

**RULES
OF
THE TENNESSEE BOARD OF DENTISTRY**

**CHAPTER 0460-02
RULES GOVERNING THE PRACTICE OF DENTISTRY**

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0460-02-.01 LICENSURE PROCESS - BY EXAM AND BY CRITERIA (RECIPROCITY).

- (1) The process for obtaining licensure by exam or by criteria (reciprocity) is as follows:
- (a) An applicant shall obtain a Board application form from the Board Administrative Office, respond truthfully and completely to every question or request for information contained in the form and submit it along with all documentation and fees required by the form and this rule to the Board Administrative Office. It is the intent of this rule that all activities necessary to accomplish the filing of the required documentation be completed prior to filing a licensure application and that all documentation be filed simultaneously.
 - (b) An applicant shall cause to be submitted directly, from a dental school, college or university duly accredited by the Commission on Dental Accreditation of the American Dental Association, to the Board Administrative Office a certificate of graduation containing the institution's Official Seal and which shows the following:
 - 1. The applicant's transcript; and
 - 2. The degree and diploma conferred, or a letter from the Dean of the educational institution attesting to the applicant's eligibility for the degree and diploma if the last term of dental school has not been completed at the time of application. However, no license shall be issued until official notification is received in the Board Administrative Office that the degree and diploma have been conferred.
 - (c) An applicant shall submit a signed "passport" style photograph taken within the preceding twelve (12) months.
 - (d) An applicant shall submit evidence of good moral character. Such evidence shall include at least two (2) letters attesting to the applicant's character from dental professionals on the signator's letterhead.
 - (e) An applicant shall submit proof of United States or Canadian citizenship or evidence of being legally entitled to live in the United States. Such evidence may include copies of birth certificates, naturalization papers, or current visa status.
 - (f) An applicant shall submit the required fees as provided in Rule 0460-01-.02(1).
 - (g) An applicant shall disclose the circumstances surrounding any of the following:

(Rule 0460-02-.01, continued)

1. Conviction of any criminal law violation of any country, state, or municipality, except minor traffic violations.
 2. The denial of licensure application by any other state or the discipline of licensure in any state.
 3. Loss or restriction of hospital privileges.
 4. Any other civil suit judgment or civil suit settlement in which the applicant was a party defendant including, without limitation, actions involving malpractice, breach of contract, antitrust activity or any other civil action remedy recognized under any country's or state's statutory, common, or case law.
 5. Failure of any dental licensure examination.
- (h) An applicant shall cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check.
- (i) An applicant shall submit evidence of current training in cardiopulmonary resuscitation (CPR) which is defined as successful completion of a BLS for Healthcare Providers, or CPR/AED for Professional Rescuers, or an equivalent course, which provides training for healthcare professionals in CPR and the use of an AED by a Board-approved training organization. The course must be conducted in person and include a skills examination on a manikin with a certified instructor.
- (j) An applicant shall indicate whether the applicant is physically capable of performing the procedures included in the practice of dentistry and if not, make explanation.
- (k) An applicant shall successfully complete the Tennessee Board of Dentistry Ethics and Jurisprudence examination.
- (2) In addition to completing the process described in paragraph (1), an applicant for licensure by exam:
- (a) Shall cause to be submitted a certificate of successful completion of the examinations for licensure as governed by Rule 0460-02-.05; and
 - (b) If an applicant for licensure by exam has ever held a license to practice dentistry in any other state or Canada, the applicant shall submit or cause to be submitted directly to the Board's administrative office from each licensing board that has currently or has ever granted authority to practice dentistry indication that the applicant either holds a current active license and whether it is in good standing, or held a license which is currently inactive and whether it was in good standing at the time it became inactive.
- (3) In addition to completing the process described in paragraph (1), an applicant for licensure by criteria (reciprocity):
- (a) Shall cause to be submitted directly to the Board's administrative office from each licensing board that has currently or has ever granted authority to practice dentistry indication that the applicant previously held or currently holds a valid license to practice dentistry and is absent of any pending disciplinary charges or action or any current investigation by a disciplinary authority, and

(Rule 0460-02-.01, continued)

1. Shall cause to be submitted directly to the Board's administrative office pertinent information about any disciplinary action imposed in any other state; and
 2. Shall provide a copy of all current and valid licenses to practice dentistry; and
 3. Shall provide the name of another state in which licensure to practice dentistry is or has been held; and
- (b) Shall demonstrate intent to actively practice or teach in Tennessee by submitting proof of employment as a dentist or by submitting proof of starting a private dental practice; and
- (c) Shall demonstrate that he/she has not failed previously any exams required by Rule 0460-02-.05 without subsequently retaking and passing such exams, if passage of such exams has ever been attempted; and
- (d) Shall demonstrate that he/she has practiced dentistry in another state or states for at least five (5) years by submitting proof of employment as a dentist or by submitting proof of having had a private dental practice; or
- (e) Shall demonstrate that he/she has taught in an American Dental Association accredited institution for at least five (5) years; or
- (f) Shall demonstrate any combination of subparagraphs (d) and (e) for at least five (5) years; or
- (g) Shall demonstrate that he/she has practiced dentistry in another state or states for at least two (2) years by submitting proof of employment as a dentist or by submitting proof of having had a private dental practice, and shall cause to be submitted a certificate of successful completion of an examination administered by another state, as provided in T.C.A. § 63-5-110(b)(6)(D); or
- (h) Shall demonstrate that he/she has taught in an American Dental Association accredited institution for at least two (2) years, and shall cause to be submitted a certificate of successful completion of the examinations for licensure as governed by Rule 0460-02-.05 or of an examination administered by another state, as provided in T.C.A. § 63-5-110(b)(6)(E); or
- (i) Shall demonstrate any combination of subparagraphs (g) and (h) for at least two (2) years.
- (4) Application review and licensure decisions required by this rule shall be governed by Rule 0460-01-.04.

Authority: T.C.A. §§ 4-3-1011, 4-5-202, 4-5-204, 63-5-105, 63-5-107, 63-5-110, 63-5-111, 63-5-124, and 63-5-132. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed August 26, 1980; effective December 1, 1980. Amendment filed October 13, 1983; effective November 14, 1983. Amendment filed September 24, 1987; effective November 8, 1987. Amendment filed June 8, 1989; effective July 23, 1989. Amendment filed November 30, 1989; effective January 14, 1990. Amendment filed April 30, 1991; effective June 14, 1991. Repeal and new rule filed December 11, 1991; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed February 9, 2000; effective April 24, 2000. Amendment filed October 20, 2003; effective January 3, 2004. Amendment filed August 23, 2005; effective November 6, 2005. Amendment filed December 16, 2005; effective March 1, 2006. Amendment filed March 17, 2006; effective May 31, 2006. Amendment filed September 30, 2014; effective December 29, 2014. Amendments filed October 25, 2017; effective January 23, 2018.

0460-02-.02 DUAL DEGREE LICENSURE PROCESS. The Board may issue a license to practice dentistry in Tennessee to persons who hold both dental and medical degrees and meet the qualifications contained in this rule. The process for obtaining a license by this method is as follows:

- (1) An applicant shall obtain an application form from the Board Administrative Office, respond truthfully and completely to every question or request for information contained in the form and submit it along with all documentation and fees required by the form or this rule to the Board Administrative Office. It is the intent of this rule that all activities necessary to accomplish the filing of the required documentation be completed prior to filing a licensure application and that all documentation be filed simultaneously.
- (2) An applicant shall request that a transcript from a dental school, college or university be sent directly from the institution to the Board Administrative Office. The transcript must show that either a D.D.S. or D.M.D. degree was conferred and carry the official seal of the institution.
- (3) An applicant shall submit a signed and notarized passport photograph taken within the preceding twelve (12) months.
- (4) An applicant must submit evidence of good moral character and competence. Such evidence shall include at least two (2) letters attesting to the applicant's character and ability from licensed dentists or physicians on the signator's letterhead.
- (5) An applicant shall submit proof of United States or Canada citizenship or evidence of being legally entitled to live in the United States. Such evidence may include notarized copies of birth certificates, naturalization papers, or current visa status.
- (6) An applicant shall submit the licensure application fee and state regulatory fees as provided in Rule 0460-01-.02(1).
- (7) If the applicant has ever taken any Board-approved examination as provided in Rule 0460-02-.05(1)(a), an application will not be approved unless and/or until a certification is submitted which indicates that the applicant achieved passing scores on all parts of the examination.
- (8) An applicant shall indicate whether the applicant is physically capable of performing the procedures included in the practice of dentistry and if not, make explanation.
- (9) An applicant shall submit evidence of current training in cardiopulmonary resuscitation (CPR) which is defined as successful completion of a BLS for Healthcare Providers, or CPR/AED for Professional Rescuers, or an equivalent course, which provides training for healthcare professionals in CPR and the use of an AED by a Board-approved training organization. The course must be conducted in person and include a skills examination on a manikin with a certified instructor.
- (10) An applicant shall disclose the circumstances surrounding any of the following:
 - (a) Conviction of any criminal law violation of a country, state or municipality, except minor traffic violations.
 - (b) The denial of licensure application by any other state or the disciplinary of licensure in any state.
 - (c) Loss or restriction of hospital privileges.
 - (d) Any other civil suit judgment or civil suit settlement in which the applicant was a party defendant including, without limitation, actions involving malpractice, breach of

(Rule 0460-02-.02, continued)

contract, antitrust activity or any other civil action remedy recognized under any county's or state's statutory, common, or case law.

- (e) Failure of any dental and/or medical licensure examination.
- (11) An applicant shall cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check.
- (12) An applicant shall submit or cause to be submitted the equivalent of a Tennessee Certificate of Endorsement from the licensing board(s) of every state or U.S. territory in which the applicant has ever been licensed as a dentist and/or physician which indicates the applicant either holds a current active license(s) and whether it is in good standing, or held a license(s) which is currently inactive and whether it was in good standing at the time it became inactive. An applicant must possess an active dental license which is in good standing in at least one (1) other state or U.S. territory.
- (13) An applicant shall cause to be submitted a certification which indicates that a graduate training program in a specialty branch of dentistry listed in T.C.A. § 63-5-112 or Rule 0460-02-.06 has been successfully completed.
- (14) An applicant must apply for a specialty certification and successfully complete all requirements for that specialty certification as provided in Rule 0460-02-.06 before application for licensure shall be granted.
- (15) An applicant shall submit a copy of an active, current license to practice medicine in Tennessee.
- (16) An applicant shall successfully complete the Tennessee Board of Dentistry Ethics and Jurisprudence examination.
- (17) Application review and licensure decisions required by this rule shall be governed by Rule 0460-01-.04.

Authority: T.C.A. §§ 4-3-1011, 4-5-202, 4-5-204, 63-5-105, 63-5-107, 63-5-110, 63-5-111, and 63-5-124.
Administrative History: Original rule certified June 7, 1974. Repeal and new rule filed August 26, 1980; effective December 1, 1980. Amendment filed October 13, 1983; effective November 14, 1983. Amendment filed September 24, 1987; effective November 8, 1987. Amendment filed June 8, 1989; effective July 23, 1989. Amendment filed April 30, 1991; effective June 14, 1991. Repeal and new rule filed December 11, 1991; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed August 18, 2003; effective November 1, 2003. Amendment filed March 17, 2006; effective May 31, 2006. Amendment filed September 30, 2014; effective December 29, 2014. Amendments filed October 25, 2017; effective January 23, 2018.

0460-02-.03 LIMITED AND EDUCATIONAL LIMITED LICENSURE PROCESS. Any dentist who has completed the requirements set forth in this rule may be issued a limited license for the practice of dentistry in American Dental Association accredited institutions, or dental education programs, or in federally designated health professional shortage areas, or may be issued an educational limited license to practice dentistry under the auspices of a dental educational institution. The educational limited license limits the dentist's location and activity to teaching and practice in programs offered only through the educational institution. It does not authorize independent private practice in any location.

- (1) The process for obtaining a limited or an educational limited license is as follows:
 - (a) An applicant shall obtain an application form from the Board Administrative Office, respond truthfully and completely to every question or request for information contained

(Rule 0460-02-.03, continued)

in the form and submit it along with all documentation and fees required by the form and this rule to the Board Administrative Office. It is the intent of this rule that all activities necessary to accomplish the filing of the required documentation be completed prior to filing a licensure application and that all documentation be filed simultaneously.

