

GEORGIA BOARD OF DENTISTRY

Adopted Board Policies

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Any updates to the manual post July 1, 2016, will reflect the date approved by the Governor.

Please note that policy statements issued by the Board are subject to change and require no prior notice from the Board. You may contact the Board office to confirm that the information in this publication is still current.

Acupuncture for Treatment

Because acupuncture is not a specialty recognized by the Georgia Board of Dentistry or the American Dental Association, there are no licensing procedures or guidelines regarding its use which can be found in the Georgia Dental Practice Act. Consequently, the Georgia Board of Dentistry can neither endorse nor encourage the use of this technique in the practice of dentistry at this time.

(adopted 02/11/00)

Appliances Used for Weight Loss

The impression, construction, insertion (delivery) of the appliance and the maintenance of the oral health related to the appliance is within the scope of practice of dentistry pursuant to O.C.G.A. Title 43 Chapter 11. The diagnosis, evaluation and continued evaluation of the patient's suitability for the appliance is not within the scope of practice pursuant to O.C.G.A. Title 43 Chapter 11.

Therefore, only under the orders of a physician can a dentist fabricate this appliance for the designated patient and conduct only those tasks allowed pursuant to O.C.G.A. Title 43 Chapter 11.

(adopted 10/08/04)

Applications for Licensure

Number of references required for licensure:

- The Georgia Board of Dentistry requires as part of the application process, two (2) letters of reference. (adopted 5/11/07)

Expiration of incomplete applications:

- Incomplete applications are maintained in the Board office for a period of one (1) year. After such time, the application is rendered void and the applicant must reapply and pay all required fees. (adopted 1/10/03)

Approval of Licensure by Executive Director:

- The Georgia Board of Dentistry established the requirement that all licensure applications with "non-standard" or unusual applicant responses must be presented to the Board for approval. (adopted 1/12/01)

Administratively Processed Applications with report of DUI

Applications received that report only one (1) DUI within the last three (3) years, and verified by a GCIC report that this is the only criminal activity (GCIC to be run by Enforcement), can be approved administratively. The administrative processing of these licenses means that the Board staff has reviewed the documents and approved licensure based upon the laws, rules and board policies that pertain to that specific type of licensure. These administratively issued licenses will be considered for a vote to ratify at the next regularly scheduled board meeting.

(adopted 06/18/04)

Continuing Education Audits for Licensure Renewal

Effective February 1, 2010, the Board will randomly select a percentage of its licensees to conduct a CE audit for the preceding renewal period.

(adopted 01/11/08)

CE Audit Guidelines:

1. Pursuant to Rule 150-3-.09 and Rule 150-5-.02, official documentation is defined as documentation from an approved provider that verifies a licensee's attendance, course content, hours earned, and date and times that a course is given. Checks for payment, hotel reservations, or copies of a course syllabus shall not serve as official documentation.
2. Any licensee who does not respond to the audit notice or to a deficiency notice within thirty (30) calendar days will be considered by the board for sanction for non-compliance and falsifying the renewal application.
3. A report of licensees deemed in compliance and those deemed noncompliant will be presented by the CE Audit Committee to the full Board at the next regularly scheduled board meeting(s) following a review of audit materials.

(adopted 01/11/08)

Dental Hygienists

Approved Modalities for Dental Hygienists:

Use of the following therapies and their placement by trained dental hygienists are approved:

1. Fluorides, including but not limited to: stannous, neutral sodium, acidulated phosphate
2. Chlorhexidene gluconate solutions, including but not limited to: Peridex, Perioguard
3. Chlorhexidene gluconated chip, including but not limited to: Perio-Chip
4. Resorbable doxycycline hyclate, including but not limited to: Atridox

5. Resorbable minocycline hydrochloride, including but not limited to: Arestin
6. Non-Injectable Local Anesthetics, including but not limited to: Oraqix, Kovanaze, Cetacaine, and HurriPak

This list will be continually visited and updated, and it will be the responsibility of the licensed dental hygienist to ensure that he/she is practicing within the law. This list is not to be construed as an endorsement of any specific product by the Georgia Board of Dentistry. (adopted 08/09/02, amended 02/18/19)

Dental Screenings by Dental Hygienists:

- Definition of the term “Other Health Fair Settings” – healthcare settings where other healthcare disciplines are represented as part of the overall screening. Approval by the Georgia Board of Dentistry will not be granted under the provisions of Code Section §43-11-74(e) for the performance of dental screenings in settings where other healthcare disciplines are not represented.
- Administrative staff (Executive Director/Applications Specialist) is authorized to approve routine applications on behalf of the Board. Ratification of such approvals from the full Board will occur at the next regularly scheduled board meeting.
- Applications of “other health fair settings” shall be submitted to the Board office for approval at least ten (10) days prior to the scheduled health fair date.

