DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

NOTICE OF PROPOSED AMENDMENTS

The Department of Financial and Professional Regulation is posting these proposed amendments in an effort to make the public aware of possible changes that may have an impact on the profession.

The general public may submit written comments to the Department during the first 45 day public comment period. Any suggested changes will be considered by the Department and the appropriate Board.

These proposed amendments were published in the August 23, 2013 Illinois Register. The 45 day comment period will end October 7, 2013.

Please submit written comments to Craig Cellini as stated in the attached notice.

THESE PROPOSED CHANGES ARE NOT IN EFFECT AT THIS TIME AND THE ADOPTED RULES MAY DIFFER FROM THOSE ORIGINALLY PUBLISHED.

1) Heading of the Part: Illinois Dental Practice Act

2) Code Citation: 68 Ill. Adm. Code 1220

3) Section Numbers: Proposed Action:
1220.10 New Section
1220.100 Amendment
1220.120 Amendment
1220.155 Amendment
1220.160 Amendment
1220.170 Amendment
1220.200 Amendment
1220.220 Amendment
1220.240 Amendment
1220.245 Amendment
1220.260 Amendment
1220.310 Amendment
1220.320 Repealed
1220.335 Repealed
1220.350 Amendment
1220.407 New Section
1220.410 Amendment
1220.415 Amendment
1220.421 Amendment
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1220.440 Amendment
1220.500 Amendment
1220.505 Amendment
1220.510 Amendment
1220.520 Amendment
1220.APPENDIX D Amendment

4) **Statutory Authority:** Implementing the Illinois Dental Practice Act [225 ILCS 25] and authorized by Section 2105-15(7) of the Civil Administrative Code of Illinois [20 ILCS 2105/2105-15(7)].

5) **A Complete Description of the Subjects and Issues Involved:** This proposed rulemaking clarifies and improves rules relating to the administration and monitoring of anesthesia and the requisite training of dental personnel that were adopted May 5, 2010. Section 1220.407 implements P.A. 94-1028 which permits a dental practice to continue to operate for a limited period of time following the death or incapacitation of the dentist who owns the practice. Changes concerning basic life support training are being modified to implement the provisions of newly-passed SB1217. Additionally, this proposed rulemaking implements a variety amendments to the Dental Practice Act made in Public Acts 96-1222, 97-526, and 97-1013. These amendments include conforming the Act to other acts under the Department’s purview, specifying the licensing examinations permitted to dental and dental hygienist licensure applicants, and adding certification requirements in life support.

6) **Published studies or reports, and sources of underlying data, used to compose this rulemaking:** None

7) **Will this proposed rulemaking replace any emergency rulemakings currently in effect?** No

8) **Does this rulemaking contain an automatic repeal date?** No

9) **Does this proposed rulemaking contain incorporations by reference?** No

10) **Are there any other proposed amendments pending on this Part?** No

11) **Statement of Statewide Policy Objectives (if applicable):** This rulemaking has no impact on local governments.

12) **Time, Place and Manner in which interested persons may comment on this proposed rulemaking:**
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Interested persons may submit written comments to:

Department of Financial and Professional Regulation
Attention: Craig Cellini
320 West Washington, 3rd Floor
Springfield, IL  62786

217/785-0813     Fax: 217/557-4451

All written comments received within 45 days after this issue of the Illinois Register will be considered.

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Businesses providing dental services.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: Dental skills are required for licensure.

14) Regulatory Agenda on which this rulemaking was summarized: July 2013

The full text of the Proposed Amendments begins on the next page:
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TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1220
ILLINOIS DENTAL PRACTICE ACT

SUBPART A: DENTIST

Section
1220.10 Definitions
1220.100 Application for Licensure
1220.110 Application for Examination (Repealed)
1220.120 Dental Examinations
1220.130 System of Retaking the Clinical Sections of the Examination (Repealed)
1220.140 Minimum Standards for an Approved Program in Dentistry
1220.150 Licensure (Repealed)
1220.155 Restricted Faculty Licenses
1220.156 Temporary Training License
1220.160 Restoration
1220.170 Renewal

SUBPART B: DENTAL HYGIENIST

Section
1220.200 Application for Licensure
1220.210 Application for Examination (Repealed)
1220.220 Dental Hygiene Examination
1220.230 System of Grading (Repealed)
1220.231 System of Retaking the Clinical Examination (Repealed)
1220.240 Prescribed Duties for Dental Hygienists
1220.245 Prescribed Duties of Dental Assistants
1220.250 Approved Programs of Dental Hygiene
1220.260 Restoration
1220.270 Renewal

SUBPART C: DENTAL SPECIALIST

Section
1220.310 Applications
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1220.320 Examination (Repealed)
1220.330 System of Grading (Repealed)
1220.335 American Board Diplomates (Repealed)
1220.340 Specialty Listing (Repealed)
1220.350 Restoration
1220.360 Renewal

SUBPART D: GENERAL

Section
1220.380 Definitions
1220.400 Reportable Diseases and Conditions
1220.405 Reporting of Adverse Occurrences
1220.406 Impaired Dentist and Dental Hygienist Program of Care, Counseling or Treatment
1220.407 Death or Incapacitation of Dentist
1220.410 Endorsement
1220.415 Fees
1220.421 Advertising
1220.425 Referral Services
1220.431 Employment by Corporation (Repealed)
1220.435 Renewals (Repealed)
1220.440 Continuing Education
1220.441 Granting Variances

SUBPART E: ANESTHESIA PERMITS

Section
1220.500 Definitions
1220.505 Minimal Sedation (Anxiolysis) in the Dental Office Setting
1220.510 Moderate Sedation (Conscious Sedation) in the Dental Office Setting
1220.520 Deep Sedation and General Anesthesia in the Dental Office Setting
1220.525 Renewal
1220.530 Anesthesia Review Panel
1220.540 Approved Programs in Anesthesiology (Repealed)
1220.550 Reporting of Adverse Occurrences (Repealed)
1220.560 Restoration of Permits

1220.APPENDIX A Pre-clinical Restorative Dentistry Sub-section (Repealed)
1220.APPENDIX B Dental Assistant Permitted Procedures (Repealed)
1220.APPENDIX C Dental Hygienist Permitted Procedures (Repealed)
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1220.APPENDIX D  Characteristics of Levels of Anesthesia


SUBPART A: DENTIST

Section 1220.10 Definitions

“AAOMS” means the American Association of Oral and Maxillofacial Surgeons.

“ACLS” means Advanced Cardiac Life Support.

“Act” means the Illinois Dental Practice Act [225 ILCS 25].
"BLS" means Basic Life Support for Healthcare Providers.

"Board" means the Board of Dentistry authorized by Section 6 of the Act.

"CITA" means the Counsel of Interstate Testing Agencies, Inc.

"CODA" means Commission on Dental Accreditation of the American Dental Association.

"CRDTS" means the Central Regional Dental Testing Service.

"DANB" means Dental Assisting National Board, Inc.

"Department" means the Department of Financial and Professional Regulation.

"Director" means the Director of the Division of Professional Regulation with the authority delegated by the Secretary.

"Division" means the Department of Financial and Professional Regulation- Division of Professional Regulation with the authority delegated by the Secretary.

"JCNDE" or “Joint Commission” means the Joint Commission on National Dental Examinations.

"LLC" means limited liability company, as defined in Section 1-5 of the Limited Liability Company Act [805 ILCS 180].

"NERB" means the North East Regional Board.

"PALS" means Pediatric Advanced Life Support.

"Secretary" means the Secretary of the Department of Financial and Professional Regulation.

"SRTA" means the Southern Regional Testing Agency, Inc.

"WARE" means the Washington Restorative Exam.

"WREB" means the Western Regional Examination Board.
Section 1220.100  Application for Licensure

An applicant for a license to practice dentistry in Illinois shall file an application on forms supplied by the Department of Financial and Professional Regulation - Division of Professional Regulation (Division) that shall include:

a) For graduates from a dental college or school in the United States or Canada, certification of successful completion of 60 semester hours or its equivalent of college pre-dental education, and graduation from a dental program specified in Section 1220.140.

b) For graduates from a dental college or school outside of the United States or Canada:

1) Certification of graduation from a dental college or school; and

2) Clinical Training

A) Certification from an approved dental college or school in the United States or Canada that the applicant has completed a minimum of 2 years of clinical training at the school in which the applicant met the same level of scientific knowledge and clinical competence as all graduates from that school or college. The 2 years of clinical training shall consist of:

i) 2850 clock hours completed in 2 academic years for full-time applicants; or

ii) 2850 clock hours completed in 4 years with a minimum of 700 hours per year for part-time applicants; or

B) In the alternative, certification, from the program director of an accredited advanced dental education program approved by the Division, of completion of no less than 2 academic years may be substituted for the 2 academic years of general dental clinical training.
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c) The required fee set forth in Section 1220.415(a)(1) of this Part.

d) Proof of successful completion of the Theoretical examination given by JCNDE, the Joint Commission on National Dental Examinations. The passing score shall be determined by JCNDE. In order to be successful, a grade of at least 75 is required. The National Board Certificate must be mailed to the Division by the Joint Commission.

e) Proof of successful completion of an examination set forth in Section 1220.120(a).

f) Certification, on forms provided by the Division, from the state in which an applicant was originally licensed and is currently licensed, if applicable, stating:

1) The time during which the applicant was licensed in that state, including the date of the original issuance of the license; and

2) Whether the file on the applicant contains any record of disciplinary actions taken or pending.

(Source: Amended at 37 Ill. Reg. ______, effective ___________)

Section 1220.120 Dental Examinations

a) The Division, upon recommendation of the Board of Dentistry (Board), shall accept the American Dental Licensing Examination (ADLEX) developed by the American Board of Dental Examiners, Inc. (ADEX) for licensure. The passing score accepted by the Division shall be the passing score established by the testing entity. Dental licensure candidates can view and download a copy of the Candidate's Manual online at www.nerb.org/manual.htm or www.crdts.org/dental.htm.

a) The Division, upon recommendation from the Board, shall also accept the following examinations for licensure if administered and passed in their entirety including passage of the periodontal portion of the examination prior to October 1, 2006:

1) Central Regional Dental Testing Service (CRDTS) and North East Regional Board (NERB) Combined Regional Examination (CORE) with a passing score of 75. Beginning July 1, 1998, the passing score accepted by
the Division shall be the passing score established by the testing entity;

1)2) The North East Regional Board (NERB), with a passing score of 75 or better on each part. Beginning July 1, 1998, the passing score accepted by the Division shall be the passing score established by the testing entity;

2)3) The Central Regional Dental Testing Service (CRDTS) Examination, with a passing score of 75 or better on each part of the examination prior to May 1993. Beginning in May 1993, a passing score of 70 or better on each part of the examination shall be accepted for licensure. Beginning July 1, 1998, the passing score accepted by the Division shall be the passing score established by the testing entity. Beginning July 1, 2002, the passing score on the examination shall be 75;

3)4) The Southern Regional Testing Agency, Inc. (SRTA) Examination, with a passing score of 75% or better on each section of the examination. Beginning July 1, 1998, the passing score accepted by the Division shall be the passing score established by the testing entity; or

4)5) The Western Regional Examination Boards (WREB) Examination, taken after May 1, 1998, with a passing score as established by the testing entity; or

5) CITA Examination, with a passing score established by the testing agency.

b)(e) Retake requirements shall be that of the testing entity.

c)(d) The applicant shall have the examination scores submitted to the Division directly from the reporting entity.

d)(e) The Division will accept only examinations that have been completed in the 5 years prior to submission of the application, if never licensed in another jurisdiction.

