, Formerly 61F5-17.002, 59Q-17.002, Amended 11-15-99, 4-22-03.*

**64B5-17.003 Patient Referrals.**

(1) Split-fee arrangements relating to the referral of patients by a client to another health care practice are prohibited.

(2) As used herein, the term “health care practice” shall mean a lawful and distinct business entity owned and operated under one name by an individual or group of duly licensed health care providers with facilities at one or more locations such as a solo dental practice, group practice, or professional service corporation, which offers health care services to the public within the limits of the professional licenses held by the owners, employees and agents of the business.

(3) Referral of a patient to another dentist in the same health care practice, so long as any remuneration shared by the dentists is not based upon the number of referrals within the practice and the referral of a patient to another dentist within the practice is in the best interest of the patient, is not a split-fee arrangement.

(4) Fee arrangements between dentists in the same health care practice which are based upon productivity or shared net profits are not split-fee arrangements.

(5) Referral of a patient to another health care practice in which the referring dentist or any owner, employee or agent of the referring practice or immediate family member thereof has a financial interest, whether direct, indirect, active or passive in nature, is permitted only if the referral is in the best interest of the patient and the patient first consents to the arrangement by signing a written notification form from the referral dentist which informs the patient of (a) the existence of a financial interest and (b) the patient's right to request another referral or to independently seek the services recommended. Under no circumstances shall the dentist's financial interest be contingent upon or otherwise related to any referral quota or similar requirement. However, in emergency circumstances where it is in the patient's best interest that such a referral be made without first seeing the patient, the referring dentist shall orally provide the notification required herein. In such emergency situations, the referring dentist shall also make a notation in the patient's record at the time of referral that disclosure was made orally due to emergency circumstances. Written disclosure as required in paragraph 5 of this rule shall be supplied to the patient at the office to which the emergency patient was referred.

(6) Notification forms signed by patients in accordance with subsection (5) above shall be maintained in the patient's record.

(7) The written notification required by this rule shall be made on the appropriate form set forth in Rule 64B5-1.021, F.A.C.

*Specific Authority 466.004(4) FS. Law Implemented 456.052, 466.028(1)(n) FS. History--New 8-30-90, Formerly 21G-17.003, 61F5-17.003, 59Q-17.003, Amended 8-19-97.*

#### **64B5-17.004 Emergency Care.**

It is the responsibility of every dentist practicing in this State to provide, either personally, through another licensed dentist, or through a reciprocal agreement with another agency, reasonable twenty-four (24) hour emergency services for all patients under his continuing care.

*Specific Authority 466.004(4) FS. Law Implemented 466.028(1)(u), (y) FS. History--New 4-26-87, Formerly 21G-17.004, 61F5-17.004, 59Q-17.004.*

#### **64B5-17.0045 Standards for the Use of Controlled Substances for Treatment of Pain.**

(1) The Board of Dentistry recognizes that principles of quality medical practice dictate that the people of the State of Florida have access to appropriate and effective pain relief. All dentists should become knowledgeable about effective methods of pain treatment as well as statutory requirements for prescribing controlled substances.

(2) The Board recognizes that controlled substances, including opioid analgesics, may be essential in the treatment of acute pain due to a dental procedure.

(3) The Board of Dentistry is obligated under the laws of the State of Florida to protect the public health and safety. The Board recognizes that inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use.

(4) Dentists should be diligent in preventing the diversion of drugs for illegitimate purposes. This includes keeping prescription blanks in a safe place; not signing prescription blanks in advance; writing out the actual amount prescribed in addition to using a number to discourage alterations; and assisting pharmacists who may telephone to verify information about a prescription order.

(5) The Board will consider prescribing, ordering, administering, or dispensing controlled substances for pain to be for a legitimate medical purpose if based on sound clinical grounds. The dental procedure or justification for such prescribing must be clearly documented in the patient's record. All such prescribing must be in compliance with applicable state and federal law.

*Specific Authority 466.004 FS. Law Implemented 466.017, 466.028(1)(p) FS. History--New 8-12-02.*

#### **64B5-17.005 Identification of Removable Prosthetic Devices.**

(1) The Board takes official notice of the large number of elderly dental patients residing in Florida and that many of them are confined to hospitals, nursing homes, and other health care institutions. The Board also recognizes the continuing difficulty in providing ongoing dental care to these individuals which is created as a result of the inadvertent misplacing or switching of their removable dental prosthetic devices, which can enhance the transmission of communicable diseases. Accordingly, in an effort to enhance the likelihood that these individuals will receive minimally competent dental treatment consistent with the requirements of Section 466.028(1)(m) and (y), F.S., the Board establishes an identification standard for removable prosthetic devices.

(2) Every licensed dentist in this State making or directing to be made a removable prosthetic device, bridge, appliance or other structure to be used and worn as a substitute for natural teeth and/or supporting structure shall offer to the patient for whom the prosthesis is intended the opportunity to have such prosthesis marked at the time of fabrication. The location and method used for marking the prosthesis shall be determined by the dentist and this marking shall be permanent, legible, and cosmetically acceptable and shall include the patient's name.

(3) If the dentist determines that identification is not practicable or clinically safe, the offer to mark the prosthesis need not be made.

