These data are presented for informational purposes only and are not intended as a legal opinion regarding dental practice in any state. DANB confers with each state’s dental board at least annually regarding the accuracy and currency of this information. To verify, or if you have any questions, please contact your state’s dental board.

How to Use the Following Charts

**Chart 1**

- View which job designations are used in your state.
- Be sure to follow the legal requirements to perform dental radiographic procedures.
- See which tasks are not permitted by state law.

**Chart 2**

- Review all the allowable tasks for each level of dental assisting as published in the state practice act.
- The numbers next to each task correspond to the 70 numbered tasks that were identified and used in the DANB/ADAA Core Competency Study. Tasks that are not numbered do not directly match one of the 70 tasks, yet are identified by the state in the practice act. A full list of those tasks follow your state's chart.
- If your state’s dental practice act specifically defines levels of supervision, the state-specific definition is noted in the template.
- See Appendix A for more information about the task numbering system.

© 2014 Dental Assisting National Board, Inc.
To perform expanded functions under the direct supervision of a licensed dentist in the state of New Jersey, dental assistants must be licensed by the New Jersey State Board of Dentistry as a Registered Dental Assistant (RDA).

To register as an RDA, one must:

- Successfully complete high school or its equivalent

**AND**

- Pass DANB’s national Certified Dental Assistant (CDA) or Certified Orthodontic Assistant (COA) exam (within 10 years prior to application)

**AND**

- Graduate from a New Jersey Board-approved CODA-accredited dental assisting program (within 10 years prior to application)

**OR**

- Obtain at least two years’ work experience as a dental assistant (within five years prior to application), successfully complete a Board-approved program in expanded functions, and pass the New Jersey Expanded Duties - General Exam (NJXDG) administered by DANB

**OR**

- Obtain at least two years’ work experience as a dental assistant (within five years prior to application) and pass the New Jersey Expanded Duties - General Exam (NJXDG) administered by DANB

**AND**

- Apply for licensure as a Registered Dental Assistant to the New Jersey State Board of Dentistry

An unregistered dental assistant in the state of New Jersey may perform basic supportive dental procedures specified by the state dental practice act (see opposite page) under the direct supervision of a licensed dentist.

There are no education or training requirements for this level of dental assisting.

---

**Proposed Standardized National Job Titles (see below)**

**Expanded Functions Dental Assistant (EFDA)**

**Registered Dental Assistant (RDA)**

**DANB Certified Dental Assistant (CDA) or Registered Dental Assistant (RDA)**

**Dental Assistant**

**Unregistered Dental Assistant**

**Entry Level Dental Assistant**

**Radiography Requirements**

To legally operate dental x-ray equipment and perform dental radiographic procedures in the state of New Jersey, a dental assistant must be licensed as a Dental Radiologic Technician (DRT) by the New Jersey Radiologic Technology Board of Examiners. To obtain this license, one must:

- Successfully complete high school or its equivalent

**AND**

- Be at least 18 years of age

**AND**

- Be of good moral character

**AND**

- Pass the national DANB Radiation Health and Safety (RHS) exam within the five years prior to application

**OR**

- Hold current national DANB Certified Dental Assistant (CDA) certification

**AND**

- Successfully complete a New Jersey State-approved dental radiography course or its equivalent

**AND**

- Apply for licensure to the State of New Jersey Bureau of X-Ray Compliance

The following functions are not permitted by any level of dental assistant:

- Make any diagnosis or develop any treatment plan with respect to the dental condition or treatment of any living person

- Perform any surgical or irreversible procedure, including, but not limited to, the cutting of hard or soft tissue or the extraction of any tooth

- Either bill or submit a claim for any service rendered involving the practice of dentistry or dental hygiene

- Receive payment for the performance of dental or dental hygiene services from any source other than an employer authorized by law to practice dentistry in this State or any dental clinic, institution, or employment agency, that employs licensed dental hygienists to provide temporary dental hygiene services

The ADAA/DANB Alliance developed a listing of standardized job titles (left) based on its national Core Competencies Study conducted from 2002-2005.