(Source: Amended at 37 Ill. Reg. ______, effective___________)

Section 1220.155 Restricted Faculty Licenses

a) Pursuant to Section 11(d) of the Act, the Division shall issue a Restricted Faculty
License to an individual who is currently licensed in another jurisdiction as a dentist and who files an application, on forms provided by the Division, that includes:

1) Certification of licensure from the jurisdiction of original licensure and current licensure;
   A) The time during which the applicant was licensed in that jurisdiction, including the date of the original license;
   B) Whether the files of the jurisdiction contain any record of disciplinary action taken or pending;

2) A certification, on forms provided by the Division, signed by the Dean of the school or hospital administrator, indicating:
   A) The name and address of the dental school or hospital;
   B) The beginning and ending date of the appointment;
   C) The nature of and the need for the educational service that will be provided by the applicant;

3) The required fee set forth in Section 1220.415(a)(7).

b) The restricted faculty license shall be valid for 3 years from the date of issuance and may be renewed in accordance with subsection (e).

c) The holder of a restricted faculty license may perform acts as may be required by his or her teaching of dentistry and may practice general dentistry or in his/her area of specialty, but only in a clinic or office affiliated with the dental school.

d) Any restricted faculty license issued to a faculty member shall be terminated immediately and automatically without any further action by the Division if the holder ceases to be a faculty member at an approved dental school or hospital in this State.

e) Renewal

1) Application for renewal of a restricted faculty license shall be made on
forms supplied by the Division at least 30 days prior to expiration of the license. The application shall include:

A) Certification from the Dean of a dental program or the administrator of the hospital indicating the term of the renewal contract, not to exceed 3 years from the date of the original expiration date;

B) Certification from the jurisdiction of current licensure indicating the current status of the license; and

C) The fee set forth in Section 1220.415(b).

2) Failure to renew a restricted faculty license at least 30 days prior to its expiration shall result in the license expiring. A new application must be submitted.

(Source: Amended at 37 Ill. Reg. ______, effective____________)

Section 1220.160 Restoration

a) A licensee seeking restoration of a dental license after it has expired or has been placed on inactive status for less than 5 years shall have the license restored by submitting proof of 48 hours of continuing education in accordance with Section 1220.440 completed within 3 years prior to the restoration application and payment of $20 plus all lapsed renewal fees. Individuals restoring a license from inactive status shall only be required to pay the current renewal fee.

b) A licensee seeking restoration of a dental license after it has expired or has been placed on inactive status for 5 years or more shall file an application, on forms supplied by the Division, together with proof of 48 hours of continuing education in accordance with Section 1220.440 completed within 3 years prior to the restoration application and the fees required by Section 21 of the Act. Individuals restoring a license from inactive status shall only be required to pay the current renewal fee. The licensee shall also submit either:

1) Certification of lawful active practice in another jurisdiction for 3 of the last 5 years. Such certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of the said active
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practice; or

2) An affidavit attesting to military service as provided in Section 16 of the Act. If an applicant applies for restoration of a license within 2 years after termination of military service, he/she shall have the license restored without paying any lapsed renewal or restoration fees.

3) A current certification in BLS by an organization that has adopted the American Heart Association’s or American Red Cross’ guidelines on BLS or a statement provided by the dentist’s licensed physician indicating that the applicant is physically disabled and unable to obtain certification.

c) If neither subsection (b)(1) nor (b)(2) applies to the licensee, then he or she shall be required to take and pass an examination set forth in Section 1220.120.

(Source: Amended at 37 Ill. Reg. ______, effective___________)

Section 1220.170 Renewal

a) Beginning with the September 30, 2006 renewal, every dental license issued under the Act shall expire on September 30 every 3 years. The holder of a license may renew the license during the month preceding the expiration date thereof by paying the fee required in Section 21 of the Act and certifying to fulfillment of 48 hours of continuing education pursuant to Section 1220.440.

b) A renewal applicant must provide proof of current certification in BLS by an organization that has adopted the American Heart Association’s or American Red Cross’ guidelines on BLS or a statement provided by the dentist’s licensed physician indicating that the applicant is physically disabled and unable to obtain certification;

c) It is the responsibility of each licensee to notify the Division of any change of address. Failure to receive a renewal form from the Division shall not constitute an excuse for failure to pay the renewal fee or to renew one’s license.

d) Practicing or offering to practice on a license that has expired shall be considered unlicensed activity and shall be grounds for discipline pursuant to Section 23 of the Act.
Section 1220.200 Application for Licensure

An applicant for licensure as a dental hygienist shall file an application, on forms supplied by the Division, that shall include:

a) Certification of successful completion of 2 academic years of credit from a dental hygiene program approved by the Commission on Dental Accreditation of the American Dental Association;

b) Proof that the applicant has passed the National Dental Hygienist Board Examination, with a passing score as established by the testing entity given by the Joint Commission on National Dental Examinations and has been issued a National Board Certificate, mailed to the Division by the Joint Commission. In order to be successful, a grade of at least 75 is required;

c) Proof of successful completion of an examination pursuant to Section 1220.220(a); received directly from the testing entity;

d) A current certification in Basic Life Support for Healthcare Providers (BLS), or its equivalent, from the American Red Cross or the American Heart Association or an equivalent agency or a statement from a licensed physician indicating that the applicant is physically disabled and unable to obtain certification;

e) Certification, on forms provided by the Division, from the state in which an applicant was originally licensed and is currently licensed, if applicable, stating:

1) The time during which the applicant was licensed in that state, including the date of the original issuance of the license; and

2) Whether the file on the applicant contains any record of disciplinary actions taken or pending;

f) The required fee set forth in Section 1220.415(a)(3).
Section 1220.220 Dental Hygiene Examination

a) The Division, upon recommendation of the Board, shall accept the American Dental Hygiene Licensing Examination (ADHLEX) developed by the American Board of Dental Examiners, Inc. (ADEX) for licensure. The passing score accepted by the Division shall be the passing score established by the testing entity. Dental hygiene licensure candidates can view and download a copy of the Candidate's Manual online at www.nerb.org/manual.htm or www.crdts.org/dental.htm. 

b) The Division, upon recommendation from the Board, shall also accept the following examinations for licensure if administered and passed in their entirety prior to October 1, 2006:

1) The North East Regional Board (NERB) with a passing score of 75 or better on each part of the examination. Beginning July 1, 1998, the passing score accepted by the Division shall be the passing score established by the testing entity;

2) The Central Regional Dental Testing Service (CRDTS) Examination, with a passing score of 75 or better on each part of the examination. Beginning May 1, 1993, a passing score accepted by the Division shall be the passing score established by the testing entity. Beginning July 1, 1998, the passing score accepted by the Division shall be the passing score established by the testing entity. Beginning July 1, 2002, the passing score on the examination shall be 75;

3) The Southern Regional Testing Agency, Inc. (SRTA) Examination, with a passing score established by the testing entity; or

4) The Western Regional Examination Boards (WREB) Examination, taken after May 1, 1998, with a passing score as established by the testing entity; or

5) The CITA Examination, with a passing score established by the testing agency.

b) Retake requirements shall be that of the testing entity.
The applicant shall have examination scores submitted to the Division directly from the reporting entity.

The Division will only accept examinations that have been completed in the 5 years prior to submission of the application, if never licensed in another jurisdiction.

(Source: Amended at 37 Ill. Reg. _______, effective__________)

Section 1220.240 Prescribed Duties of Dental Hygienists

a) Dental hygienists may perform the operative procedure of dental hygiene, consisting of oral prophylaxis procedures.

b) Dental hygienists may perform dental health education functions and may record case histories and oral conditions observed.

c) Dental hygienists may perform all procedures that may be performed by an appropriately trained dental assistant.

d) Dental hygienists shall not perform those procedures that constitute the practice of dentistry as described in the Illinois Dental Practice Act. Hygienists may not perform procedures that require the professional judgment and skill of a dentist. Such prohibited procedures include, but shall not be limited to, the following:

1) Making denture adjustments.

2) Condensing or carving amalgam restorations.

2) Placing and finishing composite restorations.

3) Taking final impressions for the fabrication of prosthetic appliances, crowns, bridges, inlays, onlays or other restorative or replacement dentistry.

4) Permanently cementing permanent crowns or bridges.

5) Permanently re-cementing permanent crowns or bridges that have come loose.
Dental hygienists may administer and monitor nitrous oxide under the following conditions:

1) The dental hygienist functions under the supervision of the dentist who must remain in the facility;

2) The dental hygienist may administer (start the flow of) nitrous oxide to the patient and control the induction of the gas, so that the patient is at a level of analgesia not anesthesia;

3) The dental hygienist may remove the patient from nitrous oxide when the hygiene procedures have been completed;

4) Proof of Completion

A) The dental hygienist is responsible for obtaining proof of certification, validating completion of a 12 hour course relative to nitrous oxide analgesia and submitting certification to the dentist of valid completion of the required course. The course shall have been completed no earlier than December 31, 1994.

B) A dental hygienist who completed the 12 hour course shall complete an additional 2 hour course in nitrous oxide analgesia administration. The course shall be completed by September 30, 2011. A dental hygienist who has not completed the 12 hour course shall complete an approved course of 14 hours relative to the administration and monitoring of nitrous oxide analgesia and submit certification of successful completion to the dentist. The course shall have been completed no earlier than January 1, 1998.

C) An individual who graduated from an approved dental hygiene program after January 1, 1998 that contained nitrous oxide analgesia administration and monitoring in the curriculum shall not be required to complete the 14 hour course upon proof to the dentist of the required curriculum.

D) A dental hygienist who has not completed the 12 or 14 hour course shall complete an approved 6 hour course relative to the administration and monitoring of nitrous oxide analgesia and submit certification of successful completion to the dentist.
E) Proof of nitrous oxide analgesia education shall be made available to the Division upon request. The required hours shall include both didactic and clinical components and be given by a continuing education sponsor approved pursuant to Section 1220.440 or a dental hygiene program approved by the Division pursuant to Section 1220.250;

5) The dental hygienist must maintain Basic Life Support for Healthcare Providers certification or its equivalent, which will be in addition to the required courses. Certification or its equivalent shall be completed by September 30, 2011.

f) Dental hygienists may assist in the provision of moderate sedation (conscious sedation), deep sedation, and general anesthesia, as defined in Section 1220.500, under the following conditions:

1) The dental hygienist functions under the supervision of the dentist who must remain in the facility. When the hygienist is the treatment provider while the patient is under moderate sedation (conscious sedation), deep sedation, or general anesthesia, the anesthesia permit holder must remain in the treatment room;

2) The dental hygienist is responsible for obtaining proof of certification validating completion of a course or courses totaling 12 hours or more. Up to 6 of 12 hours may be completed online. The course or courses shall include the areas of anatomy, physiology, pharmacology, monitoring, including nitrous oxide monitoring, and emergency procedures with an emphasis on airway management. The required hours shall include both didactic and hands-on clinical components. The clinical components must include practical training on a manikin for airway management. Other skills that must be demonstrated include: manual blood pressure and pulse determination, operation of supplemental oxygen equipment, monitor operation including EKG, pulse oximeter, capnograph and completion of anesthesia record. The courses must be given by a continuing education sponsor approved pursuant to Section 1220.440 or a dental hygiene program approved by the Division pursuant to Section 1220.250. The course described in this subsection (f)(2) must be approved by the Division prior to its initial offering. The hands-on clinical portion must take place under the direct supervision of the approved CE sponsor and
may not be supervised or certified by the dental hygienist’s employer or supervising dentist. Dental hygienists who completed a 12 hour course that met course requirements in place for monitoring sedation prior to adoption of these amendments will not need to take additional training. Proof of course completion shall be made available to the Division upon request:

3) If the dental hygienist has complied with the provisions set forth in subsection (e)(4), the dental hygienist may complete an additional course or courses totaling 6 hours or more on advanced airway management and monitoring equipment in lieu of the 12 hour course required by subsection (f)(2). The course must comply with the elements set forth in subsection (f)(2), other than coursework related only to administration and monitoring of nitrous oxide. The courses described in this subsection (f)(3) must be approved by the Division prior to their initial offering. Proof of course completion shall be made available to the Division upon request;

4) The dental hygienist must maintain BLS Basic Life Support for Healthcare Providers certification or its equivalent, which will be in addition to the required courses. Certification or its equivalent shall be completed by September 30, 2011.

g) Dental hygienists may administer local anesthetics under the following conditions:

1) The dental hygienist functions under the supervision of the dentist who remains in the facility.