(4) Any removable dental prosthesis fabricated prior to the effective date of this rule, shall be subject to the provisions of subsection (2) during a laboratory relining or rebasing of the prosthesis.

*Specific Authority 466.004(4) FS. Law Implemented 466.028(1)(x) FS. History–New 4-26-87, Amended 6-20-89, Formerly 21G-17.005, 61F5-17.005, 59Q-17.005.*

**64B5-17.006 Work Order Forms.**

(1) Approved work order forms must contain all information necessary for completion of the assigned work and must include at a minimum:

- (a) Title – “Laboratory Procedure Authorization;”
  - (b) Name, address and license number of the registered dental laboratory;
  - (c) Name, address and license number of the Florida licensed dentist who owns the work order form and is authorizing the procedure;
  - (d) Name of patient(s);
  - (e) Date sent to lab;
  - (f) Signature of the licensed dentist.
- (2) Work order forms must be sequentially numbered duplicate forms.  
(3) Work order forms are non-transferrable.  
(4) Copies of work order forms must be maintained by the dentist for a period of four (4) years.

*Specific Authority 466.021 FS. Law Implemented 466.021 FS. History–New 12-21-99, Amended 3-23-06.*

**64B5-17.009 Patient Records; Copying Charges; Timely Release.**

(1) A dentist who makes an examination of, or administers treatment to any person, shall upon the request of such person or his legal representative furnish copies of all reports or records made of such examination or treatment, including x-rays. The furnishing of copies shall not be conditioned upon payment of an unpaid or disputed fee for services rendered.

(2) A dentist may charge a fee for copying reports or records not to exceed the cost per page charged by the Clerk of the County Court where the dentist practices. The fee for copies of x-rays shall not exceed actual cost of duplication. Payment of copying fees may be required upon delivery of the copies.

(3) A dentist shall comply with a patient’s written request for copies of records and reports in a timely manner, with due regard for the patient’s health needs. In the absence of circumstances beyond the control of the licensee, timely shall mean less than 30 days.

*Specific Authority 466.004(4) FS. Law Implemented 456.061 FS. History–New 4-26-87, Amended 6-20-89, Formerly 21G-17.009, 61F5-17.009, 59Q-17.009, Amended 1-23-01.*

**64B5-17.010 Unlicensed Practice of Dentistry.**

For the purposes of interpreting Sections 466.003(3), 466.026(1)(a) and 466.028(1)(g)(bb), F.S., the Board shall not consider it to be the unlicensed practice of dentistry for an unlicensed person to furnish, supply, construct or reproduce an appliance to be worn in the human mouth or to verify the patient’s shade-selection outside the dentist’s direct supervision for fixed partial prosthesis if:

(1) The appliance is a removable mouth protection device that is inserted and removed by the user without adjustment by a licensed dentist (e.g. athletic mouth guards);

(2) A prescription or dentist’s order is not required in order to obtain the appliance;

(3) The appliance does not adjust or otherwise affect the natural features of the face or mouth or affect any appliance placed in the mouth by a licensed dentist;

(4) The appliance or device does not have the potential to cause significant or irreparable damage to the dentition and/or oral tissue;

(5) The request for the shade verification is accompanied by a prescription form or work order written by a licensed dentist to meet the requirements of Section 466.021, F.S.;

(6) The dentist has previously completed the initial shade selection;

(7) The shade verification site is approved by the dentist and meets all requirements of Sections 466.028(1)(u), 466.031(1) and 466.032(1), F.S.;

(8) During shade verification, no appliances or prosthetic devices are to be placed, removed or sealed in the oral cavity at the site except by a licensed dentist on a patient of record in accordance with the requirements of Sections 466.024(5) and 466.028(1)(m), F.S.;

(9) During shade verification, contact to the patient is limited to visual contact only;

(10) During shade verification, soft or hard tissue shall not be manipulated;

(11) During shade verification, the patient shall be instructed on how to retract his or her own lip, and the shade tab shall only be held in proximity, but without physical contact to the patient’s dentition; and

(12) During shade verification, photography shall be limited to the patient’s visible dentition during smile and the patient’s dentition with the patient retracting their lips.

*Specific Authority 466.004(4) FS. Law Implemented 466.026(1)(a), 466.028(1)(g), (bb) FS. History–New 9-5-91, Formerly 21G-17.010, 61F5-17.010, Amended 5-9-95, Formerly 59Q-17.010, Amended 10-8-03.*

#### **64B5-17.0105 Ownership of Dental Instruments by a Dental Hygienist.**

For purposes of interpreting Section 466.0285, F.S., a Dental Hygienist is not precluded from owning dental instruments used by her or him in the provision of dental hygiene services, so long as the final authority on the suitability and/or manner in which said instruments will be used in the provision of dental hygiene services remains with the supervising dentist.

*Specific Authority 466.004 FS. Law Implemented 466.0285 FS. History—New 12-23-02.*

#### **64B5-17.011 Financial Responsibility.**

As a prerequisite for licensure or license renewal every dentist is required to maintain medical malpractice insurance or provide proof of financial responsibility as set forth herein:

(1) Obtaining and maintaining professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000, from an authorized insurer as defined under Section 624.09, F.S., from a surplus lines insurer as defined under Section 626.914(2), F.S., from a risk retention group as defined under Section 627.942, F.S., from the Joint Underwriting Association established under Section 627.351(4), F.S., or through a plan of self-insurance as provided in Section 627.357, F.S.