(adopted 10/04/01)

Dental Hygienists Sanctioned by the Board

If a dental hygienist is sanctioned by the Board, a letter of concern will be sent to the dentist for whom they work surrounding the same issue for which the hygienist is sanctioned.

(adopted 06/18/04)

Denturism

The Georgia Board of Dentistry strongly feels that any move to legalize and/or license individuals engaged in the practice of denturism would adversely affect the oral health of Georgia citizens. In carrying out its licensure and regulation responsibilities for the protection of the public, each year the Board must initiate investigations into citizen complaints of unlicensed practice by individuals who are unqualified and untrained. Any effort to legitimize the practice of denturism would result in an increased number of complaints, misleading and deceptive misrepresentations to the public, and a decrease in the quality of health care in Georgia. During the period of 1998 to the present,

the Board has had to initiate twenty-one separate investigations into allegations of unlicensed practice of dentistry. These investigations reveal that patients are often times deceived by these technicians who hold themselves out to the public as dentists, but do not have the extensive educational training needed to properly address the full range of patient oral health care needs. Specifically, in recent years the Board has seen cases where patients under the care of such individuals have been harmed when serious oral maladies and conditions went undetected and ultimately resulted in the need for radical and deforming surgery. Likewise, in an era where the spread of infectious diseases is of great public concern, a large number of Board investigations related to unlicensed practice activity have shown that patient health, safety, and welfare, is severely compromised due to a common failure by such individuals to adhere to proper infection control guidelines and procedures. Conversely, all dentists are required by law to adhere to CDC infection control standards and have received extensive training in this area to prevent the transmission of infectious diseases such as HIV and Hepatitis B during dental procedures. Although rising concerns with the cost of dental care is an issue of many citizens, the complaints received by the Board office and those which have received local media attention, clearly indicate that Georgia citizens do not want quality of care compromised for the sake of cost. The Board trusts that the interests of the citizens of this state will rise above the economic concerns of a small group of individuals and defeat any efforts to legalize the unqualified, untrained, and unlicensed practice of dentistry.
(adopted 04/27/01)

Direct Supervision in All Dental Assisting Programs

A licensed dentist is required to provide direct supervision in all dental assisting programs in Georgia for training on any patient based procedures, including but not limited to exposing x-rays.
(adopted 06/08/07)

Emergency Rules

The Georgia Board of Dentistry is charged with promulgating rules and regulations to carry out the performance of its duties as set forth in Georgia law. Such rules and regulations are enacted in compliance with the notice and hearing as required by Georgia law O.G.G.A. 50-13-4(a). In the event that the Board finds that an imminent peril to the public health, safety or welfare exists, the Board may adopt a rule upon fewer than 30 days' notice or not notice or hearing. In the event that such an emergency rule is necessary, the Board shall enact such a rule in compliance with the procedures outlined in Georgia law O.C.G.A. 50-13-4(b).

General Anesthesia/Conscious Sedation

Sites:

Each site where Conscious Sedation/General Anesthesia is administered must maintain its own stationary stand-alone equipment and medication.

Conscious Sedation/General Anesthesia applicants must submit statements with their application materials requiring them to notify the Board of any site or technique changes or additions.

(adopted 05/12/00)

Permits to Licensed Physicians:

The Georgia Board of Dentistry may only issue a permit to a dentist who has met the requirement set forth in accordance with O.C.G.A. §43-11-21 and O.C.G.A. §43-11-21.1; consequently, it is not within the purview of the Georgia Board of Dentistry to issue a CS/GA permit to any individual practicing dentistry under his or her medical license.

(adopted 07/21/00)

Licensure by Credentials for Active Duty Military

Applicants for licensure by credentials who have been active duty military will be considered for an exemption to the state of licensure practice requirement upon receipt of a letter of endorsement from his/her Commanding Officer attesting that there have been no disciplinary actions on his/her record during his/her service.

(adopted 09/07/07)

Licensure Overview Committee Appointments

Failure to show for an appointment scheduled with the Licensure Overview Committee will result in the individual not being allowed to reschedule the appointment for one year from the date of the missed appointment.

