



**ARIZONA STATE BOARD
OF
DENTAL EXAMINERS**

ARIZONA ADMINISTRATIVE CODE

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TITLE 4. PROFESSIONS AND OCCUPATIONS
CHAPTER 11. STATE BOARD OF DENTAL EXAMINERS

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ARTICLE 1. DEFINITIONS

The following definitions, and definitions in A.R.S. § 32-1201, apply to this Chapter:

"Analgesia" means a state of decreased sensibility to pain produced by using nitrous oxide (N₂O) and oxygen (O₂) with or without local anesthesia.

"Anxiolysis" means the reduction or elimination of anxiety.

"Application" means, for purposes of Article 3 only, forms designated as applications and all documents and additional information the Board requires to be submitted with an application.

"Business Entity" means a business organization that offers to the public professional services regulated by the Board and is established under the laws of any state or foreign country, including a sole practitioner, partnership, limited liability partnership, corporation, and limited liability company, unless specifically exempted by A.R.S. § 32-1213(H).

"Calculus" means a hard mineralized deposit attached to the teeth.

"Certificate holder" means a denturist who practices denture technology under A.R.S. Title 32, Chapter 11, Article 5.

"Charitable Dental Clinic or Organization" means a non-profit organization meeting the requirements of 26 U.S.C. 501(c)(3) and providing dental or dental hygiene services.

"Clinical evaluation" means a dental examination of a patient named in a complaint regarding the patient's dental condition as it exists at the time the examination is performed.

"Closed subgingival curettage" means the removal of the inner surface of the soft tissue wall of a periodontal pocket in a situation where a flap of tissue has not been intentionally or surgically opened.

"Combination inhalation and enteral conscious sedation" is conscious sedation induced by the administration of nitrous oxide and oxygen in combination with one or more enteral drugs or non-drug substances.

"Conscious sedation" is a minimally depressed level of consciousness that allows the patient to retain the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and is induced by a drug or non-drug method or a combination of both methods.

"Controlled substance" has the meaning prescribed in A.R.S. § 36-2501(A)(3).

"Credit hour" means one clock hour of participation in a recognized continuing dental education program.

"Deep sedation" has the same meaning as "semi-conscious sedation".

"Dental laboratory technician" or "dental technician" has the meaning prescribed in A.R.S. § 32-1201(6).

"Dentist of record" means a dentist who examines, diagnoses, and formulates treatment plans for a patient and may provide treatment to the patient.

"Designee" means a person to whom the Board delegates authority to act on the Board's behalf regarding a particular task specified by this Chapter.

"Direct supervision" means, for purposes of Article 7 only, that a licensed dentist is present in the office and available to provide immediate treatment or care to a patient and observe a dental assistant's work.

"Direct supervision" means, for purposes of Article 13 only, that a licensed dentist is physically present in the operatory and actually performing dental procedures.

"Disabled" means a dentist, dental hygienist, or denturist has totally withdrawn from the active practice of dentistry, dental hygiene, or denturism due to a permanent medical disability and based on a physician's order.

"Dispense for profit" means selling a drug or device for any amount above the administrative overhead costs to inventory.

"Documentation of attendance" means documents that contain the following information:

- Name of sponsoring entity;
- Course title;
- Number of credit hours;
- Name of speaker; and
- Date, time, and location of the course.

"Drug" means:

- Articles recognized, or for which standards or specifications are prescribed, in the official compendium;
- Articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in the human body;
- Articles other than food intended to affect the structure of any function of the human body; or
- Articles intended for use as a component of any articles specified in this definition but does not include devices or components, parts, or accessories of devices.

"Emerging scientific technology" means any technology used in the treatment of oral disease that is not currently generally accepted or taught in a recognized dental or dental hygiene school and use of the technology poses material risks.

"Enteral" means an administration technique in which a drug or non-drug substance is absorbed through the oral, rectal, sublingual, or nasal mucosa.

"Epithelial attachment" means the layer of cells that extends apically from the depth of the gingival (gum) sulcus (crevice) along the tooth, forming an organic attachment.

"Ex-parte communication" means a written or oral communication between a decision maker, fact finder, or Board member and one party to the proceeding, in the absence of other parties.

"General anesthesia" is a state of unconsciousness accompanied by partial or complete loss of protective reflexes, including the inability to continually maintain an airway and to respond appropriately to physical stimulation or verbal command, that is induced by a drug or non-drug method or a combination of both methods.

"General supervision" means, for purposes of Article 7 only, a licensed dentist is available for consultation, whether or not the dentist is in the office, regarding procedures or treatment that the dentist authorizes and for which the dentist remains responsible.

"Homebound patient" means a person who is unable to receive dental care in a dental office as a result of a medically diagnosed disabling physical or mental condition.

"Informal interview" means a proceeding conducted under A.R.S. § 32-1263.02, during which a Board member, acting as an informal interviewing officer, and other investigators, hear testimony from a complainant, licensee, or certificate holder, and any witnesses, and receive and review evidence relating to a complaint to form findings of fact, conclusions of law, and a recommended disposition for presentation to the full Board.

"Intravenous or intramuscular sedation" is the parenteral use of a drug or non-drug substance to induce general anesthesia, semi-conscious sedation, or conscious sedation.

"Investigative interview" means a proceeding conducted under A.R.S. § 32-1263.02, during which an investigator or investigative panel hears testimony from a complainant, licensee or certificate holder, and any witnesses, and receives and reviews evidence relating to a complaint to form findings of fact, conclusions of law, and a recommended disposition for presentation to the full Board.

"Irreversible procedure" means a single treatment, or a step in a series of treatments, that causes change in the affected hard or soft tissues and is permanent or may require reconstructive or corrective procedures to correct the changes.

"Jurisdiction" means the Board's power to investigate and rule on complaints that allege grounds for disciplinary action under A.R.S. Title 32, Chapter 11 or this Chapter.

"Licensee" means a dentist, dental hygienist, dental consultant, retired licensee, or person who holds a restricted permit under A.R.S. §§ 32-1237 or 32-1292.

"Local anesthesia" is the elimination of sensations, such as pain, in one part of the body by the injection of an anesthetic drug.

"Nitrous oxide analgesia" means nitrous oxide (N₂O/O₂) used as an inhalation analgesic.

"Nonsurgical periodontal treatment" means plaque removal, plaque control, supragingival and subgingival scaling, root planing, and the adjunctive use of chemical agents.

"Nurse anesthetist" means a licensed nurse with special training in all phases of anesthesia.

"Official compendium" means the latest revision of the United States Pharmacopeia and the National Formulary and any current supplement.

"Outpatient" means an individual who receives treatment in a dental office or clinic.

"Oral conscious sedation" is conscious sedation induced by an enterally administered drug or non-drug substance or combination inhalation and enterally administered drug or non-drug substance on an outpatient basis.

"Patient of record" means a patient who has undergone a complete dental evaluation performed by a licensed dentist.

"Periodontal examination and assessment" means to collect and correlate clinical signs and patient symptoms that point to either the presence of or the potential for periodontal disease.

"Periodontal pocket" means a pathologic fissure bordered on one side by the tooth and on the opposite side by crevicular epithelium and limited in its depth by the epithelial attachment.

"Plaque" means a film-like sticky substance composed of mucoidal secretions containing bacteria and toxic products, dead tissue cells, and debris.

"Polish" means, for the purposes of A.R.S. § 32-1291(B) only, a procedure limited to the removal of plaque and extrinsic stain from exposed natural and restored tooth surfaces that utilizes an appropriate rotary instrument with rubber cup or brush and polishing agent. A licensee or dental assistant shall not represent that this procedure alone constitutes an oral prophylaxis.

"Prescription-only device" means:
 Any device that is restricted by the federal act, as defined in A.R.S. § 32-1901, to use only under the supervision of a medical practitioner; or
 Any device required by the federal act, as defined in A.R.S. § 32-1901, to bear on its label the legend "Rx Only."

"Prescription-only drug" *does not include a controlled substance but does include:*
Any drug that, because of its toxicity or other potentiality for harmful effect, the method of its use, or the collateral measures necessary to its use, is not generally recognized among experts, qualified by scientific training and experience to evaluate its safety and efficacy, as safe for use except by or under the supervision of a medical practitioner;
Any drug that is limited by an approved new drug application under the federal act or A.R.S. § 32-1962 to use under the supervision of a medical practitioner;
Every potentially harmful drug, the labeling of which does not bear or contain full and adequate directions for use by

the consumer; or

Any drug, other than a controlled substance, required by the federal act to bear on its label the legend "RX Only."

"President's designee" means the Board's executive director, an investigator, or a Board member acting on behalf of the Board president.

"Preventative and therapeutic agents" means substances used in relation to dental hygiene procedures that affect the hard or soft oral tissues to aid in preventing or treating oral disease.

"Prophylaxis" means a scaling and polishing procedure performed on patients with healthy tissues to remove coronal plaque, calculus, and stains.

"Public member" means a person who is not a dentist, dental hygienist, dental assistant, denturist, or dental technician.

"Recognized continuing dental education" means a program whose content directly relates to the art and science of oral health and treatment, provided by a recognized dental school as defined in A.R.S. § 32-1201(17), recognized dental hygiene school as defined in A.R.S. § 32-1201(16), or recognized denturist school as defined in A.R.S. § 32-1201(18), or sponsored by a national or state dental, dental hygiene, or denturist association, dental, dental hygiene, or denturist study club, governmental agency, or commercial dental supplier.

"Representative" means, for purposes of Article 15 only, a person recognized by the Board as authorized to act on behalf of a complainant or a party in proceedings governed by this Chapter.

"Restricted permit holder" means a dentist who meets the requirements of A.R.S. § 32-1237 or a dental hygienist who meets the requirements of A.R.S. § 32-1292 and is issued a restricted permit by the Board.

"Retired" means a dentist, dental hygienist or denturist is at least 65 years old and has totally withdrawn from the active practice of dentistry, dental hygiene, or denturism.

"Root planing" means a definitive treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with calculus, or contaminated with toxins or microorganisms.

"Scaling" means use of instruments on the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces.

"Section 1301 permit" means a permit to administer general anesthesia and semi-conscious sedation under Article 13.

"Section 1302 permit" means a permit to administer conscious sedation under Article 13.

"Section 1303 permit" means a permit to administer oral conscious sedation under Article 13.

"Semi-conscious sedation" means use of drug or non-drug methods, or a combination of the two methods, to induce a state of depressed consciousness accompanied by partial loss of protective reflexes, and the inability to continually maintain an airway independently or respond appropriately to physical stimulation or verbal command.

"Study club" means a group of at least five Arizona licensed dentists, dental hygienists, or denturists who provide written course materials or a written outline for a continuing education presentation that meets the requirements of Article 12.

"Treatment records" means all documentation related directly or indirectly to the dental treatment of a patient.

"Triage" means a review during which investigators examine a complaint, the licensee's response, and dental records to form a recommended disposition for presentation to the full Board.

ARTICLE 2. LICENSURE BY CREDENTIAL

R4-11-201. Clinical Examination; Requirements

A. The Board shall:

1. Consider an application for licensure at the next scheduled Board meeting after the application is administratively complete.
2. If an applicant is applying under A.R.S. §§ 32-1240(A) or 32-1292.01(A), ensure that the applicant has passed the clinical examination of another state or a regional testing agency that maintains a standard of licensure determined by the Board to be substantially equivalent to that of Arizona based on review of any one of the following forms of evidence that are satisfactory to the Board:
 - a. Certified documentation, sent directly from another state or a regional testing agency, that shows that the clinical examination or multiple examinations the applicant passed are Board-approved and administered by the state or regional testing agency. The certified documentation shall contain the name of the applicant, date of examination or examinations, total score for each examination, name of any separately-scored component of the examination, and separate scores for each component;
 - b. Certified documentation sent directly from another state dental board that shows the applicant passed that state's clinical examination before that state's participation in a regional examination. The certified documentation shall contain the name of applicant, date of examination or examinations, total score for each examination, name of any separately-scored component of the examination and separate scores for each component; or
 - c. A detailed report prepared by a Board-recognized organization capable of assessing whether a clinical examination submitted maintains all of the following clinical examination elements in Arizona's standard of

licensure:

- i. The purposes, interpretations, and uses of the clinical examination are clearly stated in order to make appropriate pass or fail decisions.
- ii. The knowledge, skills, and abilities that are important in the clinical practice of dentistry or dental hygiene are identified.
- iii. Examination specifications provide a detailed description of the content of the examination and specify the scorable tasks that are used to evaluate each discipline. The specifications should include scoring weights associated with each content area.
- iv. Policies and procedures are defined and published to standardize examination administration. This administrative protocol addresses legal issues and fair testing practices.
- v. The state or testing agency provides candidates with clear and comprehensive information about the examination program, including application requirements, examination content, performance expectations, reporting of results, and an appeals process.
- vi. Policies for examiner selection and retention are defined and published.
- vii. An examiner-training program is established and implemented. The program introduces examiners to appropriate applications of the agency's evaluation criteria and assesses their ability to apply the criteria. The methodology of examiner standardization and its results are documented.
- viii. Post-examination analyses are routinely conducted. Reliability and other factors affecting validity are investigated.
- ix. A program is developed and implemented for on-going evaluation of examiner ratings. The examining agency provides examiners with feedback on their individual rating performance. Policies and procedures are defined for remediation or discontinuance of examiners based on analyses of their performance.