(2) Obtaining and maintaining an unexpired, irrevocable letter of credit, established pursuant to Chapter 675, F.S., in an amount not less than \$100,000 per claim, with a minimum aggregate availability of credit of not less than \$300,000. The letter of credit shall be payable to the dentist as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the dentist or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, dental care and services. Such letter of credit shall be nonassignable and nontransferable. Such letter of credit shall be issued by any bank or savings association organized and existing under the laws of the State of Florida or any bank or savings association organized under the laws of the United States that has its principal place of business in this state or has a branch office which is authorized under the laws of this state or of the United States to receive deposits in this state.

(3) Upon application to the Board, the following licensees shall be exempted from meeting the requirements of this rule:

(a) Any dentist who practices exclusively as an officer, employee or agent of the federal government or of the State of Florida or its agencies or subdivision. For purposes of this rule, an agent of the State of Florida, its agencies or its subdivisions is a person who is eligible for coverage under any self insurance or insurance program authorized by the provisions of Section 768.28(14), F.S., or who is a volunteer under Section 110.501(1), F.S.

(b) Any dentist whose license has become inactive under Chapter 466, F.S., and who is not practicing in this state. Any dentist applying for reactivation of a license must show either that such licensee maintained tail insurance which provided liability coverage for incidents that occurred on or after October 1, 1993, or the initial date of licensure in this state, whichever is later, and incidents that occurred before the date on which the license became inactive; or such licensee must submit an affidavit stating that such licensee has no unsatisfied medical malpractice judgments or settlements at the time of application for reactivation.

(c) Any dentist licensed or certified under Chapter 466, F.S., who practices only in conjunction with his/her teaching duties at an accredited school or in its main teaching hospitals. Such dentist may engage in the practice of dentistry to the extent that such practice is incidental to and a necessary part of duties in connection with the teaching position in the school.

(d) Any dentist holding an active license under Chapter 466, F.S., who is not practicing in this state. If such person initiates or resumes practice in this state, he/she must notify the Board of such activity.

(e) Any dentist who can demonstrate to the Board that he/she has no malpractice exposure in the State of Florida.

(4) Every dentist complying with these requirements pursuant to either subsection (1) or (2) above shall ensure that such insurance or proof covers liability for actions of any dental hygienist supervised by the dentist.

*Specific Authority 466.004(4) FS. Law Implemented 456.048 FS. History—New 11-22-93, Amended 3-31-94, Formerly 61F5-17.011, 59Q-17.011, Amended 12-20-98, 3-19-02.*

#### **64B5-17.012 Use of Sargenti Material.**

The Board of Dentistry has determined pursuant to Sections 466.001, and 466.028(1)(y)(gg), F.S., that the use of “Sargenti Cement” (e.g., N2, RC2B, or RC2W or essentially similar compounds) as an endodontic filling material or cement does not meet the minimum standards of performance for competent dental practice in Florida. The Board specifically finds that “Sargenti Cement” containing paraformaldehyde, when used as an endodontic filling material or cement, can cause severe and irreversible damage to patients. “Sargenti Cement” that is improperly used or which escapes beyond the root canal is much more likely to cause significant damage than incorrectly performed endodontic procedures using alternative filling materials or cements. Most licensed dentists in Florida do not use “Sargenti Cement” in endodontic therapy. Therefore, the use of “Sargenti Cement” as an endodontic filling material does not meet the existing minimum standard of performance for competent dental practice in Florida.

*Specific Authority 466.004(4) FS. Law Implemented 466.001, 466.004(4), 466.028(1)(x), (ff) FS. History—New 5-29-96, Formerly 59Q-17.012.*

### **64B5-17.013 Proprietorship by Nondentists.**

(1) No corporation, lay body, organization, or individual other than a licensed dentist or a professional corporation or limited liability company composed of dentists shall engage in the practice of dentistry through the means of engaging the services, upon a salary, commission, or other means of inducement, of any person licensed to practice dentistry in this state. The provisions of this rule are not applicable to dentists working under any of the settings described in Section 466.025, F.S.

(2) No dentist shall enter into any agreement with a nondentist which directs, controls, or interferes with the dentist's clinical judgment, or which controls the use of any dental equipment or material while such is being used for the provision of dental services. Nor shall any dentist enter into an agreement which permits any entity which itself is not a licensed dentist to practice dentistry, or to offer dentistry services to the public through the licensed dentist. The clinical judgment of the licensed dentist must be exercised solely for the benefit of his/her patients, and shall be free from any compromising control, influences, obligations, or loyalties. To direct, control, or interfere with a dentist's clinical judgment shall not be construed to include those matters specifically excluded by subsection 466.0285(1)(c), F.S.

(3) For the purposes of this rule:

(a) The term "clinical" means having a significant relationship, whether real or potential, direct or indirect, to the actual rendering or outcome of dental care, the practice of dentistry or the quality of dental care being rendered to one or more patients.