2) The dental hygienist is responsible for obtaining proof of certification, indicating successful completion of a 32 hour course that contains 24 hours of lecture and 8 hours of clinical training relative to the administration of local anesthetics and submitting certification to the dentist. An individual who graduated from an approved dental hygiene program after January 1, 1999 that contained administration of local anesthetics in the curriculum shall not be required to complete the 32 hour course upon proof to the dentist of the required curriculum. Proof of completion of education shall be made available to the Division upon request. The required hours shall include both didactic and clinical components and be given by a continuing education sponsor approved
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pursuant to Section 1220.440 or a dental or a dental hygiene program approved by the Division pursuant to Section 1220.250. The course shall contain at a minimum the following topics:

A) Patient preevaluation, which includes dental and medical health history (e.g., drug interactions/anxiety/pain and a physical evaluation);

B) Pharmacology (e.g., drugs/types, vasoconstrictors, dosages, toxicity);

C) Recordkeeping;

D) Anatomy/Neuroanatomy/Physiology;

E) Armamentarium;

F) Techniques that include adjunctive use of topical anesthetics, mandibular block and infiltration;

G) Complications;

H) Post-operative instructions; and

I) Clinical experience that includes combining techniques for quadrant anesthesia and practical use of different techniques in all areas of oral cavity.

3) A dental hygienist who was licensed in another state and was authorized to administer local anesthesia in that jurisdiction will not be required to complete an additional course. Proof shall be submitted to the dentist and shall be made available to the Division upon request.

h) Dental hygienists may place, carve and finish amalgam restorations under the following conditions:

1) The dental hygienist functions under the direct supervision of a dentist who remains in the facility and examines the work done by the hygienist prior to the dismissal of the patient.
2) The dental hygienist is responsible for obtaining proof of certification, indicating successful competition of a 52 hour course, pre-approved by the Board, that contains lecture, laboratory and manikin training relative to the placing, carving and finishing of amalgam restorations and submitting certification to the dentist. Proof of completion of education shall be made available to the Division upon request. The required hours shall include both didactic and clinical components and be given by a continuing education sponsor approved by the Division and taught in an institution that is CODA approved, such as a dental school, hygiene program or assistant program. The course shall contain, at a minimum, the following preclinical, didactic and clinical instruction:

A) nomenclature;
B) caries classification;
C) oral anatomy;
D) dental morphology;
E) periodontium;
F) histology;
G) basic occlusion;
H) ergonomics;
I) instrumentation;
J) pulp protection liners and bases;
K) dental materials;
L) the medical history conditions and their implication for dental treatment and office emergencies;
M) matrix and wedge techniques;
N) amalgam placement and carving;
O) polishing amalgams;
P) rubber dam clamp placement;
Q) rubber dam placement and removal;
R) amalgam class I, II, V and IV. Class II cannot involve cusp replacement or pins.

3) Pass a pre-examination on basic dental procedures and techniques, as well as the basic fundamentals of dentistry.

4) Pass a written and clinical exam that is psychometrically sound, such as the DANB’s WARE or equivalent, to receive certification.

5) A supervising dentist must attend a required orientation class with the applicant.

j) The licensed dentist need not be present in the facility for a dental hygienist to perform the procedures set forth in this Section (except for the administration and monitoring of nitrous oxide, minimal sedation (anxiolysis), assisting in the provision of moderate sedation (conscious sedation), deep sedation, and general anesthesia, as defined in Section 1220.500, and the administration of injectable local anesthetics, which must be done under the direct supervision of a dentist as outlined in subsection (e)(1)) on persons who reside in a long-term care facility licensed by the State of Illinois or a mental health or developmental disability facility operated by the Department of Human Services hospital or other similar institution and are unable to travel to a dental office because of illness or infirmity. The dentist shall personally examine and diagnose the patient and determine which services are necessary to be performed, which shall be contained in a written order to the hygienist. The order must be implemented within 90 days after its issuance and an updated medical history and oral inspection must be performed by the hygienist immediately prior to beginning the procedures to ensure that the patient's health has not changed in any manner to warrant a re-examination by the dentist.

j) All intraoral procedures performed by a dental hygienist auxiliary, except those provided for in subsections (b) and (h) and (i), must be examined by the supervising dentist prior to the dismissal of the patient from the facility that day.

(Source: Amended at 37 Ill. Reg. _______, effective___________)

Section 1220.245 Prescribed Duties of Dental Assistants

a) "Dental Assistant" means an appropriately trained person who, under the supervision of a dentist, provides dental services or procedures as authorized by Section 17 of the Illinois Dental Practice Act or as prescribed by this Part.
" Appropriately trained" means a person who:

1) Has completed formal training as a condition for administering a specific service or procedure as required by the Illinois Dental Practice Act or this Part; and

2) Is considered, for all other authorized or prescribed services or procedures, by the supervising dentist to be competent to render such service or procedure as a result of on-the-job training.

b) Provided that a dental assistant is appropriately trained pursuant to this Section and is acting under the supervision and full responsibility of a dentist, a dental assistant may perform any dental service or procedure except the following:

1) Any and all diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury or physical condition of the human teeth or jaws, or adjacent structures.

2) Removal of, restoration of, or addition to the hard or soft tissues of the oral cavity. For purposes of this Section, coronal polishing and acid etching of a tooth surface are not considered removal of hard or soft tissues.

3) Any and all correction of malformation of teeth or of the jaws.

4) Administration of anesthetics except for monitoring of nitrous oxide, conscious sedation, deep sedation and general anesthetic, as provided in Section 8.1 of the Act, topical anesthetics and monitoring of nitrous oxide as specified in this Section.

5) Removal of calculus from teeth.

6) Taking of final impressions for the fabricating of prosthetic appliances, crowns, bridges, inlays, onlays, or other restorative or replacement dentistry.

7) The operative procedure of dental hygiene consisting of oral prophylactic procedures except for coronal polishing as specified in this Section.

8) Making denture adjustments.
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9) Condensing or carving amalgam restorations.

9) Placing and finishing composite restorations.

10) Permanently cementing permanent crowns or bridges.

11) Permanently re-cementing permanent crowns or bridges that have come loose.

12) Placement of any chemotherapeutic agent for the management of periodontal disease.

13) Applying cavity bases.

14) Cementing bands and/or bonding brackets.

15) Performing supragingival or subgingival scaling.

16) Performing pulp vitality tests.

c) A dental assistant, who is at least 18 years of age and has 1000 hours of clinical dental assisting experience or has graduated from a dental assistant program accredited by the CODA Commission on Dental Accreditation of the American Dental Association, or is a currently certified dental assistant as designated by DANB the Dental Assisting National Board, Inc., may perform the following services and procedures, but only under the following terms and conditions:

1) Monitoring nitrous oxide, provided:

   A) The dental assistant has completed an approved course of 12 hours relative to nitrous oxide analgesia and has submitted certification to the dentist of valid completion of the course. The course shall have been completed no earlier than January 1, 1998.

   i) A dental assistant who has not completed the 12 hour course shall complete an approved course or courses totaling 6 hours or more relative to monitoring nitrous oxide analgesia and submit certification of successful completion to the dentist.
ii) Proof shall be made available to the Division upon request.

iii) The required hours shall include both didactic and clinical components and have been designed by an educational institution such as a dental school, dental hygiene or dental assistant program or by an approved CE sponsor. The course shall include areas of anatomy, physiology, monitoring, pharmacology and emergency procedures with an emphasis on airway management. Courses being offered by approved CE sponsors, as provided for in Section 1220.440(b)(2)(N) must be preapproved by the Division prior to their initial offering and must meet the requirements set forth in this subsection (c)(1);

B) The dental assistant is functioning under the supervision of the dentist who must remain in the facility;

C) Only a dentist or dental hygienist qualified pursuant to Section 1220.240(e) shall administer (start the flow of) nitrous oxide to the patient and control the induction of the gas so that the patient is at a level of analgesia, not anesthesia;

D) Only a dentist or dental hygienist qualified pursuant to Section 1220.240(e) shall remove the patient from nitrous oxide when the dentist or dental hygienist has completed the procedures on the patient;

E) If the dental assistant has completed a monitoring course or courses totaling 12 hours or more provided by the American Association of Oral and Maxillofacial Surgeons (AAOMS) or a similar course preapproved by the Division, the dental assistant need not complete the course hours required in subsection (c)(1)(A). The course shall have been completed no earlier than December 31, 2002. Proof shall be made available to the Division upon request;

F) The dental assistant maintains BLS Basic Life Support for Healthcare Providers certification or its equivalent, which will be
in addition to the required courses. Certification or its equivalent shall be completed by September 30, 2011.

2) Monitoring minimal sedation (anxiolysis), moderate sedation (conscious sedation), deep sedation, or general anesthesia, as defined in Section 1220.500, provided:

A) The dental assistant is responsible for obtaining proof of certification validating completion of a course or courses totaling 12 hours or more. Up to 6 of the 12 hours may be completed online. The course or courses shall include the areas of anatomy, physiology, pharmacology, monitoring, including nitrous oxide monitoring, and emergency procedures with an emphasis on airway management. The required hours shall include both didactic and hands-on clinical components. The clinical components must include practical training on a manikin for airway management. Other skills that must be demonstrated include: manual blood pressure and pulse determination, operation of supplemental oxygen equipment, monitor operation including EKG, pulse oximeter, capnograph, completion of anesthesia record. The course must be given by a continuing education sponsor approved pursuant to Section 1220.440 or a dental hygiene program approved by the Division pursuant to Section 1220.250. The courses described in this subsection (c)(2)(A) must be approved by the Division prior to their initial offering. The hands-on clinical portion must take place under the direct supervision of the approved CE sponsor, and may not be supervised or certified by the assistant’s employer or supervising dentist. Dental assistants who completed a 12 hour course that met course requirements in place for monitoring sedation prior to adoption of the current rules will not be required to recertify. Proof shall be provided to the Division upon request.

B) If the dental assistant has complied with the provisions set forth in subsection (c)(1)(A), the dental assistant shall complete an additional 6 hour course on advanced airway management and monitoring equipment in lieu of the 12 hour course required in subsection (c)(2)(A). The courses must comply with the elements set forth in subsection (c)(2)(A) other than coursework related only to monitoring of nitrous oxide. The courses described in this
subsection (c)(2)(B) must be approved by the Division prior to their initial offering. Proof shall be made available to the Division upon request.