(adopted 03/11/05)

Periodontal Parameters of Care

As stated in a memo dated 3/31/01 from the Georgia Society of Periodontists: Following phase one treatment variously known as initial therapy, non-surgical therapy, scaling and root planning, etc., patients should be comprehensively re-examined and reevaluated, and the results recorded and documented. Following such reevaluation, surgical resective or regenerative therapy or extraction to eliminate periodontal infection should be considered and implemented if indicated, if one or more of the following conditions are identified:

1. Infected persistent pockets, manifested by bleeding on probing and/or suppuration, and/or redness, and/or swelling
2. Non-maintainable deeper periodontal pockets exceeding 5 millimeters in depth
3. Residual radiographic calculus
4. Angular or horizontal bony defects identified radiographically
5. Furcation defects identified radiographically
6. Tooth mobility.

(adopted 07/15/05)

Practice Management

Paperless Patient Records:

- Practice Management Computer Software for creating and storing patient records:
 - Dentists utilizing such technology must be able to produce a diagnostic quality image and in response to a request for records, must also certify under oath that the records and the image(s) have not been altered.

(adopted 11/08/02)

Reinstatement Policy

For licensees whose licenses expired at the most recent renewal deadline.

The Reinstatement Application is available on the board’s web site at <https://gbd.georgia.gov/documents/applications-and-forms>.

Fees - \$1675 Dentist/\$375 Hygienist

The supporting documents required with the reinstatement application include:

- Dentist - CE totaling 40 hours within the last two years;
- Hygienist – CE totaling 22 hours within the last two years;
 - The CE hours used for reinstatement cannot be used to meet the CE requirement for the biennium for which the license is reinstated;
- Copy current CPR card;
- Verification of licensure from all states in which they hold a license;
- Jurisprudence;
- NPDB Report;
- Resume/CV;
- Four references;
- Completed malpractice questionnaire

For any reinstatement application citing problems, (not having CE during last biennial renewal period, convictions, disciplinary action in other states, impairment, etc.) the licensee will be scheduled to a meeting with the Licensure Overview Committee and the following guidelines may apply:

Guidelines for Reinstatement

No Clinical Practice	Reassessment of Skills (1 week)	Remediation and Reassessment of Skills	Letter of Competency	CRDTS Exam
3 – <5 yrs	X		X	
5 yrs - <10 yrs	X	X	X	X
10 yrs - +		X	X	X

For licensees that state that they have not been practicing without a license since the date that the license lapsed are reinstated without a consent order. However, the following guidelines may apply:

Guidelines for Reinstatement

No Clinical Practice	Reassessment of Skills (1 week)	Remediation and Reassessment of Skills	Letter of Competency	CRDTS Exam
3 – <5 yrs	X		X	
5 yrs - <10 yrs	X	X	X	X
10 yrs - +		X	X	X

For licensees that state that they have been practicing without a license since the date that the license lapsed are reinstated and the matter is referred to Legal Services to send a public consent order citing the dates of the unlicensed practice with a \$1,000 fine (\$500 fine for dental hygienists) to be paid within 120 days of the effective date of the order, 3 years probation, completion the Law Ethics and Professionalism (LEAP) course within one year of the effective date of the order, 4 hours CE in Risk Management within one year of the effective date. A letter of concern is to be mailed to all employers of hygienists with a lapsed license concerning aiding and abetting unlicensed practice.

The board also allows reinstatement consent orders that have been signed by the licensee and returned to the board office to be accepted upon receipt, with the Executive Director signing for the Board President.

If reinstatement is granted, the license will be required to be renewed by the last day of December in ODD numbered years, regardless of when the license is reinstated.

The implications of a licensee practicing without a license are far-reaching. Employees/associates working with an unlicensed person could be subject to disciplinary action for aiding & abetting unlicensed practice; Medicaid & Medicare charges during the unlicensed period may be subject to denial or reimbursement; malpractice providers may not cover the individual during the unlicensed period.

All reinstatement applications must be reviewed and approved by the Board.

(amended 03/11/05)
 (amended 02/08/13)
 (amended 01/20/17)

Smoking Cessation Policy

The Georgia Board of Dentistry considers the use of behavior modification techniques, nicotine replacement therapy using nicotine patches or chewing gum and prescription drugs approved for smoking cessations including but not limited to bupropion (Zyban® or Wellbutrin®) to be within the scope of practice of Dentistry in Georgia.
(adopted 01/19/07)

Cease and Desist Orders

It is the policy of the Georgia Board of Dentistry to accept all Voluntary Cease and Desist Orders upon receipt in the Board office and authorize the present/chairperson or his or her designee to execute the Order and to authorize the Orders to be docketed and served. It is the intent of the Board that the orders will be in effect upon docketing.
(adopted 07/07/08)

