

RULES PROPOSALS PART I 2019: DEFINITIONS, ADVERTISING/PROMOTIONS, DENTIST AND HYGIENIST CONDUCT GUIDELINES, AND TELEDENTISTRY

PART 1: GENERAL PROVISIONS

16.5.1.7 (T): “NERB/ADEX/CDCA” means the former northeast regional board of dental examiners, now called the commission of dental competency assessments, a separate...in New Mexico.

(FF): “teledentistry” means the practice of dentistry by a provider who holds an active license pursuant to the Dental Health Care Act and who is subject to the jurisdiction of the board regardless of the provider’s originating teledentistry site, and

- (1) A dentist’s use of health information technology in real time to provide limited diagnostic and treatment planning services in cooperation with another dentist, dental hygienist, community dental health coordinator or a student enrolled in a program of study to become a dental assistant, dental hygienist or dentist; or,
- (2) The practice of dentistry where the patient and the dentist are not in the same physical location and the dentist uses electronic information, imaging and communication technologies, including interactive audio, video and data communications as well as store-and-forward technologies, to provide and support dental health care delivery, diagnosis, consultation, treatment, transfer of dental data and education, where the originating site of teledentistry is the location at which the dentist provides the services.”

16.5.1.29 [NEW] ADVERTISING, PROMOTIONS AND SPECIALTY RECOGNITIONS FOR ALL LICENSEES: This rule applies to advertising in all types of media that is directed to the public. No dentist, dental hygienist, non-dentist owner, or their representatives shall advertise in any form of communication in a manner that is misleading, deceptive, or false. The licensee will be responsible for any third party making such false claims or misleading advertising on their (licensee’s) behalf.

A. Definitions:

1. For the purposes of this section, “advertising/advertisement” is:
 - a. Any written or printed communication for the purpose of soliciting, describing, or promoting a dentist’s/hygienist’s/non-dentist owner’s licensed

activity, including, but not limited to, a brochure, letter, pamphlet, newspaper, directory listing, periodical, business card or other similar publication.

b. Any radio, television, internet, computer network or similar airwave or electronic transmission which solicits or promotes the dental practice.

c. "Advertising" or "advertisement" does not include any of the following:

1. Any printing or writing on buildings, uniforms or badges, where the purpose of the writing is for identification.
2. Any printing or writing on memoranda or other communications used in the ordinary course of business where the sole purpose of the writing is other than the solicitation or promotion of the dental practice.
3. Any printing or writing on novelty objects or dental care products

2. "Bait advertising" is an alluring but insincere offer to sell a product or service which the advertiser in truth does not intend or want to sell. Its purpose is to switch consumers from buying the advertised merchandise or services, in order to sell something else, usually at a higher price or on a basis more advantageous to the advertiser. The primary aim of a bait advertisement is to obtain leads as to persons interested in buying merchandise or services of the type so advertised. [Federal code: Title 16, chapter 1, subchapter B, Part 238]

B. General Requirements

1. At the time any type of advertisement is placed, the licensee must in good faith possess information that would substantiate the truthfulness of any assertion, omission, or claim set forth in the advertisement.

2. The Board recognizes that clinical judgment must be exercised by a dentist or dental hygienist. Therefore, a good faith diagnosis that the patient is not an appropriate candidate for the advertised dental or dental hygiene service or product is not a violation of this rule.

3. Licensee shall be responsible for, and shall approve any advertisement made on behalf of the dental or dental hygiene practice, except for brand advertising, i.e. advertising that is limited to promotion of the name of the practice or dental corporation. The licensee shall maintain a listing stating the name and license number of the licensee(s) who approved and are responsible for the advertisement and shall maintain such list for a period of 3 years.