(b) The term "control" shall mean to exercise authority or dominating influence over; having the authority or ability to regulate, direct, or dominate.

(4) A licensed dentist may enter into an agreement with a nondentist to receive "Practice Management Services." The term "Practice Management Services" is defined to include consultation or other activities or services offered by someone other than a Florida licensed dentist regarding one or more of the following types of products or services:

(a) The suitability of dental office space, furnishings and equipment;

(b) Staff necessary to operate a dental practice;

(c) Regulatory compliance expertise and services;

(d) Methods to increase productivity of a dental practice;

(e) Inventory and supplies required to operate a dental practice;

(f) Information systems designed to produce financial and operational data on the dental practice;

(g) Marketing plans or advertising to increase productivity of a dental practice;

(h) Site selection, relocation, design or physical layout of a dental practice; or

(i) Financial services such as accounting and bookkeeping, monitoring and payment of accounts receivable, payment of leases and subleases, payroll or benefits administration, billing and collection for patient services, payment of federal or state income tax, personal property or intangible taxes, administration of interest expense or indebtedness incurred to finance the operation of the dental practice, or malpractice insurance expenses.

(5) For purposes of implementing the provisions of Sections 466.0285, 466.003 and subsections 466.028(1)(g) and (z), F.S., no dentist shall enter into a practice management agreement with anyone other than a dentist or group of dentists which provides or offers to provide, whether by contract or employment, with or without fee, any practice management service which attempts to govern in any way, whether directly or indirectly, the clinical sufficiency, suitability, reliability or efficacy of a particular product, service, process or activity as it relates to the delivery of dental care. Practice management agreements between dentists and anyone other than a dentist or group of dentists shall not:

(a) Preclude or otherwise restrict, by penalty or operation, the dentist of record's ability to exercise independent professional judgment over all qualitative and quantitative aspects of the delivery of dental care;

(b) Allow anyone other than a dentist of record or the dentist of record's practice to supervise and control the selection, compensation, terms, conditions, obligations or privileges of employment or retention of clinical personnel of the practice;

(c) Limit or define the scope of services offered by the dentist of record or the dentist of record's practice;

(d) Limit the methods of payment accepted by the dentist of record or the dentist of record's practice;

(e) Require the use of patient scheduling systems, marketing plans, promotion or advertising for the dentist of record or the dentist of record's practice which, in the judgment of the dentist of record or the dentist of record's practice will have the effect of discouraging new patients from coming into the practice or discouraging patients of record from seeing the dentist or postponing future appointments or which gives scheduling preference to one individual, class or group of existing or new patients over another individual, class or group of existing or new patients;

(f) Directly or indirectly condition the payment or the amount of the management fee on the referral of patients, and in addition, the management fee shall reasonably relate to the fair market value of the services provided;

(g) Penalize the dentist of record or the dentist of record's practice for reporting perceived violations of this section to, or seeking clarification from, appropriate state or federal agencies, departments or boards.

(6) For purposes of implementing the provisions of Section 466.028(1)(h), F.S., no dentist shall enter into any agreement, or series of agreements, with anyone other than a dentist or group of dentists, which violates the parameters established in subsection (4) or (5) above and entering into such a contract constitutes a de facto employment of the dentist by a nondentist. Except as permitted by Chapter 542, F.S., licensed dentists are prohibited from agreeing not to compete in the provision of dental services with any entity which is not itself a licensed dentist, or which is not licensed or otherwise permitted by law to provide the services which are the subject of the agreement not to compete.

(7) The provisions of this rule are not intended to impair the validity of any contract in existence as of the effective date of this rule. Any existing contract renewed or extended after the effective date of this rule shall be subject to the provisions of this rule.

*Specific Authority 466.004 FS. Law Implemented 466.003, 466.028(1)(g), (z), 466.0285, 466.0285(1)(c) FS. History—New 10-16-96, Formerly 59Q-17.013, Amended 3-27-02.*

**64B5-17.014 Removal of Amalgam Fillings.**

(1) The Board of Dentistry has determined that claims regarding amalgam fillings as a causal factor in systemic illnesses are not supported by the Food and Drug Administration, the U.S. Public Health Service, or the National Institutes of Health. The Board therefore deems that the removal of amalgam fillings for the purported purpose of curing or preventing systemic illness constitutes alternative or complementary health care. In compliance with Section 456.41, F.S., any dentist performing such alternative or complementary health care treatment shall inform the patient of the following:

(a) The nature of the treatment and the benefits and risks associated with the treatment; and

(b) The dentist's education, experience and credentials regarding the complementary or alternative treatment option.

(2) Each dentist shall indicate on the patient's record the method(s) by which the requirements of Section 456.41, F.S., were met.

*Specific Authority 466.004 FS. Law Implemented 456.41, 466.028(1)(l), (w), (x), (y) FS. History—New 10-21-02.*

**64B5-17.015 Office Safety Requirement.**

As part of the minimum standard of care, every dental office location shall be required to have an automatic external defibrillator by February 28, 2006. Any dentist practicing after February 28, 2006, without an automatic external defibrillator on site shall be considered to be practicing below the minimum standard of care.