The same study utilized a list of 70 job functions which were determined to be representative of a broad range of dental assisting core competencies.

Functions in this state that relate to the national DANB/ADAA Core Competencies Study are numbered to the right, using language directly from this state’s dental practice act. (The numbers correspond to the study’s task numbering system.)

Functions listed with bullets are part of this state’s practice act but are not specific matches to DANB/ADAA research.

These state templates reflect the work done by the ADAA/DANB Alliance to support a uniform national model for one set of dental assisting tasks, levels and requirements, which will serve as a viable career ladder for dental assistants.
## New Jersey

**Job Title According to State of NJ**

**Registered Dental Assistant (RDA)**

### Allowable Functions

**(Functions with numbers relate specifically to Core Competency designations; functions with bullets are in this state’s practice act but are not specific matches to DANB research)**

#### Under Direct Supervision*

<table>
<thead>
<tr>
<th>Function Description</th>
<th>Functions with Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Place and remove retraction cords and medicated pellets; this shall not include electrosurgery or the use of lasers for tissue retraction</td>
<td>12. Place amalgam, composite and gold foil in a tooth for condensation by the dentist</td>
</tr>
<tr>
<td>12. Place amalgam, composite and gold foil in a tooth for condensation by the dentist</td>
<td>13. Remove sutures</td>
</tr>
<tr>
<td>18. 40. Provide prophylactic and preventive measures, such as the application of fluorides and pit and fissure sealants and other recognized topical agents for the prevention of oral disease or discomfort; this shall not include prophylaxis</td>
<td>27. Isolate the operative field, including the placement and removal of rubber dams</td>
</tr>
<tr>
<td>35, 62, 63, 69. Place and remove periodontal dressings and other surgical dressings</td>
<td>36, 62, 63, 69. Place and remove periodontal dressings and other surgical dressings</td>
</tr>
<tr>
<td>44. Take alginate impressions</td>
<td>45. Place and remove matrices and wedges</td>
</tr>
<tr>
<td>47. Fabricate and cement temporary crowns and bridges after preparation of tooth (teeth) by a dentist. This does not include intraoral occlusal adjustment</td>
<td>48. Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes and water</td>
</tr>
<tr>
<td>54. Perform hand removal of crowns and bridges that have been temporarily cemented</td>
<td>55. Perform hand removal of soft temporary restorations</td>
</tr>
<tr>
<td>59. Monitor a patient to whom the supervising dentist has administered nitrous oxide/oxygen inhalation analgesia, provided the RDA does not perform any other function while monitoring the patient (upon completion of a Board-approved course and with current Cardiac Life Support certification) and provided the patient is not taking any medication, whether prescribed by the dentist or by another licensed practitioner</td>
<td>64. Take impressions for and perform laboratory fabrication of athletic mouth guards. This shall not include insertion of the appliance.</td>
</tr>
<tr>
<td>56. Apply topical anesthetic agents</td>
<td>- Remove arch wires and ligature wires</td>
</tr>
<tr>
<td>57. Prepare coronary surfaces for bonding, sealing, or desensitizing agents</td>
<td>- Perform bite registration procedures to determine occlusal relationships of diagnostic models only</td>
</tr>
<tr>
<td>58. Etch teeth in preparation for bonding, sealing, or desensitizing agents</td>
<td>• Place temporary sedative restorations</td>
</tr>
<tr>
<td>59. Perform hand removal of soft temporary restorations</td>
<td>• Place temporaries cemented</td>
</tr>
<tr>
<td>22. Make radiographic exposures as permitted by the Department of Environmental Protection, Bureau of Radiological Health (see “Radiography Requirements” on previous page)</td>
<td>48. Isolate the operative field, not to include rubber dams</td>
</tr>
<tr>
<td>24. Provide oral health education including dietary analysis and clinical instruction in order to promote dental health</td>
<td>48. Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes and water</td>
</tr>
<tr>
<td>28, 43. Trial size (pre-select) orthodontic bands, wires, stainless steel crowns and temporary crowns on a diagnostic model only</td>
<td>48. Isolate the operative field, not to include rubber dams</td>
</tr>
<tr>
<td>37. Take and record vital signs</td>
<td>48. Retract patient’s cheek, tongue or other tissue parts during a dental procedure</td>
</tr>
<tr>
<td>40. Place caries detecting agents</td>
<td>48. Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes and water</td>
</tr>
<tr>
<td>41. Use instruments for caries detection. Such instrument shall not include a laser capable of cutting, burning, or damaging hard or soft tissue</td>
<td>48. Isolate the operative field, not to include rubber dams</td>
</tr>
<tr>
<td>42. Demonstrate home-use bleaching systems and apply bleaching agents</td>
<td>48. Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes and water</td>
</tr>
<tr>
<td>43. Administer a topical treatment on a patient after a licensed dentist or licensed dental hygienist has performed a prophylaxis</td>
<td>48. Isolate the operative field, not to include rubber dams</td>
</tr>
<tr>
<td>61. All duties designated to Unregistered Dental Assistants, under the same level of required supervision</td>
<td></td>
</tr>
</tbody>
</table>