- (b) An applicant shall submit a signed "passport" style photograph taken within the preceding twelve (12) months.
- (c) An applicant must submit evidence of good moral character and professional competence. Such evidence shall include at least two (2) letters attesting to the applicant's character and ability from licensed dentists on the signator's letterhead.
- (d) An applicant shall submit proof of United States or Canadian citizenship or evidence of being legally entitled to live and work in the United States. Such evidence may include copies of birth certificates, naturalization papers, or current visa status.
- (e) An applicant shall submit the required fees as provided in Rule 0460-01-.02(1).
- (f) An applicant shall submit evidence of current training in cardiopulmonary resuscitation (CPR) which is defined as successful completion of a BLS for Healthcare Providers, or CPR/AED for Professional Rescuers, or an equivalent course, which provides training for healthcare professionals in CPR and the use of an AED by a Board-approved training organization. The course must be conducted in person and include a skills examination on a manikin with a certified instructor.
- (g) An applicant shall indicate whether the applicant is physically capable of performing the procedures included in the practice of dentistry and if not, make explanation.
- (h) An applicant shall disclose the circumstances surrounding any of the following:
 - 1. Conviction of any criminal law violation of any country, state or municipality, except minor traffic violations.
 - 2. The denial of licensure application by any other state or the discipline of licensure in any state.
 - 3. Loss or restriction of hospital privileges.
 - 4. Any other civil suit judgment or civil suit settlement in which the applicant was a party defendant including, without limitation, actions involving malpractice, breach of contract, antitrust activity or any other civil action remedy recognized under any country's or state's statutory, common, or case law.
 - 5. Failure of any dental licensure examination.
- (i) An applicant shall cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check.
- (j) An applicant shall submit or cause to be submitted the equivalent of a Tennessee Certificate of Endorsement from the licensing board(s) of every state in which the applicant has ever been licensed which indicates the applicant either holds a current active license and whether it is in good standing, or held a license which is currently inactive and whether it was in good standing at the time it became inactive.

(Rule 0460-02-.03, continued)

- (k) An applicant shall successfully complete the Tennessee Board of Dentistry Ethics and Jurisprudence examination.
- (2) In addition to completing the process described in paragraph (1), an applicant for limited licensure:
- (a) Shall cause a transcript from a dental school, college or university to be sent directly from the institution to the Board Administrative Office that shows the equivalent of the D.D.S. or the D.M.D. degree was conferred and carries the official seal of the institution; and
 - (b) Shall cause to be submitted, directly from Educational Credential Evaluators, Inc. (www.ece.org) to the Board Administrative Office, a "Course-By-Course Evaluation Report" that indicates the applicant has successfully completed the equivalent of four (4) years of study in a dentistry program in the United States; and
 - (c) Shall cause to be submitted, directly from the educational institution to the Board Administrative Office, certification of successful completion of a graduate training program in a recognized specialty branch of dentistry from an advanced specialty program accredited by the American Dental Association; and
 - (d) Shall cause to be submitted, directly from the examination agency to the Board Administrative Office, certification of successful completion of the National Board examination; and
 - (e) Shall cause, if practice is to occur in American Dental Association accredited institutions or dental education programs, the Dean or Director of the dental educational institution at which the applicant is to be employed to submit upon application for licensure and renewal of licensure, on behalf of the applicant, a letter of recommendation for limited licensure and a copy of the contract employing the applicant as a faculty member at the institution; or
 - (f) Shall submit when applying for licensure and when applying for renewal of licensure, if practice is to be in a federally designated health professional shortage area, proof of employment as a dentist or proof of starting/maintaining a private dental practice; and
 - (g) If the applicant has ever taken any regional testing agency examination or any other Board-approved examination as provided in Rule 0460-02-.05, an application will not be approved unless and/or until a certification is submitted which indicates that the applicant achieved passing scores on all parts of the examination.
- (3) In addition to completing the process described in paragraph (1), an applicant for educational limited licensure:
- (a) Shall cause a transcript from a dental school, college or university to be sent, directly from the institution to the Board Administrative Office, that shows the degree was conferred and carries the official seal of the institution; and
 - (b) Shall cause the Dean or Director of the dental educational institution at which the applicant is to be employed to submit upon application for licensure and renewal of licensure, on behalf of the applicant, a letter of recommendation for educational limited licensure and a copy of the contract employing the applicant as a faculty member at the institution; and
 - (c) Shall possess an active license which is in good standing in at least one (1) other state; and

(Rule 0460-02-.03, continued)

- (d) If the applicant has ever taken any regional testing agency examination or any other Board-approved examination as provided in Rule 0460-02-.05, an application will not be approved unless and/or until a certification is submitted which indicates that the applicant achieved passing scores on all parts of the examination.
- (4) When a limited or educational limited licensee is employed at an educational institution or program, the licensee shall cause the Dean or Director of the educational institution or program to immediately notify the Board in writing of the termination of the licensee's employment and the reasons therefore. Such notification terminates the licensee's authority to practice in Tennessee.
- (5) When a limited licensee is no longer practicing dentistry in a federally designated health professional shortage area, the licensee shall immediately notify the Board in writing. Such notification terminates the licensee's authority to practice in Tennessee.
- (6) Limited and educational limited licensees are subject to all rules governing renewal, retirement, reinstatement and reactivation as provided by Rules 0460-02-.08 and .09. These licenses are also subject to disciplinary action for the same causes and pursuant to the same procedures as active licenses. Under no circumstance shall a limited or educational limited license be renewed without payment of the required biennial renewal fee as stated in Rule 0460-01-.02, and completion of the annual continuing education requirement as stated in Rule 0460-01-.05(1).
- (7) Application review and licensure decisions required by this rule shall be governed by Rule 0460-01-.04.

Authority: T.C.A. §§ 4-3-1011, 4-5-202, 4-5-204, 63-5-105, 63-5-107, 63-5-110, 63-5-111, and 63-5-124.

Administrative History: Original rule certified June 7, 1974. Repeal and new rule filed August 26, 1980; effective December 1, 1980. Amendment filed October 13, 1983; effective November 14, 1983. Amendment filed September 21, 1989; effective November 5, 1989. Amendment filed April 30, 1991; effective June 14, 1991. Repeal and new rule filed December 11, 1991; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed February 9, 2000; effective April 24, 2000. Amendment filed April 10, 2001; effective June 24, 2001. Amendment filed April 10, 2002; effective June 24, 2002. Amendment filed August 18, 2003; effective November 1, 2003. Amendment filed October 20, 2003; effective January 3, 2004. Amendment filed March 17, 2006; effective May 31, 2006. Amendment filed July 10, 2006; effective September 23, 2006. Amendment filed September 30, 2014; effective December 29, 2014. Amendments filed October 25, 2017; effective January 23, 2018. Amendments filed April 19, 2021; effective July 18, 2021.

0460-02-.04 LICENSURE EXEMPTION PROCESS. Any person who pursuant to T.C.A. § 63-5-109, may be eligible to practice dentistry in Tennessee without a Tennessee dental license or with a Board issued exemption from licensure may practice or secure an exemption upon compliance with any of the following which apply to the person's circumstances:

- (1) Dentists licensed in Tennessee who intend to call into Tennessee, a dentist licensed in another state for consultative or operative purposes, must obtain prior or advance approval by submitting a letter of request to the Board Administrative Office. In emergency situations, telephone requests for prior approval may be utilized.
- (2) The director of any special project not affiliated with a state supported institution or public health agency who intends to employ dentists licensed in another state must obtain approval of the special project by submitting a letter of request to the Board Administrative Office which sets forth all particulars of the special project. Dentists employed in the approved special projects may practice only until the next Board-approved examination as provided in Rule 0460-02-.05(1)(a). However, dentists employed in such projects who are under the

(Rule 0460-02-.04, continued)

sponsorship of a dentist licensed in Tennessee and are under the auspices of a local dental society may only be employed for a period of six (6) months.

- (3) The Director or Owner of any agency other than a licensed hospital which intends to employ dental interns, externs or graduates of dental schools when such individuals are not licensed in any state must obtain approval of the agency by submitting a written request for approval to the Board Administrative Office which sets forth the particulars of the agency and justification for employing such individuals.
- (4) The Director of any research or development project employing personnel who will be performing dental procedures must obtain approval of the project by submitting a written request for approval to the Board Administrative Office which sets forth the particulars of the project and contains evidence that the project is under the auspices and direction of a recognized educational institution or the Tennessee Department of Health.
- (5) The Dean of the dental teaching institution which intends to employ or utilize unlicensed graduates of dental schools, colleges or universities as clinical instructors must submit a written application for exemption to the Board Administrative Office which contains the following:
 - (a) The duties to be performed by the graduates, and
 - (b) The method of supervision imposed by the institution over the graduates, and
 - (c) A list of all graduates requiring exemption, and
 - (d) The student clinical instructor exemption fee as provided in Rule 0460-01-.02(1) for each graduate requiring exemption.
- (6) Exemptions granted pursuant to paragraph (5) of this rule shall be effective only until the next scheduled applicable examination of the Board and shall not be extended.
- (7) Application review and decisions required by this rule are governed by Rule 0460-01-.04.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-5-105, 63-5-105(7), and 63-5-109. **Administrative History:** Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed August 18, 2003; effective November 1, 2003.

0460-02-.05 EXAMINATIONS. All persons intending to apply for licensure as a dentist in Tennessee must successfully complete the examinations provided by this rule, except for educational limited licensure applicants and dual degree licensure applicants who need not complete any licensure examinations other than the Tennessee Board of Dentistry Ethics and Jurisprudence examination; limited licensure applicants who must successfully complete only the National Board examination and Board of Dentistry Ethics and Jurisprudence examination; criteria (reciprocity) applicants who are qualifying pursuant to Rule 0460-02-.01(3)(d), (e), or (f) and need not complete any licensure examinations other than the Tennessee Board of Dentistry Ethics and Jurisprudence examination; and criteria (reciprocity) applicants who are qualifying pursuant to Rule 0460-02-.01(3)(g), (h), or (i) and must successfully complete only the Board of Dentistry Ethics and Jurisprudence examination and a regional testing agency examination or examination given by another state as provided in T.C.A. § 63-5-110(b)(6)(D) or (E). Completion of the required examinations is a prerequisite for application for licensure. Certification of successful completion must be submitted as part of the application process.

- (1) The Board adopts as its licensure examination and requires, with the previously noted exceptions, successful completion of all of the following examination components as a prerequisite for licensure:

(Rule 0460-02-.05, continued)

- (a) An examination must include a prosthetic component, a periodontal component, an endodontic component, and a live human patient or non-patient based anterior and posterior restorative component.
 - (b) The National Board if the applicant graduated from a dental college, school or university after 1972.
 - (c) The Tennessee Board of Dentistry Ethics and Jurisprudence examination.
- (2) Admission to, application for and the fees required to sit for the regional examinations and the National Board examinations are governed by and must be submitted to the testing agency. Admission to, application for and the fees required to sit for any other Board-approved examination must be submitted to the Board as provided in Rule 0460-01-.02, or at the Board's option, its designated exam administrator.
- (3) Passing scores on the regional and National Board examinations are determined by the testing agency. Such passing scores as certified to the Board are adopted by the Board as constituting successful completion of those examinations. Passing scores for any other Board-approved examination are determined by the Board.
- (4) Applicants must supply or furnish their own patients, instruments and materials as required by the testing agency, the Board, or the Board's designated exam administrator.
- (5) Applicant's who fail to successfully complete any of the examinations may apply for reexamination.
- (6) Oral examination may be required pursuant to Rule 0460-01-.04.
- (7) The Board adopts as its own, the determination made by the regional testing agencies and the National Boards of the length of time that a passing score on their respective examinations will be effective for purposes of measuring competency and fitness for dental licensure; however, an applicant's test scores from any Board-approved examination as provided in subparagraph (1)(a) which were taken over five (5) years before application was made for licensure in Tennessee will be considered by the Board on a case by case basis after the applicant appears before the Board for an examination.
- (8) Applicants for licensure who have failed three (3) times the National Board or any Board-approved examination as provided in subparagraph (1)(a) must successfully complete a remedial course of post-graduate studies at a school accredited by the American Dental Association before consideration for licensure by the Board. The applicant shall cause the program director of the post-graduate program to provide written documentation of the content of such course and certify successful completion.
- (9) If an applicant has successfully completed a clinical board examination administered by another state and is applying for licensure pursuant to Rule 0460-02-.01(3)(g), (h), or (i), it is that applicant's responsibility to submit documentation substantiating the appropriateness of such examination. The Board shall make the final decision to accept or reject such examination.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-5-105, 63-5-107, 63-5-110, 63-5-111, 63-5-114, and 63-5-124.

Administrative History: Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed March 20, 1996; effective June 3, 1996. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed August 28, 2001; effective November 11, 2001. Amendment filed April 10, 2002; effective June 24, 2002. Amendment filed August 18, 2003; effective November 1, 2003. Amendment filed October 20, 2003; effective January 3, 2004. Amendment filed April 5, 2006; effective June 19, 2006.