C. The term false advertising means advertising, including labeling, which is misleading in any material respect; and in determining whether any advertising is misleading, there shall be taken into account (among other things) not only representations made by statement, word, design, sound or any combination thereof, but also the extent to which the advertising fails to reveal facts material in the light of such representations with respect to the commodity to which the advertising relates under the conditions prescribed in said advertisement, or under such conditions as are customary or usual. [NM statute 57-15-2]. Misleading, deceptive, or false advertising includes, but is not limited to the following, and if substantiated, is a violation and subject to disciplinary action by the board:

1. A known material misrepresentation of fact;
2. The omission of a fact necessary to make the statement considered as a whole not materially misleading;
3. Advertising that is intended to be or is likely to create an unjustified expectation about the results the dentist or dental hygienist can achieve;
4. Advertising that contains a material, objective representation, whether express or implied, that the advertised services are superior in quality to those of other dental or dental hygiene services if that representation is not subject to reasonable substantiation. For the purposes of this subsection, reasonable substantiation is defined as tests, analysis, research, studies, or other evidence based on the expertise of professionals in the relevant area that have been conducted and evaluated in an objective manner by persons qualified to do so, using procedures generally accepted in the profession to yield accurate and reliable results. Individual experiences are not a substitute for scientific research. Evidence about the individual experience of consumers may assist in the substantiation, but a determination as to whether reasonable substantiation exists is a question of fact on a case-by-case basis;
5. The false or misleading use of a claim regarding licensure, certification, registration, permitting, listing, education, or an unearned degree;
6. Advertising that uses patient testimonials unless the following conditions are met:
 - a. The patient's name, address, and telephone number as of the time the advertisement was made must be maintained by the dentist or dental hygienist and that identifying information shall be made available to the Board upon request by the board.
 - b. Dentists or dental hygienists who advertise dental or dental hygiene services, which are the subject of the patient testimonial, must have actually provided these services to the patient making the testimonial.
 - c. If compensation, remuneration, a fee, or benefit of any kind has been provided to the person in exchange for consideration of the testimonial, such testimonial must include a statement that the patient has been compensated for such testimonial.
 - d. A specific release and consent for the testimonial shall be obtained from the patient.
 - e. Any testimonial shall indicate that results may vary in individual cases.
 - f. Patient testimonials attesting to the technical quality or technical competence of a service or treatment offered by a licensee must have reasonable substantiation.
7. Advertising that makes an unsubstantiated medical claim or is outside the scope of dentistry, unless the dentist or dental hygienist holds a license, certification, or registration in another profession and the advertising and/or claim is within the scope authorized by the license, certification, or registration in another profession;
8. Advertising that makes unsubstantiated promises or claims, including but not limited to claims that the patient will be cured;
9. The use of bait advertising as outlined in Federal trade commission guidelines.

10. Advertising that includes an endorsement by a third party in which there is compensation, remuneration, fee paid, or benefit of any kind if it does not indicate that it is a paid endorsement;

11. Advertising that infers or gives the appearance that such advertisement is a news item without using the phrase "paid advertisement";

12. The promotion of a professional service which the licensee knows or should know is beyond the licensee's ability to perform;

13. The use of any personal testimonial by the licensee attesting to a quality or competence of a service or treatment offered by a licensee that is not reasonably verifiable;

14. Advertising that claims to provide services at a specific rate and fails to disclose that a dental benefit plan may provide payment for all or part of the services.

15. Print Advertising that contains all applicable conditions and restrictions of an offer that is not clearly legible or visible. The board will consider font size and positioning within the advertisement as to what is determined as false, misleading or deceptive.

[--- For example, the board would consider font size of less than 15-20% of the offer or restriction in a small corner of the advertisement as deceptive, especially if the print quality is difficult to read.]

16. Audio advertising that contains all applicable conditions and restrictions that is broadcast at different speed and volume of the main recording and offer.

17. Failure to include in all advertising media for the practice (excluding building signage and promotional items), in a reasonably visible and legible manner, the dentist's or non-dentist owner's name(s), address and contact information or direct reference where the name of the dentist(s) or non-dentist owner(s) can be found, including, but not limited to, an internet website.

18. Failure to update website(s) wherein the names of the current dentist(s) are for each office location within 30 days of the change.