C) If the dental assistant has completed a monitoring course or courses totaling 12 hours or more provided by the American Association of Oral and Maxillofacial Surgeons (AAOMS) or a similar course or courses pre-approved by the Division, the dental assistant need not complete the course hours required in subsection (c)(2)(A). The course shall have been completed no earlier than December 31, 2002. Proof shall be made available to the Division upon request.

D) The dental assistant is functioning under the supervision of the dentist who must remain in the facility.

E) The dental assistant maintains BLS Basic Life Support for Healthcare Providers certification or its equivalent, which will be in addition to the required courses. Certification or its equivalent shall be completed by September 30, 2011.

3) Coronal polishing, provided:

A) The dental assistant has completed an approved course of 6 hours relative to coronal polishing and has submitted certification of successful completion to the dentist. The course shall have been completed no earlier than January 1, 1998. Proof shall be made available to the Division upon request. The required hours shall include a minimum of 4 hours of didactic study in areas of anatomy, physiology, pharmacology and dental emergencies and 2 hours of clinical instruction and have been provided by an educational institution such as a dental school, dental hygiene or dental assistant program or by an approved CE sponsor. Courses being offered by CE sponsors approved pursuant to Section 1220.440(b)(2)(N) must be pre-approved by the Division prior to their initial offering and must meet the requirements set forth in this subsection (c)(2). The assistant must pass an examination in the didactic portion of the course and the clinical portion must contain experience on human subjects;
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B) Coronal polishing is limited to polishing the clinical crown of the tooth and existing restoration, supragingivally;

C) Coronal polishing is limited to the use of slow speed rotary instruments using a rubber cup and/or brush polishing method. The use of air polish by dental assistants is not permitted; and

D) A dentist shall be limited to supervising 4 dental assistants at any one time for the task of coronal polishing.

4) Pit and fissure sealant application, provided:

A) The dental assistant has completed a course of at least 2 hours of didactic study and 2 hours of clinical instruction;

B) Prior to being permitted to place sealants in accord with this Section, the supervising dentist has personally observed the dental assistant successfully placing 6 pit and fissure sealants;

C) The supervising dentist documents that the training has been completed; and

D) The supervising dentist is responsible for examining the patient prior to and following the placement of sealants by a dental assistant.

5) Placing, carving and finishing amalgam restorations, provided:

A) The dental assistant functions under the direct supervision of the dentist who remains in the facility and examines the work done by the assistant prior to the dismissal of the patient.

B) The dental assistant is at least 18 years of age and can show proof that he or she is a DANB Certified Dental Assistant or has been employed as a dental assistant with a minimum of 2 years continuous hands-on experience (4,000 hours).

C) The dental assistant is responsible for obtaining proof of certification, indicating successful competition of a 52 hour course that contains lecture, laboratory and manikin training relative to the placing, carving and finishing of amalgam restorations and
submitting certification to the dentist. Proof of completion of education shall be made available to the Division upon request. The required hours shall include both didactic and clinical components and be given by a continuing education sponsor approved by the Division and taught in an institution that is CODA approved, such as a dental school, hygiene program or assistant program. The course shall contain, at a minimum, the following preclinical, didactic and clinical instruction:

i) Nomenclature;

ii) caries classification;

iii) oral anatomy;

iv) dental morphology;

v) periodontium;

vi) histology;

vii) basic occlusion;

viii) ergonomics;

ix) instrumentation;

x) pulp protection liners and bases;

xi) dental materials;

xii) the medical history conditions and their implication for dental treatment and office emergencies;

xiii) matrix and wedge techniques;

xiv) amalgam placement and carving;

xv) polishing amalgams;
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xvi) rubber dam clamp placement;

xvii) rubber dam placement and removal;

xviii) amalgam class I, II, V and IV. Class II cannot involve cusp replacement or pins.

D) All applicants must take and pass a pre-examination on basic dental procedures and techniques, as well as the basic fundamentals of dentistry.

E) All applicants must pass a written and clinical exam that is psychometrically sound, such as DANB’s WARE or equivalent, to receive certification as determined by the Board.

F) All applicants must maintain proof of BLS certification.

G) As a condition of acceptance into the program a supervising dentist must attend a required orientation class with the applicant and sign an agreement that he or she will follow the required guidelines regarding supervision and clinical application of specific techniques being taught between scheduled classes.

d) An individual who graduated from an approved dental assisting program after January 1, 1999 that contained monitoring of nitrous oxide, coronal polishing, and sealant application in the curriculum shall not be required to complete an additional course or courses in these areas as prescribed in this Section upon proof to the dentist of having successfully completed the required curriculum.

e) All intraoral procedures performed by a dental assistant must be examined by the supervising dentist prior to the dismissal of the patient from the facility that day.

(Source: Amended at 37 Ill. Reg. ______, effective____________)

Section 1220.260 Restoration

a) A licensee seeking restoration of a dental hygienist license after it has expired or been placed on inactive status for less than 5 years shall have the license restored by submitting proof of 36 hours of continuing education pursuant to Section 1220.440 within 3 years prior to application for restoration, proof of certification in Basic Life Support for Healthcare Providers (BLS) by an organization that has
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adopted the American Heart Association’s or American Red Cross' guidelines on BLS or its equivalent or a statement from a licensed physician indicating that the applicant is physically disabled and unable to obtain certification and payment of $20 plus all lapsed renewal fees, but not to exceed $85. Individuals restoring a license from inactive status shall only be required to pay the current renewal fee.

b) A licensee seeking restoration of a dental hygienist license after it has expired or been placed on inactive status for 5 years or more shall file an application, on forms supplied by the Division, together with the fees required by Section 1220.415, proof of 36 hours of continuing education pursuant to Section 1220.440 within 3 years prior to application for restoration and proof of certification in BLS by an organization that has adopted the American Heart Association’s or American Red Cross' guidelines on BLS or its equivalent or a statement from a licensed physician indicating that the applicant is physically disabled and unable to obtain certification. Individuals restoring a license from inactive status shall only be required to pay the current renewal fee. The licensee shall also submit either:

1) Certification of lawful active practice in another jurisdiction for at least 3 of the last 5 years. The certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice; or

2) An affidavit attesting to military service as provided in Section 16 of the Act. If an applicant applies for restoration of a license within 2 years after termination of such service, he or she shall have the license restored without paying any lapsed renewal or restoration fees.

c) If neither subsection (b)(1) or (b)(2) applies to the licensee, then he or she shall be required to take and pass the clinical examination as provided in Section 1220.220.

(Source: Amended at 37 Ill. Reg. ______, effective____________)

SUBPART C: DENTAL SPECIALIST

Section 1220.310 Applications
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a) An applicant for examination for licensure as a dental specialist must be currently licensed as a dentist in Illinois and must file an application at least 60 days prior to date of examination. The application shall include the following:

1) Certification of completion of dental specialty training in accordance with subsection (b);

2) The fee required in Section 1220.415(a)(2) of this Part.

b) To further qualify for licensure examination as a specialist in endodontics, pediatric dentistry, prosthodontics, periodontics, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, and dentofacial orthopedics, the applicant must submit, in addition to the requirements of subsection (a), records, certified by the director of the program, showing that the applicant has successfully completed a course of study of not less than 2 academic years in a program approved by the Division in the dental specialty he or she proposes to practice.

c) To further qualify for licensure examination as a specialist in oral and maxillofacial surgery, the applicant must submit, in addition to the requirements of subsection (a), the following:

1) The oral and maxillofacial surgery application must contain evidence that the applicant has successfully completed a 4 year (48 months) period of training in oral and maxillofacial surgery in a school and/or hospital approved by the Division. A minimum of 30 months shall be in clinical oral and maxillofacial surgery. The schedule shall include 24 months of full-time hospital training in an acceptable oral and maxillofacial surgery residency program. Not less than 4 months of this period must be devoted to training in anesthesiology.

2) Certified records are required from the Dean of the dental school or the head of the Oral and Maxillofacial Surgery Department of the hospital or clinic in which the oral and maxillofacial surgery training took place. The records must attest to the individual's successful completion of the program.

d) After July 1, 1994, periodontic specialty programs shall be 3 consecutive academic years with a minimum of 30 months of instruction. At least 2
consecutive years of clinical education must take place in a single educational setting. Applicants who completed periodontic specialty training prior to July 1, 1994, shall have successfully completed a course of study of not less than 2 academic years in a program approved by the Division.

e) The Division shall accept those specialty education providers accredited, at the time the education was obtained, by CODA apply the standards used by the American Dental Association as approved by its Commission on Dental Accreditation specified in the "Requirements for Advanced Specialty Education Programs", approved July 1, 1994, which are incorporated by reference in this Part and include no later amendments.

f) The provisions of this Section shall apply to all applicants upon adoption without regard to where an applicant is in the application process.

(Source: Amended at 37 Ill. Reg. _______, effective___________.)

Section 1220.320 Examination (Repealed)

a) Examination for dental specialist licensure shall be held at least once each year and be conducted in the following specialties:

- Endodontics
- Oral and Maxillofacial Surgery
- Orthodontics and Dentofacial Orthopedics
- Pediatric Dentistry
- Periodontics
- Prosthodontics
- Oral and Maxillofacial Radiology

b) The examination for dental specialty licensure shall contain 2 parts in the specialty for which the applicant is applying and consist of a:
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1) Clinical Examination; and a

2) Presentation of Case Histories and Oral Examination.

c) The Clinical is a written examination that shall test the applicant's knowledge in the subjects that constitute the science and art of the specialty for which the applicant is applying.

d) The Presentation of Case Histories and Oral Examination shall be evidence of the applicant's skill in his specialty. Applicants are required to submit case histories as specified in the candidate examination information packet received from the Division, or its designated testing service, prior to examination. Case histories shall be representative of the treatment situations encountered in the specialty for which the applicant is applying, and shall be cases in which the applicant had primary responsibility and control over the treatment method.

e) Applicants for dental specialist licensure shall have passed the Examination for dental specialist licensure in the specialty for which he is applying within the 3 years prior to licensure. The 3 years shall be computed from the date of the successful examination.

f) The written clinical part of the examination shall be waived for applicants who have passed the theoretical written portion of the American Board Examination in the specialty for which they are applying.

g) An applicant must score a grade of 75 or better in each part of the dental specialist licensure examination.

h) An applicant will not be required to retake any part of the dental specialty examination on which a score of 75 or more was received.

i) The provisions of this Section shall apply to all applicants upon adoption without regard to where an applicant is in the application process.

(Source: Repealed at 37 Ill. Reg. _____, effective____________)

Section 1220.335 American Board Diplomates (Repealed)

a) An applicant for dental specialist licensure as a specialist in Endodontics, Pediatric Dentistry, Periodontics, Prosthodontics, Orthodontics and Dentofacial
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Orthopedics, Oral Maxillofacial Radiology or Oral and Maxillofacial Surgery who is also certified as an American Board Diplomate in the specialty for which application for licensure is made shall not be required to take the examination for dental specialist licensure as provided for in Section 1220.320 of this Part. To qualify for this exemption from the Division's dental specialty examination, the American Board Diplomate must have passed both the written and oral examinations provided by the specialty board, regardless of whether American Board Diplomate status is conferred by the specialty board without passage of both examinations.

b) American Board Diplomates applying for dental specialist licensure shall meet the requirements for specialty licensure set forth in Section 1220.310, with the exception of the examination, and shall additionally submit evidence of certification as an American Board Diplomate and proof of passage of both the written and oral examinations provided by the specialty board at time of application for licensure.