(Rule 0460-02-.05, continued)

Amendments filed October 25, 2017; effective January 23, 2018. Amendments filed May 14, 2019; effective August 12, 2019. Amendments filed December 7, 2021; effective March 7, 2022.

0460-02-.06 SPECIALTY CERTIFICATION.

- (1) Recognized Specialties - The Board recognizes and will issue specialty certification in the following branches of dentistry:
 - (a) Dental Anesthesiology;
 - (b) Dental Public Health;
 - (c) Endodontics;
 - (d) Oral and Maxillofacial Radiology;
 - (e) Oral and Maxillofacial Surgery;
 - (f) Oral and Maxillofacial Pathology;
 - (g) Oral Medicine;
 - (h) Orofacial Pain;
 - (i) Orthodontics and Dentofacial Orthopedics;
 - (j) Pediatric Dentistry (Pedodontics);
 - (k) Periodontics;
 - (l) Prosthodontics.
- (2) Certification - To become certified as a specialist in a particular branch of dentistry an applicant must be licensed as a dentist in Tennessee except those persons eligible for licensure pursuant to Rule 0460-02-.02, and comply with the following:
 - (a) An applicant shall obtain a specialty application form from the Board Administrative Office, respond truthfully and completely to every question or request for information contained in the form and submit it along with all documentation and fees required by the form or this rule to the Board Administrative Office.
 - (b) An applicant shall submit the specialty certification application fee as provided in Rule 0460-01-.02(1).
 - (c) An applicant shall submit verification of one of the following:
 1. Successful completion of the specialty training as provided in the section of this rule for the specific specialty that the applicant is applying for; or
 2. Certification as a specialist by the American Board of the particular specialty for which application is made. A letter must be sent directly from the secretary of the American Board of the particular specialty to the Board Administrative Office which indicates that the applicant is certified by the American Board in that specialty and that the applicant is in good standing. All such certificates approved by the Board may be accepted as sufficient for specialty certification in lieu of

(Rule 0460-02-.06, continued)

submitting proof of successful completion of a residency program in a specialty.
Acceptance of such certificates is discretionary with the Board.

- (d) An applicant shall submit any other documentation required by the Board after review of the application.
 - (e) An applicant who is certified as a specialist in another state shall have that state's licensing board send proof to the Board Administrative Office which indicates that the applicant is certified in that specialty and that the applicant is in good standing.
 - (f) Application review and decisions required by this rule are governed by Rule 0460-01-.04.
- (3) Examination - All specialty applicants shall submit to an oral examination even if certification from an American Board in a specialty is accepted in lieu of submitting proof of successful completion of a residency program in a specialty.
 - (4) Dental Anesthesiology - An applicant must submit certification of successful completion of at least two (2) years of postgraduate training in Dental Anesthesiology at the university level in a program approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Dental Anesthesiology or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
 - (5) Dental Public Health - The requirements for certification in this specialty shall be those required by the American Dental Association as regards its regulation of this specialty branch of dentistry.
 - (6) Endodontics - An applicant must submit certification of successful completion of at least two (2) years of postgraduate training in Endodontics at the university level in a program approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Endodontics or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
 - (7) Oral and Maxillofacial Pathology - An applicant must submit certification of successful completion of two (2) years of postgraduate training in Oral Pathology or Oral and Maxillofacial Pathology at the university level in a program approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Oral Pathology or Oral and Maxillofacial Pathology or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
 - (8) Oral and Maxillofacial Radiology - An applicant must submit certification of successful completion of graduate study in Oral and Maxillofacial Radiology of at least two (2) years in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Oral and Maxillofacial Radiology or a certificate of completion letter from the director of the program submitted directly from the school to the Board Administrative Office.
 - (9) Oral and Maxillofacial Surgery.

(Rule 0460-02-.06, continued)

- (a) An applicant must provide to the Board Administrative Office certification of successful completion of advanced study in Oral and Maxillofacial Surgery of four (4) years or more in a graduate school or hospital accredited by the Commission on Dental Accreditation (CODA) or the American Dental Association and the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Oral and Maxillofacial Surgery or a certificate of completion letter from the director of the program submitted directly from the school to the Board Administrative Office.
- (b) Oral and Maxillofacial Surgery is the specialty area of the treatment of the oral cavity and maxillofacial area or adjacent or associated structures and their impact on the human body that includes the performance of the following areas of Oral and Maxillofacial Surgery, as described in the most recent version of the Parameters and Pathways: Clinical Practice Guidelines for Oral and Maxillofacial Surgery of the American Association of Oral and Maxillofacial Surgeons:
 - 1. Patient assessment;
 - 2. Anesthesia in outpatient facilities, as provided in T.C.A. §§ 63-5-105(6) and 63-5-108(g);
 - 3. Dentoalveolar surgery;
 - 4. Oral and craniomaxillofacial implant surgery;
 - 5. Surgical correction of maxillofacial skeletal deformities;
 - 6. Cleft and craniofacial surgery;
 - 7. Trauma surgery;
 - 8. Temporomandibular joint surgery;
 - 9. Diagnosis and management of pathologic conditions;
 - 10. Reconstructive surgery including the harvesting of extra oral/distal tissues for grafting to the oral and maxillofacial region; and
 - 11. Cosmetic maxillofacial surgery.
- (c) The Tennessee Board of Dentistry determines that the dental practice of Oral and Maxillofacial Surgery includes the following procedures which the Board finds are included in the curricula of dental schools accredited by the American Dental Association, Commission on Dental Accreditation, post-graduate training programs or continuing education courses:
 - 1. Rhinoplasty;
 - 2. Blepharoplasty;
 - 3. Rytidectomy;
 - 4. Submental liposuction;
 - 5. Laser resurfacing;

(Rule 0460-02-.06, continued)

6. Browlift, either open or endoscopic technique;
 7. Platysmal muscle plication;
 8. Dermabrasion;
 9. Otoplasty;
 10. Lip augmentation; and
 11. Botox injections or future FDA approved neurotoxins.
- (d) Any licensee who lacks the following qualifications and nevertheless performs the procedures and surgery identified in subparagraph (c) shall be subject to discipline by the Board under T.C.A. § 63-5-124, including provisions regarding malpractice, negligence, incompetence or unprofessional conduct:
1. Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA); and
 2. Has successfully completed a clinical fellowship, of at least one (1) continuous year in duration, in esthetic (cosmetic) surgery accredited by the American Association of Oral and Maxillofacial Surgeons or by the American Dental Association Commission on Dental Accreditation; or
 3. Holds privileges issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures.
- (e) The Board, pursuant to its authority under T.C.A. § 63-5-124, determines that performance of the surgery and procedures identified in subparagraph (c) without the qualifications set out above shall be considered unprofessional conduct and subject to discipline by the Board as such.
- (10) Oral Medicine - An applicant must submit certification of successful completion of graduate study in Oral Medicine of at least two (2) years in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Oral Medicine or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
- (11) Orofacial Pain - An applicant must submit certification of successful completion of graduate study in Orofacial Pain of at least two (2) years in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Orofacial Pain or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
- (12) Orthodontics and Dentofacial Orthopedics - An applicant must submit, with the application form, documentation of successful completion of one (1) of the following:
- (a) Certification of successful completion of two (2) academic years of training in Orthodontics and Dentofacial Orthopedics in an approved Postgraduate Department of

(Rule 0460-02-.06, continued)

an accredited dental school, college or university. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Orthodontics and Dentofacial Orthopedics or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.

- (b) Certification of successful completion of an organized preceptorship training program in Orthodontics and Dentofacial Orthopedics approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the preceptorship training program, to be submitted directly from the school to the Board Administrative Office.
- (13) Pediatric Dentistry (Pedodontics) - An applicant must submit to the Board Administrative Office certification of successful completion of at least two (2) years of graduate or post graduate study in Pediatric Dentistry according to the following:
- (a) If such study is completed in whole or in part at a dental school, college or university, the graduate or postgraduate program must be approved by the Council on Dental Education of the American Dental Association.
 - (b) The graduate or postgraduate program need not lead to an advanced degree.
 - (c) The program of study may be pursued in hospitals or clinics or other similar institutions.
 - (d) One (1) academic year of graduate or postgraduate study will be considered as equivalent to one (1) calendar year.
 - (e) Such evidence shall include either a transcript which indicates completion of the postgraduate training in Pediatric Dentistry (Pedodontics) or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
- (14) Periodontics - An applicant must submit certification of successful completion of at least two (2) years of postgraduate training in Periodontics at the university level in a program approved by the Commission on Dental Education of the American Dental Association and by the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Periodontics or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
- (15) Prosthodontics - An applicant must submit certification of successful completion of at least two (2) years of a postdoctoral education in prosthodontics in a program approved by the Commission on Dental Accreditation of the American Dental Association and the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in prosthodontics or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
- (16) General Rules Governing Specialty Practice
- (a) Scope of Practice - Dentists certified in a specialty branch of dentistry must devote and confine a majority of their practice to the certified specialty only. Any specialty certified dentists who do not so confine their practice or who return to general practice must retire specialty certification on forms obtained from and submitted to the Board Administrative Office.

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- (b) A current and active dental license issued by the Board is a prerequisite to the continued practice under any specialty certification.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-5-105, 63-5-107, 63-5-108, 63-5-110, 63-5-112, 63-5-113, and 63-5-122. **Administrative History:** Original rule filed December 11, 1992; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed December 7, 1998; effective February 20, 1999. Amendment filed April 10, 2001; effective June 24, 2001. Amendment filed August 18, 2003; effective November 1, 2003. Amendment filed November 17, 2003; effective January 31, 2004. Amendment filed June 18, 2004; effective September 1, 2004. Amendment filed July 21, 2004; effective October 4, 2004. Amendments filed December 28, 2004; effective March 13, 2005. Amendment filed December 16, 2005; effective March 1, 2006. Amendment filed July 10, 2006; effective September 23, 2006. Amendment filed October 22, 2010; effective January 20, 2011. Amendments filed September 30, 2014; effective December 29, 2014. Amendments filed April 19, 2021; effective July 18, 2021. Amendments filed June 21, 2023; effective September 19, 2023.

0460-02-.07 ANESTHESIA AND SEDATION.

(1) Definitions.

- (a) Advanced Cardiac Life Support (ACLS). A certification that means a person has successfully completed an advanced cardiac life support course offered by a recognized accrediting organization.
- (b) American Society of Anesthesiologists (ASA) Patient Physical Status Classification
 1. ASA I - A normal healthy patient.
 2. ASA II - A patient with mild systemic disease.
 3. ASA III - A patient with severe systemic disease.
 4. ASA IV - A patient with severe systemic disease that is a constant threat to life.
 5. ASA V - A moribund patient who is not expected to survive without the operation.
 6. ASA VI - A declared brain-dead patient whose organs are being removed for donor purposes.
 7. E - Emergency operation of any variety (used to modify one of the above classifications, i.e., ASA III-E).
- (c) Antianxiety premedication (anxiolysis). The prescription of pharmacologic substances for the relief of anxiety and apprehension.
- (d) Certified Registered Nurse Anesthetist (CRNA). A registered nurse currently licensed by the Tennessee Board of Nursing who is currently certified as such by the American Association of Nurse Anesthetists.
- (e) Conscious sedation. A minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof.
- (f) Deep sedation. An induced state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway

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independently and/or to respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or non-pharmacological method or a combination thereof.

- (g) Dental facility. The office where a permit holder or permit applicant practices dentistry and provides or is applying to provide anesthesia/sedation services.
 - (h) Dental facility inspection. An on-site inspection to determine if a dental facility is equipped to support the provision of anesthesia/sedation services under 0460-02-.07(6)(b) and 0460-02-.07(7)(b).
 - (i) Dental facility permit. Permit issued by the Board to a dental facility which allows an anesthesia/sedation permit holder to administer anesthesia/sedation services at that dental facility.
 - (j) Enteral. Any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa [i.e, oral, rectal, sublingual].
 - (k) General anesthesia. An induced state of unconsciousness accompanied by partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or non-pharmacological method or a combination thereof.
 - (l) Hospital. A hospital licensed by the Department of Health's Division of Health Care Facilities.
 - (m) Inhalation. A technique of administration in which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.
 - (n) Mobile dental anesthesia provider. A licensed dentist with an anesthesia/sedation permit who provides office based anesthesia/sedation for dental offices.
 - (o) Nitrous oxide inhalation analgesia. The administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.
 - (p) Pediatric Advanced Life Support (PALS). A certification that means a person has successfully completed an pediatric advanced life support course offered by a recognized accrediting organization.
 - (q) Parenteral. A technique of administration in which the drug bypasses the gastrointestinal (GI) tract [i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC)].
 - (r) Physician. A person licensed to practice medicine and surgery pursuant to Tennessee Code Annotated Title 63, Chapters 6 or 9.
- (2) Permits required.
- (a) No permit is required for the administration of nitrous oxide inhalation analgesia; however, dentists must comply with the provisions of 0460-02-.07(4).

