**TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING**

**CHAPTER 5 DENTISTRY (DENTISTS, DENTAL HYGIENISTS, ETC.)**

**PART 42 EXPANDED FUNCTION DENTAL AUXILIARY, REQUIREMENTS FOR**

**CERTIFICATION**

**16.5.42.1 ISSUING AGENCY:** New Mexico Board of Dental Health Care.

[16.5.42.1 NMAC - N, 01/09/12]

**16.5.42.2 SCOPE:** The provisions of Part 42 of Chapter 5 apply to all applicants for certification; to active, expired and suspended certificate holders; and to anyone who requests a list of certified expanded function dental auxiliary or other public records.

[16.5.42.2 NMAC - N, 01/09/12]

**16.5.42.3 STATUTORY AUTHORITY:** Part 42 of Chapter 5 is promulgated pursuant to the Dental Health Care Act, Section 61-5A-5, 61-5A-6 and 61-5A-6.1 NMSA 1978.

[16.5.42.3 NMAC - N, 01/09/12]

**16.5.42.4 DURATION:** Permanent.

[16.5.42.4 NMAC - N, 01/09/12]

**16.5.42.5 EFFECTIVE DATE:** January 9, 2012, unless a later date is cited at the end of a section.

[16.5.42.5 NMAC - N, 01/09/12]

**16.5.42.6 OBJECTIVE:** To establish the requirements for certification for expanded function dental auxiliary to perform expanded functions. These rules address applicants being certified via the following tracks.

**A.** Completed an expanded function dental auxiliary program at an institution where the dental assisting program is accredited by the joint commission on dental accreditation (CODA).

**B.** Independent preparation for dental assistants that have five years’ experience and prepare independently for the requirements.

**C.** Candidates who possess a current certificate in good standing in expanded function dental auxiliary from another state or jurisdiction (credentials).

[16.5.42.6 NMAC - N, 01/09/12, A, xx/xx/18]

**16.5.42.7 DEFINITIONS:**

**A. “Apprenticeship”** means a period of time in which an EFDA candidate is closely supervised by a supervising dentist and demonstrates competency on patients in EFDA duties as defined under 16.5.46.9 NMAC.The supervising dentist assumes all responsibility and liability for the training and actions of an EFDA candidate and must attest to their competency.

**B. “Close personal supervision”** means a New Mexico licensed dentist directly observes, instructs and certifies in writing the training and expertise of a EFDA candidate to the board.

**C. “Continuous employment”** means 1,000 hours per year for any five consecutive years.

**D. “Direct supervision”** means the process under which an act is performed when a dentist licensed pursuant to the Dental Health Care Act:

**(1)** is physically present throughout the performance of the act;

**(2)** orders, controls and accepts full professional responsibility for the act performed; and

**(3)** evaluates and approves the procedure performed before the patient departs the care setting.

**E. “Expanded function dental auxiliary”** EFDA means a dental assistant, dental hygienist or other dental auxiliary that has received education specific to the duties delineated by the board for an EFDA, and has met the educational and certifying exam standards set by the board for an EFDA, and works under the direct supervision of a NM licensed dentist to perform the functions allowed under this section.

**F. “Placing and shaping restorations”** means the act of placing dental filling material(s) directly into a cavity preparation previously prepared by a dentist, and shaping, finishing and polishing the restoration so that it has proper occlusal form, contacts, anatomy and margins prior to final approval by the dentist.

**G. “Supervising dentist”** means a New Mexico licensed dentist who has no current action or inquires pending by the board and who provides supervision, instruction and recommendation for an EFDA candidate to the board.

[16.5.42.7 NMAC - N, 01/09/12]

**16.5.42.8 REQUIREMENTS:** EFDA who performs the duties defined under 16.5.46.9 NMAC are required to be certified by the board.

[16.5.42.8 NMAC - N, 01/09/12]

**16.5.42.9 EDUCATION AND EXAMINATION REQUIREMENTS FOR EXPANDED FUNCTION DENTAL AUXILARY:**

**A.** satisfactory completion of an ~~accepted~~ expanded function dental auxiliary course at an institution ~~accredited by the [board or] joint commission on dental accreditation,~~ where ~~in the offering~~ the dental assisting program is ~~also~~ accredited by the joint commission on dental accreditation, ~~or~~ and approved by the board; and certified in all 4 expanded functions as defined in 16.5.33 NMAC by a date no later than July 1, 2019; or

**B.** for dental auxiliaries that have five years experience and “independent preparation” for the requirements:

**(1)** applicant must have a minimum of five years of continuous employment as a dental assistant or dental hygienist with a minimum of 1,000 hours per year;

**(2)** achieved certification in all expanded functions as defined in 16.5.33 NMAC;

**(3)** taken a course of study in dental anatomy, dental materials, placing and shaping direct restorations, fitting and shaping of stainless steel crowns, and occlusion function and passed a post-test approved by the board verifying readiness for taking the certification examination;

**(4)** recommended for an expanded function dental auxiliary (EFDA) certification by the supervising dentist as defined in Subsection G of 16.5.42.7 NMAC;

**(5)** instructors must have higher or same level of licensure or certification in respective courses they are teaching;