---

*Direct Supervision:* A licensed dentist is physically present in the office at all times during the performance of any act, and such acts are performed pursuant to the licensed dentist’s order, control, and full professional responsibility.
Appendix A: Numbering System for Dental Assisting Functions

The following list of 70 dental assisting tasks was developed by the ADAA/DANB Alliance as part of a study of dental assisting core competencies conducted between 2002 and 2005. These selected tasks were determined to be representative of a broad range of dental assisting core competencies.

The numbered functions listed in the preceding state charts correspond to functions that were included in the DANB/ADAA core competencies study and use language directly from the state’s dental practice act. The numbers are provided to facilitate comparison between and among states. Functions listed with bullets in the preceding charts are part of the state’s practice act but are not specific matches to the functions that were included in the 2002-2005 study.

1. Perform mouth mirror inspection of the oral cavity
2. Chart existing restorations or conditions
3. Phone in prescriptions at the direction of the dentist
4. Receive and prepare patients for treatment, including seating, positioning chair, and placing napkin
5. Complete laboratory authorization forms
6. Place and remove retraction cord
7. Perform routine maintenance of dental equipment
8. Monitor and respond to postsurgical bleeding
9. Perform coronal polishing procedures
10. Apply effective communication techniques with a variety of patients
11. Transfer dental instruments
12. Place amalgam for condensation by the dentist
13. Remove sutures
14. Dry canals
15. Tie in archwires
16. Demonstrate knowledge of ethics/jurisprudence/patient confidentiality
17. Identify features of rotary instruments
18. Apply topical fluoride
19. Select and manipulate gypsums and waxes
20. Perform supragingival scaling
21. Mix dental materials
22. Expose radiographs
23. Evaluate radiographs for diagnostic quality
24. Provide patient preventive education and oral hygiene instruction
25. Perform sterilization and disinfection procedures
26. Provide pre- and post-operative instructions
27. Place and remove dental dam
28. Pour, trim, and evaluate the quality of diagnostic casts
29. Size and place orthodontic bands and brackets
30. Using the concepts of four-handed dentistry, assist with basic restorative procedures, including prosthodontics and restorative dentistry
31. Identify intraoral anatomy
32. Demonstrate understanding of the OSHA Hazard Communication Standard
33. Place, cure and finish composite resin restorations
34. Place liners and bases
35. Place periodontal dressings
36. Demonstrate understanding of the OSHA Bloodborne Pathogens Standard
37. Take and record vital signs
38. Monitor vital signs
39. Clean and polish removable appliances and prostheses
40. Apply pit and fissure sealants
41. Prepare procedural trays/armamentaria set-ups
42. Place orthodontic separators
43. Size and fit stainless steel crowns
44. Take preliminary impressions
45. Place and remove matrix bands
46. Take final impressions
47. Fabricate and place temporary crowns
48. Maintain field of operation during dental procedures through the use of retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
49. Perform vitality tests
50. Place temporary fillings
51. Carve amalgams
52. Process dental radiographs
53. Mount and label dental radiographs
54. Remove temporary crowns and cements
55. Remove temporary fillings
56. Apply topical anesthetic to the injection site
57. Demonstrate understanding of the Centers for Disease Control and Prevention Guidelines
58. Using the concepts of four-handed dentistry, assist with basic intraoral surgical procedures, including extractions, periodontics, endodontics, and implants
59. Monitor nitrous oxide/oxygen analgesia
60. Maintain emergency kit
61. Remove permanent cement from supragingival surfaces
62. Remove periodontal dressings
63. Place post-extraction dressings
64. Fabricate custom trays, to include impression and bleaching trays, and athletic mouthguards
65. Recognize basic medical emergencies
66. Recognize basic dental emergencies
67. Respond to basic medical emergencies
68. Respond to basic dental emergencies
69. Remove post-extraction dressings
70. Place stainless steel crown
Appendix B: Levels of Supervision