- B. An applicant shall meet the licensure requirements in R4-11-301 and R4-11-303. The applicant is exempt from complying with R4-11-301(A)(4)

R4-11-202. Dental Licensure by Credential; Application

- A. A dentist applying under A.R.S. § 32-1240(A) shall comply with all other applicable requirements in A.R.S. Title 32, Chapter 11 and this Article.
- B. A dentist applying under A.R.S. § 32-1240(A)(1) shall:
1. Have a current dental license in another state, territory or district of the United States;
 2. Submit a written affidavit affirming that the dentist has practiced dentistry for a minimum of 5000 hours during the five years immediately before applying for licensure by credential. For purposes of this subsection, dental practice includes experience as a dental educator at a dental program accredited by the American Dental Association Commission on Dental Accreditation or employment as a dentist in a public health setting;
 3. Submit a written affidavit affirming that the applicant has complied with the continuing dental education requirement of the state in which the applicant is currently licensed; and
 4. Provide evidence regarding the clinical examination by complying with one of the subsections in R4-11-201(A)(2).
- C. A dentist applying under A.R.S. § 32-1240(A)(2) shall submit certified documentation sent directly from the applicable regional testing agency to the Board that contains the name of applicant, date of examination or examinations, total score for each examination, name of any separately-scored component of the examination and scores for each component.
- D. For any application submitted under A.R.S. § 32-1240(A), the Board may request additional clarifying evidence required under the applicable subsection in R4-11-201(A)(2).
- E. An applicant for dental licensure by credential shall pay the fee prescribed in A.R.S. § 32-1240, except the fee is reduced by 50% for applicants who will be employed or working under contract in:
1. Underserved areas, such as declared or eligible Health Professional Shortage Areas (HPSAs); or
 2. Other facilities caring for underserved populations as recognized by the Arizona Department of Health Services and approved by the Board.
- F. An applicant for dental licensure by credential who works in areas or facilities described in subsection (E) shall:
1. Commit to a three-year, exclusive service period,
 2. File a copy of a contract or employment verification statement with the Board, and
 3. As a licensee, submit an annual contract or employment verification statement to the Board by December 31 of each year.
- G. A licensee's failure to comply with the requirements in subsection (F) is considered unprofessional conduct and may result in disciplinary action based on the circumstances of the case.

R4-11-203. Dental Hygienist Licensure by Credential; Application

- A. A dental hygienist applying under A.R.S. § 32-1292.01(A) shall:
1. Comply with all other applicable requirements in A.R.S. Title 32, Chapter 11 and this Article; and

2. Not be the subject of final or pending disciplinary action in any state, territory, or district of the United States or have resigned or surrendered a license while under investigation by or while disciplinary action was pending before any professional licensing agency.
- B. The Board shall:
1. Suspend an application for licensure by credential if disciplinary action by a dental regulatory agency against the applicant is currently pending in another jurisdiction, and
 2. Not issue or deny licensure by credential to the applicant until the matter is resolved.
- C. A dental hygienist applying under A.R.S. § 32-1292.01(A)(1) shall:
1. Have a current dental hygienist license in another state, territory, or district of the United States;
 2. Submit a written affidavit affirming that the applicant has practiced as a dental hygienist for a minimum of 1000 hours during the two years immediately before applying for licensure by credential. For purposes of this subsection, dental hygienist practice includes experience as a dental hygienist educator at a dental program accredited by the American Dental Association Commission on Dental Accreditation or employment as a dental hygienist in a public health setting;
 3. Submit a written affidavit affirming that the applicant has complied with the continuing dental hygienist education requirement of the state in which the applicant is currently licensed; and
 4. Provide evidence regarding the clinical examination by complying with one of the subsections in R4-11-201(A)(2).
- D. A dental hygienist applying under A.R.S. § 32-1292.01(A)(2) shall submit certified documentation sent directly from the applicable regional testing agency to the Board that contains the name of applicant, date of examination or examinations, total score for the examination, name of any separately scored component of the examination and separate scores for each component.
- E. For any application submitted under A.R.S. § 32-1292.01(A), the Board may request additional clarifying evidence as required under the applicable subsection in R4-11-201(A)(2).
- F. An applicant for dental hygienist licensure by credential shall pay the fee prescribed in A.R.S. § 32-1292.01, except the fee is reduced by 50% for applicants who will be employed or working under contract in:
1. Underserved areas such as declared or eligible Health Professional Shortage Areas (HPSAs); or
 2. Other facilities caring for underserved populations, as recognized by the Arizona Department of Health Services and approved by the Board.
- G. An applicant for dental hygienist licensure by credential who works in areas or facilities described in subsection (F) shall:
1. Commit to a three-year exclusive service period,
 2. File a copy of a contract or employment verification statement with the Board, and
 3. As a licensee, submit an annual contract or employment verification statement to the Board by December 31 of each year.
- H. A licensee's failure to comply with the requirements in R4-11-203(G) is considered unprofessional conduct and may result in disciplinary action based on the circumstances of the case.

R4-11-204. Dental Assistant Radiography Certification by Credential

Eligibility. To be eligible for dental assistant radiography certification by credential, an applicant shall have a current certificate or other form of approval for taking dental radiographs, issued by a professional licensing agency in another jurisdiction of the United States that required successful completion of written and clinical dental radiography examinations or a single dental radiography examination with written and clinical components.

R4-11-205. Application for Dental Assistant Radiography Certification by Credential

- A. An applicant for dental assistant radiography certification by credential shall provide to the Board a completed application, on a form furnished by the Board that contains the following information:
1. A sworn statement of the applicant's eligibility, and
 2. A letter of endorsement that verifies compliance with R4-11-204.
- B. Based upon review of information provided under subsection (A), the Board or its designee shall request that an applicant for dental assistant radiography certification by credential provide a copy of a certified document that indicates the reason for a name change if the applicant's documentation contains different names.

ARTICLE 3. EXAMINATIONS, LICENSING QUALIFICATIONS, APPLICATION AND RENEWAL, TIME-FRAMES

R4-11-301. Application

- A. An applicant for licensure or certification shall provide the following information and documentation on a form provided by the Board:
1. A sworn statement of the applicant's qualifications for the license or certificate;
 2. A photograph of the applicant that is no more than 6 months old;

3. An official, sealed transcript sent directly from the applicant's dental, dental hygiene, or denturist school to the Board;
 4. Except for a dental consultant license applicant, proof of successfully completing a clinical examination by submitting:
 - a. If applying for licensure by examination, a copy of the certificate or score card from the Western Regional Examining Board, indicating that the applicant passed the Western Regional Examining Board examination within the five years immediately before the date the application is filed with the Board; or
 - b. If applying for licensure by credential, certified documentation sent directly from the applicable testing agency or state to the Board containing the name of the application, date of examination or examinations, total score for each examination, name of any separately-scored component of the examination, and scores for each component;
 5. Except for a dental consultant license applicant as provided in A.R.S. § 32-1234(A)(7), an official score card sent directly from the National Board examination to the Board;
 6. A copy showing the expiration date of the applicant's current cardiopulmonary resuscitation certificate from the American Red Cross, the American Heart Association, or another certifying agency that follows the same procedures, standards, and techniques for CPR training and certification as the American Red Cross or American Heart Association;
 7. A license verification from any other jurisdiction in which an applicant is licensed, sent directly from that jurisdiction to the Board;
 8. If the applicant has been licensed in another jurisdiction for more than six months, a copy of the self-inquiry from the National Practitioner Data Bank that is no more than 6 months old;
 9. If the applicant has never been licensed to practice in any jurisdiction or has been practicing for less than six months, a letter of endorsement from the dental, dental hygiene, or denturist school from which the applicant graduated that confirms the applicant's graduation;
 10. If the applicant is in the military or employed by the United States government, a letter of endorsement from the applicant's commanding officer or supervisor that confirms the applicant's military service or United States government employment record; and
 11. The jurisprudence examination fee.
- B. The Board may request that an applicant provide:
1. An official copy of the applicant's dental, dental hygiene, or denturist school diploma,
 2. A copy of a certified document that indicates the reason for a name change if the applicant's application contains different names,
 3. Written verification of the applicant's work history, and
 4. A copy of a high school diploma or equivalent certificate.
- C. An applicant shall pass the Arizona jurisprudence examination.

R4-11-302. Determination of Successful Completion of Licensure Examination

To determine the minimum passing grade in all examinations conducted by the Board:

1. The Board may require a composite average of 75% for successful completion of the examination; or
2. The Board may use a performance rating of 0 to 6 to evaluate each procedure performed and require a specific point total to achieve successful completion.
3. The Board shall vote, at least 30 days before the examination, to determine which scoring system is to be used. For the percentage system the Board shall also determine the relative values of the individual procedures tested. For the proficiency evaluation the Board shall determine the minimum point total required to successfully complete the examination.

R4-11-303. Application Processing Procedures: Issuance, Denial, and Renewal of Dental Licenses, Restricted Permits, Dental Hygiene Licenses, Dental Consultant Licenses, Denturist Certificates, Drug or Device Dispensing Registrations, and Business Entity Registration

- A. The Board office shall complete an administrative completeness review within 24 days of the date of receipt of an application for a license, certificate, permit, or registration.
1. Within 14 calendar days of receiving an initial or renewal application for a dental license, restricted permit, dental hygiene license, dental consultant license, denturist certificate, drug dispensing registration, or business entity registration, the Board office shall notify the applicant, in writing, whether the application package is complete or incomplete.
 2. If the application package is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 24-day time-frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.
 3. If the Board office does not provide the applicant with notice regarding administrative completeness, the application

- package shall be deemed complete 24 days after receipt by the Board office.
- B. An applicant with an incomplete application package shall submit all missing information within 60 calendar days of service of the notice of incompleteness.
 - C. Upon receipt of all missing information, the Board office shall notify the applicant, in writing, within 10 calendar days, that the application package is complete. If an applicant fails to submit a complete application package within the time allowed in subsection (B), the Board office shall close the applicant's file. An applicant whose file is closed and who later wishes to obtain a license, certificate, permit, or registration shall apply again as required in R4-11-301.
 - D. The Board shall not approve or deny an application until the applicant has fully complied with the requirements of A.A.C. Title 4, Chapter 11, Article 3.
 - E. The Board shall complete a substantive review of the applicant's qualifications in no more than 90 calendar days from the date on which the administrative completeness review of an application package is complete.
 1. If the Board finds an applicant to be eligible for a license, certificate, permit, or registration and grants the license, certificate, permit, or registration, the Board office shall notify the applicant in writing.
 2. If the Board finds an applicant to be ineligible for a license, certificate, permit, or registration, the Board office shall issue a written notice of denial to the applicant that includes:
 - a. Each reason for the denial, with citations to the statutes or rules on which the denial is based;
 - b. The applicant's right to request a hearing on the denial, including the number of days the applicant has to file the request;
 - c. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06; and
 - d. The name and telephone number of an agency contact person who can answer questions regarding the application process.
 3. If the Board finds deficiencies during the substantive review of an application package, the Board office may issue a comprehensive written request to the applicant for additional documentation. An additional supplemental written request for information may be issued upon mutual agreement between the Board or Board office and the applicant.
 4. The 90-day time-frame for a substantive review of an applicant's qualifications is suspended from the date of a written request for additional documentation until the date that all documentation is received. The applicant shall submit the additional documentation before the next regularly scheduled Board meeting.
 5. If the applicant and the Board office mutually agree in writing, the 90-day substantive review time-frame may be extended once for no more than 45 days.
 - F. The following time-frames apply for an initial or renewal application governed by this Section:
 1. Administrative completeness review time-frame: 24 calendar days.
 2. Substantive review time-frame: 90 calendar days.
 3. Overall time-frame: 114 calendar days.
 - G. An applicant whose license is denied has a right to a hearing, an opportunity for rehearing, and, if the denial is upheld, may seek judicial review pursuant to A.R.S. Title 41, Chapter 6, Article 10, and A.R.S. Title 12, Chapter 7, Article 6.