19. Failure to practice dentistry under the name of a corporation, company, association, limited liability company, or trade name without full and outward disclosure of his/her full name, which shall be the name used in his/her license or renewal certificate as issued by the board, or his/her commonly used name.

20. Failure to practice dentistry without displaying his/her full name as it appears on the license issued by the board on the entrance of each dental office.

21. Advertising or making claims that a licensee or practice claims to be superior to any other licensee or practice, including, but not limited to, descriptions of being "the highest quality", a "super-dentist" or "super-general dentist/practitioner", "specially-trained hygienist", "hygienist specializing in non-surgical periodontics", or similar.

D. Specialty Practice and Advertising

1. The Board may discipline a dentist for advertising or otherwise holding himself/herself out to the public as practicing a dental specialty unless the dentist is licensed by the board to practice the specialty or unless the dentist has earned a post-graduate degree or certificate from an accredited dental college, school of dentistry of a university or other residency program that is

accredited by the Commission on dental accreditation (CODA) in one to the specialty areas of dentistry recognized by the American dental association. [NM Statute 61-5A-12 (E) and (F) NMSA 1978]

E. Acronyms

In addition to those acronyms required by law pertaining to one's business entity such as Professional Corporation (P.C.) or Limited Liability Company (L.L.C.), dentists or dental hygienists may only use those acronyms earned at a program accredited by a regional or professional accrediting agency recognized by the United States Department of Education or the Council on Postsecondary Accreditation. Any credential that does not meet this requirement must be completely spelled out.

THE FOLLOWING RULES SHOULD BE CHANGED TO REFER TO ABOVE SECTION:

16.5.16.10 GUIDELINES: The board shall use the following as guidelines for disciplinary action.

A. "Gross incompetence" or "gross negligence" means, but shall not be limited to, a significant

departure from the prevailing standard of care in treating patients.

B. "Unprofessional conduct" means, but is not limited to because of enumeration:

(1) performing, or holding oneself out as able to perform, professional services beyond the scope of one's license and field or fields of competence as established by education, experience, training, or any combination thereof; this includes, but is not limited to, the use of any instrument or device in a manner that is not in accordance with the customary standards and practices of the dental profession;

(2) failure to refer a patient, after emergency treatment, to his/her regular dentist and inform the latter of the conditions found and treated;

(3) failure to release to a patient copy of that patient's records and x-rays within 15 business days regardless whether patient has an outstanding balance;

(4) failure to seek consultation whenever the welfare of the patient would be safeguarded or advanced by referral to individuals with special skills, knowledge, and experience, including:

(a) an owner dentist or supervisor causing an employee dentist to make a referral for dental treatment based on contractual obligations when, in the judgment of the treating dentist, the welfare of the patient would be safeguarded or advanced by referral to another practitioner, and failure to notify the patient of such contractual obligations for referrals;

(b) an owner dentist or supervisor causing an employee dentist to use a dental laboratory due to contractual obligations when, in the judgment of the treating dentist, the welfare of the patient would be safeguarded or advanced by the use of another dental laboratory.

(5) failure to advise the patient in simple understandable terms of the proposed treatment, the anticipated fee, the expectations of success, and any reasonable alternatives;

(6) failure of a dentist to comply with **advertising and specialty recognition rules as defined in 16.5.1.29 NMAC.** ~~the following advertising guidelines, no person shall: (a) practice dentistry under the name of a corporation, company, association,~~

~~limited liability company, or trade name without full and outward disclosure of his/her full name, which shall be the name used in his/her license or renewal certificate as issued by the board, or his/her commonly used name;~~

~~(b) practice dentistry without displaying his/her full name as it appears on the license issued by the board on the entrance of each dental office;~~

~~(c) fail to include in all advertising media for the practice (excluding building signage and promotional items), in a reasonably visible and legible manner, the dentist's names(s), address and telephone number or direct reference where the name of the dentist(s) can be found as defined in Section 16.5.16.7 NMAC;~~

~~(d) advertise an offer for goods or services that does not meet the following~~