(Source: Repealed at 37 Ill. Reg. _____, effective___________)

Section 1220.350 Restoration

a) A licensee seeking restoration of a specialty license after it has expired for less than 5 years shall have the license restored upon payment of $20 plus all lapsed renewal fees. Individuals restoring a license from inactive status shall not be required to pay lapsed renewal fees. In order to restore a specialty license the applicant shall have an active dental license.

b) A licensee seeking restoration of a license after it has expired or been placed on inactive status for 5 years or more shall file an application, on forms supplied by the Division, together with the fees required by Section 21 of the Act. Individuals reactivating a license from inactive status shall only be required to pay the current renewal fee. The registrant shall also submit either:

1) Certification of lawful active practice in another jurisdiction for 3 of the last 5 years. Such certification shall include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice; or

2) An affidavit attesting to military service as provided in Section 16 of the
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Act. If an applicant applies for restoration of his license within 2 years of termination of such service, he shall have his license restored without paying any lapsed renewal or restoration fees.

c) If the licensee has not maintained an active practice in another jurisdiction for over 5 years, he or she shall be required to complete such additional testing, training or remedial education as the Board may deem necessary in order to establish the licensee’s present capacity to practice his or her specialty with reasonable judgment, skill and safety, and pass the clinical examination as provided in Section 1220.320.

(Source: Amended at 37 Ill. Reg. ______, effective____________)

Section 1220.407 Death or Incapacitation of Dentist

a) The executor or administrator of a dentist's estate or the legal guardian or authorized representative of a dentist who has become incapacitated may contract with another dentist or dentists to continue the operations of the deceased or incapacitated dentist's practice for a period of no more than one year from the time of death or incapacitation of the dentist or until the practice is sold, whichever occurs first. [225 ILCS 25/38.2(a)]

b) An executor, administrator, guardian, or authorized representative seeking authorization to contract with another dentist or dentists to continue a practice as referenced in subsection (a), shall file an application with the Division, on forms provided by the Division, that shall include:

1) The name and license number of the deceased or incapacitated dentist;

2) A signed affidavit certifying that the executor, administrator, guardian, or authorized representative understands that any interference by the executor, administrator, guardian, or authorized representative or any agent or assignee of the executor, administrator, guardian, or authorized representative with the contracting dentist's or dentists' practice of dentistry or professional judgment or any other violation of this Section is grounds for an immediate termination of the operations of the dental practice [225 ILCS 25/38.2(a)(1)(E)];

3) The required fee set forth in Section 1220.415;
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4) The name and address of the dental practice;

5) The name, address and tax identification number of the estate;

6) The name and license number of each dentist who will operate the dental practice; and

7) A copy of the death certificate of the dentist, if applicable, or a copy of a physician’s statement detailing the dentist’s incapacitating condition as set forth in subsection (e).

c) A dental practice seeking to continue operations of a deceased or incapacitated dentist shall not begin until the provisions of subsection (b) have been met.

d) Within 30 days after the death or incapacitation of a dentist, the executor, administrator, guardian, or authorized representative shall send notification of the death or incapacitation by mail to the last known address of each patient of record that has seen the deceased or incapacitated dentist within the previous 12 months, with an explanation of how copies of the practitioner’s records may be obtained. This notice may also contain any other relevant information concerning the continuation of the dental practice. [225 ILCS 38.2(a)(2)]

e) A licensed dentist shall be considered incapacitated if:

1) a physician licensed to practice medicine in all its branches has examined the licensee and has determined that the licensee lacks decision making capacity in order to competently and safely practice dentistry and that the incapacity is expected to continue for a minimum of 6 months;

2) that physician has made a written record of this determination and has signed the written record within 90 days after the examination; and

3) the written record has been delivered to the Department.

f) Any statement indicating incapacity to practice filed by a licensee or on the licensee’s behalf shall be reviewed by the Department’s Dental Coordinator, as well as Department staff, to determine if additional material or documentation may be required to determine whether a licensee is incapacitated, as required in Section 38.2 of the Act.
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g) A declaration of incapacity or a determination of incapacity shall not be a bar to
Department action pursuant to Section 23 of the Act.

h) Any renewal applicant who, prior to the expiration date of the license, submits a
request for a waiver pursuant to Section 1220.440(e), in whole or in part, pursuant
to the provisions of this Section, shall be deemed to be in good standing until the
final decision on the application is made by the Division.

i) The Division may require additional evidence demonstrating death or incapacity.

j) The licensee may appeal the Division’s determination of incapacity pursuant to
the same procedures and guidelines as contained in the Act; however, the
professional service corporation license shall remain in an inoperative status
pending the outcome of the appeal.

k) Upon review and recommendation of the Division, in accordance with the
standards set forth in this Section, the Division will:

1) Place the licensee’s dental license in inactive status.

2) Place or maintain the professional service corporation license of the dental
practice in an active status so long as all other requirements for licensure
and renewal have been met.

l) Prior to the Division restoring a license that has been placed in inactive status due
to an incapacitating illness or condition, the licensee shall:

1) request restoration in writing on forms supplied by the Department; and

2) provide a statement from a physician licensed to practice medicine in all
its branches that the physician has examined the licensee and has
determined that the licensee is no longer under the incapacitating illness or
condition as stated in subsection (e) and that the licensee is not subject to
any other incapacitating illness or condition that would affect the
licensee’s ability to competently and safely practice dentistry.

(Source: Added at 37 Ill. Reg. _____, effective___________)

Section 1220.410  Endorsement
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a) A person seeking licensure in Illinois as a dentist, a dental specialist or a dental hygienist who is so licensed in another state or territory and has been lawfully practicing for at least 3 of the last 5 years prior to application in Illinois, may be granted licensure in Illinois upon proof that the requirements for licensure in the other jurisdiction are at least equal to the requirements in Illinois.

b) An applicant for a dental license shall file an application for licensure on forms provided by the Division, that shall include:

1) Certification of licensure in the original jurisdiction and from any jurisdiction where the applicant has been practicing within the last 5 years, stating:

   A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;

   B) Whether the files of the jurisdiction contain any record of any disciplinary action taken or pending;

2) The applicant's National Board of Dentistry Examination scores, which must be forwarded to the Division from the Joint Commission on National Dental Examinations;

3) Certification of successful completion of 60 semester hours or its equivalent of college level pre-dental education and graduation from a course of instruction in a dental school that meets the minimum education standards of the Division specified in Section 1220.140;

4) After May 21, 1993, for dental applicants who graduated from a dental college or school outside of the United States or Canada:

   A) Certification of graduation from a dental college or school;

   B) Certification that the applicant was authorized to practice in the jurisdiction in which the applicant attended dental school; and

   C) Certification from an approved dental college or school in the United States or Canada that the applicant has completed a minimum of 2 years of clinical training at the school in which the
applicant met the same level of scientific knowledge and clinical competence as all graduates from that school or college. The 2 years of clinical training shall consist of:

   i) 2850 clock hours completed in 2 academic years for full-time applicants; or

   ii) 2850 clock hours completed in 4 years with a minimum of 700 hours per year for part-time applicants;

5) Verification of employment;

6) The fee required under Section 1220.415 of this Part.

c) An applicant for a dental hygienist license shall file an application for licensure on forms provided by the Division, that shall include:

1) Certification of licensure in the original jurisdiction and from any jurisdiction where the applicant has been practicing within the last 5 years, stating:

   A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;

   B) Whether the files of the jurisdiction contain any record of any disciplinary action taken or pending;

2) The applicant's National Dental Hygienist Board Examination scores, which must be forwarded to the Division from the Joint Commission on National Dental Examinations;

3) Certification of 2 academic years of credit in an approved school of dental hygiene that meets the minimum education standards of the Division specified in Section 1220.250;

4) Verification of employment;

5) The fee required under Section 1220.415 of this Part.
d) An applicant for a dental specialty license shall already hold an Illinois license to practice general dentistry or shall file an application for a license to practice general dentistry, as specified in subsection (b) together with the application for a dental specialty license. The application for a dental specialty license shall be filed on forms provided by the Division, which shall include:

1) Certification of licensure in the original jurisdiction and from any jurisdiction, where the applicant has been practicing 3 of the last 5 years, stating:
   A) The time during which the applicant was licensed in that jurisdiction, including the date of the original issuance of the license;
   B) Whether the files of the jurisdiction contain any record of any disciplinary action taken or pending;

2) The applicant shall submit evidence of one of the following:
   A) Proof of admittance as an American Board Diplomate in the specialty for which application for licensure is made; or
   B) Proof of passage of the examination specified in Section 1220.320 or one substantially equivalent;

3) Certification of completion of dental specialty training in accordance with Section 1220.310 in the specialty for which application for licensure is made;

4) Verification of employment;

5) The fee required by Section 1220.415.

d)e) Applicants who have not actively practiced in 3 of the last 5 years may be required to complete additional testing, training, or remedial education as the Board may deem necessary in order to establish the applicant's present capacity to practice dentistry.

(Source: Amended at 37 Ill. Reg. ______, effective___________.)
Section 1220.415 Fees

The following fees shall be paid to the Department and are not refundable:

a) Application Fees,

1) The fee for application for initial license as a dentist is $250.

2) The fee for application as a dental specialist is $300.

3) The fee for application as a dental hygienist is $100.

4) Applicants for any examination shall be required to pay, either to the Department or to the designated testing service, a fee covering the cost of determining an applicant's eligibility and providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged by the Division or the designated testing service, shall result in the forfeiture of the examination fee.

5) The fee for application for a dentist licensed under the laws of another jurisdiction is $750.

6) The fee for application for a dental hygienist licensed under the laws of another jurisdiction is $300.

7) The fee for application for a dental sedation permit is $300.

8) The fee for application for a restricted faculty license is $250.

9) The fee for application for a temporary training license is $150.

10) The fee for application as a continuing education sponsor is $1,000.

b) Renewal Fees,

1) The fee for the renewal of a license as a dentist is $300 ($100 per year), pursuant to Section 21 of the Act.

2) The fee for the renewal of a license as a dental specialist is $300 ($100 per
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The fee for the renewal of a license as a dental hygienist is $150 ($50 per year), pursuant to Section 21 of the Act.

3) The fee for the renewal of a sedation permit is $300 ($100 per year).

4) The fee for the renewal of a license as a continuing education sponsor is $700.

5) The fee for the renewal of a restricted faculty license is $150.

c) General Fees:

1) The fee for the restoration of a license other than from inactive status is $50 plus payment of all lapsed renewal fees.

2) The fee for the issuance of a duplicate license, for the issuance of a replacement license, for a license that has been lost or destroyed or for the issuance of a license with a change of name or address other than during the renewal period is $20. No fee is required for name and address changes on Division records when no duplicate license is issued.

3) The fee for a certification of a licensee's record for any purpose is $20.

4) The fee to have the scoring of an examination administered by the Division reviewed and verified is $20 plus any fees charged by the applicable testing service.

5) The fee for a wall certificate showing licensure shall be the actual cost of producing such certificate.

6) The fee for a roster of persons licensed in this State under the Dental Practice Act shall be the actual cost of producing the such a roster.