R4-11-304. Application Processing Procedures: Issuance and Denial of Dental Assistant Certificates

- A. Within 14 calendar days of receiving an application from an applicant for a dental assistant certificate, the Board or its designee shall notify the applicant, in writing, that the application package is complete or incomplete. If the package is incomplete, the notice shall specify what information is missing.
- B. An applicant with an incomplete package shall supply the missing information within 60 calendar days from the date of the notice. If the applicant fails to do so, an applicant shall begin the application process anew.
- C. Upon receipt of all missing information, within 10 calendar days, the Board or its designee shall notify the applicant, in writing, that the application is complete.
- D. The Board or its designee shall not process an application until the applicant has fully complied with the requirements of this Article.
- E. The Board or its designee shall notify an applicant, in writing, whether the certificate is granted or denied, no later than 90 calendar days after the date of the notice advising the applicant that the package is complete.
- F. The Board or its designee shall deny certification if an applicant fails the clinical or written portions of the Dental Assisting National Board examination.
- G. The notice of denial shall inform the applicant of the following:
 1. The reason for the denial, with a citation to the statute or rule which requires the applicant to pass the examination;
 2. The applicant's right to request a hearing on the denial, including the number of days the applicant has to file the request;
 3. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06; and
 4. The name and telephone number of an agency contact person or a designee who can answer questions regarding the application process.
- H. The following time-frames apply for certificate applications governed by this Section:

1. Administrative completeness review time-frame: 24 calendar days.
 2. Substantive review time-frame: 90 calendar days.
 3. Overall time-frame: 114 calendar days.
- I. An applicant whose certificate is denied has a right to a hearing, an opportunity for rehearing, and, if the denial is upheld, may seek judicial review pursuant to A.R.S. Title 41, Chapter 6, Article 10, and A.R.S. Title 12, Chapter 7, Article 6.

R4-11-305. Application Processing Procedures: Issuance, Denial, and Renewal of General Anesthesia and Semi-conscious Sedation Permits, Conscious Sedation Permits, and Oral Conscious Sedation Permits

- A. The Board office shall complete an administrative completeness review within 24 days from the date of the receipt of an application for a permit.
1. Within 14 calendar days of receiving an initial or renewal application for a general anesthesia and semi-conscious sedation permit, conscious sedation permit, or oral conscious sedation permit the Board office shall notify the applicant, in writing, whether the application package is complete or incomplete.
 2. If the application package is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 24-day time-frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.
 3. If the Board office does not provide the applicant with notice regarding administrative completeness, the application package shall be deemed complete 24 days after receipt by the Board office.
- B. An applicant with an incomplete application package shall submit all missing information within 60 calendar days of service of the notice of incompleteness.
- C. Upon receipt of all missing information, the Board office shall notify the applicant, in writing, within 10 calendar days, that the application package is complete. If an applicant fails to submit a complete application package within the time allowed in subsection (B), the Board office shall close the applicant's file. An applicant whose file is closed and who later wishes to obtain a permit shall apply again as required in A.A.C. Title 4, Chapter 11, Article 13.
- D. The Board shall not approve or deny an application until the applicant has fully complied with the requirements of this Section and A.A.C. Title 4, Chapter 11, Article 13.
- E. The Board shall complete a substantive review of the applicant's qualifications in no more than 120 calendar days from the date on which the administrative completeness review of an application package is complete.
1. If the Board finds an applicant to be eligible for a permit and grants the permit, the Board office shall notify the applicant in writing.
 2. If the Board finds an applicant to be ineligible for a permit, the Board office shall issue a written notice of denial to the applicant that includes:
 - a. Each reason for the denial, with citations to the statutes or rules on which the denial is based;
 - b. The applicant's right to request a hearing on the denial, including the number of days the applicant has to file the request;
 - c. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06; and
 - d. The name and telephone number of an agency contact person who can answer questions regarding the application process.
 3. If the Board finds deficiencies during the substantive review of an application package, the Board office shall issue a comprehensive written request to the applicant for additional documentation.
 4. The 120-day time-frame for a substantive review of an applicant's qualifications is suspended from the date of a written request for additional documentation until the date that all documentation is received.
 5. If the applicant and the Board office mutually agree in writing, the 120-day substantive review time-frame may be extended once for no more than 60 days. The applicant shall submit the additional documentation before the next regularly scheduled Board meeting.
- F. The following time-frames apply for an initial or renewal application governed by this Section:
1. Administrative completeness review time-frame: 24 calendar days.
 2. Substantive review time-frame: 120 calendar days.
 3. Overall time-frame: 144 calendar days.

ARTICLE 4. FEES

R4-11-401. Retired or Disabled Licensure Fees

- A. Dentist: Retired or disabled licensure renewal: \$15.00
- B. Dental Hygienist: Retired or disabled licensure renewal: \$15.00

R4-11-402. Business Entity Fees

- A. Under A.R.S. § 32-1213(B)(3), the fee for a Business Entity registration is \$100 per year, per location.
- B. The civil penalty fee for failure to notify the Board of a change in either business entity name, address, telephone number, location of any office, or licensee responsible for dental services within 30 days after the change is \$50. The civil penalty fee increases to \$100 if a business entity fails to notify the Board of the change within 60 days.

R4-11-403. Repealed

R4-11-404. Repealed

R4-11-405. Other Fees

- A. Duplicate license: \$25.00.
- B. Duplicate certificate: \$25.00.
- C. License verification:
 - 1. For licensee: \$25.00.
 - 2. For non-licensee: \$5.00.
- D. Copy of tape recording: \$10.00.
- E. Photocopies (per page): \$0.25.
- F. Mailing lists:
 - 1. Dentists:
 - a. In-state - paper or labels: \$150.00.
 - b. All licensees - paper or labels: \$175.00.
 - c. Computer disk: \$100.00.
 - 2. Dental hygienists:
 - a. In-state - paper or labels: \$150.00.
 - b. All licensees - paper or labels: \$175.00.
 - c. Computer disk: \$100.00.
 - 3. Denturists: All certificate holders - paper or labels: \$5.00.
- G. Board meeting agendas and minutes (mailed directly to consumer):
 - 1. Agendas and minutes (annual fee): \$75.00.
 - 2. Agendas only (annual fee): \$25.00.
 - 3. Minutes only (annual fee): \$50.00.

R4-11-406. Fees for Anesthesia and Sedation Permits

- A. Under A.R.S. § 32-1207(D), the fee for a Section 1301 permit to administer general anesthesia and semi-conscious sedation or a Section 1302 or Section 1303 permit to administer conscious or oral conscious sedation is \$300 per location.
- B. Upon successful completion of the initial onsite evaluation and upon receipt of the required permit fee, the Board shall issue a separate Section 1301, 1302, or 1303 permit to a dentist for each location requested by the dentist. A permit expires on December 31 of every third year.
- C. The renewal fee for each Section 1301, 1302, or 1303 permit is \$300 per location.

ARTICLE 5. DENTISTS

R4-11-501. Dentist of Record

- A. A dentist of record shall ensure that each patient record has the treatment records for a patient treated in any dental office, clinic, hospital dental clinic, or charitable organization that offers dental services, and the full name of a dentist who is responsible for all of the patient's treatment.
- B. A dentist of record shall obtain a patient's consent to change the treatment plan before changing the treatment plan that the patient originally agreed to including any additional costs the patient may incur because of the change.
- C. When a dentist who is a dentist of record decides to leave the practice of dentistry or a particular place of practice in which the dentist is the dentist of record, the dentist shall ensure before leaving the practice that a new dentist of record is entered on each patient record.
- D. A dentist of record is responsible for the care given to a patient while the dentist was the dentist of record even after being replaced as the dentist of record by another dentist.
- E. A dentist of record shall:
 - 1. Remain responsible for the care of a patient during the course of treatment; and
 - 2. Be available to the patient through the dentist's office, an emergency number, an answering service, or a substituting dentist.
 - 3. A dentist's failure to comply with subsection (E) constitutes patient abandonment, and the Board may impose

discipline under A.R.S. Title 32, Chapter 11, Article 3.

R4-11-502. Affiliated Practice

- A. A dentist in a private for profit setting shall not enter into more than 15 affiliated practice relationships under A.R.S. § 32-1289 at one time.
- B. There is no limit to the number of affiliated practice relationships a dentist may enter into when working in a government, public health, or non-profit organization under section 501(C)(3) of the Federal Revenue Code.
- C. Each affiliated practice dentist shall be available telephonically or electronically during the business hours of the affiliated practice dental hygienist to provide an appropriate level of contact, communication, and consultation.
- D. The affiliated practice agreement shall include a provision for a substitute dentist in addition to the requirements of A.R.S. § 32-1289(F), to cover an extenuating circumstance that renders the affiliated practice dentist unavailable for contact, communication, or consultation with the affiliated practice dental hygienist.

ARTICLE 6. DENTAL HYGIENISTS

R4-11-601. Duties and Qualifications

- A. A dental hygienist may apply preventative and therapeutic agents under the general supervision of a licensed dentist.
- B. A dental hygienist may perform a procedure not specifically authorized by A.R.S. § 32-1281 when all of the following conditions are satisfied:
 - 1. The procedure is recommended or prescribed by the supervising dentist;
 - 2. The hygienist has received instruction, training, or education to perform the procedure in a safe manner; and
 - 3. The procedure is performed under the general supervision of a licensed dentist.
- C. The Board shall ensure that a dental hygienist is qualified to administer local anesthesia and nitrous oxide analgesia as authorized by A.R.S. § 32-1281(F)(1) and (2), by requiring evidence that the hygienist has completed courses in techniques taught at a recognized dental hygiene school or recognized dental school, as defined in A.R.S. § 32-1201(16) and (17), that consist of a minimum of 36 clock hours of instruction, and has passed examinations in theoretical knowledge and clinical competency in the following subject areas:
 - 1. Review of head and neck anatomy;
 - 2. Pharmacology of anesthetic and analgesic agents;
 - 3. Medical - dental history considerations;
 - 4. Emergency procedures;
 - 5. Selection of appropriate armamentarium and agents;
 - 6. Nitrous oxide administration;
 - 7. Clinical practice, under direct supervision, as defined in A.R.S. § 32-1281(H)(1), including at least three experiences administering each of the following:
 - a. Posterior superior alveolar injection,
 - b. Middle superior alveolar injection,
 - c. Anterior superior alveolar injection,
 - d. Nasopalatine injection,
 - e. Greater - palatine injection,
 - f. Inferior alveolar nerve injection,
 - g. Lingual injection,
 - h. Mental injection,
 - i. Long buccal injections, and
 - j. Nitrous oxide analgesia.
- D. In addition to the recognized course of study described in subsection (C), the hygienist shall successfully complete the examination in local anesthesia given by the Western Regional Examining Board. The hygienist shall submit proof of the successful completion of the local anesthesia examination to the Board. The Board shall then issue a Local Anesthesia Certificate.
- E. For purposes of qualification of a dental hygienist to place interrupted sutures as authorized by A.R.S. § 32-1281(F)(3), the Board recognizes courses in advanced periodontal therapy offered by a recognized dental hygiene school or a recognized dental school, as defined in A.R.S. § 32-1201(16) and (17), that consist of a minimum of 200 clock hours of instruction and require a dental hygienist's successful completion of those examinations of a theoretical knowledge and clinical competency in the following subject areas:
 - 1. A review of oral histology,
 - 2. Inflammation and pathogenesis of a periodontal pocket,
 - 3. Patient assessment,
 - 4. Dental hygiene treatment planning,

5. Advanced root planing and debridement,
 6. Subgingival curettage,
 7. Suturing,
 8. Wound repair and new attachment, and
 9. Clinical experience in each of the following:
 - a. Root planing,
 - b. Subgingival curettage,
 - c. Suturing.
- F. The hygienist shall submit proof of the successful completion of a recognized course in advanced periodontal therapy, as described in subsection (E), to the Board. The Board shall then issue a certification sticker for Suture Placement, which shall be affixed to the hygienist's license.
- G. A dental hygienist shall not perform an irreversible procedure.
- H. To qualify to use emerging scientific technology as authorized by A.R.S. § 32-1281(D)(2), a dental hygienist shall successfully complete a course of study that meets the following criteria:
1. Is a course offered by a recognized dental school as defined in A.R.S. § 32-1201(17), a recognized dental hygiene school as defined in A.R.S. § 32-1201(16), or sponsored by a national or state dental or dental hygiene association or government agency;
 2. Includes didactic instruction with a written examination;
 3. Includes hands-on clinical instruction; and
 4. Is technology that is scientifically based and supported by studies published in peer reviewed dental journals.

R4-11-602. Care of Homebound Patients

Dental hygienists treating homebound patients shall provide only treatment prescribed by the dentist of record in the diagnosis and treatment plan. The diagnosis and treatment plan shall be based on examination data obtained not more than 12 months before the treatment is administered.

R4-11-603. Limitation on Number Supervised

A dentist shall not supervise more than 3 dental hygienists at a time.