~~requirements:~~

~~(i) for a printed advertisement, all applicable conditions and restrictions of an offer, as well as the direct reference to the licensee(s), shall be no smaller than twenty percent of the largest font~~

~~contained in the advertisement;~~

~~(ii) for an audio advertisement, all applicable conditions and restrictions of an offer, as well as the direct reference to the licensee(s), must be stated at the same volume and speed as the offer~~

~~language;~~

~~(iii) advertise a practice in a false, fraudulent or misleading manner; if the name of the practice or office contains one of the American dental association recognized specialties and only a~~

~~general dentists performs that service, the advertisement, signage, or broadcast media must say "services provided by a general dentist", so as not to imply that a specialist is performing such procedures; and~~

~~(iv) advertise as a specialist unless the dentist is licensed by the board to practice the specialty or unless the dentist has earned a post graduate degree or certificate from an accredited dental~~

~~college, school of dentistry of a university or other residency program that is accredited by commission on dental accreditation (CODA) in one of the specialty areas of dentistry recognized by the American dental association.~~

16.5.30.10 GUIDELINES: The committee shall define the following as guidelines for disciplinary action.

A. "Gross incompetence" or "gross negligence" means, but shall not be limited to, a significant

departure from the prevailing standard of care in patient treatment.

B. "Unprofessional conduct" means, but is not limited to because of enumeration:

(1) performing, or holding oneself out as able to perform, professional services beyond the scope of one's license and field or fields of competence as established by education, experience, training, or any combination thereof; this includes, but is not limited to, the use of any instrument or device in a manner that is not in accordance with the customary standards and practices of the dental hygiene profession;

(2) failure to advise the patient in simple understandable terms of the treatment rendered, the expectations for success, and the responsibility the patient must assume;

3. (3) failure to inform dentist or patient of periodontal assessment;
4. (4) failure to provide patient education of oral health care regimens which assist in

maintaining good oral health throughout life;

5. (5) sexual misconduct;
6. (6) failure to use appropriate infection control techniques and sterilization procedures;
7. (7) breach of ethical standards, an inquiry into which the committee will begin by reference

to the most recent version of the American dental hygienists association's code of ethics; (8) fraud, deceit or misrepresentation in any application;

probation order;

9. (9) violation of any order of the committee, and ratified by the board, including any
10. (10) injudicious administration of any drug or medicine;

(11) failure to report to the committee or board any adverse action taken by any licensing board, peer review body, malpractice insurance carrier or any other entity as defined by the board or committee, the surrender of a license to practice in another state, surrender of membership on any medical staff or in any dental hygiene or professional association or society, in lieu of, and while under disciplinary investigation by any authority;

(12) deliberate and willful failure to reveal, at the request of the committee, the incompetent, dishonest, or corrupt practices of a dentist or dental hygienist licensed or applying for licensure by the committee or board; and

14. (13) cheating on an examination for licensure;
15. (14) failure of a dental hygienist to comply with the following advertising rules as defined in 16.5.1.29 NMAC;

1. (a) shall not advertise in a false, fraudulent, or misleading manner, and
2. ~~(b) if the hygienist is in a separate listing or media other than their employer dentist, shall include in the advertisement the name of the hygienist, the name of the employer dentist(s), the practice address(es) and telephone number(s);~~

15. (15) failure of a collaborative practice dental hygienists to refer a patient for dental care; or
16. (16) failure of a collaborative practice dental hygienist to comply with the terms of a signed

collaborative practice agreement;

(17) failure of a collaborative practice dental hygienist to professionally and effectively communicate with a dentist of record, or consulting dentist, in a professional manner in regard to a shared patient's care under 16.5.17 NMAC of these rules;

- (18) failure of a collaborative dental hygienist to comply with the following advertisement rules as defined in 16.5.1.29 NMAC; ~~no person shall:~~

(19) failure to practice dental hygiene under the name of a corporation, company, association, limited liability company, or trade name without full and outward disclosure of his/her full name, which shall be the name used in his/her license or renewal certificate as issued by the board;