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- (b) No permit is required for the use of antianxiety premedication (anxiolysis); however, dentists must comply with the provisions of 0460-02-.07(5).
- (c) Dentists must obtain a permit to administer conscious sedation. A conscious sedation permit may be limited or comprehensive.
 - 1. A limited conscious sedation permit authorizes dentists to administer conscious sedation by the enteral and/or combination inhalation-ental method.
 - 2. A comprehensive conscious sedation permit authorizes a dentist to administer conscious sedation by the enteral, combination inhalation-ental or parenteral method.
 - 3. Children thirteen (13) and under
 - (i) Dentists who administer conscious sedation by any method to children thirteen (13) and under must have a comprehensive conscious sedation permit.
 - (ii) Agents used to produce conscious sedation/deep sedation/general anesthesia in children thirteen (13) years of age and under must be given under the direct supervision of the dentist.
 - 4. Dentists issued limited or comprehensive conscious sedation permits must comply with Rule 0460-02-.07(6).
- (d) Dentists must obtain a permit to administer deep sedation/general anesthesia and comply with Rule 0460-02-.07(7).
- (3) Determination of degree of sedation.
 - (a) The degree of sedation or consciousness level of a patient is the determinant for the application of these rules, not the route of administration. Determining the degree of sedation or level of consciousness of a patient is based upon:
 - 1. The type and dosage of medication that was administered or was proposed for administration to the patient;
 - 2. The age, physical size and medical condition of the patient receiving the medication; and
 - 3. The degree of sedation or level of consciousness that should reasonably be expected to result from that type and dosage of medication.
 - (b) In a proceeding of the Board at which the board must determine the degree of sedation or level of consciousness of a patient, the board will base its findings on the provisions of subparagraph (a).
- (4) Nitrous oxide inhalation analgesia.
 - (a) Nitrous oxide may be administered by a licensed dentist or a licensed and properly certified dental hygienist under the direct supervision of a licensed dentist. The administering or supervising dentist must be on the premises at all times that nitrous oxide is in use.

(Rule 0460-02-.07, continued)

- (b) An authorized person must constantly monitor each patient receiving nitrous oxide. In addition to dentists, any licensed dental hygienist or registered dental assistant who has complied with Rules 0460-03-.06 or 0460-04-.05 is an authorized person and may monitor patients who are receiving nitrous oxide.
 - (c) Monitoring nitrous oxide. Monitoring patients receiving nitrous oxide inhalation analgesia as an adjunct to dental or to dental hygiene procedures consists of continuous direct clinical observation of the patient and begins after the dentist or dental hygienist has initiated the analgesia. The dentist must be notified of any change in the patient which might indicate an adverse effect on the patient. Those certified in nitrous oxide monitoring may terminate the administration of nitrous oxide inhalation analgesia.
 - (d) All equipment for the administration of nitrous oxide must be designed specifically to guarantee that an oxygen concentration of no less than thirty percent (30%) can be administered to the patient.
 - (e) All equipment for the administration of nitrous oxide must be equipped with a scavenger system.
- (5) Antianxiety premedication (anxiolysis).
- (a) The regulation and monitoring of this modality of treatment are the responsibility of the ordering dentist. The drugs used should carry a margin of safety wide enough to never render unintended loss of consciousness. If the administration is for antianxiety purposes, the appropriate initial dosing of a single enteral drug can be no more than the maximum recommended dose (MRD) of a drug that can be prescribed for non-monitored home use. The co-administration of nitrous oxide is allowed. If the MRD is exceeded then a limited conscious sedation permit is required.
 - (b) A dentist using antianxiety premedication must employ auxiliary personnel who are certified in BLS for Healthcare Providers, or CPR/AED for Professional Rescuers, or an equivalent course, which provides training for healthcare professionals in CPR and the use of an AED by a Board-approved training organization. The course must be conducted in person and include a skills examination on a manikin with a certified instructor.
 - (c) All antianxiety premedications and all sedation techniques (except nitrous oxide and oxygen) used for children age thirteen (13) and under require a comprehensive conscious sedation permit.
- (6) Conscious sedation.
- (a) Dentists must obtain a permit from the Board of Dentistry to administer conscious sedation in the dental office. Conscious sedation permits are either limited or comprehensive.
 - 1. To obtain a limited conscious sedation permit, a dentist must provide proof of current certification in ACLS (a pediatric dentist may substitute PALS), and must provide proof of one (1) of the following:
 - (i) Completion of an ADA accredited postdoctoral training program which affords comprehensive training necessary to administer and manage enteral and/or combination inhalation-enteral conscious sedation, or

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- (ii) Completion of a continuing education course which consists of a minimum of twenty four (24) hours of didactic instruction plus ten (10) clinically-oriented experiences which provide competency in enteral and/or combination inhalation-enteral conscious sedation.
 - 2. To obtain a comprehensive conscious sedation permit, a dentist must provide proof of current certification in ACLS (a pediatric dentist may substitute PALS), and must provide proof of one (1) of the following:
 - (i) Completion of an ADA accredited postdoctoral training program which affords comprehensive training to administer and manage parenteral conscious sedation, or
 - (ii) Completion of a continuing education course consisting of a minimum of sixty (60) hours of didactic instruction plus the management of at least twenty (20) patients which provides competency in parenteral conscious sedation. The course content must be consistent with that described for an approved continuing education program in these techniques in the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry, 2000 edition, or its successor publication.
 - 3. Dentists who provide conscious sedation for children must provide evidence of adequate training in pediatric sedation techniques and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems.
 - 4. A dentist who utilizes a Certified Registered Nurse Anesthetist (CRNA) to administer conscious sedation must have a valid comprehensive conscious sedation permit.
 - 5. A dentist may utilize a physician (MD or DO), who is a member of the anesthesiology staff of an accredited hospital, or a permitted dentist to administer conscious sedation in that dentist's office. Such person must remain on the premises of the dental facility until all patients given conscious sedation meet discharge criteria. The office must comply with the general rules for conscious sedation, i.e. Rule 0460-02-.07(6)(b). A dentist utilizing such person and complying with these provisions does not require a conscious sedation permit.
- (b) General rules for conscious sedation.
- 1. Physical facilities.
 - (i) The treatment room must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team, consisting of at least two persons, to move freely about the patient.
 - (ii) The operating table or dental chair must allow the patient to be placed in a position such that the operating team can maintain the airway, allow the operating team to alter the patient's position quickly in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.
 - (iii) The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color and provide adequate light for the procedure.

(Rule 0460-02-.07, continued)

- (iv) Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities.
 - (v) A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure.
 - (vi) A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the treatment room. A member of the staff must be able to observe the patient at all times during the recovery.
 - (vii) An alternate lighting system sufficiently intense to allow completion of any procedure and an alternate suction device that will function effectively must be available for emergency use at the time of a general power failure.
 - (viii) In offices where pediatric patients are treated, appropriate sized equipment must be available.
 - (ix) Inspections of the anesthesia and sedation equipment shall be made each day the equipment is used and a log kept recording the inspection and its results.
2. Personnel.
- (i) During conscious sedation at least one (1) person, in addition to the operating dentist, must be present.
 - (ii) Members of the operating team must be trained for their duties according to protocol established by the dentist and must be currently certified in BLS for Healthcare Providers, or CPR/AED for Professional Rescuers, or an equivalent course, which provides training for healthcare professionals in CPR and the use of an AED by a Board-approved training organization. The course must be conducted in person and include a skills examination on a manikin with a certified instructor.
 - (iii) All operatory room and/or recovery personnel who provide clinical care shall hold a current, appropriate Tennessee license/registration pursuant to Tennessee Code Annotated, Title 63.
 - (iv) Unlicensed/unregistered personnel may not be assigned duties or responsibilities that require professional licensure.
 - (v) Notwithstanding the provisions of subpart (iv), duties assigned to unlicensed/unregistered personnel shall be in accordance with their training, education, and experience and under the direct supervision of a licensed dentist.
3. Patient evaluation. Patients subjected to conscious sedation must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may be simply a review of their current medical history and medication use. However with individuals who may not be medically stable or who have a significant health disability (ASA III, IV) consultation with their primary care physician or consulting medical specialist is recommended.
4. Dental records. The dental record must include:

(Rule 0460-02-.07, continued)

- (i) A medical history including current medications and drug allergies;
 - (ii) Informed consent for the type of anesthesia used;
 - (iii) Baseline vital signs including blood pressure and pulse. If determination of baseline vital signs is prevented by the patient's age, physical resistance or emotional condition, the reason(s) should be documented;
 - (iv) A time-oriented anesthesia record which includes the drugs and dosage administered;
 - (v) Documentation of complications or morbidity; and
 - (vi) Status of the patient on discharge.
5. Monitoring.
- (i) Direct clinical observation of the patient must be continuous;
 - (ii) Interval recording of blood pressure and pulse must occur;
 - (iii) Oxygen saturation must be evaluated continuously by a pulse oximeter;
 - (iv) The patient must be monitored during recovery by trained personnel until stable for discharge;
 - (v) If monitoring procedures are prevented by the patient's age, physical resistance or emotional condition, the reason(s) should be documented; and
 - (vi) If a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist must stop the dental procedure until the patient returns to the intended level of sedation.
6. Emergency management.
- (i) Written protocols must be established by the dentist to manage emergencies related to conscious sedation including but not limited to laryngospasm, bronchospasm, emesis and aspiration, airway occlusion by foreign body, angina pectoris, myocardial infarction, hypertension, hypotension, allergic and toxic reactions, convulsions, hyperventilation and hypoventilation. Written protocols must be kept with the emergency equipment and drugs.
 - (ii) Training to familiarize the operating team with these protocols must be periodic and current. Regular staff education programs and training sessions shall be provided and documented which include sessions on emergencies, life saving measures, medical equipment, and utility systems.
 - (iii) A cardiac defibrillator or automated external defibrillator must be available.
 - (iv) Equipment and drugs on a list available from the Board and currently indicated for the treatment of the above listed emergency conditions must

(Rule 0460-02-.07, continued)

be present and readily available for use. Emergency protocols must include training in the use of this equipment and these drugs.

7. Recovery and discharge.

- (i) Patients must be monitored for adequacy of ventilation and circulation. The dental record must reflect that ventilation and circulation are stable and the patient is appropriately responsive prior to discharge.
- (ii) The dental office must develop specific criteria for discharge parameters for conscious sedation for both adult and pediatric patients.
- (iii) The dental record must reflect that appropriate discharge instructions were given, and that the patient was discharged into the care of a responsible person.

(7) Deep sedation/general anesthesia.

- (a) Dentists must obtain a permit from the Board of Dentistry to administer deep sedation/general anesthesia in the dental office.

1. Obtaining the permit.

- (i) To obtain a deep sedation/general anesthesia permit, a dentist must provide proof of current certification in ACLS (a pediatric dentist may substitute PALS), and must provide certification of one (1) of the following:
 - (I) Successful completion of a minimum of one (1) year advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in the most recent version of the ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, or
 - (II) Proof of successful completion of a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Accreditation of the American Dental Association; or
 - (III) Proof of successful completion of a residency program in general anesthesia of not less than one (1) calendar year that is approved by the Board of Directors of the American Dental Society of Anesthesiology for eligibility for the Fellowship in General Anesthesia or proof that the applicant is a Diplomate of the American Board of Dental Anesthesiology.
 - (ii) Dentists who provide deep sedation/general anesthesia for children must provide evidence of adequate training in pediatric sedation techniques, in general anesthesia, and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems.
2. A dentist may utilize a physician (MD or DO), who is a member of an anesthesiology staff of an accredited hospital, or another dentist who holds a deep sedation/general anesthesia permit to administer deep sedation or general anesthesia in that dentist's office. Such person must remain on the premises of the dental facility until all patients given deep sedation or general anesthesia meet discharge criteria. The office must comply with the general rules for deep sedation/general anesthesia, i.e. Rule 0460-02-.07(7)(b). A dentist utilizing such

(Rule 0460-02-.07, continued)

person and complying with these provisions does not require a deep sedation/general anesthesia permit.

3. A dentist who utilizes a Certified Registered Nurse Anesthetist (CRNA) to administer deep sedation/general anesthesia must have a valid deep sedation/general anesthesia permit.
4. A dentist who holds a deep sedation/general anesthesia permit may administer conscious sedation.

(b) General rules for deep sedation/general anesthesia.