(Source: Amended at 37 Ill. Reg. ______, effective____________)

Section 1220.421 Advertising

a) Persons licensed to practice dentistry in the State of Illinois may advertise in any
medium or other form of public communication in a manner that is truthful, and that is not fraudulent, deceptive, inherently misleading or proven to be misleading in practice. The advertising shall contain all information necessary to make the communication not misleading and shall not contain any false or misleading statement or otherwise operate to deceive.

b) Information that may be contained in the advertising includes:

1) Dentist's name, address, office hours, and telephone number;
2) Schools attended;
3) Announcement of the opening of, change of, or return to practice;
4) Announcement of additions to or deletions from professional dental staff; (Section 45 of the Act)
5) Dentist's hospital affiliations;
6) Any specialty licenses held, Board certification, professional society memberships and any limitations or concentrations of practice;
7) Credit arrangements and/or acceptance of Medicare/Medicaid patients;
8) Foreign language ability;
9) Usual and customary fees for routine professional services that must include a statement that fees may be adjusted due to complications or unforeseen circumstances unless the fees do not vary under any circumstances;
10) Description of offices in which dentist practices, e.g., accessibility to the handicapped, laboratory facilities on the premises, convenience of parking; and
11) Other information about the dentist, the dentist's practice, or the types of practice in which the dentist will accept employment, which a reasonable person might regard as relevant in determining whether to seek the dentist's services. (Section 45 of the Act)
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c) If an advertisement is communicated to the public over television, or radio or the Internet, it shall be prerecorded and approved for broadcast by the dentist, and a recording of the actual transmission, including videotape, shall be retained by the dentist for a period of at least 3 years. Upon a written request from the Division, a dentist shall provide the Division with a copy of any such advertisement within 7 working days after receipt of the request (e.g., upon initiation of any investigation, receipt of a complaint, inquiry from the public, etc.).

d) Information that may be untruthful, fraudulent, deceptive, inherently misleading, or that has proven to be misleading in practice includes that which:

1) Contains a misrepresentation of fact or omits a material fact required to prevent deception;

2) Guarantees favorable results or creates false or unjustified expectations of favorable results;

3) Takes advantage of the potential client's fears, anxieties, vanities, or other emotions;

4) Contains testimonials and/or exaggerations pertaining to the quality of dental care;

5) Describes as available products or services that are not permitted by the laws of this State and/or applicable Federal laws; and

6) Advertises professional services that the dentist is not licensed to render.

e) A dentist may incorporate as a professional service corporation or any other business entity permitted to provide dental services under a fictitious or an assumed name; however, all advertisements for dental services to be performed by members or employees of the corporation or other business entity must comply with the following conditions:

1) A dentist licensed and practicing in Illinois shall be designated at each practice location for the corporation or other business entity who shall assume responsibility for all advertising in Illinois.

2) The name, office address and office phone number of the designated dentists shall appear in all advertising for the corporation or other business.
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entity.

3) The names of the owners of the corporation or other business entity, if other than the designated dentists, shall appear in all advertising for the corporation or other business entity.

4) A list of all dentists employed by the corporation or other business entity who perform dental services shall be prominently displayed at the location where they practice.

5) If the corporation or other business entity offers to practice both general dentistry and any licensed specialty, all advertising for the specialty shall include the name of the licensed dental specialists who performs the specialty services.

f) When words relating to specialty practice are used in an advertisement, the advertisement must not imply that the dentist offering those services is licensed as a specialist unless he holds a specialty license issued by the Division. Words that cannot be used by a dentist unless licensed in that specialty are Endodontist, Pedodontist, Pediatric Dentist, Periodontist, Prosthodontist, Orthodontist, Oral and Maxillofacial Radiologist, or Oral and Maxillofacial Surgeon. Terms such as "Specialist", "Practice Limited To" or "Limited To Specialty Of", with the name of the branch of dentistry practiced as a specialty, (endodontics, pedodontics, periodontics, prosthodontics, orthodontics, oral and maxillofacial radiology, and oral and maxillofacial surgery) shall be prima facie evidence that the dentist is holding himself out to the public as a specialist. A general dentist who advertises, in any media, using words or phrases customarily used by a specialist, except those prohibited above, but who does not hold a specialty license, shall include in the advertisement a prominent disclaimer that he or she is licensed only as a general dentist.

g) Any advertisements offering the availability of those recognized dental specialties specified in Section 1220.310 of this Part, or offering the availability of some other "specialty" practice not specifically recognized by the Division shall contain a prominent disclaimer in the form of a statement setting forth the specialties in which the dentist is licensed in Illinois and/or a statement that the dentist is licensed to practice as a general dentist in Illinois.
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h) Advertising shall not use language suggesting a dental specialty that is not specified in Section 1220.310, 1220.320 of this Part unless it contains the disclaimer required in subsection (g). Examples of language requiring disclaimer: family dentistry, cosmetic dentistry, restorative dentistry, preventive dentistry, hospital dentistry, implant dentistry, TMJ, cranio mandibular dentistry.

(Source: Amended at 37 Ill. Reg. ______, effective____________)

Section 1220.440 Continuing Education

a) Continuing Education Hours Requirements

1) Beginning with the September 30, 2009 renewal and every renewal thereafter, each person who applies for renewal of a license as a dentist shall have completed 48 hours of continuing education (CE) relevant to the practice of dentistry during the prerenewal period.

2) Beginning with the September 30, 2009 renewal and every renewal thereafter, each person who applies for renewal of a license as a dental hygienist shall have completed 36 hours of CE relevant to the practice of dental hygiene during the prerenewal period.

3) A prerenewal period is the 36 months preceding September 30 of the year of the renewal.

4) A renewal applicant is not required to comply with CE requirements for the first renewal following the original issuance of a dental or dental hygienist license.

5) Continuing education is not required to renew a dental specialty license. The holder of a dental specialty license is, however, required to complete 48 hours to renew the dental license.

6) Dentists or dental hygienist licensed in Illinois but residing in other states shall comply with the CE requirements set forth in this Section.

7) Continuing education credit for hours used to satisfy the CE requirements of another state may be applied to fulfillment of the CE requirements of the State of Illinois.
b) Approved Continuing Education/Continuing Education Sponsors

1) All CE courses shall be relevant to the treatment and care of patients and shall be:

   A) Clinical courses in dentistry and dental hygiene; or

   B) Nonclinical subjects that relate to the skills necessary to provide dental or dental hygiene services and are supportive of clinical services (i.e., patient management, legal and ethical responsibilities, stress management). Courses not acceptable for the purpose of this definition include, but are not limited to, estate planning, financial planning, investments and personal health.

2) CE credit may be earned for verifiable attendance at or participation in any courses that meet the requirements of subsection (b)(1) given by one of the following sponsors:

   A) American Dental Association and National Dental Association, its constituent and component/branch associations and the American Dental Association Continuing Education Recognition Programs;

   B) American Dental Hygienist's Association and National Dental Hygienist's Association, its constituent and component/branch associations;

   C) Dental programs approved by the Division as meeting minimum standards for an approved curriculum in dentistry under Section 1220.140 and dental hygiene programs approved under Section 1220.250 of this Part;

   D) Organizations of specialties recognized by the American Dental Association and its constituent and component/branch associations, such as, but not limited to:

      i) Oral and maxillofacial surgery;

      ii) Endodontics;

      iii) Pediatric dentistry.
iv) Prosthodontics;

v) Orthodontics;

vi) Periodontology;

vii) Oral and maxillofacial radiology;

E) Academy of General Dentistry, its constituent and component/branch associations and approved sponsors;

F) American Dental Society of Anesthesiology and its constituent and component/branch associations;

G) Community colleges with an approved dental hygiene program if offered under the auspices of the dental hygiene program;

H) A college or university accredited by an agency approved by the U.S. Office of Education or a community college approved by the Illinois Community College Board;

I) A hospital that has been accredited by the Joint Commission on Accreditation of Healthcare Organizations;

J) The American Heart Association and the American Cancer Society;

K) A medical school that is accredited by the American Medical Association's Liaison Committee for Medical Education;

L) American Medical Association (AMA), specialty medical associations/organizations, the Accreditation Council on Continuing Medical Education;

M) Federal and State government agencies (i.e., dental division, military dental division, Veterans' Administration, etc.);

N) A sponsor whose course is approved by the National Board for Certification in Dental Laboratory Technology; or
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1) A person, firm or association approved by the Division in accordance with subsection (c).

3) CE credit may be earned for completion of an individual study course (correspondence, audio or video course) sponsored by an approved sponsor. The courses shall include a test that the licensee must pass to obtain credit. No more than 50% of the required CE credit hours during a prerenewal period may be acquired through correspondence courses.

4) CE credit may be earned from teleconferencing courses with a moderator present given by an Illinois approved sponsor.

5) CE credit may be earned from courses leading to an advanced degree or specialty in dental or dental hygiene. The courses shall be allotted CE credit at the rate of 15 CE hours for each semester hour and 10 CE hours for each quarter hour of school credit awarded.

6) CE credit may be earned as an instructor of continuing education courses given by approved sponsors. Credit will be applied for every hour taught and only for the first presentation of the program (i.e., credit shall not be allowed for repetitious presentations). No more than 50% of the required CE credit hours during a prerenewal period may be acquired through teaching continuing education courses.

7) CE credit may be earned for presenting volunteer community oral health education programs. Credit will be applied for each hour of presentation documented by the program director. No more than 2 hours of the required CE credit hours during a prerenewal period may be acquired through presentation of volunteer community oral health education programs.

8) Continuing education hours required by a disciplinary order shall not be used to satisfy the continuing education requirements for license renewal.

9) If a renewal applicant will be earning or has earned CE hours in another jurisdiction, but is not licensed in that jurisdiction and the course is not presented by an Illinois approved sponsor, the applicant shall submit an individual program approval request form, along with a $20 processing fee, to have the program reviewed. The Board shall review and
recommend approval or disapproval of the program using the criteria set forth in subsection (b)(1) of this Section. Applicants may seek individual program approval prior to participation in the course or program. All individual program approval requests shall be submitted prior to the expiration date of the license.

c) Sponsor Application Pursuant to Subsection (b)(2)(M)

1) Entities seeking approval as CE sponsors pursuant to subsection (b)(2)(M) shall file an application, on forms supplied by the Division, along with the fee set forth in Section 1220.415(a)(9). The applicant shall certify on the application the following:

   A) That all programs offered by the sponsor for CE credit will comply with the criteria in subsection (b)(1) and all other criteria in this Section;

   B) That the sponsor will be responsible for providing a certificate of attendance and will maintain attendance records for at least 5 years. The certificate of attendance shall contain:

      i) The name and address of the sponsor;

      ii) The name, address and license number of the participant;

      iii) A brief statement of the subject matter;

      iv) The number of hours attended in each program;

      v) An indication of whether the program fulfills CE requirements for dentist, dental hygienist or both;

      vi) The date and place of the program; and

      vii) The signature of the sponsor;

   C) That, upon request by the Division, the sponsor will submit evidence (e.g., certificate of attendance or course materials) as is necessary to establish compliance with this Section. Evidence shall be required when the Division has reason to believe that there
is not full compliance with this Part and that the information is necessary to ensure compliance.

2) To maintain approval as a sponsor, each sponsor shall submit to the Division by September 30 of each even-numbered year a renewal application, the fee set forth in Section 1220.415(b)(5) and a list of courses and programs offered within the last 24 months. The list shall include a brief description, location, date and time of each course given.

3) The sponsor shall be responsible for ensuring that any dentist or dental hygienist who will be performing some type of procedure as a part of a continuing education course shall have a current license in Illinois or another jurisdiction.

d) Certification of Compliance with CE Requirements

1) Each renewal applicant shall certify, on the renewal application, to full compliance with the CE requirements set forth in subsection (a).