R4-11-604. Selection Committee and Process

- A. The Board shall appoint a selection committee to screen candidates for the dental hygiene committee. The selection committee consists of 3 members. The Board shall appoint at least 2 members who are dental hygienists and 1 member who is a current Board member. The Board shall fill any vacancy for the unexpired portion of the term.
- B. Each selection committee member's term is 1 year.
- C. By majority vote, the selection committee shall nominate each candidate for the dental hygiene committee and transmit a list of names to the Board for approval, including at least 1 alternate.

R4-11-605. Dental Hygiene Committee

- A. The Board shall appoint 7 members to the dental hygiene committee as follows:
 1. One dentist appointed at the annual December Board meeting, currently serving as a Board member, for a 1 year term;
 2. One dental hygienist appointed at the annual December Board meeting, currently serving as a Board member and possessing the qualifications required in Article 6, for a 1 year term;
 3. Four dental hygienists that possess the qualifications required in Article 6; and
 4. One lay person.
- B. Except for members appointed as prescribed in subsections (A)(1) and (2), the Board shall appoint dental hygiene committee members for staggered terms of 3 years, beginning January 1, 1999, and limit each member to 2 consecutive terms. The Board shall fill any vacancy for the unexpired portion of the term.
- C. The dental hygiene committee shall annually elect a chairperson at the 1st meeting convened during the calendar year.

R4-11-606. Candidate Qualifications and Submissions

- A. A dental hygienist who seeks membership on the dental hygiene committee shall possess a license in good standing, issued by the Board.
- B. A dental hygienist who is not a Board member and qualifies under subsection (A) shall submit a letter of intent and resume to the Board.
- C. The selection committee shall consider all of the following criteria when nominating a candidate for the dental hygiene committee:
 1. Geographic representation,
 2. Experience in postsecondary curriculum analysis and course development,

3. Public health experience, and
4. Dental hygiene clinical experience.

R4-11-607. Duties of the Dental Hygiene Committee

- A. The committee shall advise the Board on all matters relating to the regulation of dental hygienists.
- B. In performing the duty in subsection (A), the committee may:
 1. Act as a liaison for the Board, promoting communication and providing a forum for discussion of dental hygiene regulatory issues;
 2. Review applications, syllabi, and related materials and make recommendations to the Board regarding certification of courses in local anesthesia, nitrous oxide analgesia, and suture placement under Article 6 and other procedures which may require certification under Article 6;
 3. Review documentation submitted by dental hygienists to determine compliance with the continuing education requirement for license renewal under Article 12 and make recommendations to the Board regarding compliance;
 4. Make recommendations to the Board concerning statute and rule development which affect dental hygienists' education, licensure, regulation, or practice;
 5. Provide advice to the Board on standards and scope of practice which affect dental hygiene practice;
 6. Provide ad hoc committees to the Board upon request;
 7. Request that the Board consider recommendations of the committee at the next regularly scheduled Board meeting; and
 8. Make recommendations to the Board for approval of dental hygiene consultants.
- C. Committee members who are licensed dentists or dental hygienists may serve as Western Regional Examining Board (WREB) examiners or Board consultants.
- D. The committee shall meet at least 2 times per calendar year. The chairperson or the president of the Board, or their respective designees, may call a meeting of the committee.
- E. The Board may assign additional duties to the committee.

R4-11-608. Dental Hygiene Consultants

- After submission of a current curriculum vitae or resume and approval by the Board, dental hygiene consultants may:
1. Act as Western Regional Examining Board (WREB) examiners for the clinical portion of the dental hygiene examination;
 2. Act as Western Regional Examining Board (WREB) examiners for the local anesthesia portion of the dental hygiene examination;
 3. Participate in Board-related procedures, including clinical evaluations, investigation of complaints concerning infection control, insurance fraud, or the practice of supervised personnel, and any other procedures not directly related to evaluating a dentist's quality of care; and
 4. Participate in on-site office evaluations for infection control, as part of a team.

R4-11-609. Affiliated Practice

- A. To perform dental hygiene services under an affiliated practice relationship pursuant to A.R.S. § 32-1289, a dental hygienist shall:
 1. Provide evidence to the Board of successfully completing a total of 12 hours of recognized continuing dental education that consists of the following subject areas:
 - a. A minimum of four hours in medical emergencies; and
 - b. A minimum of eight hours in at least two of the following areas:
 - i. Pediatric or other special health care needs,
 - ii. Preventative dentistry, or
 - iii. Public health community-based dentistry, and
 2. Hold a current certificate in basic cardiopulmonary resuscitation (CPR).
- B. A dental hygienist shall complete the required continuing dental education before entering an affiliated practice relationship. The dental hygienist shall complete the continuing dental education in subsection (A) before renewing the dental hygienist's license. The dental hygienist may take the continuing dental education online but shall not exceed the allowable hours indicated in R4-11-1209(B)(1).
- C. To comply with A.R.S. § 32-1289(E) and (F) and this Section, a dental hygienist shall submit a completed affidavit on a form supplied by the Board office. Board staff shall review the affidavit to determine compliance with all requirements.
- D. A dental hygienist who practices or applies to practice under an affiliated practice relationship shall ensure that all signatures in an affiliated practice agreement, amendment, notification, and affidavit are notarized.
- E. Each affiliated practice dentist shall be available telephonically or electronically during the business hours of the affiliated practice dental hygienist to provide an appropriate level of contact, communication, and consultation.

- F. The affiliated practice agreement shall include a provision for a substitute dentist, to cover an extenuating circumstance that renders the affiliated practice dentist unavailable for contact, communication, and consultation with the affiliated practice dental hygienist.

ARTICLE 7. DENTAL ASSISTANTS

R4-11-701. Procedures and Functions Performed by a Dental Assistant under Supervision

- A. A dental assistant may perform the following procedures and functions under the direct supervision of a licensed dentist:
1. Place dental material into a patient's mouth in response to a licensed dentist's instruction;
 2. Cleanse the supragingival surface of the tooth in preparation for:
 - a. The placement of bands, crowns, and restorations;
 - b. Dental dam application;
 - c. Acid etch procedures; and
 - d. Removal of dressings and packs;
 3. Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments;
 4. Remove temporary cement, interim restorations, and periodontal dressings with hand instruments;
 5. Remove sutures;
 6. Place and remove dental dams and matrix bands;
 7. Fabricate and place interim restorations with temporary cement;
 8. Apply sealants;
 9. Apply topical fluorides;
 10. Prepare a patient for nitrous oxide and oxygen analgesia administration upon the direct instruction and presence of a dentist; or
 11. Observe a patient during nitrous oxide and oxygen analgesia as instructed by the dentist.
- B. A dental assistant may perform the following procedures and functions under the general supervision of a licensed dentist:
1. Train or instruct patients in oral hygiene techniques, preventive procedures, dietary counseling for caries and plaque control, and provide pre-and post-operative instructions relative to specific office treatment;
 2. Collect and record information pertaining to extraoral conditions; and
 3. Collect and record information pertaining to existing intraoral conditions.

R4-11-702. Limitations on Procedures or Functions Performed by a Dental Assistant under Supervision

- A dental assistant shall not perform the following procedures or functions:
1. A procedure which by law only licensed dentists, licensed dental hygienists, or certified denturists can perform;
 2. Intraoral carvings of dental restorations or prostheses;
 3. Final jaw registrations;
 4. Taking final impressions for any activating orthodontic appliance, fixed or removable prosthesis;
 5. Activating orthodontic appliances; or
 6. An irreversible procedure.

ARTICLE 8. DENTURISTS

R4-11-801. Denturist Consultants

- A. The Board shall not appoint a denturist to assist and advise the Board regarding complaints and disciplinary actions concerning denturists unless the denturist meets the requirements of R4-11-1502.
- B. The Board shall appoint denturist consultants as designees of the Board to participate in each denturist certification examination as specified in A.R.S. § 32-1297.02.

R4-11-802. Curriculum

In addition to the requirements in A.R.S. § 32-1297(A), the 60 hours of a program in denture technology may include the following subjects: partial denture techniques, cardiopulmonary resuscitation, x-ray interpretation, jurisprudence, and practice management.

ARTICLE 9. RESTRICTED PERMITS

R4-11-901. Application for Restricted Permit

- A. An applicant for a restricted permit shall provide the following information and documentation on a form provided by the Board:
1. A sworn statement of the applicant's qualifications for a restricted permit;
 2. A photograph of the applicant that is no more than 6 months old;
 3. A letter of endorsement from any other jurisdiction in which an applicant is licensed, sent directly from that jurisdiction to the Board;
 4. A letter of endorsement from the applicant's commanding officer or superior if the applicant is in the military or employed by the United States government;
 5. A copy of the applicant's current cardiopulmonary resuscitation certification that meets the requirements of R4-11-301(A)(6); and
 6. A copy of the applicant's pending contract with a charitable dental clinic or organization offering dental or dental hygiene services.
- B. The Board may request that an applicant provide a copy of a certified document that indicates the reason for a name change if the applicant's application contains different names.

R4-11-902. Issuance of a Restricted Permit

Before issuing a restricted permit under A.R.S. §§ 32-1237 through 32-1239 or 32-1292, the Board shall investigate the statutory qualifications of the charitable dental clinic or organization. The Board shall not recognize a dental clinic or organization under A.R.S. §§ 32-1237 through 32-1239 or 32-1292 as a charitable dental clinic or organization permitted to employ dentists or dental hygienists not licensed in Arizona who hold restricted permits unless the Board makes the following findings of fact:

1. That the entity is a dental clinic or organization offering professional dental or dental hygiene services in a manner consistent with the public health;
2. That the dental clinic or organization offering dental or dental hygiene services is operated for charitable purposes only, offering dental or dental hygiene services either without compensation to the clinic or organization or with compensation at the minimum rate to provide only reimbursement for dental supplies and overhead costs;
3. That the persons performing dental or dental hygiene services for the dental clinic or organization do so without compensation; and
4. That the charitable dental clinic or organization operates in accordance with applicable provisions of law.

R4-11-903. Recognition of a Charitable Dental Clinic Organization

In order for the Board to make the findings required in R4-11-902, the charitable clinic or organization shall provide information to the Board, such as employment contracts with restricted permit holders, Articles and Bylaws, and financial records.

R4-11-904. Determination of Minimum Rate

In determining whether professional services are provided at the minimum rate to provide reimbursement for dental supplies and overhead costs under A.R.S. §§ 32-1237(1) or 32-1292(A)(1), the Board shall obtain and review information relating to the actual cost of dental supplies to the dental clinic or organization, the actual overhead costs of the dental clinic or organization, the amount of charges for the dental or dental hygiene services offered and any other information relevant to its inquiry.

R4-11-905. Restricted Permit Denial

If the applicant for a restricted permit or the dental clinic or organization with whom the applicant has a pending contract refuses or fails to furnish information requested by the Board with the result that the Board is unable to perform its duties under A.R.S. §§ 32-1237 through 32-1239 or 32-1292, the Board shall not issue a restricted permit to the applicant.

R4-11-906. Fully Retired or Permanently Disabled Licensees or Certificate Holders Providing Charitable Services

A licensee or certificate holder who is fully retired or permanently disabled may contribute services to a recognized charitable institution and still retain that classification for triennial registration purposes.

ARTICLE 10. DENTAL TECHNICIANS

R4-11-1001. Duties of Dental Laboratory Technician

A dental technician may, pursuant to a written work order of a dentist, construct, alter, repair, reline, reproduce, or duplicate

any prosthetic denture, bridge, appliance, or other structure to be worn in the human mouth.

R4-11-1002. Dental Technician Laboratory Work Orders

- A. A dentist shall retain a copy of a dental technician laboratory work order for at least 2 years from date of issuance.
- B. A dental laboratory technician shall retain an original laboratory work order for at least 1 year from date of issuance.
- C. A dentist and a dental laboratory technician shall permit the Board to inspect upon demand, the original and the duplicate of all work orders.

ARTICLE 11. ADVERTISING

R4-11-1101. Advertising

A dentist may advertise specific dental services or certification in a non-specialty area only if the advertisement includes the phrase "Services provided by an Arizona licensed general dentist." A dental hygienist may advertise specific dental hygiene services only if the advertisement includes the phrase "Services provided by an Arizona licensed dental hygienist." A denturist may advertise specific denture services only if the advertisement includes the phrase "Services provided by an Arizona certified denturist."