1. Physical facilities.

- (i) The treatment room must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team, consisting of at least three (3) persons, to move freely about the patient.
- (ii) The operating table or dental chair must allow the patient to be placed in a position such that the operating team can maintain the airway, allow the operating team to alter the patient's position quickly in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.
- (iii) The lighting system must be adequate to allow an evaluation of the patient's skin and mucosal color and provide adequate light for the procedure.
- (iv) Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities.
- (v) A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure.
- (vi) A recovery area must be provided that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area may be the treatment room. A member of the staff must be able to observe the patient at all times during the recovery.
- (vii) An alternate lighting system sufficiently intense to allow completion of any procedure and an alternate suction device that will function effectively must be available for emergency use at the time of a general power failure.
- (viii) In offices where pediatric patients are treated, appropriate sized equipment must be available.
- (ix) Inspections of the deep sedation/general anesthesia equipment shall be made each day the equipment is used and a log kept recording the inspection and its results.

2. Personnel.

- (i) During deep sedation/general anesthesia at least two (2) persons, in addition to the operating dentist, must be present.

(Rule 0460-02-.07, continued)

- (ii) Members of the operating team must be trained for their duties according to protocol established by the dentist and must be currently certified in BLS for Healthcare Providers, or CPR/AED for Professional Rescuers, or an equivalent course, which provides training for healthcare professionals in CPR and the use of an AED by a Board-approved training organization. The course must be conducted in person and include a skills examination on a manikin with a certified instructor.
 - (iii) When the same individual administering the deep sedation/general anesthesia is performing the dental procedure, there must be a second (2nd) individual trained in patient monitoring.
 - (iv) All operatory room and/or recovery personnel who provide clinical care shall hold a current, appropriate Tennessee license/registration pursuant to Tennessee Code Annotated, Title 63.
 - (v) Unlicensed/unregistered personnel may not be assigned duties or responsibilities that require professional licensure.
 - (vi) Notwithstanding the provisions of subpart (v), duties assigned to unlicensed/unregistered personnel shall be in accordance with their training, education, and experience and under the direct supervision of a licensed dentist.
- 3. Patient evaluation. Patients subjected to deep sedation/general anesthesia must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may be simply a review of their current medical history and medication use. However with individuals who may not be medically stable or who have a significant health disability (ASA III, IV) consultation with their primary care physician or consulting medical specialist is recommended.
- 4. Dental records. The dental record must include:
 - (i) A medical history including current medications and drug allergies;
 - (ii) Informed consent for the type of anesthesia used;
 - (iii) Baseline vital signs including blood pressure, pulse and temperature. If determination of baseline vital signs is prevented by the patient's age, physical resistance or emotional condition the reason(s) should be documented;
 - (iv) A time-oriented anesthesia record which includes the drugs and dosage administered and an interval recording of blood pressure and pulse;
 - (v) Documentation of complications or morbidity; and
 - (vi) Status of the patient on discharge.
- 5. Monitoring.
 - (i) Direct clinical observation of the patient must be continuous;
 - (ii) Interval recording of blood pressure and pulse must occur;

(Rule 0460-02-.07, continued)

- (iii) Oxygen saturation must be monitored continuously by pulse oximeter;
- (iv) Continuous EKG monitoring with electrocardioscope must occur;
- (v) Respirations must be monitored by end tidal CO₂ unless precluded or invalidated by the nature of the patient, procedure, or equipment;
- (vi) If anesthetic agents implicated in the etiology of malignant hyperthermia are used, body temperature must continuously be monitored; and
- (vii) The patient must be monitored during recovery by trained personnel until stable for discharge.

6. Emergency management.

- (i) Written protocols must be established by the dentist to manage emergencies related to deep sedation/general anesthesia including but not limited to laryngospasm, bronchospasm, emesis and aspiration, airway occlusion by foreign body, angina pectoris, myocardial infarction, hypertension, hypotension, allergic and toxic reactions, convulsions, hyperventilation and hypoventilation. Written protocols must be kept with the emergency equipment and drugs.
- (ii) If anesthetic agents implicated in the etiology of malignant hyperthermia are used, written protocols to treat the malignant hyperthermia must be established.
- (iii) Training to familiarize the operating team with these protocols must be periodic and current. Regular staff education programs and training sessions shall be provided and documented which include sessions on emergencies, life saving measures, medical equipment, and utility systems.
- (iv) A cardiac defibrillator or automated external defibrillator must be available.
- (v) Equipment and drugs on a list available from the Board and currently indicated for the treatment of the above listed emergency conditions must be present and readily available for use. Emergency protocols must include training in the use of this equipment and these drugs.

7. Recovery and discharge.

- (i) Patients must be monitored for adequacy of ventilation and circulation. The dental record must reflect that ventilation and circulation are stable and the patient is appropriately responsive prior to discharge.
- (ii) The dental office must develop specific criteria for discharge parameters for deep sedation/general anesthesia for both adult and pediatric patients.
- (iii) The dental record must reflect that appropriate discharge instructions were given, and that the patient was discharged into the care of a responsible adult.

- (8) Continuing education. In order to maintain a limited or comprehensive conscious sedation or deep sedation/general anesthesia permit, a dentist must:

(Rule 0460-02-.07, continued)

- (a) Maintain current certification in ACLS (a pediatric dentist may substitute PALS); or
 - (b) Certify attendance every two (2) years at a Board-approved course comparable to ACLS or PALS and devoted specifically to the prevention and management of emergencies associated with conscious sedation or deep sedation/general anesthesia; and
 - (c) Obtain a minimum of four (4) hours of continuing education in the subject of anesthesia and/or sedation as part of the required forty (40) hours of continuing education for dental licensure. ACLS or PALS certification shall not be included as any part of the required four (4) hours.
- (9) Reporting injury or mortality.
 - (a) A written report shall be submitted to the board by the dentist within thirty (30) days of any anesthesia-related incident resulting in patient injury or mortality, which occurred when the patient was under the care of the dentist and required hospitalization. In the event of patient mortality, concurrent with a sedation or anesthesia-related incident, this incident must be reported to the board within two (2) working days, to be followed by the written report within thirty (30) days.
 - (b) A written report shall include:
 - 1. Description of dental procedure;
 - 2. Description of preoperative physical condition of the patient;
 - 3. List of the drugs and dosages administered;
 - 4. Detailed description of techniques utilized in administering the drugs;
 - 5. Description of adverse occurrence to include:
 - (i) Detailed description of symptoms of any complications including, but not limited to, onset and type of symptoms in the patient;
 - (ii) Treatment instituted on patient; and
 - (iii) Response of the patient to treatment; and
 - 6. Description of the patient's condition on termination of any procedure undertaken.
- (10) Permit process (limited conscious sedation, comprehensive conscious sedation, deep sedation/general anesthesia).
 - (a) To obtain a limited or comprehensive conscious sedation permit or deep sedation/general anesthesia permit, a dentist must apply on an application form provided by the board and submit the appropriate fee as established by the board.
 - (b) The applicant must submit acceptable proof to the Board:
 - 1. For a limited conscious sedation permit:
 - (i) That the educational requirements of 0460-02-.07(6)(a)1. are met; and

(Rule 0460-02-.07, continued)

- (ii) Compliance with general Rules 0460-02-.07(6)(b).
 - 2. For a comprehensive conscious sedation permit:
 - (i) That the educational requirements of 0460-02-.07(6)(a)2. are met; and
 - (ii) Compliance with general Rules 0460-02-.07(6)(b).
 - 3. For a deep sedation/general anesthesia permit:
 - (i) That the educational requirements of 0460-02-.07(7)(a) have been met; and
 - (ii) Compliance with general Rules 0460-02-.07(7)(b).
 - (c) A permit must be renewed every two (2) years by payment of the appropriate renewal fee as established by the board and by certification of the continuing education requirement [0460-02-.07(8)] and by certification of compliance with the general rules for conscious sedation [0460-02-.07(6)(b)] or deep sedation/general anesthesia [0460-02-.07(7)(b)].
- (11) Anesthesia Consultants.
 - (a) In addition to the Board Consultant and his/her duties, as provided in Rule 0460-01-.03, Anesthesia Consultants shall be appointed by the board to assist the board in the administration of this rule. All Anesthesia Consultants shall be licensed to practice dentistry in Tennessee and shall all hold current, valid comprehensive conscious sedation or deep sedation/general anesthesia permits.
 - (b) The Anesthesia Consultants shall be:
 - 1. A periodontist;
 - 2. A pediatric dentist;
 - 3. A general dentist;
 - 4. Two (2) oral and maxillofacial surgeons;
 - 5. A dentist anesthesiologist; and
 - 6. A rotating member who is a licensed general dentist or specialty dentist with a valid comprehensive conscious sedation or deep sedation/general anesthesia permit. The term of the rotating member will be two (2) years.
 - (c) The Anesthesia Consultants shall advise the Board of Dentistry regarding the continuing education courses, to be approved by the Board, to satisfy the requirements in subpart (6)(a)1.(ii), item (6)(a)2.(i)(II) and subparagraph (8)(b).
- (12) Facility Permits and Inspections. A dental facility permit is required of the office where an anesthesia/sedation permit holder practices dentistry and provides anesthesia/sedation services. A dental facility permit is separate from a dentist's individual anesthesia/sedation permit. The dental facility permit will expire five (5) years from the date of issuance or renewal of the dental facility permit.

(Rule 0460-02-.07, continued)

- (a) Dentists who currently hold an anesthesia/sedation permit as of the effective date of this rule shall apply for a dental facility permit prior to the expiration of their dental license. Only one dental facility permit is required per location.
 - (b) Prior to the issuance of a licensee's initial anesthesia/sedation permit, the Board shall require an on-site inspection of the dental facility's equipment and drugs to determine if the requirements of 0460-02-.07(6)(b) and 0460-02-.07(7)(b) have been met. Compliance with these rules is a condition to obtaining an initial anesthesia/sedation permit. The cost of the on-site inspection will be the responsibility of the dental facility.
 - (c) The individual, organization, or agency conducting the inspection may also notify the board of other violations discovered during the inspection. Violations that may have been observed during the inspection, but not related to equipment and drug requirements may be separately pursued by the Board.
 - (d) All dental facilities wherein anesthesia/sedation may be administered shall be inspected once every five (5) years beginning from the date of the initial dental facility permit to ensure that the dental facility has remained in compliance with the requirements of 0460-02-.07(6)(b) and 0460-02-.07(7)(b).
 - (e) The dental facility will be notified in writing within 120 days prior to the dental facility permit expiration date of when the inspection is required. Failure to receive the written notification does not exempt the dental facility from obtaining an inspection prior to the expiration of the dental facility permit. The written notice will also include a Board inspection form to be completed by the individual, organization or agency conducting the inspection.
 - (f) The inspection must be performed by an individual, organization or agency that has been approved by the Board. The dental facility must complete the inspection prior to the dental facility permit expiration date. Upon conclusion of the inspection, the dental facility must receive either a pass or fail recommendation.
 - (g) The recommendation of the inspection and Board inspection form must be submitted to both the dental facility and the Board's administrative office by the individual, organization or agency conducting the inspection within 30 days after completing the inspection. The recommendation and Board inspection form can be sent by regular or electronic mail. The Board is not bound by this recommendation.
 - (h) The Board consultant will review the recommendation and Board inspection form to determine whether the dental facility has passed or failed the inspection. Written notification of the decision will be provided to the dental facility within 30 days after receipt of the recommendation and Board inspection form.
- (13) Failure upon inspection.
- (a) Any dental facility with missing or malfunctioning equipment or that is not in compliance with 0460-02-.07(6)(b) or 0460-02-.07(7)(b) shall cease administering anesthesia/sedation until all deficiencies have been remedied.
 - (b) The dental facility must remedy all deficiencies within thirty (30) days from receipt of the Board consultant's decision.
 - (c) If a dental facility fails the inspection because of extenuating circumstances, it may submit a written request for an extension of time to remedy all deficiencies. The written request must include a complete explanation of the extenuating circumstances and the dental facility's plan for remedying all deficiencies. If an extension is granted after the

(Rule 0460-02-.07, continued)

Board consultant's review of the written request, the Board consultant shall establish the duration of the extension of time for the dental facility to remedy the deficiencies. The dental facility shall cease administering anesthesia/sedation until all deficiencies have been remedied and deemed compliant by the Board consultant. The dental facility must submit proof of the remedial measures taken to the Board consultant for review. Once the Board consultant has determined the dental facility is compliant, the dental facility will be notified by the Board.