*Specific Authority 466.004(4), 466.017(3)(c) FS. Law Implemented 466.017(4), 466.028(1)(x) FS. History—New 5-31-04.*

## CHAPTER 64B5-25 STERILIZATION AND DISINFECTION PROCEDURES

64B5-25.001	Purpose.
64B5-25.002	Definitions.
64B5-25.003	Required Sterilization and Disinfection Procedures.
64B5-25.004	Licensees Infected With Hepatitis B Virus.
64B5-25.005	Monitoring of Licensees Infected With the Hepatitis B Virus.
64B5-25.006	Emergency Suspension of Licensees Infected With the Hepatitis B Virus; Initiation of Complaints.
64B5-25.007	Disposition of Biohazardous Waste.
64B5-25.008	Shipment to Dental Laboratories.

### 64B5-25.001 Purpose.

The failure to follow proper sterilization and disinfection procedures in the practice of dentistry presents a significant danger to the public due to the potential for transmission of infectious diseases to patients during treatment. Failure to follow proper sterilization and disinfection procedures as set forth in Rule 64B5-25.003, F.A.C., constitutes failure to provide reasonable sanitary facilities and conditions in violation of Section 466.028(1)(u), F.S., and constitutes negligence in the practice of dentistry in violation of Section 466.028(1)(x), F.S., as practice which is below the minimum standards of the practice of dentistry.

*Specific Authority 466.004(4) FS. Law Implemented 466.028(1)(u), (x) FS. History—New 2-24-87, Formerly 21G-25.001, 61F5-25.001, 59Q-25.001.*

### 64B5-25.002 Definitions.

(1) “Sterilization” is defined to mean the process by which all forms of life within an environment are totally destroyed.

(2) “Disinfection” is defined to mean the destruction or inhibition of most pathogenic bacteria while they are in their active growth phase and the inactivation of some viruses. Disinfection allows the potential for viable pathogens to remain (e.g., Tubercle bacilli and some viruses, including A, B and C hepatitis virus, and nonA-nonB (NANB) viruses which may survive depending upon the chemicals used).

(3) For purposes of this rule, the term “infected with the Hepatitis B virus” means that the licensee is sero-positive for the Hepatitis B surface antigen and the Hepatitis B e-antigen.

*Specific Authority 466.004(4) FS. Law Implemented 466.028(1)(u), (x), 466.041 FS. History—New 2-24-87, Amended 1-7-92, 2-1-93, Formerly 21G-25.002, 61F5-25.002, 59Q-25.002, Amended 5-20-01.*

### 64B5-25.003 Required Sterilization and Disinfection Procedures.

(1) At least one of the following procedures must be used in order to provide proper sterilization:

- (a) Steam under pressure (e.g., autoclave);
- (b) Dry-heat;
- (c) Chemical vapor;
- (d) Ethylene oxide;

(e) Disinfectant/sterilant. U.S. Environmental Protection Agency (EPA) approved disinfectant/sterilants or U.S. Food and Drug Administration (FDA) approved sterilant may be used but are only appropriate for sterilization when used in appropriate dilution and for the time periods set forth in the manufacturer’s recommendation and only on non-heat tolerant instruments which do not penetrate soft tissue.

(2)(a) Surgical and other instruments that normally penetrate soft tissue or bone, including, but not limited to, forceps, scalpels, bone chisels, scalers, and surgical burs, must be sterilized after each use.

(b) Instruments that are not intended to penetrate oral soft tissue or bone, including, but not limited to, high speed dental handpieces, contra-angles, prophylaxis angles, amalgam condensers, plastic instruments, and burs, but that may come into contact with oral tissues must be sterilized after each use.

(c) However, if heat, steam under pressure, or chemical vapor sterilization of an instrument is not technically feasible, due to its size or composition, the instrument must undergo sterilization with a disinfectant/sterilant that destroys viruses and spores. Disinfectants must be registered by the U.S. Environmental Protection Agency (EPA) as a disinfectant/sterilant and must be used in accordance with the manufacturer’s recommendations and the recommendations of the Centers for Disease Control (CDC).

(d) High speed dental handpieces, slow speed dental sleeves and contra-angles and prophylaxis angles must be sterilized after each use using a heat or heat with pressure or heat with chemical method. The method used must be capable of sterilization.

(e) Heat-sensitive instruments may require up to 10 hours of exposure in a liquid chemical agent registered by the U.S. Environmental Protection Agency (EPA) as a disinfectant/sterilant.

(3) Before sterilization, instruments must be cleaned to remove debris. Cleaning must be accomplished by a thorough scrubbing with soap or a detergent and water or by using a mechanical device, such as an ultrasonic cleaner following the manufacturer’s recommendations. Metal or heat-stable dental instruments must be sterilized after each use by one of the procedures identified in paragraphs (a)-(d) of subsection (1) above.

(4) Oral prosthetic appliances received from a dental laboratory must be washed with soap or a detergent and water, rinsed well, appropriately disinfected and rinsed well again before the prosthetic appliance is placed in the patient's mouth.

(5) At the completion of dental treatment, all surfaces that may have become contaminated with blood, saliva or other bodily fluids must be disinfected using a procedure recommended by the Centers for Disease Control (CDC).