R4-11-1102. Advertising as a Recognized Specialist

- A. A dentist may advertise as a specialist or use the terms "specialty" or "specialist" to describe professional services only if the dentist limits the dentist's practice exclusively to one or more specialty area that are:
 - 1. Recognized by a board that certifies specialists for the area of specialty; and
 - 2. Accredited by the Commission on Dental Accreditation of the American Dental Association.
- B. The following specialty areas meet the requirement of subsection (A):
 - 1. Endodontics,
 - 2. Oral and maxillofacial surgery,
 - 3. Orthodontics and dentofacial orthopedics,
 - 4. Pediatric dentistry,
 - 5. Periodontics,
 - 6. Prosthodontics,
 - 7. Dental Public Health,
 - 8. Oral and Maxillofacial Pathology, and
 - 9. Oral and Maxillofacial Radiology.
- C. For the purposes of this Article, a dentist who wishes to advertise as a specialist or a multiple specialist in a recognized field under subsection (B) shall meet the criteria in one or more of the following categories:
 - 1. Grandfathered: A dentist who declared a specialty area before December 31, 1964, according to requirements established by the American Dental Association, and has a practice limited to a dentistry area approved by the American Dental Association;
 - 2. Educationally qualified: A dentist who has successfully completed an educational program of two or more years in a specialty area accredited by the Commission on Dental Accreditation of the American Dental Association, as specified by the Council on Dental Education of the American Dental Association;
 - 3. Board eligible: A dentist who has met the guidelines of a specialty board that operates in accordance with the requirements established by the American Dental Association in a specialty area recognized by the Board, if the specialty board:
 - a. Has established examination requirements and standards,
 - b. Appraised an applicant's qualifications,
 - c. Administered comprehensive examinations, and
 - d. Upon completion issues a certificate to a dentist who has achieved diplomate status; or
 - 4. Board certified: A dentist who has met the requirements of a specialty board referenced in subsection (C)(3), and who has received a certificate from the specialty board, indicating the dentist has achieved diplomate status.
- D. A dentist, dental hygienist, or denturist whose advertising implies that services rendered in a dental office are of a specialty area other than those listed in subsection (B) and recognized by a specialty board that has been accredited by the Commission on Dental Accreditation of the American Dental Association violates this Article and A.R.S. § 32-1201(18)(u), and is subject to discipline under A.R.S. Title 32, Chapter 11.

ARTICLE 12. CONTINUING DENTAL EDUCATION AND RENEWAL REQUIREMENTS

R4-11-1201. Continuing Dental Education

- A. A licensee or certificate holder shall:
 - 1. Satisfy a continuing dental education requirement that is designed to provide an understanding of current developments, skills, procedures, or treatment related to the licensee's or certificate holder's practice; and
 - 2. Complete the recognized continuing dental education required by this Article each renewal period.
- B. A licensee or certificate holder receiving an initial license or certificate shall complete the prescribed credit hours of recognized continuing dental education by the end of the first full renewal period.

R4-11-1202. Continuing Education Compliance and Renewal Requirements

- A. When applying for a renewal license, certificate, or restricted permit a licensee, certificate holder, restricted permit holder shall complete a renewal application provided by the Board.
- B. Before receiving a renewal license or certificate, each licensee or certificate holder shall possess a current cardiopulmonary resuscitation (CPR) certificate from the American Red Cross, the American Heart Association, or another certifying agency that follows the same procedures, standards, and techniques for CPR training and certification as the American Red Cross or American Heart Association.
- C. A licensee or certificate holder shall include a written affidavit affirming the licensee's or certificate holder's completion of the prescribed credit hours of recognized continuing dental education with a renewal application. A licensee or certificate holder shall include on the affidavit the licensee's or certificate holder's name, license or certificate number, and the number of hours completed in each category.
- D. A licensee or certificate holder shall submit a written request for an extension before the June 30 deadline. If a licensee or certificate holder fails to meet the credit hour requirement because of military service, dental or religious missionary activity, residence in a foreign country, or other extenuating circumstances as determined by the Board, the Board, upon written request, may grant an extension of time to complete the recognized continuing dental education credit hour requirement.
- E. The Board shall:
 - 1. Only accept recognized continuing dental education credits accrued during the prescribed period immediately before license or certificate renewal, and
 - 2. Not allow recognized continuing dental education credit accrued in a renewal period in excess of the amount required in this Article to be carried forward to the next renewal period.
- F. A licensee or certificate holder shall maintain documentation of attendance for each program for which credit is claimed that verifies the recognized continuing dental education credit hours the licensee or certificate holder participated in during the preceding two renewal periods.
- G. Each year, the Board shall audit continuing education affidavits on a random basis or when the documentation submitted by the licensee or certificate holder does not appear to comply with this Article. A licensee or certificate holder whose affidavit is selected for audit shall provide the Board with documentation of attendance in support of the affidavit within 60 days from the date the licensee or certificate holder received notice, by certified mail, of the audit.
- H. If a licensee or certificate holder makes a false statement in an affidavit, the Board shall suspend, revoke, or deny renewal of a license or certificate, or take any other disciplinary action authorized by A.R.S. Title 32, Chapter 11.

R4-11-1203. Dentists and Dental Consultants

Dentists and dental consultants shall complete 72 hours of recognized continuing dental education in each renewal period as follows:

- 1. At least 45 credit hours of recognized continuing dental education in one or more of the following areas: Dental and medical health, cardiopulmonary resuscitation, preventative services, dental diagnosis and treatment planning, dental clinical procedures, administration of oral sedation, managing medical emergencies in addition to CPR, and courses in corrective and restorative oral health and basic dental sciences which may include current research, new concepts in dentistry, and behavioral and biological sciences that are oriented to dentistry. A licensee who holds a permit to administer general anesthesia, semi-conscious sedation, conscious sedation, or oral conscious sedation who is required to obtain continuing education pursuant to Article 13 may apply those credit hours to the requirements of this Section;
- 2. No more than 18 credit hours of recognized continuing dental education in the following areas: Dental practice organization and management, patient management skills, and methods of health care delivery;
- 3. At least three credit hours of recognized continuing dental education in chemical dependency, which may include tobacco cessation; and
- 4. At least six credit hours of recognized continuing dental education in infectious diseases and infectious disease control.

R4-11-1204. Dental Hygienists

- A. A dental hygienist shall complete 54 credit hours of recognized continuing dental education in each renewal period as follows:
 - 1. At least 34 credit hours of recognized continuing dental education in one or more of the following areas: Dental and medical health, cardiopulmonary resuscitation, and dental hygiene services, periodontal disease, care of implants, maintenance of cosmetic restorations and sealants, radiology safety and techniques, managing medical emergencies in addition to CPR, and new concepts in dental hygiene;
 - 2. No more than 14 credit hours of recognized continuing dental education in one or more of the following areas: Dental hygiene practice organization and management, patient management skills, and methods of health care delivery;
 - 3. At least two credit hours of recognized continuing dental education in one or more of the following areas: chemical dependency, tobacco cessation, ethics, risk management, and jurisprudence; and.
 - 4. At least four credit hours of recognized continuing dental education in infectious diseases and infectious disease control.
- B. A licensee who performs dental hygiene services under an affiliated practice relationship who is required to obtain continuing education under R4-11-609 may apply those credit hours to the requirements of this Section.

R4-11-1205. Denturists

Denturists shall complete 24 credit hours of recognized continuing dental education in each renewal period as follows:

- 1. At least 15 credit hours of recognized continuing dental education in one or more of the following areas: Medical and dental health, cardiopulmonary resuscitation, laboratory procedures, and clinical procedures;
- 2. No more than six credit hours of recognized continuing dental education in one or more of the following areas: Denturist practice organization and management, patient management skills, and methods of health care delivery;
- 3. At least one credit hour of recognized continuing dental education in chemical dependency, which may include tobacco cessation; and
- 4. At least two credit hours of recognized continuing dental education in infectious diseases and infectious disease control.

R4-11-1206. Restricted Permit Holders - Dental

In addition to the requirements in R4-11-1202, a dental restricted permit holder shall comply with the following requirements:

- 1. When applying for renewal under A.R.S. § 32-1238, the restricted permit holder shall provide information to the Board that the restricted permit holder has completed 24 credit hours of recognized continuing dental education yearly.
- 2. To determine whether to grant the renewal, the Board shall only consider recognized continuing dental education credits accrued between July 1 and June 30 immediately before the restricted permit holder submits the renewal application.
- 3. A dental restricted permit holder shall complete the 24 hours of recognized continuing dental education before renewal as follows:
 - a. At least 15 credit hours of recognized continuing dental education in one or more of the subjects enumerated in R4-11-1203(1);
 - b. No more than six credit hours of recognized continuing dental education in one or more of the subjects enumerated in R4-11-1203(2);
 - c. At least one credit hour of recognized continuing dental education in the subjects enumerated in R4-11-1203(3); and
 - d. At least two credit hours of recognized continuing dental education in the subjects enumerated in R4-11-1203(4).

R4-11-1207. Restricted Permit Holders – Dental Hygiene

In addition to the requirements in R4-11-1202, a dental hygiene restricted permit holder shall comply with the following:

- 1. When applying for renewal under A.R.S. § 32-1292, the restricted permit holder shall provide information to the Board that the restricted permit holder has completed 18 credit hours of recognized continuing dental education yearly.
- 2. To determine whether to grant renewal, the Board shall only consider recognized continuing dental education credits accrued between July 1 and June 30 immediately before the restricted permit holder submits the renewal application.
- 3. A dental hygiene restricted permit holder shall complete the 18 hours of recognized continuing dental education before renewal as follows:
 - a. At least 12 credit hours of recognized continuing dental education in one or more of the subjects enumerated in R4-11-1204(1);
 - b. No more than three credit hours of recognized continuing dental education in one or more of the subjects

- enumerated in R4-11-1204(2);
- c. At least one credit hour of recognized continuing education in the subjects enumerated in R4-11-1204(3); and
- d. At least two credit hours of continuing dental education in the subjects enumerated in R4-11-1204(4).

R4-11-1208. Retired Licensees or Certificate Holders

A retired licensee or certificate holder shall:

- 1. Except for the number of credit hours required, comply with the requirements in R4-11-1202; and
- 2. When applying for renewal under A.R.S. § 32-1236 for a dentist, A.R.S. § 32-1287 for a dental hygienist, and A.R.S. § 32-1297.06 for a denturist, provide information to the Board that the retired licensee or certificate holder has completed the following credit hours of recognized continuing dental education per renewal period:
 - a. Dentist – 27 credit hours of which no less than three credit hours shall be for CPR;
 - b. Dental hygienist – 21 credit hours of which no less than three credit hours shall be for CPR; and
 - c. Denturist – 9 credit hours of which no less than three credit hours shall be for CPR

R4-11-1209. Types of Courses

- A. A licensee or certificate holder shall obtain recognized continuing dental education from one or more of the following activities:
 - 1. Seminars, symposiums, lectures, or programs designed to provide an understanding of current developments, skills, procedures, or treatment related to the practice of dentistry; or
 - 2. Curricula designed to prepare for specialty board certification as a specialist or recertification examinations or advanced training at an accredited institution as defined in A.R.S. Title 32, Chapter 11; and
 - 3. Subject to the limitations in subsection (B), any of the following activities that provide an understanding of current developments, skills, procedures, or treatment related to the practice of dentistry:
 - a. A correspondence course videotape, distance learning course, internet or similar self-study course, if the course includes an examination and the licensee or certificate holder passes the examination;
 - b. Participation on the Board or in Board complaint investigations including clinical evaluations and investigative interviews, peer review, or quality of care or utilization review in a hospital, institution, or governmental agency;
 - c. Providing dental-related instruction to dental, dental hygiene, or denturist students, or allied health professionals in a recognized dental school, recognized dental hygiene school, or recognized denturist school, or providing dental-related instruction sponsored by a national or state dental, dental hygiene, or denturist association;
 - d. Publication or presentation of a dental paper, report, or book authored by the licensee or certificate holder that provides information on current developments, skills, procedures, or treatment related to the practice of dentistry. A licensee or certificate holder may claim credit hours:
 - i. Only once for materials presented;
 - ii. Only if the date of publication or original presentation was during the applicable renewal period; and
 - iii. One credit hour for each hour of preparation, writing, and presentation; or
 - e. Providing dental, dental hygiene, or denturist services in a Board-recognized charitable dental clinic or organization.
- B. The following limitations apply to the total number of credit hours earned per renewal period in any combination of the activities listed in subsection (A)(3):
 - 1. Dentists and Dental Hygienists, no more than 24 hours;
 - 2. Denturists, no more than 12 hours;
 - 3. Retired or Restricted Permit Holder Dentists or Dental Hygienists, no more than nine hours;
 - 4. Retired Denturists, no more than three hours.