- (14) In the case of a dentist who practices as a mobile dental anesthesia provider, an inspection shall be conducted of the mobile dental anesthesia provider's equipment and drugs required by 0460-02-.07(6)(b) and 0460-02-.07(7)(b).
- (15) Exceptions to facility inspections.
 - (a) An on-site inspection is not required when anesthesia/sedation is administered in a CODA (Commission on Dental Accreditation) accredited educational institution, hospital setting or federal facility.
 - (b) A dentist may submit proof of successful completion of the American Association of Oral and Maxillofacial Surgeons' Office Anesthesia Evaluation in lieu of the on-site inspection required by 0460-02-.07(12).

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-5-105, 63-5-107, 63-5-108, 63-5-112, 63-5-115, 63-5-117, 63-5-122, and 63-5-124. **Administrative History:** Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed February 18, 2003; effective May 4, 2003. Amendment filed December 28, 2004; effective March 13, 2005. Amendment filed July 10, 2006; effective September 23, 2006. Amendment filed September 25, 2008; effective December 9, 2008. Amendments filed October 22, 2010; effective January 20, 2011. Amendments filed September 30, 2014; effective December 29, 2014. Amendments filed March 24, 2015; effective June 22, 2015. Amendments filed May 14, 2019; effective August 12, 2019. Amendments filed April 19, 2021; effective July 18, 2021. Amendments filed December 7, 2021; effective March 7, 2022.

0460-02-.08 LICENSURE RENEWAL. All licensed dentists must renew their licenses to be able to legally continue in practice. Licensure renewal is governed by the following:

- (1) Renewal application
 - (a) The due date for licensure renewal is the last day of the month in which a licensee's birthday falls pursuant to the Division of Health Related Boards "birthdate renewal system" contained on the renewal certificate as the expiration date.
 - (b) Methods of Renewal
 - 1. Internet Renewals - Individuals may apply for renewal and pay the necessary fees via the Internet. The application to renew can be accessed at:

<https://apps.tn.gov/hlrs/>
 - 2. Paper Renewals - For individuals who have not renewed their license online via the Internet, a renewal application form will be mailed to each individual licensed by the Board to the last address provided to the Board. Failure to receive such notification does not relieve the licensee from the responsibility of meeting all requirements for renewal.

(Rule 0460-02-.08, continued)

- (c) A license issued pursuant to these rules is renewable by the expiration date. To be eligible for renewal an individual must submit to the Division of Health Related Boards on or before the expiration date the following:
 - 1. A completed renewal application form.
 - 2. The renewal and state regulatory fees as provided in Rule 0460-01-.02.
 - 3. If licensed pursuant to Rule 0460-02-.03, a letter of request accompanied by a letter of recommendation from the dean or director of the educational institution.
 - 4. Proof of successful completion of the Tennessee Board of Dentistry Ethics and Jurisprudence examination.
- (d) Licensees who fail to comply with the renewal rules or notification received by them concerning failure to timely renew shall have their licenses processed pursuant to Rule 1200-10-01-.10.
- (2) Reinstatement of an Expired License - Reinstatement of a license that has expired may be accomplished upon meeting the following conditions:
 - (a) Payment of all past due renewal fees, state regulatory fees and the reinstatement fee, as established in Rule 0460-01-.02; and
 - (b) Provide documentation of successfully completing continuing education requirements for the entire time the license was expired, pursuant to Rule 0460-01-.05; and
 - (c) Submit proof of successful completion of the Tennessee Board of Dentistry Ethics and Jurisprudence examination.
 - (d) Any licensee who fails to renew licensure prior to the expiration of the second (2nd) year after which renewal is due may be required to meet other conditions as the Board may deem necessary to protect the public.
- (3) Anyone submitting a renewal form, reinstatement/reactivation application, or letter which is found to be untrue may be subject to disciplinary action as provided in T.C.A. § 63-5-124.
- (4) Renewal issuance decisions pursuant to this rule may be made administratively, upon review by the Board.
- (5) Application review and decisions required by this rule shall be governed by Rule 0460-01-.04.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-1-107, 63-1-108, 63-5-105, 63-5-107, 63-5-110, 63-5-111, 63-5-117, 63-5-124, and 63-5-129. **Administrative History:** Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed February 12, 1996; effective April 27, 1996. Amendment filed April 10, 2001; effective June 24, 2001. Amendment filed August 21, 2002; effective November 4, 2002. Amendment filed August 18, 2003; effective November 1, 2003. Amendments filed October 25, 2017; effective January 23, 2018.

0460-02-.09 LICENSURE RETIREMENT AND REACTIVATION.

- (1) Licensees who wish to retain their licenses but not actively practice may avoid compliance with the licensure renewal process, continuing education and CPR requirements by doing the following:

(Rule 0460-02-.09, continued)

- (a) Obtain from, complete and submit to the Board Administrative Office an affidavit of retirement form.
 - (b) Submit any documentation which may be required by the form to the Board Administrative Office.
- (2) Any licensee whose license has been retired may reenter active practice by doing the following:
 - (a) Submit a written request for licensure reactivation to the Board Administrative Office; and
 - (b) Pay the licensure renewal fees and state regulatory fee as provided in Rule 0460-01-.02(1), and if retirement was pursuant to Rule 0460-02-.08(5) and reactivation was requested prior to the expiration of one (1) year from the date of retirement, the Board may require payment of the late renewal fee and past due licensure renewal and state regulatory fees as provided in Rule 0460-01-.02(1).
 - (c) If requested, after review by the Board a designated Board member or the Board consultant, appear before the Board, a Board member or the Board consultant for an interview regarding continued competence in the event of licensure retirement in excess of two (2) years.
 - (d) Comply with the continuing education provisions of Rule 0460-01-.05(6) applicable to reactivation of retired licenses.
 - (e) Submit proof of successful completion of the Tennessee Board of Dentistry Ethics and Jurisprudence examination.
- (3) Application review and decisions required by this rule shall be governed by Rule 0460-01-.04.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-5-105, 63-5-107, 63-5-110, 63-5-111, 63-5-117, 63-5-124, and 63-5-129. **Administrative History:** Original rule filed December 11, 1991; effective January 25, 1992. Amendment filed March 20, 1996; effective June 3, 1996. Amendment filed August 21, 2002; effective November 4, 2002. Amendments filed October 25, 2017; effective January 23, 2018.

0460-02-.10 ADVERTISING.

- (1) Policy Statement. The lack of sophistication on the part of many members of the public concerning dental services, the importance of the interests affected by the choice of a dentist and the foreseeable consequences of unrestricted advertising by dentists, which is recognized to pose special possibilities for deception, require that special care be taken by dentists to avoid misleading the public. The dentist must be mindful that the benefits of advertising depend upon its reliability and accuracy. Since advertising by dentists is calculated and not spontaneous, reasonable regulation designed to foster compliance with appropriate standards serves the public interest without impeding the flow of useful, meaningful, and relevant information to the public.
- (2) Definitions.
 - (a) Advertisement. Informational communication to the public in any manner designed to attract public attention to the practice of a dentist who is licensed to practice dentistry in Tennessee.
 - (b) Licensee. Any person holding a license to practice dentistry in the State of Tennessee. Where applicable this shall include dental partnerships and/or corporations.

(Rule 0460-02-.10, continued)

- (c) **Material Fact.** Any fact which an ordinary reasonable and prudent person would need to know or rely upon in making an informed decision concerning the choice of dental practitioners to serve his or her particular dental needs.
 - (d) **Bait and Switch Advertising.** An alluring but insincere offer to sell a product or service which the advertiser in truth does not intend or want to sell or provide. Its purpose is to switch consumers from buying or receiving the advertised merchandise or services, in order to sell or provide something else, usually at a higher fee or on a basis more advantageous to the advertiser.
 - (e) **Discounted Fee.** Shall mean a fee offered or charged by a person or organization for any dental product or service that is less than the fee the person or organization usually offers or charges for the product or service. Products or services expressly offered free of charge shall not be deemed to be offered at a “discounted fee”.
- (3) **Advertising Dental Fees and Services.**
 - (a) **Fixed Fees.** Fixed fees may be advertised for any service.
 - 1. It is presumed unless otherwise stated in the advertisement that a fixed fee for a service shall include the cost of all professional recognized components within generally accepted standards that are required to complete the service.
 - (b) **Ranges of Fees.** A range of fees may be advertised for services and the advertisement must disclose the factors used in determining the actual fee, necessary to prevent deception of the public.
 - (c) **Discount Fees.** Discount fees may be advertised if:
 - 1. The discount fee is in fact lower than the licensee’s customary or usual fee charged for the service; and
 - 2. The licensee provides the same quality and components of service and material at the discounted fee that are normally provided at the regular nondiscounted fee for that service.
 - (d) **Related Services and Additional Fees.** Related services which may be required in conjunction with the advertised service for which additional fees will be charged must be identified as such in any advertisement.
 - (e) **Time Period of Advertised Fees.** Advertised fees shall be honored for those seeking the advertised services during the entire time period stated in the advertisement whether or not the services are actually rendered or completed within that time.
 - 1. If no time period is stated in the advertisement of fees, the advertised fee shall be honored for thirty (30) days from the last date of publication or until the next scheduled publication whichever is later whether or not the services are actually rendered or completed within that time.
- (4) **Advertising Content.** The following acts or omissions in the context of advertisement by any licensee shall constitute unethical and unprofessional conduct, and subject the licensee to disciplinary action pursuant to T.C.A. § 63-5-124(a)(18).
 - (a) Claims that the services performed, personnel employed, materials or office equipment used are professionally superior to that which is ordinarily performed, employed or

(Rule 0460-02-.10, continued)

used, or that convey the message that one licensee is better than another when superiority of services, personnel, materials or equipment cannot be substantiated.

- (b) The misleading use of an unearned or non-health degree in any advertisement.
- (c) Promotion of a professional service which the licensee knows or should know is beyond the licensee's ability to perform.
- (d) Techniques of communication which intimidate, exert undue pressure or undue influence over a prospective patient.
- (e) Any appeals to an individual's anxiety in an excessive or unfair manner.
- (f) The use of any personal testimonial attesting to a quality or competence of a service or treatment offered by a licensee that is not reasonably verifiable.
- (g) Utilization of any statistical data or other information based on past performances for predication of future services, which creates an unjustified expectation about results that the licensee can achieve.
- (h) The communication of personal identifiable facts, data, or information about a patient without first obtaining patient consent.
- (i) Any misrepresentation of a material fact.
- (j) The knowing suppression, omission or concealment of any material fact or law without which the advertisement would be deceptive or misleading.
- (k) Statements concerning the benefits or other attributes of dental procedures or products that involve significant risks without including:
 - 1. A realistic assessment of the safety and efficiency of those procedures or products; and
 - 2. The availability of alternatives; and
 - 3. Where necessary to avoid deception, descriptions or assessment of the benefits or other attributes of those alternatives.
- (l) Any communication which creates an unjustified expectation concerning the potential results of any dental treatment.
- (m) Failure to comply with the rules governing advertisement of dental fees and services, specialty advertisement and advertising records.
- (n) The use of "bait and switch" advertisements. Where the circumstances indicate "bait and switch" advertising, the Board may require the licensee to furnish data or other evidence pertaining to those sales at the advertised fee as well as other sales.
- (o) Misrepresentation of a licensee's credentials, training, experience or ability.
- (p) Failure to include the corporation, partnership or individual licensee's name and address and telephone number in any advertisement. Any dental corporation, partnership or association which advertises by use of a trade name or otherwise fails to list all licensees practicing at a particular location shall:

(Rule 0460-02-.10, continued)

1. Upon request provide a list of all licensees at that location; and
 2. Maintain and conspicuously display at the licensee's office, a directory listing all licensees practicing at that location.
- (q) Failure to disclose the fact of giving compensation or anything of value to representative of the press, radio, television or other communicative medium in anticipation of or in return for any advertisement (for example, newspaper article) unless the nature, format or medium of such advertisement make the fact of compensation apparent.
- (r) After thirty (30) days, the use of the name of any licensee formerly practicing at or associated with any advertised location or on office signs or buildings. (This rule shall not apply in the case of a retired or deceased former associate who practiced dentistry in association with one or more of the present occupants if the status of the former associate is disclosed in any advertisement or sign).
- (s) Stating or implying that a certain licensee provides all services when any such services are performed by another licensee.
- (t) Directly or indirectly offering, giving, receiving, or agreeing to receive any fee or other consideration to or from a third party for the referral of a patient in connection with the performance of professional services.
- (5) Specialty Advertising.
- (a) A licensee may not advertise using the terms, specialist, specialty, specializing or practice limited to unless:
1. The licensee has obtained a certification from the Board pursuant to T.C.A. § 63-5-112 and rules promulgated pursuant thereto, and
 2. The branch of dentistry so advertising is listed as a specialty branch of dentistry in T.C.A. § 63-5-112 or rules promulgated pursuant thereto.
- (b) A licensee who possesses a verifiable combination of education and experience is not prohibited from including in his practice one or more specialty branches of dentistry. However, any advertisement of such practice shall:
1. Not use the terms specialty, specializing, specialist or practice limited to; and
 2. Contain the statement "the services are being performed or provided by a general dentist", and such statement must appear or be expressed in the advertisement as conspicuously as the branch of dentistry advertised.
- (c) Specific Areas of Practice. Notwithstanding Rule 0460-02-.10(4)(o), any licensee who advertises credentials in a branch of dentistry other than those enumerated in T.C.A. § 63-5-112 or as recognized by Rule by the Board, who has been granted credentialed status to include the terms "associate fellow", "fellow" or "diplomate" by a bona fide national organization which is not recognized as a certifying Board by the American Dental Association or the Board of Dentistry, but grants "associate fellow", "fellow" or "diplomate" status based on the dentist's postgraduate education, training, experience, and an oral and written examination predicated upon valid and reliable principles, may utilize one of the following terms: "associate fellow", "fellow" or "diplomate" in an advertisement and refer to the area of dental practice in which the credential is

(Rule 0460-02-.10, continued)

obtained if the same is accompanied by the following disclaimer appearing as conspicuously as the credential advertised:

“This area of practice is not recognized as a specialty by the Tennessee Board of Dentistry.”