(6) Disinfectant/sterilants appropriate for use under paragraph (e) of subsection (1) above are only those disinfectant/sterilants that are registered by the EPA. Those disinfectant/sterilants must be used in accordance with the manufacturer's recommendations for correct use as a disinfectant/sterilant.

(7) The sterilization and disinfection procedures required by this rule must be followed unless appropriate disposable items are used. Disposable items may only be used on a one time basis and may never be used on more than one dental patient. The use of disposable items is encouraged.

(8) Surgical or examination gloves and surgical masks shall be worn by all dentists, dental hygienists, and dental assistants while performing or assisting in the performance of any intra-oral dental procedure on a patient in which contact with blood and/or saliva is imminent. Surgical or examination gloves must be changed between patients. Hands shall be washed with soap and water and dried immediately after removing and prior to replacing gloves. Gloves are never to be washed and reused. Surgical or examination gloves that are punctured or torn must be removed and replaced immediately with new gloves following rewashing of provider's hands with soap and water. It is recommended that eye protection be worn by all dentists, dental hygienists, and dental assistants while performing or assisting in the performance of any dental procedure on a patient in accordance with CDC recommendations.

(9) The procedures and equipment used for sterilization must have their efficacy tested periodically. Adequacy of steam under pressure (e.g. autoclave) or chemical vapor sterilization must have their efficacy verified by appropriate biological monitoring at least once every 40 hours (2400 minutes) of use or at least once every thirty days, whichever comes first. Dry heat and ethylene oxide sterilizers must have their efficacy verified with appropriate biological monitoring every 120 hours of operation at sterilization parameters or every thirty days, whichever comes first. (Use time is determined by multiplying the number of cycles by the individual cycle time.) Disinfectant/sterilants as set forth in paragraph (e) of subsection (1) above, when used instead of heat sterilization procedures, must be used according to the manufacturer's recommended dilution and exposure time and must be changed according to the manufacturer's recommendations.

(10) All OSHA category 2 employees must be provided with and must use the barrier techniques required by this rule when they are in situations where they may be exposed to blood, saliva, or other bodily fluids from the patient during the treatment or examination process.

*Specific Authority 456.032, 466.004(4) FS. Law Implemented 456.032, 466.028(1)(u), (x), 466.041 FS. History--New 2-24-87, Amended 12-6-87, 10-24-88, 1-7-92, 4-5-93, Formerly 21G-25.003, Amended 11-22-93, Formerly 61F5-25.003, 59Q-25.003, Amended 10-31-01, 3-19-02.*

#### **64B5-25.004 Licensees Infected With Hepatitis B Virus.**

(1) The Board of Dentistry is charged with the responsibility of protecting the public from dentists or dental hygienists who present a danger to the public. The Board finds that licensees who are infected with the Hepatitis B virus present a grave danger to the public by virtue of the communicability of this infectious disease in a clinical setting. Absent the identification of infected licensees and the implementation of proper barrier techniques, these practitioners represent an unacceptable risk to the health and safety of their patients. Licensees bear the ultimate responsibility for the safety of their patients when the licensee or personnel employed by the licensee represent a health risk through direct or indirect contact with patients. This rule assures the ability of infected licensees to practice so long as adequate safeguards are maintained.

(2) Any Florida licensed dentist or dental hygienist practicing in this State who is infected with the Hepatitis B virus is required to notify the Board of such in writing no later than 14 days after learning of his or her infection with the Hepatitis B virus. Such notice shall include a copy of the lab report showing the result of that dentist's or dental hygienist's Hepatitis B Surface Antigen (HBSAG) test results. The Board will respond to the licensee in writing acknowledging the notification and will provide the licensee with an outline of criteria to be complied with which are designed to limit the potential spread of the virus. The criteria are:

(a) All licensees infected with the Hepatitis B virus must successfully complete, no later than 6 months after receiving acknowledgment of their status from the Board, an educational program approved by the Board which will aid in a better understanding of the disease. In order to receive Board approval, the program must be at least 6 clock hours in duration and the program's curriculum must include, but is not limited to:

1. History and nomenclature of Hepatitis B virus;
2. Clinical relationship of Hepatitis B virus to other forms of viral hepatitis;
3. Hepatitis B virus mode of transmission and replication;
4. Blood curves in the clinical course of the Hepatitis B virus;
5. Clinical and laboratory characteristics of Hepatitis B virus infections;
6. The Hepatitis B virus infected licensee and his or her lifestyle;
7. The Hepatitis B virus infected licensee as a practicing health care professional;
8. Barrier techniques;
9. The consequences of a break in barrier techniques;

10. Proper mechanisms for reporting breaks in barrier techniques;
11. Sterilization and disinfection procedures in the operator;
12. Sterilization and disinfection procedures in the laboratory;
13. Insurance and legal problems of Hepatitis B virus infected licensees; and
14. Hepatitis B virus vaccine.

Additionally, to obtain Board approval the program must also administer a written comprehensive examination covering each of the topics listed above which must be satisfactorily completed by a participant before the participant will be certified as having completed the program.