**C.** pass a clinical examination accepted by the board for certification of EFDA;

**D.** completed the jurisprudence examination with a score of at least seventy five percent;

**E.** exemptions; an expanded function dental auxiliary who is certified to perform EFDA duties in another state or jurisdiction with requirements not less stringent than those in New Mexico may be certified based on credentials;

**F.** after passing a board accepted examination or being certified by credentials, EFDA candidates must complete an apprenticeship under the close personal supervision of a supervising dentist;

**(1)** the board will send to the EFDA candidate upon receipt of the completed application the following:

**(a)** permit to start apprenticeship to be displayed during apprenticeship; and

**(b)** affidavit form to be signed by supervising dentist at start and completion of apprenticeship;

**(2)** the affidavit shall state that the supervising dentist assures that the EFDA candidate is competent in the procedures allowed by an EFDA and that the supervising dentist assumes full responsibility and liability for the training and actions of the EFDA;

**(3)** once the permit is issued by the board office the EFDA candidate has 180 days to complete the apprenticeship; and

**(4)** upon completion of the apprenticeship the candidate must return the EFDA permit and the signed affidavit to the board; once the permit and signed affidavit have been received and verified by the board a certificate for EFDA may be issued.

[16.5.42.9 NMAC - N, 01/09/12; A, 06/14/12; A, 07/17/13; A, 12/16/15]

**16.5.42.10 REQUIRED DOCUMENTATION:** Each applicant for an expanded function dental auxiliary certification shall submit to the board or its agent the required fees and the following documentation. Applications are valid for one year from the date of receipt by the board; after one year, the applicant shall submit to the board a new application.

**A.** Each application for licensure who completed an EFDA program as defined in 16.5.42.9 (A) NMAC must submit the following documentation:

**(1)** completed application with a passport quality photo taken within six months affixed to the application;

**(2)** official transcripts or certification verifying successful completion of an EFDA program accredited by the commission on dental accreditation;

**(3)** copy of clinical examination accepted by the board for certification as EDFA; the results of the exam are valid in New Mexico for a period not to exceed five years:

**(a)** the applicant shall apply directly to a board approved testing agency for examination;

**(b)** results of the clinical examination shall be sent directly to the board office; and

**(4)** affidavit letter from supervising dentists.

**(5)** proof of certifications in all 4 expanded functions as defined in 16.5.33 NMAC no later than July 1, 2019.

**B.** An applicant who has [~~not~~ ~~graduated from an accredited expanded function dental auxiliary~~ ~~program~~] not graduated from a program as defined in 16.5.42.9 (A) NMAC can apply for certification if they meet all requirements in Subsection B, C, D and F of 16.5.42.9 NMAC and must submit the following:

**(1)** completed application with a passport quality photo taken within six months affixed to the application;

**(2)** shall provide proof of five years of continuous employment as a dental assistant or dental hygienist with a minimum of 1,000 hours per year;

**(3)** shall have achieved certification in all expanded functions as defined in 16.5.33 NMAC;

**(4)** shall provide proof of successful completion of courses in dental anatomy, dental materials, placing and shaping direct restorations, fitting and shaping of stainless steel crowns, and occlusion function;

**(5)** shall provide an affidavit executed on dentist letterhead from a supervising dentist recommending the applicant for EFDA certification and verifying the applicant’s competency; and

**(6)** copy of clinical examination score card or certificate.

**C.** Certification by credentials.Applicants can apply for certification by credentials if they meet all requirements as defined in Subsections A, C, D and F of 16.5.42.9 NMAC and must submit the following:

**(1)** completed application with a passport quality photo taken within six months affixed to the application;

**(2)** verification of a current active certification in good standing from another state; and

**(3)** copy of clinical examination score card or certificate; the results of the examination are valid in New Mexico for a period not to exceed five years:

**(a)** the applicant shall apply directly to a board approved testing agency for examination, and

**(b)** the results of the clinical examination must be sent directly to the board office; and

**(4)** affidavit letter from the supervising dentist of competency.

[16.5.42.10 NMAC - N, 01/09/12; A, 06/14/12; A, 07/17/13; A, 12/16/15; A, xx/xx/18]

**16.5.42.11 CERTIFICATION PROCEDURE:** Upon receipt of a completed application, including all required documentation, signed affidavit and fees, the secretary-treasurer or delegate of the board will review the application and determine eligibility for certification.

**A.** Initial certificates are issued for a period not to exceed three years.

**B.** The certificate must be displayed so that it is visible to the public.

[16.5.42.11 NMAC - N, 01/09/12]

**16.5.42.12 TIMELINE FOR PREVIOUSLY ISSUED EFDA PERMITS AND EXPANDED FUNCTIONS:** All current EFDA certification permit holders must have all four expanded functions as defined in 16.5.33 NMAC no later than July 1, 2019. EFDA permits will suspend automatically if such expanded functions certifications are not current. Once those expanded functions are certified, the EFDA permit will become valid until its regular expiration period.

[16.5.42.12 NMAC - N, xx/xx/18]

**HISTORY OF 16.5.42 NMAC: [RESERVED]**