- (d) The term “Board Certified” may not be used in any advertisement unless associated with a recognized specialty enumerated in T.C.A. § 63-5-112 certified by the American Dental Association or the Board of Dentistry.
- (6) Advertising Records and Responsibility.
 - (a) Each licensee who is a principal partner, or officer of a firm or entity identified in any advertisement, is jointly and severally responsible for the form and content of any advertisement. This provision shall also include any licensed professional employees acting as an agent of such firm or entity.
 - (b) Any and all advertisement are presumed to have been approved by the licensee named therein.
 - (c) A recording of every advertisement communicated by electronic media, and a copy of every advertisement communicated by print media, and a copy of any other form of advertisement shall be retained by the licensee for a period of two (2) years from the last date of broadcast or publication and be made available for review upon request by the board or its designee.
 - (d) At the time any type of advertisement is placed, the licensee must possess and rely upon information which, when produced, would substantiate the truthfulness of any assertion, omission or representation of material fact set forth in the advertisement or public communication.
- (7) Use of Titles. Any person who possesses a valid, current and active license issued by the Board that has not been suspended or revoked has the right to use the titles “Dentist,” “Doctor of Dental Surgery,” “D.D.S.,” “Doctor of Dental Medicine,” or “D.M.D.” and to practice dentistry, as defined in T.C.A. § 63-5-108. Any person licensed by the Board to whom this rule applies must use one of the titles authorized by this rule in every “advertisement” [as that term is defined in Rule 0460-02-.10(2)(a)] he or she publishes. The failure to do so will constitute an omission of a material fact which makes the advertisement misleading and deceptive and subjects the dentist to disciplinary action pursuant to T.C.A. § 63-5-124(a)(1), (a)(3), and (a)(19).
- (8) Severability. It is hereby declared that the sections, clauses, sentences and part of these rules are severable, are not matters of mutual essential inducement, and any of them shall be excised if these rules would otherwise be unconstitutional or ineffective. If any one or more sections, clauses, sentences or parts shall for any reason be questioned in court, and shall be adjudged unconstitutional or invalid, such judgment shall not affect, impair or invalidate the remaining provisions thereof, but shall be confined in its operation to the specific provision or provisions so held unconstitutional or invalid, and the inapplicability or invalidity of any section, clause, sentence or part in any one or more instances shall not be taken to affect or prejudice in any way its applicability or validity in any other instance.

Authority: T.C.A. §§ 4-5-202, 63-1-145, 63-5-105, 63-5-108, 63-5-112, 63-5-113, and 63-5-124.

Administrative History: Original rule certified June 7, 1974. Repeal filed August 26, 1980; effective December 1, 1980. New rule filed December 11, 1991; effective January 25, 1992. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed December 7, 1998; effective February 20, 1999. Amendment filed September 25, 2008; effective December 9, 2008.

0460-02-.11 REGULATED AREAS OF PRACTICE.

- (1) Policy Statement - The scope of the practice of dentistry in Tennessee is broadly defined and includes many aspects which if not particularly regulated could lead to serious ramifications for the consuming public. This rule is to designate specific areas in the practice of dentistry for regulation, the violation of which may result in disciplinary action pursuant to T.C.A. §§ 63-5-124(a)(1), 63-5-124(3), 63-5-124(4), 63-5-124(7), 63-5-124(8), 63-5-124(16) or 63-5-124(18).
- (2) Prescribing, Dispensing, or Otherwise Distributing Pharmaceuticals
 - (a) Dentists who elect to dispense pharmaceuticals for compensation or otherwise distribute pharmaceuticals must comply with the following:
 1. All Federal Regulations (21 C.F.R. 1304 through 1308) for the dispensing of controlled substances.
 2. Requirements for dispensing of non-controlled drugs are as follows:
 - (i) Drugs are to be dispensed in an appropriate container labeled with at least, the following:
 - (I) Patient's name
 - (II) Date
 - (III) Complete directions for usage
 - (IV) The dentist's name and address
 - (V) A unique number, or the name and strength of the medication
 - (b) Dentists may prescribe, dispense or otherwise distribute the controlled substances listed in Schedules II, III, IV, and V, as provided in 21 C.F.R. Chapter 2, 1308.12 through .15, only to individuals with whom they have established a dentist/patient relationship and for whom they have provided dental services. For purposes of this provision, a "dentist/patient" relationship exists where a dentist has provided dental treatment to a patient on at least one (1) occasion within the preceding year, or exists by having adequate documented knowledge of the specific patient history.
 - (c) Dentists must confine their prescription, dispensing or distributing of pharmaceuticals to those which are directly associated with and recognized for the treatment of an identified dental procedure, ailment or infirmity.
 - (d) Dentists must not prescribe, dispense or otherwise distribute controlled substances in amounts, or for durations not medically or dentally necessary, advisable or justified by an existing, identifiable dental procedure, ailment or infirmity.
 - (e) Dentists must record in patient records all pharmaceuticals dispensed, prescribed or otherwise distributed to patients. A separate log must be maintained for all controlled substances dispensed by a dentist.
 - (f) It is not the intention of this rule to interfere with the individual dentist's appropriate use of professional samples, nor to interfere in any way with the dentist's right to directly administer drugs or medicines to any patient.

(Rule 0460-02-.11, continued)

- (g) Dentists shall only allow licensed or registered auxiliary staff to give/hand medications to a patient and only after the dentist has verified that the medication about to be given is the correct medication and correct dosage prescribed. Under no circumstances shall the dentist allow auxiliary staff to place medications directly in the mouth of a patient or on the patient such as actisite, nitrous oxide, any other medicated dental material, etc., with the exception of a topical anesthetic pursuant to T.C.A. §§ 63-5-108 (b)(12) and/or (d)(3), and any other procedure authorized by Rule 0460-03-.09(1).
 - (h) Nothing in these rules shall be interpreted to interfere with the ability of properly credentialed dentists who practice in the hospital setting to reinstate, continue, and/or rewrite for their patients all prescriptions which are medically or dentally advisable or justified for such dental procedure(s) or treatment(s), including prescriptions for ancillary medical conditions, so long as:
 - 1. Such medical prescriptions are rational to the practice of dentistry; and
 - 2. The treating dentist only orders such medical prescriptions in consultation with the patient's treating physician; and
 - 3. The treating dentist only re-orders such medical prescriptions which already have been ordered by the patient's treating physician and which prescription orders would remain in effect for the patient but for the JCAHO standard against automatic reinstatement in the hospital setting.
- (3) Third Party Payor Practices - The following acts or omissions by or on behalf of any dentist may be grounds for disciplinary action:
 - (a) Abrogating the deductible or repeatedly or regularly waving co-payment or both provisions of any insurance contract or dental plan by forgiving any or all of a patient's obligations for payment of said deductible or co-payment or both without first notifying the insurance company or dental plan in writing of the intent to do so.
 - (b) Rebating or repeatedly or regularly waiving or offering to rebate to an insured any payment by the insured's third-party payor to the licensee for services or treatments rendered under the insured's policy, without first notifying the insurance company or dental plan in writing of the intent to do so.
 - (c) Submitting to a third-party payor a claim for a service or treatment at an inflated fee or charge or one greater than the licensee usually charges for the service or treatment when such is rendered without third-party reimbursement.
 - (d) Knowingly incorrectly reporting services rendered, reporting incorrect treatment dates, or reporting charges for services not rendered, or filing claims prior to completion of services for the purpose of obtaining payment from a third-party payor unless the payor is notified in writing at the time of filing for payment.
- (4) Laboratory Work Orders
 - (a) A written work order must accompany all dental laboratory work sent by a dentist to a commercial dental laboratory or private dental laboratory technician outside the physical confines of the ordering dentist's office.
 - (b) A copy of all written work orders required by this rule must be kept on file by the ordering dentist for a period of two (2) years from the date the order was issued.

(Rule 0460-02-.11, continued)

- (c) All written work orders required by this rule must include the following information:
1. Date signed.
 2. The name and address of the commercial dental laboratory or private dental laboratory technician.
 3. The name or identification number of the patient for whom the act or service is ordered.
 4. The licensed dentist's name, address, and license number.
 5. The signature of the licensed dentist.
 6. The description of the kind and type of appliance, process, fabrication, service, or material ordered.
- (5) Unauthorized Practice - Any dentist who permits any dental hygienist or dental assistant to perform any acts or services other than those specifically assignable or delegable pursuant to T.C.A. § 63-5-108 and/or Rule 0460-03-.09 and/or 0460-04-.01 and 0460-04-.08 may be subject to discipline pursuant to T.C.A. § 63-5-116(a).
- (6) Universal Precautions for the Prevention of HIV Transmission - The Board adopts Rules 1200-14-03-.01 through 1200-14-03-.03 inclusive, of the Department of Health, and as they may from time to time be amended, as its rules governing the process for implementing universal precautions for the prevention of HIV transmission for health care workers under its jurisdiction.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-5-105, 63-5-107, 63-5-108, 63-5-109, 63-5-116, 63-5-122, and 63-5-124. **Administrative History:** Original rule certified June 7, 1974. Repeal filed August 26, 1980; effective December 1, 1980. New rule filed December 11, 1991; effective January 25, 1992. Amendment filed June 20, 1994; effective September 3, 1994. Amendment filed June 29, 1994; effective September 12, 1994. Amendment filed May 15, 1996; effective September 27, 1996. Amendment filed February 9, 2000; effective April 24, 2000. Amendment filed October 20, 2003; effective January 3, 2004. Amendment filed May 28, 2004; effective August 11, 2004. Amendment filed September 25, 2008; effective December 9, 2008.

0460-02-.12 DENTAL RECORDS.

- (1) Purposes - The purposes of these rules are:
- (a) To recognize that dental records are an integral part of the practice of dentistry as defined in T.C.A. § 63-5-108.
 - (b) To give dentists, their professional and non-professional staff, and the public direction about the content, transfer, retention, and destruction of those records.
 - (c) To recognize that a distinction exists between a dentist's records for a patient receiving services in the dentist's office and those records created by the dentist for that patient for purposes of services provided in a hospital as defined by T.C.A. § 68-11-302(4) and that the distinction exists regardless of the fact that the dentist may also be an employee of the hospital or of a dental group employed or owned by the hospital.
- (2) Conflicts - As to dental records, these rules should be read in conjunction with the provisions of T.C.A. §§ 63-2-101 and 102, and are not intended to conflict with those statutes in any

(Rule 0460-02-.12, continued)

way. Those statutes, along with these rules, govern the subjects that they cover in the absence of other controlling state or federal statutes or rules to the contrary.

- (3) Applicability - These rules regarding dental records shall apply only to those records, the information for which was obtained by dentists or their professionally licensed employees, or those over whom they exercise supervision, for purposes of services provided in any clinical setting other than those provided in a hospital as defined by T.C.A. § 68-11-302(4), a hospital emergency room or hospital outpatient facility.

(4) Dental Records -

- (a) Duty to Create and Maintain Dental Records - As a component of the standard of care and of minimal competency a dentist must cause to be created and cause to be maintained a dental record for every patient for whom he or she, and/or any of his or her professionally licensed or registered supervisees, performs services or provides professional consultation.

- (b) Duty to Release Dental Records - A dentist shall not withhold records for non-payment of current or prior dental services.

- (c) Notice - Anywhere in these rules where notice is required to be given to patients of any dentist, that notice shall be required to be issued within thirty (30) days of the date of the event that triggers the notice requirement, and may be accomplished by public notice.