(20) failure to practice dental hygiene without displaying his/her full name as it appears on the license issued by the board on the entrance door of each office;

~~(e) shall include in all advertisements the dental hygienist's name, address and telephone number or direct reference where the name of the dental hygienist(s) can be found as defined in 16.5.30.7 NMAC; and~~

~~(d) shall not advertise a practice in a false, fraudulent or misleading manner;~~

(21) assisting a health professional, or be assisted by a health professional that is not licensed

to practice by a New Mexico board, agency or commission;

(22) conviction of either a misdemeanor or a felony punishable by incarceration;

(23) aiding and abetting a dental auxiliary who is not properly certified;

(24) patient abandonment;

(25) habitually addicted as defined in 61.5A-21 4 & 6 and Subsections C and D 61.5B-3

NMSA 1978 habitual or excessive use or abuse of drugs, as defined in the Controlled Substances Act, 30-31-1 NMSA 1978 or habitual or excessive use or abuse of alcohol;

(26) failure of the licensee to furnish the committee within 10 business days of request; its investigators or representatives with information requested by the committee, and ratified by the board;

(27) failure to appear before the board when requested by the committee, and ratified by the board, in any disciplinary proceeding; and

(28) failure to be in compliance with the Parental Responsibility Act Section 40-5A-3 seq., [3-14-73, 4-10-81, 10-16-92, 5-31-95, 9-30-96, 1-1-99, 2-14-00; 16.5.30.10 NMAC - Rn & A, 16 NMAC 5.30.10

NMSA 1978.

12-14-00; A, 07-19-10; A, 01-09-12; A, 12-15-12; A, 07-17-13; A, 12-16-15]

16.5.1.30 [NEW] TELEDENTISTRY: Teledentistry is pursuant to the “New Mexico Telehealth Act”, Chapter 24, Article 25 NMSA 1978, and the “Dental Health Care Act”, Chapter 61, Article 5A NMSA 1978, and does not alter the scope of practice of any licensee or certificate holder or authorize the delivery of dental services in a setting, or in a manner, not otherwise authorized by the Dental Health Care Act.

RULES PROPOSALS PART II 2019: DENTIST EXAMINATIONS AND CE, SLEEP RELATED BREATHING DISORDERS, EFDA CERTIFICATION

16.5.6.8 PREREQUISITE REQUIREMENTS FOR GENERAL PRACTICE LICENSE: Each applicant for a license to practice dentistry by examination must possess the following qualifications:

- A. graduated and received a diploma from an accredited dental school as defined in NMSA 61-5A-12 A;
 - B. successfully completed the dental national board examination as defined in NMSA 61-5A-12 A;
 - C. passed a board approved clinical examination, **including periodontal and restorative procedures on patients in a clinical setting**, ~~approved by the board~~; the results of the clinical examination are valid in New Mexico for a period not to exceed five years:
 - (1) the applicant shall apply directly to a board accepted examining agent for examination, and
 - (2) results of the clinical examination must be sent directly to the board office; and
 - D. completed the jurisprudence exam with a score of at least 75 percent; the applicant shall schedule the exam through the board office;
 - E. the board requires a level III background status report from a board designated professional background service for new graduates, and a level II background status report from a board designated professional background service for an applicant who has been in practice with experience; application for this service will be included with other application materials; the applicant will apply and pay fees directly to a board designated professional background service to initiate this service.
- [3-14-73, 5-31-95, 9-30-96, 12-15-97; 16.5.6.8 NMAC - Rn & A, 16 NMAC 5.6.8, 06-14-01; A, 3-29-02, A, 07-16-07; A, 07-19-10; A, 01-09-12; A, 07-17-13]

**TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 5 DENTISTRY (DENTISTS, DENTAL HYGIENISTS, ETC.)
PART 14 DENTISTS, ADJUNCTIVE DENTAL SERVICES**