ARTICLE 13. GENERAL ANESTHESIA AND SEDATION

R4-11-1301. General Anesthesia and Semi-conscious Sedation

- A. Before inducing general anesthesia by any means, or semi-conscious sedation by intravenous or intramuscular means, on an outpatient basis, a dentist shall possess a Section 1301 permit issued by the Board. A dentist may renew a Section 1301 permit every three years by complying with R4-11-1306.
- B. To obtain or renew a Section 1301 permit, a dentist shall:
 - 1. Submit a completed application on a form supplied by the Board office that, in addition to the requirements of subsections (B)(2) and (B)(3), and R4-11-1306, includes:

- a. General information about the applicant such as:
 - i. Name;
 - ii. Home and office addresses and telephone numbers;
 - iii. Limitations of practice;
 - iv. Hospital affiliations;
 - v. Denial, curtailment, revocation, or suspension of hospital privileges;
 - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
 - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
 - b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
2. On forms provided by the Board, provide a dated and signed affidavit attesting that a facility where the dentist will administer general anesthesia or semi-conscious sedation:
 - a. Contains the following properly operating equipment and supplies:
 - i. Anesthesia or analgesia machine,
 - ii. Emergency drugs,
 - iii. Electrocardiograph monitor,
 - iv. Pulse oximeter,
 - v. Cardiac defibrillator,
 - vi. Positive pressure oxygen,
 - vii. Suction equipment,
 - viii. Laryngoscope and blades,
 - ix. Endotracheal tubes,
 - x. Magill forceps,
 - xi. Oral airways,
 - xii. Stethoscope, and
 - xiii. Blood pressure monitoring device; and
 - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. All personnel involved in administering and monitoring general anesthesia or semi-conscious sedation shall hold a current certificate in basic cardiopulmonary resuscitation (CPR);
 3. Hold a valid license to practice dentistry in this state;
 4. Maintain a current permit to prescribe and administer controlled substances in this state issued by the United States Drug Enforcement Administration;
 5. Hold a current certificate from the American Heart Association or the American Red Cross in advanced cardiac life support (ACLS); and
 6. Meet one or more of the following conditions:
 - a. Complete a full credit load, as defined by the training program, during one calendar year of training, in anesthesiology or related academic subjects, beyond the undergraduate dental school level in a training program described in R4-11-1305(A), offered by a hospital accredited by the Joint Commission of Accreditation of Hospitals Organization, or sponsored by a university accredited by the American Dental Association Commission on Dental Accreditation;
 - b. Be a Diplomate of the American Board of Oral and Maxillofacial Surgeons or eligible for examination by the American Board of Oral and Maxillofacial surgeons, a Fellow of the American Association of Oral and Maxillofacial surgeons, or a Fellow of the American Dental Society of Anesthesiology or eligible for examination by the American Dental Society of Anesthesiology; or
 - c. Employ or work with a licensed allopathic or osteopathic physician who is a member of the anesthesiology staff of an accredited hospital in this state and ensure that the anesthesiologist remains on the dental facility premises until any patient given general anesthetic or semi-conscious sedation regains consciousness and is discharged.
- C. After submitting the application and written evidence of compliance with requirements in subsection (B) to the Board, the dentist shall schedule an onsite evaluation by the Board during which the dentist shall administer general anesthesia and semi-conscious sedation. After a dentist completes the application requirements and successfully completes the onsite evaluation, the Board shall issue the dentist a Section 1301 permit.
 1. The onsite evaluation team shall consist of two dentists who are Board members, or Board designees. The onsite evaluation team shall look for the following:
 - a. The availability of equipment and personnel as specified in subsection (B)(2);
 - b. Proper administration of general anesthesia or parenteral semi-conscious sedation to a patient by the dentist in the presence of the evaluation team;

- c. Successful responses by the dentist to oral examination questions from the evaluation team, about patient management, medical emergencies, and emergency medications;
 - d. Proper documentation of controlled substances, that includes a perpetual inventory log showing the receiving, administering, dispensing, and destroying of controlled substances; and
 - e. Proper recordkeeping as specified in subsection (D) by reviewing the records generated for the patient specified in subsection (C)(1)(b).
2. The evaluation of a subsequent facility in which general anesthesia or semi-conscious sedation is administered by a dentist who possesses a Section 1301 permit may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (C)(1)(a).
- D. A dentist shall keep an anesthesia record for each general anesthesia and semi-conscious sedation administered that:
- 1. Includes the following entries:
 - a. Pre-operative and post-operative electrocardiograph reports;
 - b. Pre-operative, post-operative, and intra-operative pulse oximeter readings;
 - c. Pre-operative and post-operative blood pressure and vital signs;
 - d. Intra-operative blood pressures; and
 - e. A list of all medications given, with dosage and time intervals; and
 - 2. May include the following entries:
 - a. Route and site of administration;
 - b. Type of catheter or portal with gauge;
 - c. Indicate nothing by mouth or time of last intake of food or water;
 - d. Consent form; and
 - e. Time of discharge and status, including name of escort.
- E. A dentist who obtains a Section 1301 permit may employ a nurse anesthetist to administer general anesthesia or semi-conscious sedation under the dentist's direct supervision.
- F. A dentist who obtains a Section 1301 permit may also induce conscious sedation without obtaining a Section 1302 permit.

R4-11-1302. Conscious Sedation

- A. A dentist who possesses a Section 1301 permit may also induce conscious sedation. Before inducing conscious sedation by intravenous or intramuscular means on an outpatient basis, a dentist who does not possess a Section 1301 permit shall possess a Section 1302 permit issued by the Board. A dentist may renew a Section 1302 permit every three years by complying with R4-11-1306.
- B. To obtain or renew a Section 1302 permit, the dentist shall:
- 1. Submit a completed application on a form supplied by the Board office that, in addition to the requirements of subsections (B)(2) and (B)(3) and R4-11-1306, includes:
 - a. General information about the applicant such as:
 - i. Name;
 - ii. Home and office addresses and telephone numbers;
 - iii. Limitations of practice;
 - iv. Hospital affiliations;
 - v. Denial, curtailment, revocation, or suspension of hospital privileges;
 - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization;
 - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
 - b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
 - 2. On forms provided by the Board, provide a dated and signed affidavit attesting that a facility where the dentist will administer conscious sedation by intravenous or intramuscular route:
 - a. Contains the following properly operating equipment and supplies:
 - i. Emergency drugs,
 - ii. Positive pressure oxygen,
 - iii. Stethoscope,
 - iv. Suction equipment,
 - v. Nasopharyngeal tubes,
 - vi. Pulse oximeter,
 - vii. Oropharyngeal tubes, and
 - viii. Blood pressure monitoring device; and
 - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one staff member who:

- i. Holds a current certificate in basic cardiopulmonary resuscitation (CPR);
 - ii. Is present during the conscious sedation procedure; and
 - iii. After the procedure, monitors the patient until discharge;
- 3. Hold a valid license to practice dentistry in this state;
- 4. Maintain a current permit to prescribe and administer controlled substances in this state issued by the United States Drug Enforcement Administration;
- 5. Hold a current certificate from the American Heart Association or the American Red Cross in advanced cardiac life support (ACLS); and
- 6. Participate in 60 clock hours of Board-approved undergraduate, graduate, or postgraduate education within the three years before submitting the permit application, that covers training in basic conscious sedation, including:
 - a. Administration of parenteral sedative medications to at least 10 patients;
 - b. Physical evaluation;
 - c. Management of medical emergencies;
 - d. The importance of and techniques for maintaining proper documentation; and
 - e. Monitoring and the use of monitoring equipment.
- C. After submitting the application and written evidence of compliance with requirements outlined in subsection (B) to the Board, the dentist shall schedule an onsite evaluation by the Board during which the dentist shall administer conscious sedation. After a dentist completes the application requirements and successfully completes the onsite evaluation, the Board shall issue the dentist a Section 1302 permit.
 - 1. The onsite evaluation team shall consist of two dentists who are Board members, or Board designees. The onsite evaluation team shall look for the following:
 - a. The availability of equipment and personnel as specified in subsection (B)(2);
 - b. Proper administration of conscious sedation to a patient by the dentist in the presence of the evaluation team;
 - c. Successful responses by the dentist to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
 - d. Proper documentation of controlled substances, that includes a perpetual inventory log showing the receiving, administering, dispensing, and destroying of all controlled substances; and
 - e. Proper recordkeeping as specified in subsection (D) by reviewing the records generated for the patient receiving conscious sedation as specified in subsection (C)(1)(b).
 - 2. The onsite evaluation of a subsequent facility in which conscious sedation is administered by a dentist who possesses a Section 1302 permit may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (C)(1)(a).
- D. A dentist shall keep an anesthesia record for each conscious sedation administered that:
 - 1. Includes the following entries:
 - a. Pre-operative, post-operative, and intra-operative pulse oximeter readings;
 - b. Pre-operative and post-operative blood pressure and vital signs;
 - c. Intra-operative blood pressures; and
 - d. A list of all medications given, with dosage and time intervals; and
 - 2. May include the following entries:
 - a. Pre-operative and post-operative electrocardiograph report;
 - b. Route and site of administration;
 - c. Type of catheter or portal with gauge;
 - d. Indicate nothing by mouth or time of last intake of food or water;
 - e. Consent form; and
 - f. Time of discharge and status, including name of escort.
- E. A dentist who obtains a Section 1302 permit may employ a nurse anesthetist to administer conscious sedation under the dentist's direct supervision.

R4-11-1303. Oral Conscious Sedation

- A. Before inducing oral conscious sedation on an outpatient basis, a dentist shall possess a Section 1303 permit issued by the Board, unless the dentist qualifies for a permit under subsection (E). A dentist may renew a Section 1303 permit every three years by complying with R4-11-1306.
 - 1. A dentist who possesses a Section 1301 or Section 1302 permit may also induce oral conscious sedation without obtaining a Section 1303 permit.
 - 2. The administration of an anti-anxiety drug is not combination inhalation and enteral conscious sedation if:
 - a. Only one dose of one anti-anxiety drug is administered;
 - b. The intent of administering the anti-anxiety drug is anxiolysis only; and
 - c. The administered dose of anti-anxiety drug is within the current guidelines for anxiolysis dosage on the manufacturer's package insert or other recognized drug reference.

- B. To obtain or renew a Section 1303 permit, a dentist shall:
1. Submit a completed application on a form supplied by the Board office that, in addition to the requirements of subsections (B)(2) and (B)(3) and R4-11-1306, includes:
 - a. General information about the applicant such as:
 - i. Name;
 - ii. Home and office addresses and telephone numbers;
 - iii. Limitations of practice;
 - iv. Hospital affiliations;
 - v. Denial, curtailment, revocation, or suspension of hospital privileges;
 - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
 - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
 - b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
 2. On forms provided by the Board, provide a dated and signed affidavit attesting that a facility where the dentist will administer oral conscious sedation:
 - a. Contains the following properly operating equipment and supplies:
 - i. Emergency drugs,
 - ii. Positive pressure oxygen,
 - iii. Precordial stethoscope,
 - iv. Suction equipment,
 - v. Pulse oximeter,
 - vi. Blood pressure monitoring device, and
 - vii. Auxiliary lighting; and
 - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one staff member who:
 - i. Holds a current certificate in basic cardiopulmonary resuscitation (CPR);
 - ii. Is present during the oral conscious sedation procedure; and
 - iii. After the procedure, monitors the patient until discharge;
 3. Hold a valid license to practice dentistry in this state;
 4. Maintain a current permit to prescribe and administer controlled substances in this state issued by the United States Drug Enforcement Administration;
 5. Hold a current certificate in basic cardiopulmonary resuscitation (CPR); and
 6. Meet one or both of the following:
 - a. Complete a Board-approved post-doctoral residency program that includes documented training in oral conscious sedation; or
 - b. Participate in 30 clock hours of Board-approved undergraduate, graduate, or post-graduate education in oral conscious sedation within the five years before submitting the permit application, that include:
 - i. Training in basic oral conscious sedation,
 - ii. Administration or observation of the oral conscious sedation of at least five patients,
 - iii. Pharmacology,
 - iv. Physical evaluation,
 - v. Management of medical emergencies,
 - vi. The importance of and techniques for maintaining proper documentation, and
 - vii. Monitoring and the use of monitoring equipment.
- C. After submitting the application and written evidence of compliance with requirements in subsection (B) to the Board, the dentist shall schedule an onsite evaluation by the Board. After a dentist completes the application requirements and successfully completes the onsite evaluation, the Board shall issue the dentist a Section 1303 permit.
1. The onsite evaluation team shall consist of two dentists who are Board members, or Board designees. The onsite evaluation team shall look for the following:
 - a. The availability of equipment and personnel as specified in subsection (B)(2);
 - b. Proper documentation of controlled substances, that includes a perpetual inventory log showing the receiving, administering, dispensing, and destroying of controlled substances; and
 - c. Proper recordkeeping as specified in subsection (D) by reviewing the forms that document the anesthesia record.
 2. The evaluation of a subsequent facility in which oral conscious sedation is administered by a dentist who possesses a Section 1303 permit may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (C)(1)(a).