2) The Division may require additional evidence (e.g., certificate of attendance, transcripts and proof of registration) demonstrating compliance with the CE requirements. It is the responsibility of each renewal applicant to retain or otherwise produce evidence of such compliance. The evidence shall be retained for at least 5 years following the renewal period in which the CE was taken.

3) The Division may conduct random audits to verify compliance with CE requirements.

4) When there is evidence of a lack of compliance with CE requirements, an applicant shall be notified in writing and may request a hearing before the Board. The Division may recommend that steps be taken to begin the formal disciplinary proceedings as required by Section 10-65 of the Illinois Administrative Procedure Act [5 ILCS 100/10-65].

e) Waiver of CE Requirements

1) Any renewal applicant seeking renewal of the license or certificate without having fully complied with these CE requirements shall file with the Division a renewal application, a statement setting forth the facts
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concerning the noncompliance, a request for waiver of the CE requirements on the basis of facts and, if desired, a request for an interview before the Board. If the Division finds, from statement or any other evidence submitted, that good cause has been shown for granting a waiver of the CE requirements, or any part thereof, the Division shall waive enforcement of the requirements for the renewal period for which the applicant has applied.

2) Good cause shall be defined as an inability to devote sufficient hours to fulfilling the CE requirements during the applicable prerenewal period because of:

A) Full-time service in the armed forces of the United States of America during a substantial part of the period;

B) A temporary incapacitating illness documented by a licensed physician. A second, consecutive request for a CE waiver pursuant to this subsection (e)(2)(B) shall be prima facie proof that the renewal applicant has a physical or mental illness, including, but not limited to, deterioration through the aging process, or loss of motor skills that results in the dentist's inability to practice dentistry with reasonable judgment, skill or safety, in violation of Section 23(24) of the Act, and shall be grounds for denial of the renewal or other discipline;

C) Temporary undue hardship (e.g., prolonged hospitalization, being disabled and unable to practice dentistry or dental hygiene on a temporary basis).

3) If an interview is requested at the time the request for waiver is filed with the Division, the renewal applicant shall be given at least 20 days written notice of the date, time and place of the interview by certified mail, return receipt requested.

(Source: Amended at 37 Ill. Reg. _____, effective___________)

SUBPART E: ANESTHESIA PERMITS

Section 1220.500 Definitions
"Anesthesia Case" means a situation in which the permit holder is responsible for anesthesia care on a live patient.

"Deep Sedation" means a pharmacologically induced depressed state of consciousness, accompanied by partial loss of protective reflexes, including the inability to respond purposefully to oral commands. The purposeful response to painful stimulation is maintained.

"General Anesthesia" means a pharmacologically induced state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including the inability to independently maintain an airway and respond purposefully to painful stimulation or oral commands.

"Minimal Sedation" or "Anxiolysis" means a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continually maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

"Moderate Sedation" or "Conscious Sedation" means a pharmacologically induced depressed state of consciousness (altered consciousness; signs of sleep) under which an individual retains the ability to independently and continuously maintain an airway and respond appropriately to light tactile stimulation and oral commands.

(Source: Amended at 37 Ill. Reg. ______, effective____________)

Section 1220.505  Minimal Sedation (Anxiolysis) in the Dental Office Setting

a) Minimal sedation (anxiolysis) includes the prescription or administration of a pharmacologic anxiolitic either with or without concomitant use of nitrous oxide dental analgesia. The drugs and/or techniques used must carry a margin of safety wide enough to prevent a depressed level of consciousness.

b) No permit is required beyond the D.D.S. or D.M.D. degrees.

c) Minimal monitoring of the patient is to be by clinical observation and appropriately documented in the patient's record.
Section 1220.510 Moderate Sedation (Conscious Sedation) in the Dental Office Setting

a) Moderate sedation (conscious sedation) includes the prescription or administration of pharmacologic agents to be used for the purposes of moderate sedation. Moderate sedation (conscious sedation) must be administered by an individual qualified under this Section. (See Appendix D for characteristics of levels of anesthesia.) The drugs and/or techniques used must carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

b) A licensed dentist seeking a Permit A for moderate sedation (conscious sedation) administration privileges shall file an application with the Division, on forms provided by the Division, that shall include:

1) Certification of completion of an anesthesiology training program that meets the following requirements:

   A) Include a minimum of 75 hours of didactic and clinical study that includes training in moderate sedation (conscious sedation), physical evaluation, venipuncture, advanced airway management, technical administration, recognition and management of complications and emergencies, and monitoring with additionally supervised experience in providing moderate conscious sedation to 20 or more patients; and

   B) Be an organized sequence of study operated by one entity and completed in less than one calendar year;

2) A signed affidavit certifying that:

   A) the dentist will practice in a facility properly equipped in accordance with subsection (g) for the administration of moderate sedation (conscious sedation);

   B) the facility will be staffed with a supervised team, supervised by the applicant, that will remain in the treatment room. For each patient, the anesthesia team will consist of at least:

      i) the dentist who holds the Permit A;
ii) one dental hygienist or dental assistant who has completed the training prescribed in Section 1220.240(f) or 1220.245(c)(2) and is capable of assisting with procedures, problems and emergencies incident to the administration of sedation; and

iii) one additional hygienist or dental assistant;

C) the dentist permit holder will remain immediately available to the patient after being treated under moderate sedation. A dental hygienist or dental assistant trained to monitor a patient under moderate sedation will remain with the sedated patient until the patient is no longer sedated;

D) all members of the anesthesia team are capable of assisting with procedures, problems and emergencies incident to the administration of sedation and, after September 30, 2011, will maintain current certification in Basic Life Support for Healthcare Providers (BLS) or its equivalent; and

E) for the dentist permit holder, the BLS certification is in addition to the required 9 sedation technique CE hours (see subsection (k)) required per renewal cycle;

3) Proof of current Advanced Cardiac Life Support (ACLS) certification or Pediatric Advanced Life Support (PALS) certification. Certification shall be completed by September 30, 2011; and

4) The required fee set forth in Section 1220.415.

c) Dentists who have a current valid permit for moderate sedation (conscious sedation) issued by the Division shall be permitted to administer without additional application.

d) Upon review and recommendation of the Board in accordance with the standards set forth in this Section, the Division will:

1) Issue a moderate sedation (conscious sedation) permit (Permit A).
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2) Re-issue a moderate sedation (conscious sedation) permit to Permit A holders who attest to completing continuing education.

e) Licensees qualified to administer deep sedation (Permit B) pursuant to Section 1220.520 may administer moderate sedation (conscious sedation) without a Permit A.

f) If the accuracy, relevance or sufficiency of any submitted documentation is questioned by the Division or the Board, because of discrepancies or conflicts in information, needing further clarification, and/or missing information, additional documentation may be required and/or an on-site evaluation of the facilities, equipment and personnel may be conducted by the Division or a member of the Board's Anesthesia Review Panel.

g) A properly equipped facility for the administration of moderate sedation (conscious sedation) shall include at minimum:

1) Sphygmomanometer and stethoscope;

2) An oxygen delivery system with full face masks and connectors appropriate to the patient population being served that is capable of delivering oxygen to the patient under positive pressure, with an emergency backup system;

3) Emergency drugs and equipment appropriate to the medications administered;

4) Suction equipment, including an emergency backup suction system;

5) An emergency backup lighting system that will permit the completion of any operation underway;

6) A pulse oximeter;

7) Laryngoscope complete with selection of blades and spare batteries and bulbs in sizes appropriate to the patient population being served;

8) Advanced airway devices that would isolate the trachea and facilitate positive pressure oxygen administration in sizes appropriate for the patient
population being served (e.g., endotracheal tubes or laryngeal mask airway);

9) Tonsillar or pharyngeal suction tips adaptable to all office outlets;

10) Nasal and oral airways in sizes appropriate to the patient population being served;

11) Defibrillator (an automated external defibrillator is an acceptable defibrillator);

12) Equipment for the establishment of an intravenous infusion;

13) An operating table or an operating chair that permits appropriate access to the patient and provides a firm platform for the management of cardiopulmonary resuscitation; and

14) A recovery area that has available oxygen, lighting, suction and electrical outlets. The Permit A holder shall remain with the patient until the patient retains the ability to independently and consciously maintain an airway and respond appropriately to physical stimulation and oral commands. The recovery area may be the operating theatre.

h) The following records shall be kept during the administration of moderate sedation (conscious sedation):

1) Medical history of the patient and consent for administration of anesthesia prior to the performance of any procedure;

2) Preoperative, intraoperative and pre-discharge monitoring of blood pressure, pulse, respiration and oxygen saturation. A time based record shall be entered into the patient's chart;

3) Drugs and dosages of these drugs used during the operative procedure, including the identification of the person administering drugs and times of their administration over the course of the procedure.

i) The dentist who holds the Permit A shall report adverse occurrences to the Division and the Board as required by Section 1220.405.
A licensed dentist shall hold Permit A in order to perform dentistry while a licensed certified nurse anesthetist administers moderate sedation (conscious sedation). A nurse anesthetist for purposes of this Section is a licensed certified nurse anesthetist who holds a license as an advanced practice nurse under the Nurse Practice Act [225 ILCS 65]. The dentist shall enter into a written collaborative agreement with the nurse anesthetist in accordance with Section 65-3515-25 of the Nurse Practice Act and 68 Ill. Adm. Code 1300.

Proof of 9 hours of continuing education per renewal cycle in sedation techniques, including medications and recognition and management of complications and emergencies, is required for renewal of Permit A.

A treating dentist does not need to hold Permit A to perform dentistry when another dentist, who holds Permit A or Permit B, or a physician assists the treating dentist by administering moderate sedation (conscious sedation). Physician for purposes of this Section means a physician who is licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 [225 ILCS 60] and is authorized to provide anesthesia services in a licensed hospital or licensed ambulatory surgical treatment center or is a Board certified anesthesiologist.

The treating dentist shall be prepared to provide affidavits to the following if requested by the Division:

A) That the facility used for sedation meets the criteria of subsection (g) of this Section;

B) That the dentist shall staff the facility with a team, supervised by the permit holder or physician, supervised team that includes a minimum of 3 individuals per patient. The team shall be composed of either:

i) One dental hygienist or dental assistant who has completed the training prescribed in Section 1220.240(f) or 1220.245(c)(2) and is capable of assisting with procedures, problems and emergencies incident to the administration of the sedation; the treating dentist; and the dentist who holds a Permit A or B providing the anesthesia services; or

ii) One dental hygienist or dental assistant who has completed
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the training prescribed in Section 1220.240(f) or 1220.245(c)(2) and is capable of assisting with procedures, problems and emergencies incident to the administration of the sedation; the treating dentist; and a physician or dental anesthesiologist who holds a Permit B and has completed the certification prescribed in Section 1220.520(a)(1)(A) providing the anesthesia services.

C) That the permit holder or physician will remain immediately available to the patient after being treated under moderate sedation. A dental hygienist or dental assistant trained to monitor a patient under moderate sedation will remain with the sedated patient until the patient is no longer sedated.

2) All members of the team, including the treating dentist (non-permit holder) must maintain current BLS certification or its equivalent. Certification or its equivalent shall be completed by September 30, 2011.