16.5.14.1 ISSUING AGENCY: New Mexico Board of Dental Health Care.
[16.5.14.1 NMAC - N, 07-17-13]

16.5.14.2 SCOPE: The provisions of Part 14 of Chapter 5 apply to all dentists for the administration of adjunctive dental services.
[16.5.14.2 NMAC - N, 07-17-13]

16.5.14.3 STATUTORY AUTHORITY: Part 14 of Chapter 5 is promulgated pursuant to the Dental Health Care Act, NMSA 1978, 61-5A-4 (1996 Repl. Pamp.).
[16.5.14.3 NMAC - N, 07-17-13]

16.5.14.4 DURATION: Permanent.
[16.5.14.4 NMAC - N, 07-17-13]

16.5.14.5 EFFECTIVE DATE: 07-17-13, unless a later date is cited at the end of a section.
[16.5.14.5 NMAC - N, 07-17-13]

16.5.14.6 OBJECTIVE: To establish guidelines for the administration of the defined adjunctive dental services in a dental office located in New Mexico.
[16.5.14.6 NMAC - N, 07-17-13]

16.5.14.7 DEFINITIONS:

- A. "Adjunctive dental services" means additional procedures, as recognized by the board, used for increasing efficiency, safety, outcome, or performance of dental treatment, including, but not limited to, cosmetic procedures or therapies.
- B. "Botulinum toxin" means a neurotoxin that temporarily reduces muscle contraction.
- C. "Dermal fillers" means a resorbable substance injected below the skin surface to reduce lines, wrinkles, or facial grooves, and for the purpose of this rule, are for the oral and maxillofacial regions of the body.

D. "Sleep-related breathing disorders" includes, for the purposes of this section, snoring, upper airway resistance syndrome, and obstructive sleep apnea. These disorders must be diagnosed by a physician.

E. "Obstructive sleep apnea" means a spectrum of abnormal breathing during sleep that occurs when there is partial or complete collapse of the airway.

D. "Upper airway resistance syndrome" is a partial collapse of the airway that is an intermediate form of abnormal breathing between snoring and obstructive sleep apnea.

[16.5.14.7 NMAC - N, 07-17-13]

16.5.14.8 ADMINISTRATION OF BOTULINUM NEUROTOXIN (BOTOX) AND DERMAL

FILLERS: The board does not issue permits for the administration of botox or dermal fillers. The board does not regulate dental materials of any type; however, due to the rising utilization of these materials by dentists, the board sets forth the following requirements.

A. Before administering botulinum neurotoxin or dermal fillers, in connection with the practice of dentistry as defined in Section 61-5A-4, a dentist must receive satisfactory training at a dental institution accredited by the commission on dental accreditation (CODA) or successfully completed a board approved continuing education course of instruction that includes a minimum of the following:

- (1) patient assessment and consultation for botulinum neurotoxin and dermal fillers;
- (2) indications and contraindications for these techniques;
- (3) safety and risk issues for botulinum neurotoxin/dermal fillers injectable therapy;
- (4) proper preparation and delivery techniques for desired outcomes;
- (5) enhancing and finishing esthetic dentistry cases with dermal fillers;
- (6) botulinum neurotoxin treatment of temporomandibular dysfunction;
- (7) knowledge of adverse reactions and management and treatment of possible complications;
- (8) patient evaluation of best esthetic and therapeutic outcomes;
- (9) integrating botulinum neurotoxin and dermal filler therapy into dental therapeutic and esthetic treatment plans; and
- (10) 16 hours total, including eight hours minimum live patient hands-on training including diagnosis, treatment planning and proper dosing and delivery of botox and dermal fillers;

B. Botulinum neurotoxin and dermal fillers shall only be administered in dental offices using universal precautions as required by the federal centers for disease control.

C. All dental auxiliaries are prohibited from administering either botulinum neurotoxin or dermal fillers.

D. Continuing education courses shall be approved by the academy of general dentistry (AGD) program approval for continuing education (PACE), American dental association (ADA) continuing education recognition program (CERP) or other dental or medical entities accepted by the board.