- D. A dentist who induces oral conscious sedation shall keep an anesthesia record for each oral conscious sedation procedure that:
1. Includes the following entries:
 - a. Pre-operative, post-operative, and intra-operative pulse oximeter oxygen saturation and pulse rate readings;
 - b. Pre-operative and post-respiratory rate;
 - c. Pre-operative and post-operative blood pressure;
 - d. Documented reasons for not taking vital signs if a patient's behavior or emotional state prevents monitoring personnel from taking vital signs;
 - e. List of all medications given, including dosage and time intervals;
 - f. Patient's weight;
 - g. Consent form;
 - h. Special notes, such as, nothing by mouth or last intake of food or water; and
 - i. Time of discharge and status, including name of escort; and
 2. May include the following entries:
 - a. Pre-operative and post-operative electrocardiograph report; and
 - b. Intra-operative blood pressures.
- E. To continue inducing oral conscious sedation after May 1, 2004, a dentist licensed in this state who has been inducing oral conscious sedation for at least three years before May 1, 2003 may obtain a Section 1303 permit without meeting the educational requirements of subsection (B)(6) by:
1. Applying for a Section 1303 permit on or before May 1, 2004;
 2. Complying with subsections (B)(1) through (B)(5); and
 3. Providing the Board with the following:
 - a. Documentation of 12 oral conscious sedation cases per year for the previous three years;
 - b. Documentation of 12 continuing education hours in oral conscious sedation in the previous three years; and
 - c. Records from the last 10 consecutive oral conscious sedation cases with an affidavit attesting that the records are the licensee's last 10 consecutive cases.

R4-11-1304. Reports of Adverse Occurrences

If a death, or incident causing a patient temporary or permanent physical or mental injury or requiring medical intervention, occurs in an outpatient facility as a direct result of the administration of general anesthesia, semi-conscious sedation,

conscious sedation, or oral conscious sedation, the permit holder and the treating dentist involved shall submit a complete report of the incident to the Board within 10 days after the occurrence.

R4-11-1305. Education

- A. To obtain a Section 1301 permit by satisfying the education requirement of R4-11-1301(B)(6), a dentist shall successfully complete an advanced graduate or post-graduate education program in pain control.
1. The program shall include instruction in the following subject areas:
 - a. Anatomy and physiology of the human body and its response to the various pharmacologic agents used in pain control;
 - b. Physiological and psychological risks for the use of various modalities of pain control;
 - c. Psychological and physiological need for various forms of pain control and the potential response to pain control procedures;
 - d. Techniques of local anesthesia, sedation, and general anesthesia, and psychological management and behavior modification, as they relate to pain control in dentistry; and
 - e. Handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway, and cardiopulmonary resuscitation.
 2. The program shall consist of didactic and clinical training. The didactic component of the program shall:
 - a. Be the same for all dentists, whether general practitioners or specialists; and
 - b. Include each subject area listed in subsection (A)(1).
 3. The program shall provide at least one calendar year of training as prescribed in R4-11-1301 (B)(6)(a).
- B. To maintain a Section 1301 or 1302 permit under R4-11-1301 or R4-11-1302, a dentist shall:
1. Participate in 12 clock hours of continuing education every three years in one or more of the following areas:
 - a. General anesthesia;
 - b. Conscious sedation;
 - c. Physical evaluation;
 - d. Medical emergencies;
 - e. Monitoring and use of monitoring equipment; or
 - f. Pharmacology of drugs and non-drug substances used in general anesthesia or conscious sedation; and

2. Hold a current certificate from the American Heart Association or American Red Cross in advanced cardiac life support (ACLS).
- C. To maintain a Section 1303 permit issued under R4-11-1303, a dentist shall:
 1. Participate in six clock hours of continuing education every three years in one or more of the following areas:
 - a. Oral conscious sedation,
 - b. Physical evaluation,
 - c. Medical emergencies,
 - d. Monitoring and use of monitoring equipment, or
 - e. Pharmacology of oral conscious sedation drugs and non-drug substances, and
 2. Hold a current certificate in basic cardiopulmonary resuscitation (CPR).

R4-11-1306. Renewal of Permit

- A. To renew a Section 1301, 1302, or 1303 permit, a dentist shall:
 1. Provide written documentation of compliance with the applicable continuing education requirements in R4-11-1305;
 2. Before December 31 of the year the permit expires, submit a completed application on a form supplied by the Board office as described in R4-11-1301, R4-11-1302, or R4-11-1303; and
 3. Not less than 90 days before the expiration of a dentist's current permit, arrange for a new onsite evaluation as described in R4-11-1301, R4-11-1302, or R4-11-1303.
- B. After a dentist successfully completes the evaluation and submits the required affidavits, the Board shall issue a renewal Section 1301, 1302, or 1303 permit.
- C. The Board may stagger due dates for renewal applications.

ARTICLE 14. DISPENSING DRUGS AND DEVICES

R4-11-1401. Prescribing

- A. In addition to the requirements of A.R.S. § 32-1298(C), a dentist shall ensure that a prescription order contains the following information:
 1. Date of issuance;
 2. Name and address of the patient to whom the prescription is issued;
 3. Name, strength, dosage form, and quantity of the drug or name and quantity of the device prescribed;
 4. Name and address of the dentist prescribing the drug; and
 5. Drug Enforcement Administration registration number of the dentist, if prescribing a controlled substance.
- B. Before dispensing a drug or device, a dentist shall present to the patient a written prescription for the drug or device being dispensed that includes on the prescription the following statement in bold type: "This prescription may be filled by the prescribing dentist or by a pharmacy of your choice."

R4-11-1402. Labeling and Dispensing

- A. A dentist shall include the following information on the label of all drugs and devices dispensed:
 1. The dentist's name, address, and telephone number;
 2. The serial number;
 3. The date the drug or device is dispensed;
 4. The patient's name;
 5. Name, strength, and quantity of drug dispensed;
 6. The name of the drug or device manufacturer or distributor;
 7. Directions for use and cautionary statement necessary for the safe and effective use of the drug or device; and
 8. If a controlled substance is prescribed, the cautionary statement "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."
- B. Before delivery to the patient, the dentist shall prepare and package the drug or device to ensure compliance with the prescription and personally inform the patient of the name of the drug or device, directions for its use, precautions, and storage requirements.
- C. A dentist shall purchase all dispensed drugs and devices from a licensed manufacturer, distributor, or pharmacy that is properly licensed in this state or one of the other 49 states, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United State of America.
- D. When dispensing a prescription drug or device from a prescription order, a dentist shall perform the following professional practices:
 1. Verify the legalities and pharmaceutical feasibility of dispensing a drug based upon:
 - a. A patient's allergies,
 - b. Incompatibilities with a patient's currently-taken medications,

- c. A patient's use of unusual quantities of dangerous drugs or narcotics, and
- d. The frequency of refills;
- 2. Verify that the dosage is within proper limits;
- 3. Interpret the prescription order;
- 4. Prepare the package and label, or assume responsibility for preparing, packaging, and labeling the drug or device, dispensed under each prescription order;
- 5. Check the label to verify that the label precisely communicates the prescriber's directions and hand-initial every label;
- 6. Record, or assume responsibility for recording, the serial number and the date dispensed on the front of the original prescription order; and
- 7. Record on the original prescription order the name or initials of the dentist who dispensed the order.

R4-11-1403. Storage and Packaging

A dentist shall:

- 1. Keep all prescription-only drugs and devices secured in a secured area and control access to the secured area by written procedure. The dentist shall make the written procedure available to the Board or its authorized agents on demand for inspection or copying;
- 2. Keep all controlled substances secured in a locked cabinet or room, control access to the cabinet or room by written procedure, and maintain an ongoing inventory of the contents. The dentist shall make the written procedure available to the Board or its authorized agents on demand for inspection or copying;
- 3. Maintain storage areas so that the temperature in the drug storage areas does not exceed 85° F;
- 4. Not dispense a drug or device that has expired or is improperly labeled;
- 5. Not redispense a drug or device that has been returned;
- 6. Dispense a drug or device:
 - a. In a prepackaged container or light-resistant container with a consumer safety cap, unless the patient or patient's representative requests a non-safety cap; and
 - b. With a label that is mechanically or electronically printed;
- 7. Destroy an outdated, deteriorated, or defective controlled substance according to Drug Enforcement Administration regulations or by using a reverse distributor. A list of reverse distributors may be obtained from the Drug Enforcement Administration; and
- 8. Destroy an outdated, deteriorated, or defective non-controlled substance drug or device by returning it to the supplier or using a reverse distributor. A list of reverse distributors may be obtained from the Drug Enforcement Administration.

R4-11-1404. Recordkeeping

A. A dentist shall:

- 1. Chronologically date and sequentially number prescription orders in the order that the drugs or devices are originally dispensed;
- 2. Sequentially file orders separately from patient records, as follows:
 - a. File Schedule II drug orders separately from all other prescription orders;
 - b. File Schedule III, IV, and V drug orders separately from all other prescription orders; and
 - c. File all other prescription orders separately from orders specified in subsections (A)(2)(a) and (b);
- 3. Record the name of the manufacturer or distributor of the drug or device dispensed on each prescription order and label;
- 4. Record the name or initials of the dentist dispensing the drug or device on each prescription order and label; and
- 5. Record the date the drug or device is dispensed on each prescription order and label.

B. A dentist shall record in the patient's dental record the name, dosage form, and strength of the drug or device dispensed, the quantity or volume dispensed, the date the drug or device is dispensed, and the dental therapeutic reasons for dispensing the drug or device.

C. A dentist shall maintain:

- 1. Purchase records of all drugs and devices for three years from the date purchased; and
- 2. Dispensing records of all drugs and devices for three years from the date dispensed.

D. A dentist who dispenses controlled substances

- 1. Shall inventory Schedule II, III, IV, and V controlled substances as prescribed by A.R.S. § 36-2523;
- 2. Shall perform a controlled substance inventory on March 1 annually, if directed by the Board, and at the opening or closing of a dental practice;
- 3. Shall maintain the inventory for three years from the inventory date;
- 4. May use one inventory book for all controlled substances;
- 5. When conducting an inventory of Schedule II controlled substances, shall take an exact count;
- 6. When conducting an inventory of Schedule III, IV, and V controlled substances, shall take an exact count or may

- take an estimated count if the stock container contains fewer than 1001 units.
- E. A dentist shall maintain invoices, for drugs and devices dispensed for three years from the date of the invoices, filed as follows:
 - 1. File Schedule II controlled substance invoices separately from records that are not Schedule II controlled substance invoices;
 - 2. File Schedule III, IV, and V controlled substance invoices separately from records that are not Schedule III, IV, and V controlled substance invoices; and
 - 3. File all non-controlled substance invoices separately from the invoices referenced in subsections (E)(1) and (2).
 - F. A dentist shall file Drug Enforcement Administration order form (DEA Form 222) for a controlled substance sequentially and separately from every other record.

R4-11-1405. Compliance

- A. A dentist who determines that there has been a theft or loss of drugs or controlled substances from the dentist's office shall immediately notify a local law enforcement agency and the Board and provide written notice of the theft or loss in the following manner:
 - 1. For non-controlled substance drug theft or loss, provide the law enforcement agency and the Board with a written report explaining the theft or loss; or
 - 2. For controlled substance theft or loss, complete a DEA 106 form; and
 - 3. Provide copies of the DEA 106 form to the Drug Enforcement Administration and the Board within seven days of the discovery.
- B. A dentist who dispenses drugs or devices in a manner inconsistent with this Article is subject to discipline under to A.R.S. Title 32, Chapter 11, Article 3.

R4-11-1406. Dispensing for Profit Registration and Renewal

- A. A dentist who is currently licensed to practice dentistry in Arizona may dispense controlled substances, prescription-only drugs, and prescription-only devices for profit after providing the Board the following information:
 - 1. A completed registration form which includes the following information:
 - a. The dentist's name and dental license number;
 - b. A list of the types of drugs and devices to be dispensed for profit, including controlled substances; and
 - c. Locations where the dentist desires to dispense the drugs and devices for profit; and
 - 2. A copy of the dentist's current Drug Enforcement Administration Certificate of Registration for each dispensing location from which the dentist desires to dispense the drugs and devices for profit.
- B. The Board shall issue a numbered certificate indicating the dentist is registered with the Board to dispense drugs and devices for profit.
- C. A dentist shall renew a registration to dispense drugs and devices for profit by complying with the requirements in subsection (A) before the dentist's license renewal date. When a dentist has made timely and complete application for the renewal of a registration, the dentist may continue to dispense until the Board approves or denies the application. Failure to renew a registration shall result in immediate loss of dispensing for profit privileges.

ARTICLE 15. COMPLAINTS, INVESTIGATIONS, DISCIPLINARY ACTION

R4-11-1501. Ex-parte Communication

A complainant, licensee, certificate holder, or business entity against whom a complaint is filed, shall not engage in ex-parte communication.