3) In addition, the dentist (non-permit holder) shall report adverse occurrences to the Division as set forth in Section 1220.405 and accept the responsibility to verify the certification and licensure of any licensed provider present during the moderate sedation (conscious sedation) of a patient who is receiving dental care.

m) A dentist holding a Permit A shall maintain current Advanced Cardiac Life Support (ACLS) certification or Pediatric Advanced Life Support (PALS) certification. ACLS or PALS certification shall be in addition to the required 9 hours of anesthesia CE per renewal cycle. Certification shall be completed by September 30, 2011.

n) A dentist holding a Permit A shall maintain a logbook indicating the sedation cases performed. The log shall include the patient name, date, route of sedation administration, drug name and dosage, and the names of anesthesia team members assisting. This information shall be supplied to the Division upon request.

o) A dentist holding a Permit A must also hold an active Illinois Controlled Substance License and current federal Drug Enforcement Administration registration.

(Source: Amended at 37 Ill. Reg. _____, effective___________.)
Section 1220.520  Deep Sedation and General Anesthesia in the Dental Office Setting

Deep sedation and general anesthesia must be administered by an individual qualified under this Section. (See Appendix D for characteristics of levels of anesthesia.)

a) A licensed dentist seeking a permit to administer deep sedation or general anesthesia shall make application to the Division, on forms provided by the Division, that shall include:

1) Certification of meeting one or more of the following:

   A) Completion of a minimum of 2 years of advanced training in anesthesiology beyond the pre-doctoral level, in a training program approved by the American Dental Association, Commission on Dental Education, as outlined in Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, published by the American Dental Association, Commission on Dental Education (October 2007).

   B) Be a diplomate of the American Board of Oral and Maxillofacial Surgery.

   C) Have an active, approved application with the American Board of Oral and Maxillofacial Surgery to obtain diplomate status.

   D) Have a specialty license in oral and maxillofacial surgery issued by the Division;

2) A signed affidavit certifying that:

   A) the dentist will practice in a facility properly equipped in accordance with subsection (d) for the administration of deep sedation and general anesthesia;

   B) the facility will be staffed with an anesthesia team, supervised by the applicant, that will remain in the treatment room during the procedure on the patient. For each patient, the anesthesia team will consist of at least:
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i) the dentist who holds the permit B;

ii) one dental hygienist or dental assistant who has completed the training prescribed in Section 1220.240(f) or 1220.245(c)(2) and is capable of assisting with procedures, problems and emergencies incident to the administration of the sedation; and

iii) one additional hygienist or dental assistant;

C) the dentist permit holder will remain immediately available to the patient after being treated under deep sedation or general anesthesia. A dental hygienist or dental assistant trained to monitor a patient under deep sedation or general anesthesia will remain with the sedated patient until the patient is no longer sedated;

D) all members of the anesthesia team are capable of assisting with procedures, problems and emergencies incident to the administration of sedation and, after September 30, 2011, will maintain current certification in Basic Life Support for Healthcare Providers (BLS) or its equivalent; and

E) for the dentist permit holder, the BLS certification is in addition to the required 9 sedation technique CE hours (see subsection (h)) required per renewal cycle;

3) Proof of current Advanced Cardiac Life Support (ACLS) certification or Pediatric Advanced Life Support (PALS) certification. Certification shall be completed by September 30, 2011; and

4) The required fee set forth in Section 1220.415.

b) In upon review and recommendation of the Board in accordance with the standards set forth in this Section, the Division will issue a deep sedation or general anesthesia permit (Permit B).

c) If the accuracy, relevance or sufficiency of any submitted documentation is questioned by the Division or the Board because of discrepancies or conflicts in information needing further clarification, and/or missing information, additional documentation may be required and/or an on-site evaluation of the facilities,
equipment and personnel may be conducted by the Division or a member of the Board's Anesthesia Review Panel.

d) A properly equipped facility for the administration of deep sedation or general anesthesia shall include, at a minimum:

1) Sphygmomanometer and stethoscope;

2) An oxygen delivery system with full face masks and connectors appropriate to the patient population being served that is capable of delivering oxygen to the patient under positive pressure, with an emergency backup system;

3) Emergency drugs and equipment appropriate to the medications administered;

4) Suction equipment, including an emergency backup suction system;

5) An emergency backup lighting system that will permit the completion of any operation underway;

6) Laryngoscope complete with selection of blades and spare batteries and bulbs in sizes appropriate to the patient population being served;

7) Endotracheal tubes and connectors in sizes appropriate for the patient population being served;

8) Tonsillar or pharyngeal suction tips adaptable to all office outlets;

9) Nasal and oral airways in sizes appropriate to the patient population being served;

10) Device for monitoring temperature (e.g., temperature strips, thermometer);

11) Electrocardioscope and defibrillator (an automated external defibrillator is an acceptable defibrillator);

12) Pulse oximeter;

13) Equipment for the establishment of an intravenous infusion;
14) An operating table or an operating chair that permits appropriate access to the patient and provides a firm platform for the management of cardiopulmonary resuscitation; and

15) A recovery area that has available oxygen, lighting, suction and electrical outlets. The Permit B holder shall remain with the patient until the patient retains the ability to independently and consciously maintain an airway and respond appropriately to physical stimulation and oral commands. The recovery area may be the operating theatre.

e) The following records shall be kept when administering deep sedation and general anesthesia:

1) Medical history and patient evaluation prior to the performance of any procedure;

2) Preoperative, intraoperative, and pre-discharge monitoring of blood pressure, pulse, respiration and oxygen saturation. A time based record shall be entered into the patient's chart;

3) EKG monitoring during the entire procedure;

4) Drugs and dosages of agents used during the operative procedure, including nitrous oxide and oxygen, and including identification of the person administering drugs and times of their administration over the course of the procedure. Documentation of the anesthetic encounter will be consistent with currently accepted standards of anesthetic practice.

f) The dentist who holds the Permit B shall report adverse occurrences to the Division and the Board as required by Section 1220.405.

g) A licensed dentist shall hold a Permit B in order to perform dentistry while a licensed certified nurse anesthetist administers deep sedation or general anesthesia. A nurse anesthetist for purposes of this Section is a licensed certified nurse anesthetist who holds a license as an advanced practice nurse under the Nurse Practice Act [225 ILCS 65]. The dentist shall enter into a written collaborative agreement with the nurse anesthetist in accordance with Section 65-35 of the Nurse Practice Act and 68 Ill. Adm. Code 1300.
h) Proof of 9 hours of continuing education per renewal cycle in sedation techniques, including medications and recognition and management of complications and emergencies, is required for renewal of Permit B.

i) A treating dentist does not need to hold Permit B to perform dentistry when another dentist, who holds Permit B, or a physician assists the treating dentist by administering deep sedation or general anesthesia. Physician for purposes of this Section means a physician who is licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 [225 ILCS 60] and is authorized to provide anesthesia services in a licensed hospital or licensed ambulatory surgical treatment center or is a Board certified anesthesiologist.

1) The treating dentist shall be prepared to provide affidavits attesting to the following if requested by the Division:

   A) That the facility used is equipped as specified in subsection (d) of this Section;

   B) That the dentist shall staff the facility with a supervised team, supervised by the Permit B holder or physician, that includes a minimum of 3 individuals per patient. The team shall be composed of either:

   i) One dental hygienist or dental assistant who has completed the training prescribed in Section 1220.240(f) of 1220.245(c)(2) capable of assisting with procedures, problems and emergencies incident to the administration of the sedation; the treating dentist; and the dentist who holds a Permit B providing the anesthesia services; or

   ii) One dental hygienist or dental assistant who has completed the training prescribed in Section 1220.240(f) or 1220.245(c)(2) capable of assisting with procedures, problems and emergencies incident to the administration of the sedation; the treating dentist; and a physician or dental anesthesiologist who holds a Permit B and has completed the certification prescribed in subsection (a)(1)(A) providing the anesthesia services.
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C) That the Permit B holder will remain with the patient until the patient retains the ability to independently and consciously maintain an airway and respond appropriately to physical stimulation and oral commands. The recovery area may be the operating theatre.

2) All members of the anesthesia team, including the treating dentist (non-Permit B holder) must maintain certification in BLS or its equivalent. Certification or its equivalent shall be completed by September 30, 2011.

3) In addition, the dentist shall report severe adverse occurrences to the Division as set forth in Section 1220.405 and accept the responsibility for verifying certification and licensure of any licensed provider present during the deep sedation or general anesthesia of a patient receiving dental care.

j) A dentist holding a Permit B shall maintain current Advanced Cardiac Life Support (ACLS) certification or Pediatric Advanced Life Support (PALS) certification. ACLS or PALS certification shall be in addition to the required 9 hours of anesthesia CE per renewal cycle. Certification shall be completed by September 30, 2011.

k) A dentist holding a Permit B shall maintain a logbook indicating the sedation cases performed. The log shall include the patient name, date, route of sedation administration, drug name and dosage, and the names of anesthesia team members assisting. This information shall be supplied to the Division upon request.

l) A dentist holding a Permit B must also hold an active Illinois Controlled Substance License and current federal Drug Enforcement Administration registration.

(Source: Amended at 37 Ill. Reg. ______, effective____________)

Section 1220.APPENDIX D  Characteristics of Levels of Anesthesia*

<table>
<thead>
<tr>
<th>Factors</th>
<th>Minimal Sedation/Anxiolysis (No Permit required)</th>
<th>Moderate/Conscious Sedation (Permit A)</th>
<th>Deep Sedation (Permit B)</th>
<th>General Anesthesia (Permit B)</th>
</tr>
</thead>
</table>
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<table>
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<tr>
<th>Goal</th>
<th>Decrease anxiety; facilitate coping skills</th>
<th>Decrease or eliminate anxiety; facilitate coping skills</th>
<th>Eliminate anxiety; coping skills over-ridden</th>
<th>Eliminate cognitive, sensory and skeletal motor activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>Minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continually maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected</td>
<td>Pharmacologically induced depressed state of consciousness (altered consciousness, signs of sleep) under which an individual retains the ability to independently and continuously maintain an airway and respond appropriately to light tactile stimulation and oral commands</td>
<td>Pharmacologically induced controlled state of depressed consciousness, accompanied by partial loss of protective reflexes, including inability to respond purposefully to oral commands. The purposeful response to painful stimulation is maintained</td>
<td>Pharmacologically induced controlled state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to painful stimulation or oral commands</td>
</tr>
<tr>
<td>Personnel</td>
<td>1 (treating dentist)</td>
<td>3 (treating dentist with Permit A; trained person to monitor patient or nurse anesthetist; trained assistant) OR 3 (treating dentist w/o Permit A/B; physician or dentist with Permit A/B; trained assistant)</td>
<td>3 (treating dentist with Permit B; trained person to monitor patient or nurse anesthetist; trained assistant) OR 3 (treating dentist w/o Permit B; trained assistant)</td>
<td>3 (treating dentist with Permit B; trained person to monitor patient or nurse anesthetist, trained assistant) OR 3 (treating dentist w/o Permit B; physician or dentist with Permit B; trained assistant)</td>
</tr>
</tbody>
</table>
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| Monitoring | Clinical observation and monitoring as appropriate | Preoperative, intraoperative and pre-discharge monitoring of BP, pulse, respiration and oxygen saturation | Preoperative, intraoperative, and pre-discharge monitoring of BP, pulse, respiration and oxygen saturation, EKG monitoring. Defibrillator required | Preoperative, intraoperative, and pre-discharge monitoring of BP, pulse, respiration and oxygen saturation, EKG monitoring. Defibrillator required |


(Source: Amended at 37 Ill. Reg. _______, effective___________.)