An important consideration in the discussion of the delegation of tasks to dental assistants is that of supervision of dental assistants by their dentist-employers. The American Dental Association (ADA) has identified five levels of supervision for dental auxiliaries, including dental assistants, which it defines in its “Comprehensive Policy Statement on Allied Dental Personnel,” (2010: 505) which is part of its Current Policies, last updated in 2012. Note that “allied dental personnel” refers to dental assistants, dental hygienists, community dental health coordinators and dental laboratory technicians.

The five levels of supervision defined by the ADA are as follows:

**Personal supervision:** A type of supervision in which the dentist is personally operating on a patient and authorizes the allied dental personnel to aid treatment by concurrently performing a supportive procedure.

**Direct supervision:** A type of supervision in which a dentist is in the dental office or treatment facility, personally diagnoses and treatment plans the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel and evaluates their performance before dismissal of the patient.

**Indirect supervision:** A type of supervision in which a dentist is in the dental office or treatment facility, personally diagnosed and treatment planned the condition to be treated, authorizes the procedures, and remains in the dental office or treatment facility while the procedures are being performed by the allied dental personnel, and will evaluate the performance of the allied dental personnel.

**General supervision:** A type of supervision in which a dentist is not required to be in the dental office or treatment facility when procedures are provided, but has personally diagnosed and treatment planned the condition to be treated, has personally authorized the procedures, and will evaluate the performance of the allied dental personnel.

**Public Health Supervision:** A type of supervision in which a licensed dental hygienist may provide dental hygiene services, as specified by state law or regulations, when such services are provided as part of an organized community program in various public health settings, as designated by state law, and with general oversight of such programs by a licensed dentist designated by the state.

Furthermore, the ADA’s “Comprehensive Policy Statement on Allied Dental Personnel” stipulates that intraoral expanded functions should be performed by allied dental personnel “under the supervision of a dentist.”

Because the study of dental assisting core competencies undertaken by the ADAA/DANB Alliance did not address the question of supervision, the ADAA/DANB Alliance does not make any recommendations as to the levels of supervision that should be necessary for the delegation of the tasks included in the study to dental assistants. However, the ADAA/DANB Alliance believes it is important to call attention to the fact that, while the ADA has defined supervision levels in the aforementioned policy statement, which governs the ADA's own activities and the activities of its members, these definitions have not been uniformly adopted by the dental boards of every U.S. state or district.

For the purposes of the attached charts, if a state’s dental practice act specifically defines levels of supervision, the state-specific definition is noted in the footer of the second page of the state chart.