(b) Infected licensees will be monitored on a random basis at least once a year by Board approved consultants for the purpose of verifying compliance with sterilization, disinfection and barrier techniques. The monitors will verify compliance by utilizing the criteria set forth in Rule 64B5-25.005, F.A.C.

The random monitoring will be performed in addition to any checks conducted by any county health department. The monitor's report shall be forwarded to the Board's Executive Director within 14 days of the monitor's visit.

(c) Infected licensees shall notify the patient, the Board's Executive Director and the local county health department at any time a barrier technique has been or may have been broken. The patient must be notified immediately. Telephonic notification must be accomplished within 24 hours and must be followed up by written notification no later than 72 hours after the barrier technique has been broken. Notification by the infected licensees shall include, at a minimum, the following information:

1. What barrier technique was broken;
2. Steps undertaken to notify affected patient; and
3. Steps undertaken to overcome the break in technique.

(3) A break in barrier technique includes but is not limited to any puncture, tear or cut in the gloves at any time during which contact with the patient is made or at any time a break, abrasion or cut of the skin occurs which could expose the patient to risk of infection.

(4) Each and every notice or report required pursuant to this rule or as a result of the application of this rule shall be confidential and exempt from the provisions of Section 119.07(1), F.S., as set forth in Section 466.041(3), F.S.

*Specific Authority 456.032, 466.004(4) FS. Law Implemented 456.032, 466.028(1)(t), (v), (y), 466.041(3) FS. History—New 7-12-88, Amended 10-28-91, Formerly 21G-25.004, Amended 8-12-93, Formerly 61F5-25.004, 59Q-25.004.*

#### **64B5-25.005 Monitoring of Licensees Infected With the Hepatitis B Virus.**

(1) Licensees infected with the Hepatitis B virus will be monitored by Board approved consultants to verify compliance with accepted barrier techniques as set forth in Rule 64B5-25.004, F.A.C.

(2) Board-approved consultants acting as monitors shall be required to successfully complete a Board approved educational program for licensees infected with the Hepatitis B virus as described in Rule 64B5-25.004, F.A.C., prior to monitoring any licensee infected with the Hepatitis B virus.

(3) Monitors will perform their duties by making random, on-site visits at least once a year for a three (3) year period and at least tri-annually thereafter, to any clinical dental setting where an identified licensee infected with the Hepatitis B virus practices or is employed. The inspection and evaluation of compliance shall include the following procedures, the results of which must be reported to the Board's Executive Director within 14 days of the monitor's visit:

(a) Personal interviews with each member of the office staff regarding procedures which are followed in the clinical setting.

(b) Review of the dentist's appointment book to document the number of days the dentist has practiced since notification of being infected or the last evaluation, and the number of patients seen since that date.

(c) The number of boxes of examination and surgical protective gloves on hand and the number purchased since notification of infection or the last evaluation.

(d) The number and type of masks on hand and the number and type purchased since notification of infection or the last evaluation.

(e) A determination of whether all personnel since notification of infection or any new personnel since the last evaluation have been checked for surface antigens and surface antibodies and whether all personnel have been specifically educated regarding appropriate sterilization, disinfection and barrier technique necessary to prevent communication of the Hepatitis B virus.

(f) Identification and description of training provided and procedures and protocols utilized.

(g) A determination of whether all office personnel are familiar with procedures and reporting requirements which are necessary if a break in barrier techniques occurs.

(h) A determination of whether heat sterilization is routinely used and whether the heat sterilization is monitored monthly.

(i) A determination of the type of cold disinfectant used, its spectrum, brand name and chemical composition.

(j) A list of instruments and materials which are routinely cold sterilized and a determination of the efficacy of the procedures.

(k) Identification and documentation of any incidents of a break in barrier technique or potential breaks which were averted.

(l) Documentation of the monitor's conclusions regarding compliance which addresses the results of each of the procedures outlined above.

(4) Should a monitor determine that unreported breaks in barrier techniques have occurred, or should the monitor determine that appropriate sterilization, disinfection and barrier techniques have not been followed adequately to protect the public, the monitor shall so notify the Board's Executive Director by telephone within 24 hours of the on-site inspection and provide written confirmation within 72 hours.

*Specific Authority 456.032, 466.004(4), FS. Law Implemented 456.032, 466.028(1)(t), (v), (y), 466.041(3) FS. History--New 7-12-88, Amended 10-28-91, Formerly 21G-25.005, 61F5-25.005, Amended 10-16-96, Formerly 59Q-25.005.*

**64B5-25.006 Emergency Suspension of Licensees Infected With the Hepatitis B Virus; Initiation of Complaints.**

(1) Upon notification that any of the following events have occurred, the Board's Executive Director shall request an emergency Probable Cause Panel meeting. The panel shall determine whether the Secretary of the Department should be requested to institute an emergency suspension of the licensee infected with the Hepatitis B virus pursuant to Section 120.60(8), F.S.

(a) A monitor's report that the infected licensee has failed to report any break in barrier technique or that the infected licensee has failed to follow appropriate sterilization, disinfection and barrier techniques in a manner which adequately protects the public.

(b) Failure of the infected licensee to have successfully completed the Board approved educational program as required by Rule 64B5-25.004, F.A.C.