R4-11-1502. Complaint Investigator Qualifications

- A dentist, dental hygienist, or denturist appointed as a Board investigator shall:
- 1. Possess a valid license, restricted permit, or certificate to practice in Arizona;
 - 2. Have at least 5 years of practice in Arizona; and
 - 3. Not have been disciplined by the Board within the past 24 months.

R4-11-1503. Initial Complaint Review

- A. The president's designee shall initially review a complaint. If the designee determines that the Board has no jurisdiction, the designee shall forward the complaint to the Board for termination.
- B. If the designee determines that the Board has jurisdiction:
 - 1. Board personnel shall notify the complainant and licensee, certificate holder, or business entity as follows:
 - a. By regular U.S. Mail that the complaint has been received and whether a clinical evaluation will be scheduled;

and

- b. By certified U.S. Mail of an informal interview, investigative interview, or mediation, if the complaint has been tabled or remanded, of a postponement or continuance, and a subpoena, notice, or order.
 2. The president's designee shall refer the complaint to an informal interview, investigative interview, triage or mediation. Where the allegations, if proven, may result in suspension or revocation of license or certificate, the complaint shall be referred to an informal interview. All other complaints shall be referred to investigative interview, triage, or mediation.
 3. The Board may subpoena a patient's treatment records from the licensee, certificate holder, business entity, or any other health care provider.
 4. Board personnel shall provide the licensee, certificate holder, or business entity with a copy of the complaint upon receipt of the treatment records.
 5. If a complaint alleges a violation of the state or federal criminal code, the Board shall refer the complaint to the proper law enforcement agency.
 6. If during the course of investigating a complaint, but before triage, investigative interview or informal interview, it appears the evidence does not support the allegations contained in the complaint the president's designee shall forward the complaint to the Board for termination.
- C. The Board's procedures for complaints referred to clinical evaluation are:
1. Except as provided in subsection (C)(1)(a), the president's designee shall appoint one or more dentists to perform a clinical evaluation. If there is more than one clinical evaluator, the clinical evaluators do not need to be present at the same time. The Board shall approve each clinical evaluator.
 - a. If the complaint involves a dental hygienist, denturist, or dentist who is a recognized specialist in one of the areas listed in R4-11-1101(B), the president's designee shall appoint a clinical evaluator from that area of practice or specialty.
 - b. The Board shall not disclose the identity of the licensee to a clinical evaluator before the Board receives the clinical evaluator's report.
 2. The clinical evaluator shall prepare a clinical evaluation report for the informal or investigative interview or Board meeting. The president's designee shall provide a copy of the clinical evaluation report to the licensee or certificate holder. The licensee or certificate holder may submit a written response to the clinical evaluation report before the informal or investigative interview or Board meeting.
- D. The Board's procedures for investigative and informal interviews are as follows:
1. Board personnel shall provide the complainant and licensee, certificate holder, or business entity with written notice of the time and date of the investigative interview or informal interview. The notice shall include all allegations contained in the complaint and any allegation that arose during the Board's investigation before the notice date.
 2. The Board's president or the president's designee may schedule an informal interview with a licensee, certificate holder, or business entity. The Board president or president's designee:
 - a. May appoint one or more Board members to act as an informal interviewing officer; or
 - b. May appoint a Board approved investigator to assist the informal interviewing officer; and
 - c. If the licensee or certificate holder is a dental hygienist, denturist, or recognized dental specialist in one of the areas listed in R4-11-1102(B), shall appoint one investigator or Board member from the relevant area of practice or specialty to assist the informal interviewing officer.
 3. If a complaint is referred for an investigative interview, the president's designee shall appoint an investigator or an investigative panel, consisting of at least one dentist and one public member to conduct the investigative interview. One panel member, who is not a public member, shall serve as the chairperson. If the licensee or certificate holder is a dental hygienist, denturist, or a recognized dental specialist in one of the areas listed in R4-11-1102(B), at least one investigator shall be from that area of practice or specialty.
 4. The licensee or certificate holder may agree to waive the requirements in this Section regarding appointment of a licensee or certificate holder from a specific practice area or specialty. The complainant, licensee, certificate holder, or business entity may agree to waive the requirements in this Section regarding the appointment of a public member.
 5. The complainant, licensee, certificate holder, or business entity and any witness present at the informal interview or investigative interview may be questioned by the informal interviewing officer, investigators, or investigative interview panel. The counsel representing the complainant, licensee, certificate holder, or business entity or the complainant, licensee, certificate holder or business entity shall direct questions to any other participant in the informal interview or investigative interview through the chairperson of the investigative interview panel or informal interviewing officer. Following the presentation of all testimony and evidence, the complainant, licensee, certificate holder, or business entity, or a representative may make a closing statement.
 6. The informal interviewing officer, investigator, or investigative interview panel shall develop findings of fact, conclusions of law, and a recommendation for disposition of the complaint based on the treatment records, clinical evaluation observations and documentation, testimony of the complainant and licensee, certificate holder, or

- business entity and any other witnesses or relevant documents.
- 7. Board personnel shall prepare a written report of the investigative or informal interview from the recording of the interview and the informal interviewing officer's or investigator's or investigative interview panel's written findings of fact, conclusions of law, and recommendation.
- 8. Board personnel shall record all informal and investigative interviews mechanically or stenographically.
- E. The Board's procedures for triage are as follows:
 - 1. Board personnel shall provide the licensee, certificate holder, or business entity an opportunity to respond to the complaint in writing.
 - 2. If the complaint is forwarded for triage, the president's designee shall appoint investigators for triage consisting of at least one dentist and either one licensee or certificate holder to conduct a review of the complaint, written response from the licensee, certificate holder, or business entity, and records.
 - 3. The triage panel may develop recommendations for termination for lack of supporting evidence, issuance of a letter of concern, further investigation, or discipline, in cases involving non-compliance with a subpoena or Board order.
 - 4. Board personnel shall prepare a written report of the triage panel findings and recommendations and forward to the Board for action. A Board shall provide a copy by certified mail to the licensee, certificate holder, or business entity.

R4-11-1504. Postponement of Investigative or Informal Interview

- A. The complainant, licensee, certificate holder, or business entity may request a postponement of an investigative or informal interview. The Board or its designee shall grant a postponement if:
 - 1. The complainant, licensee, certificate holder, or business entity makes an initial postponement request and the request:
 - a. Is made in writing,
 - b. States the reason for the postponement, and
 - c. Is received by the Board at least ten calendar days before the date of the investigative or informal interview not including the day of the interview; and
 - 2. A subsequent postponement request:
 - a. Complies with subsection(1)(a),(b), and (c); and
 - b. Demonstrates good cause for the postponement.
- B. Within 24 hours of receipt of a request for postponement of an investigative or informal interview, the Board or its designee shall:
 - 1. Review and either deny or approve the request for postponement; and
 - 2. Notify in writing the complainant and licensee, certificate holder, or business entity of the decision to either deny or approve the request for postponement.

ARTICLE 16. MEDIATION

R4-11-1601. Mediation Process

- A. The Board's executive director or chief investigator shall review each complaint that does not involve dental incompetence, malpractice, or criminal allegations to decide whether to refer the complaint to mediation.
- B. A complaint against a respondent who has 2 or more final Board disciplinary actions in the 24 months immediately preceding the date that the current complaint was filed with the Board shall not be referred to mediation.
- C. If a complaint is referred to mediation, the investigator shall seek written agreements from the complainant and respondent to participate in mediation before mediation proceeds.
- D. The Board's staff may subpoena relevant records. The Board's staff shall provide the mediator with all documentation regarding the complaint including the complaint, response, dental records, billings, and correspondence. The documents obtained by subpoena or produced by either the complainant or the respondent may be used in the investigation of the complaint if an investigation proceeds.
- E. Upon receipt of the signed agreements to participate in mediation, and all relevant records, the mediator shall schedule the location, date, and time of the mediation. Mediation may be held in person, or telephonically.
- F. The Board staff shall mail a mediation meeting notice to the complainant and respondent at least 20 days before the scheduled mediation.
- G. Mediation sessions shall not be recorded. Statements made during mediation are confidential and shall not be used in any subsequent administrative or legal proceeding. The mediator's notes shall not be part of the complaint file, and shall be kept confidential. The mediator shall not be subpoenaed, or otherwise involved, in any court proceeding, lawsuit, or other legal action involving the parties and the subject matter that was a part of a complaint that was sent to mediation.
- H. Any agreement reached by the complainant and respondent shall not be construed as an admission of any wrongdoing.
- I. If a mediation agreement is reached, the mediator shall put it in writing. The agreement shall be signed by the

complainant and the respondent, and is subject to review and approval by the Board.

- J. The Board staff shall monitor the respondent's compliance with the terms of the mediation agreement.
- K. If the respondent fully complies with the terms of a Board approved mediation agreement, the complaint shall be dismissed by Board order.
- L. A complaint shall proceed through the Board's investigative and adjudicative procedures pursuant to A.R.S. Title 32, Chapter 11, Article 3 if:
 - 1. A complaint is not referred to mediation,
 - 2. Mediation is declined,
 - 3. A mediation agreement is not reached,
 - 4. The Board does not approve a mediation agreement, or
 - 5. The Board is presented with facts indicating that the respondent may not have complied with the terms of mediation agreement.

ARTICLE 17. REHEARING OR REVIEW

R4-11-1701. Procedure

- A. Except as provided in subsection (F), a party who is aggrieved by an order issued by the Board may file a written motion for rehearing or review with the Board, pursuant to A.R.S. Title 41, Chapter 6, Article 10, specifying the grounds for rehearing or review.
- B. A party filing a motion for rehearing or review under this rule may amend the motion at any time before it is ruled upon by the Board. Other parties or the attorney general may file a response within 15 days after the date the motion for rehearing or review is filed. The Board may require that the parties file supplemental memoranda explaining the issues raised in the motion, and may permit oral argument.
- C. The Board may grant a rehearing or review of the order for any of the following causes materially affecting a party's rights:
 - 1. Irregularity in the proceedings of the Board or any order or abuse of discretion, which deprived a party of a fair hearing;
 - 2. Misconduct of the Board, its personnel, the informal interviewing officer, the investigative interview panel, the hearing officer, the administrative law judge, or the prevailing party;
 - 3. Accident or surprise which could not have been prevented by ordinary prudence;
 - 4. Excessive or insufficient penalties;
 - 5. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceeding;
 - 6. That the findings of fact or decision is arbitrary, capricious, or an abuse of discretion;
 - 7. That the findings of fact or decision is not justified by the evidence or is contrary to law; or
 - 8. Newly discovered, material evidence which could not, with reasonable diligence, have been discovered and produced at the original hearing.
- D. The Board may affirm or modify the order or grant a rehearing or review to all or any of the parties on all or part of the issues for any of the reasons in subsection (C). After giving the parties notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing or review, timely served, for a reason not stated in the motion. The Board, within the time for filing a motion for rehearing or review, may grant a rehearing or review on its own initiative for any reason for which it might have granted relief on motion of a party. An order granting a rehearing or review shall specify the grounds on which rehearing or review is granted, and any rehearing or review shall cover only those matters specified.
- E. When a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party or the attorney general may, within 15 days after such service, serve opposing affidavits.
- F. If the Board makes specific findings that the immediate effectiveness of the order is necessary for the preservation of public health and safety and that a rehearing or review is impracticable, unnecessary, or contrary to the public interest, the order may be issued as a final order without an opportunity for a rehearing or review. If an order is issued as a final order without an opportunity for rehearing or review, the aggrieved party shall make an application for judicial review of the order within the time limits permitted for application for judicial review of the Board's final order.
- G. The Board shall rule on the motion for rehearing or review within 15 days after the response has been filed, or at the Board's next meeting after the motion is received, whichever is later. If a rehearing or review is granted, the Board shall hold the rehearing or review within 120 days after it issues the order granting the rehearing or review. If a motion for rehearing or review is not considered or reheard within these time limits, the motion is granted.

ARTICLE 18. BUSINESS ENTITIES

R4-11-1801. Application

Before offering dental services, a business entity required to be registered under A.R.S. § 32-1213 shall apply for registration on an application form supplied by the Board. In addition to the requirements of A.R.S. § 32-1213(B) and the fee under R4-11-402, the registration application shall include a sworn statement from the applicant that:

1. The information provided by the business entity is true and correct, and
2. No information is omitted from the application.

R4-11-1802. Display of Registration

- A. A business entity shall ensure that the receipt of the current registration period is:
 1. Conspicuously displayed in the dental practice in a manner that is always readily observable by patients and visitors, and
 2. Exhibited to members of the Board or to duly authorized agents of the Board on request.
- B. A business entity's receipt for the licensure period immediately preceding shall be kept on display until replacement by the receipt for the current period.