License Renewals for Deployed Licensees

Licensees can renew on-line beginning approximately Mid-November 2009. Licensees have until June 2010 to late renew. Upon receipt of copies of official military orders citing active duty military deployment, the Board will consider allowing late renewal without payment of the additional late renewal penalty fees. Licensees who can provide paperwork to the Board concerning military deployment will not be lapsed for non-renewal and upon request will renew said license without penalty.
(adopted 06/05/09)

Media Policy

Effective January 7, 2011, the Georgia Board of Dentistry voted that it is not appropriate for any one member to make verbal or written comments or statements to any media outlet on behalf of the Board until such time as authorized by the Board. Any verbal or written comments or statements provided by an individual board member are the opinions of that board member only and should not be attributed to or representative of the Georgia Board of Dentistry.
(adopted 01/07/11)

Mid-level Providers and Direct Supervision

The Georgia Board of Dentistry does not support the implementation of any training program or licensure pathway for mid-level dental providers that allows for the performance of irreversible dental, surgical or restorative procedures. Further, the Georgia Board of Dentistry reaffirms its support for the direct supervision of dental auxiliaries in all areas of dental care. Based on the repeated availability and distribution studies of general practitioners, there is reasonable Georgia access to dental treatment by qualified graduates of a CODA-approved pre-doctoral program. A reduced level of education in mid-level provider training results in a multi-tiered level of treatment that undermines and stratifies the standard of dental care for Georgia citizens.
(adopted 01/27/16)

Prescribing and Fabrication of Sleep Apnea Appliances

Depending upon the diagnosis of the type and severity, one possible treatment option for obstructive apnea is the use of oral appliances. The design, fitting and use of oral appliances and the maintenance of oral health related to the appliance falls within the scope of practice of dentistry. The continuing evaluation of a person's sleep apnea, the effect of the oral appliance on the apnea, and the need for, and type of, alternative treatment do not fall within the scope of dentistry. Therefore, the prescribing of sleep apnea appliance does not fall within the scope of the practice of dentistry. It is the position of the Board that a dentist may not order a sleep study. Home sleep studies should only be ordered and interpreted by a licensed physician. Therefore, only under the orders of a physician should a dentist fabricate a sleep apnea appliance for the designated patient and conduct only those tasks permitted under O.C.G.A. Title 43, Chapter 11.
(adopted 04/01/16)

Approval of Expanded Duties Dental Assisting Programs

The Georgia Board of Dentistry approves all out-of-state expanded duties dental assisting programs whose programs train expanded duties dental assistants in the duties set forth in Ga. Comp. R. & Regs. 150-9-.02(3) and certificates issued include the duties set forth in Ga. Comp. R. & Regs. 150-9-.02(3). No expanded duties dental assistant shall be permitted to perform any duties that exceed those set forth in Ga. Comp. R. & Regs. r. 150-9-.02(3), even if such expanded duties dental assistant received training in another state in those tasks.
(adopted 02/10/17)

Coronal Polishing (“Rubber Cup Prophy”)

Definition of Prophylaxis – Child (D1120)

Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors.

Requirements for calculus removal

Calculus, if present during a “rubber cup prophy”, must be identified and removed by a Georgia-licensed DMD/DDS or RDH only.

Age of primary dentition

The American Dental Association (ADA) lists the presence of primary teeth from approximately one year to about age twelve. The Georgia Board of Dentistry recognizes and accepts these basic parameters as the ages when primary teeth are present in a child.

Billing as a Prophylaxis

The prophylaxis, D1120, includes the combined processes of examination (DMD/DDS), calculus removal if present (DMD/DDS/RDH) and coronal polishing, “rubber cup prophy” (Trained DA).

Training in Coronal Polishing (“Rubber Cup Prophy”) for Dental Assistants

A dental assistant with at least one year of prior chairside experience or a graduate of an approved dental assisting program is eligible to attend an 8 hour pre-approved course of study that includes didactic and clinical applications necessary for coronal polishing (“rubber cup prophy”) and shall include:

- Ethics and Georgia jurisprudence related to coronal polishing
- Identify the potential risks, indications and contraindications for coronal polishing
- Understand the definition of plaque, types of stain, calculus, and related terminology
- Dental anatomy and morphology for the proper identification of adult and child dentition
- Principles of coronal polishing including, but not limited to –
 - armamentarium;
 - proper positioning used/ergonomics;
 - preferred polishing technique using a stable fulcrum;
 - abrasive polishing agents commonly used in coronal polishing;
 - polishing coronal surfaces of teeth on a typodont using a slow speed handpiece
- Indications for professionally applied topical fluoride agents for caries prevention
- Fluoride Delivery Methods

(approved 04/30/18)