(c) A confirmed report that the infected licensee has failed to report a break in barrier technique as required by Rule 64B5-25.004, F.A.C.

(d) A confirmed report that a licensee is infected with the Hepatitis B virus and has failed to report his or her status to the Board as required by Rule 64B5-25.004, F.A.C.

(2) The Executive Director may consult with any monitor for technical assistance and may request confirmation of a report from the Office of Investigative Services prior to requesting an emergency Probable Cause Panel Meeting or initiation of a complaint.

(3) The Executive Director shall initiate a complaint or confirm that a complaint has already been initiated when a report of a break in barrier technique or a report of violation of Rule Chapter 64B5-25, F.A.C., is received. The Board does not intend this provision to discourage timely and accurate reporting or to imply that disciplinary action against a licensee will routinely be initiated by the Department. It is the Board's intent to protect the public and the licensee by assuring that an adequate investigation is made of any reported violation so that an informed decision can be reached regarding the safety of the licensee's continued practice.

*Specific Authority 455.601, 466.004(4) FS. Law Implemented 455.601, 466.028(1)(t), (v), (y) FS. History--New 7-12-88, Amended 10-28-91, Formerly 21G-25.006, 61F5-25.006, 59Q-25.006.*

**64B5-25.007 Disposition of Biohazardous Waste.**

(1) Licensees who generate biohazardous waste as defined by Chapter 64E-16, F.A.C., shall comply with the requirements of that chapter in order to maintain minimum sanitary conditions as required by Section 466.028(1)(v), F.S.

(2) Extracted teeth may be rendered non-biohazardous by disinfection so that they may be returned to the patient or the patient's legal guardian. Extracted teeth used for scientific, educational or testing purposes should first be cleaned of adherent patient material by scrubbing with detergent and water or by using an ultrasonic cleaner. Teeth should then be stored, immersed in a fresh solution of sodium hypochlorite (household bleach diluted 1:10 with tap water) or any liquid chemical germicide suitable for clinical specimen fixation.

(3) To render an extracted tooth non-biohazardous it must be decontaminated in accordance with the guidelines set forth in Rule 64B5-25.003, F.A.C.

(4) Extracted teeth and tissue fragments not required for microscopic examination shall be discarded as biohazardous waste or as a sharp in accordance with Chapter 64E-16, F.A.C.

*Specific Authority 456.032, 466.004 FS. Law Implemented 456.032, 466.028(1)(v), 466.041 FS. History--New 11-16-89, Amended 1-7-92, Formerly 21G-25.007, Amended 3-30-94, Formerly 61F5-25.007, 59Q-25.007.*

**64B5-25.008 Shipment to Dental Laboratories.**

Impressions, appliances and contaminated dental models sent to dental laboratories must be sealed in an impervious container and labeled "treat as infectious material" prior to shipment from a dental office.

*Specific Authority 456.032, 466.004 FS. Law Implemented 456.032, 466.028(1)(v), (y), 466.041 FS. History--New 1-7-92, Formerly 21G-25.008, 61F5-25.008, 59Q-25.008.*

## 64B6 BOARD OF HEARING AID SPECIALISTS

### CHAPTER 64B6-1 PURPOSE, ORGANIZATION, MEETINGS, PROCEDURES

- 64B6-1.001 General Description of Department Organization and Operations. (Repealed)  
64B6-1.002 Meetings, Notice of Meetings and Agenda.  
64B6-1.003 Final Orders.

#### **64B6-1.002 Meetings, Notice of Meetings and Agenda.**

(1) For the purposes of Board member compensation under subsection (4) of the Section 456.011, Florida Statutes, “other business involving the Board” is defined to include:

(a) Board meetings;

(b) Meetings of committees of the Board;

(c) Meetings of a Board member with Department staff, contractors of the Department, or other meetings at the Department or Board’s request. Any participation or meeting of members noticed or unnoticed will be on file in the Board office;

(d) Probable cause panel meetings.

(2) No Board member shall have three (3) consecutive unexcused absences consisting 50% or more of the Board’s meetings within any twelve (12) month period or such Board membership shall become void. Members shall communicate the reason for any absence to the Executive Director prior to the meeting and the reason for the absence shall be made part of the minutes of that meeting. Unexcused absences shall include all absences of Board members except those which:

(a) Are the result of serious illness which prevents a member’s attendance;

(b) Are due to the recent death or serious illness of an immediate family member;

(c) Are due to unavoidable travel delays, or travel delays which prevent attendance.

*Specific Authority 456.011(3), (4), 484.044 FS. Law Implemented 456.011(4) FS. History—New 1-10-84, Formerly 21JJ-1.03, 21JJ-1.003, Amended 4-8-90, Formerly 21JJ-1.017, Amended 4-6-94, 6-16-94, 10-13-96, Formerly 61G9-1.017, Amended 9-14-97.*

#### **64B6-1.003 Final Orders.**

All Final Orders of the Board may be signed by the Executive Director of the Board. Final orders shall be effective upon filing with the Clerk of the Department of Health.

*Specific Authority 120.53(1), 484.044 FS. Law Implemented 120.53(1) FS. History—New 3-18-93, Formerly 21JJ-1.022, 61G9-1.022.*