16.4.14.9 [NEW] GUIDELINES FOR DENTISTS TREATING SLEEP-RELATED BREATHING DISORDERS

A. Dentists treating patients that have been diagnosed by a physician with sleep-related breathing disorders, including, but not limited to, primary snoring, upper airway resistance syndrome or obstructive sleep apnea are to follow these guidelines published by the American dental association, the American academy of dental sleep medicine and American academy of sleep medicine:

- (1) "The role of dentistry in the treatment of sleep-related breathing disorders" (American dental association)
- (2) "Dental sleep medicine standards for screening, treating and managing adults with sleep-related breathing disorders" (American academy of dental sleep medicine)
- (3) "Clinical practice guideline for the treatment of obstructive sleep apnea and snoring with oral appliance therapy: an update for 2015" (Joint statement, American academy of sleep medicine and American academy of dental sleep medicine)
- (4) Any updates to these documents in future

B. Dentists cannot diagnose sleep related breathing disorders, but are a vital partner in treating these conditions in collaboration with medical colleagues.

[16.5.14.17 NMAC - N, 07-17-13]

HISTORY OF 16.5.14 NMAC: [RESERVED]

16.5.10 DENTISTS, CONTINUING EDUCATION REQUIREMENTS

16.5.10.9 (C) Education Requirements

16.5.10.9 COURSES REQUIRED: Continuing education coursework must contribute directly to the practice of dentistry and must comply with the requirements of 16.5.1.15 NMAC of these rules. The following courses are required for license renewal.

A. Proof of current certification in basic life support (BLS) or cardiac pulmonary resuscitation (CPR) accepted by the American heart association, the American red cross, or the American safety and health institute (ASHI); cannot be self-study course.

B. Infection control. As further defined in 16.5.1.16 NMAC, a course in infection control techniques and sterilization procedures per renewal period.

C. ~~Education requirements:~~ **Anesthesia/sedation.** Any dentist holding ~~general anesthesia (minimal sedation), CSI, CSII, deep sedation and permit at large (AAL) are required to have a minimum of five hours of continuing education for the permit renewal (every six years) in medical emergencies, air way management, pharmacology, or anesthesia related topics.~~ **a minimal, moderate or deep sedation/general anesthesia permit is required follow continuing education requirements as set forth in 16.5.15.20 NMAC.**

D. Management of pain with controlled substances. Any dentists who holds a Federal drug enforcement administration registration to prescribe controlled substances shall successfully **(typo)** complete three continuing dental or medical education hours, as defined in Part 16.5.57 NMAC, in appropriate courses that shall include:

16.5.10.1

and

1. (1) an understanding of the pharmacology and risks of controlled substances,
2. (2) a basic awareness of the problems of abuse, addiction and diversion,
3. (3) awareness of state and federal regulations for the prescription of controlled substances,
4. (4) management of the treatment of pain. 64

[5/21/93...9/30/96; 16.5.10.9 NMAC - Rn & A, 16 NMAC 5.10.9, 04/17/06; A, 07/16/07; A, 07/19/10; A, 01/09/12; A, 01-15-15]

16.5.42.9 EDUCATION AND EXAMINATION REQUIREMENTS FOR EXPANDED FUNCTION DENTAL AUXILIARY:

A. satisfactory completion of an expanded function dental auxiliary course at an institution. Where the dental assisting program is accredited by the joint commission on dental accreditation, and approved by the board. The applicant must be certified in all four expanded functions as defined in Section 16.5.33 NMAC; 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. (2) achieved certification in all expanded functions as defined in Section 16.5.33 NMAC;
3. (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 Section 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;

4. completed the jurisprudence examination with a score of at least seventy five percent;
5. 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;

following:

apprenticeship;

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

1. (a) permit to start apprenticeship to be displayed during apprenticeship; and
2. (b) affidavit form to be signed by supervising dentist at start and completion of

(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; **(a grace period of no more than 60 days may be granted by the board chair or vice-chair);** 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; A, 3/18/2018]

Add language for BLS for hyg, assts