- (d) Distinguished from Hospital Dental Records - The dental records covered by these rules are separate and distinct from those records generated for the patient by the dentist during the course of providing dental services for the patient in a hospital as defined by T.C.A. § 68-11-302(4) regardless of the fact that the dentist may also be an employee of the hospital or of a dental group employed or owned by the hospital.

1. The provisions of T.C.A. Title 68, Part 11, Chapter 3 govern dental records generated in a hospital as defined by T.C.A. § 68-11-302(4).

2. The dental records covered by these rules are those:

- (i) That are created prior to the time of the patient's admission to, or confinement and/or receipt of services in, a hospital as defined by T.C.A. § 68-11-302(4), hospital emergency room and/or hospital outpatient facility, and/or

- (ii) That are created after the patient's discharge from a hospital as defined by T.C.A. § 68-11-302(4), hospital emergency room or hospital outpatient facility.

- (iii) That are created during the practice of dentistry as defined by T.C.A. § 63-5-108 outside of a hospital as defined by T.C.A. § 68-11-302(4), hospital emergency room or hospital outpatient facility.

3. Even though the records covered by these rules may, of necessity, reference provision of services in the hospital setting and the necessary initial work-up and/or follow-up to those services, that does not make them "hospital records" that are regulated by or obtainable pursuant to T.C.A. Title 68, Part 11, Chapter 3.

- (e) Content -

(Rule 0460-02-.12, continued)

1. All dental records, or summaries thereof, produced in the course of the practice of dentistry for all patients, shall include all information and documentation listed in T.C.A. § 63-2-101(c)(2).
 2. All dental records, or summaries thereof, produced in the course of the practice of dentistry for all patients, shall include such additional information that is necessary to ensure that a subsequent reviewing or treating dentist can both ascertain the basis for the diagnosis, treatment plan and outcomes, and provide continuity of care for the patient.
 3. X-rays and X-ray interpretations are considered to be part of the dental records.
 4. At a minimum, all dental patient records shall include:
 - (i) A charting of the patient's teeth conditions.
 - (ii) Concise description and treatment date for services performed.
 - (iii) Concise medical history.
 - (iv) Notation of dates, types, and amounts of pharmaceuticals prescribed or dispensed.
 - (v) Readable x-rays when required for services rendered.
- (f) Transfer -
1. Records of Dentists upon Death or Retirement - When a dentist retires or dies while in practice, patients seen by the dentist in his/her office during the immediately preceding thirty-six (36) months shall be notified by the deceased dentist's or retiring dentist's authorized representative and urged to find a new dentist and be informed that upon authorization, copies of the records will be sent to the new dentist.
 2. Records of Dentists upon Departure from a Group - The responsibility for notifying patients of a dentist who departs from a group practice shall be governed by the dentist's employment contract.
 - (i) Whomever is responsible for that notification must notify patients seen by the dentist in his/her office during the immediately preceding thirty-six (36) months of his/her departure.
 - (ii) Except where otherwise governed by provisions of the dentist's contract, those patients shall also be notified of the dentist's new address and offered the opportunity to have copies of their dental records forwarded to the departing dentist at his or her new practice. The dental group shall not withhold the dental records of any patient who has authorized their transfer to the departing dentist or any other dentist.
 - (iii) The choice of dentists in every case should be left to the patient, and the patient should be informed that upon authorization his/her records will be sent to the dentist of the patient's choice.
 3. Sale of a Dental Practice - A dentist or the estate of a deceased dentist may sell the elements that comprise his/her practice, one of which is its goodwill, i.e., the

(Rule 0460-02-.12, continued)

opportunity to take over the patients of the seller by purchasing the dentist's patient records. Therefore, the transfer of records of patients is subject to the following:

- (i) The dentist (or the estate) must ensure that all patient dental records are transferred to another dentist or entity that is held to the same standards of confidentiality as provided in these rules.
 - (ii) Patients seen by the dentist in his/her office during the immediately preceding thirty-six (36) months shall be notified that the dentist (or the estate) is transferring the practice to another dentist or entity who will retain custody of their records and that, at their written request, the copies of their records will be sent to another dentist or entity of their choice.
- 4. Abandonment of Records - For purposes of this section of the rules death of a dentist shall not be considered as abandonment.
 - (i) It shall be a prima facie violation of T.C.A. § 63-5-124(a)(1) for a dentist to abandon his practice without making provision for the security, or transfer, or otherwise establish a secure method of patient access to their records.
 - (ii) Upon notification that a dentist in a practice has abandoned his practice and has not made provision for the security, transfer, or establishment of a secure method of patient access to their records, patients should take all reasonable steps to obtain their dental records by whatever lawful means available and should immediately seek the services of another dentist.
- (g) Retention of Dental Records - Dental records shall be retained for a period of not less than seven (7) years from the dentist's or his supervisees' last professional contact with the patient except for the following:
 - 1. Dental records for incompetent patients shall be retained indefinitely.
 - 2. Dental records of minors shall be retained for a period of not less than one (1) year after the minor reaches the age of majority or seven (7) years from the date of the dentist's or his supervisees' last professional contact with the patient, whichever is longer.
 - 3. Notwithstanding the foregoing, no dental record involving services which are currently under dispute shall be destroyed until the dispute is resolved.
- (h) Destruction of Dental Records -
 - 1. No dental record shall be singled out for destruction other than in accordance with established office operating procedures that are consistent with these rules.
 - 2. Records shall be destroyed only in the ordinary course of business according to established office operating procedures that are consistent with these rules.
 - 3. Records may be destroyed by burning, shredding, or other effective methods in keeping with the confidential nature of the records.
 - 4. When records are destroyed, the time, date and circumstances of the destruction shall be recorded and maintained for future reference. The record of destruction need not list the individual patient dental records that were destroyed but shall be

(Rule 0460-02-.12, continued)

sufficient to identify which group of destroyed records contained a particular patient's dental records.

- (5) Violations - Violation of any provision of these rules is grounds for disciplinary action pursuant to T.C.A. §§ 63-5-124(a)(1), and/or (2).

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-2-101, 63-2-102, 63-5-105, 63-5-108, 63-5-121, and 63-5-124.

Administrative History: Original rule filed October 20, 2003; effective January 3, 2004.

0460-02-.13 FREE HEALTH CLINIC, INACTIVE PRO BONO AND VOLUNTEER PRACTICE REQUIREMENTS.

- (1) Free Health Clinic Practice Pursuant to T.C.A. § 63-1-201

- (a) Any dentist licensed to practice dentistry in this state or any other state who has not been disciplined by any dentistry licensure board may have their license converted to or receive a Tennessee "Special Volunteer License," as defined in T.C.A. § 63-1-201, which will entitle the licensee to practice without remuneration solely within a "free health clinic," as defined by T.C.A. § 63-1-201, at a specified site or setting by doing the following:

1. Obtaining from the Board's administrative office a "Special Volunteer License" application, completing it and submitting it along with any required documentation to the Board's administrative office; and
2. Have the licensing authority of every state in which the dentist holds or ever held a license to practice dentistry submit directly to the Board's administrative office the equivalent of a "certificate of fitness" as described in T.C.A. § 63-1-118 which shows that the license has never been subjected to any disciplinary action and is free and clear of all encumbrances; and
3. For dentists who have not been licensed in Tennessee, comply with all provisions of subparagraphs (1)(c), (1)(d), (1)(e), (1)(g) and (1)(h) of Rule 0460-02-.01 and the Health Care Consumer Right-To-Know Act compiled at T.C.A. §§ 63-51-101, et seq.; and
4. Submitting the specific location of the site or setting of the free health clinic in which the licensee intends to practice along with proof of the clinic's private, and not-for-profit status.

- (b) A dentist holding a Special Volunteer License is not required to pay any fee for its issuance or the required biennial renewal pursuant to the Division of Health Related Board's biennial birthdate renewal system.

- (c) A dentist holding a Special Volunteer License may not do any of the following:

1. Practice dentistry anywhere other than in the free health clinic site or setting specified in the application; and
2. Charge any fee or receive compensation or remuneration of any kind from any person or third party payor including insurance companies, health plans and state or federal benefit programs for the provision of medical or any other services; and
3. Practice for any free health clinic that imposes any charge on any individual to whom health care services are rendered or submits charges to any third party

(Rule 0460-02-.13, continued)

payor including insurance companies, health plans and state or federal benefit programs for the provision of any services.

- (d) Special Volunteer Licenses are subject to all of the following
 - 1. All rules governing renewal, retirement, reinstatement and reactivation as provided by Rules 0460-02-.08 and .09, except those requiring the payment of any fees; and
 - 2. The rules governing continuing education and cardiopulmonary resuscitation as provided by Rule 0460-01-.05; and
 - 3. Disciplinary action for the same causes and pursuant to the same procedures as all other licenses issued by the Board.
- (2) Inactive Pro Bono Practice Pursuant to T.C.A. § 63-5-132 - Applicants who intend to exclusively practice dentistry without compensation on patients who receive dentistry services from organizations granted a determination of exemption pursuant to Section 501(c)(3) of the Internal Revenue Code may obtain an inactive pro bono license to do so as follows:
 - (a) Applicants who currently hold a valid Tennessee license to practice dentistry issued by the Board pursuant to this rule which is in good standing must:
 - 1. Retire their active licenses pursuant to the provisions of Rule 0460-02-.09; and
 - 2. Have submitted to the Board Administrative Office directly from the qualified organization proof of the determination of exemption issued pursuant to Section 501(c)(3) of the Internal Revenue Code; and
 - 3. Submit a written certification that they are practicing dentistry exclusively on the patients of the qualified entity and that such practice is without compensation.
 - (b) Applicants who do not currently hold a valid Tennessee license to practice dentistry must:
 - 1. Obtain a license by complying with all provisions of subparagraphs (1)(c), (1)(d), (1)(e), (1)(g), (1)(h) and (2)(b) of Rule 0460-02-.01 and the Health Care Consumer Right-To-Know Act compiled at T.C.A. §§ 63-51-101, et seq.; and
 - 2. Have submitted to the Board Administrative Office directly from the qualified organization proof of the determination of exemption issued pursuant to Section 501(c)(3) of the Internal Revenue Code; and
 - 3. Submit a written certification that they are practicing dentistry exclusively on the patients of the qualified entity and that such practice is without compensation.
 - (c) Inactive pro bono licenses are subject to all rules governing renewal, retirement, reinstatement and reactivation as provided by Rules 0460-02-.08 and .09, and are subject to all rules governing continuing education and cardiopulmonary resuscitation as provided by Rule 0460-01-.05. These licenses are also subject to disciplinary action for the same causes and pursuant to the same procedures as active licenses.
- (3) Practice Pursuant to the "Volunteer Health Care Services Act" T.C.A. §§ 63-6-701, et seq.

(Rule 0460-02-.13, continued)

- (a) Any dentist licensed in this or any other state, territory, district or possession of the United States whose license is not under a disciplinary order of suspension or revocation may practice dentistry in this state but only under the auspices of an organization that has complied with the provisions of this rule and T.C.A. §§ 63-6-701 through 707 and Rule 1200-10-01-.12 of the Division of Health Related Boards.
 - (b) Any person who may lawfully practice dentistry in this or any other state, territory, district or possession of the United States under an exemption from licensure and who is not under a disciplinary order of suspension or revocation and who is not and will not “regularly practice,” as defined by T.C.A. § 63-6-703(3) may practice dentistry in this state but only under the auspices of an organization that has complied with the provisions of this rule and T.C.A. §§ 63-6-701 through 707 and Rule 1200-10-01-.12 of the Division of Health Related Boards.
 - (c) A dentist or anyone who practices under an exemption from licensure pursuant to this rule may not charge any fee or receive compensation or remuneration of any kind from any person or third party payor including insurance companies, health plans and state or federal benefit programs for the provision of dentistry or any other services; and may not practice for any organization that imposes any charge on any individual to whom health care services are rendered or submits charges to any third party payor including insurance companies, health plans and state or federal benefit programs for the provision of any services.
 - (d) Any organization that organizes or arranges for the voluntary provision of health care services on residents of Tennessee may utilize persons described in subparagraphs (a) and (b) to practice dentistry only when it has complied with the provisions of T.C.A. §§ 63-6-701 through 707 and Rule 1200-10-01-.12 of the Division of Health Related Boards.
- (4) Application review and licensure decisions for these types of licensure shall be governed by Rule 0460-01-.04.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-1-201, 63-5-105, 63-5-110, 63-5-132, 63-5-134, and 63-6-701 through 63-6-707. **Administrative History:** Original rule filed December 16, 2005; effective March 1, 2006. Amendment filed August 4, 2009; effective November 2, 2009.

0460-02-.14 TAMPER-RESISTANT PRESCRIPTIONS.

- (1) Purpose.

This rule is designed to implement the law requiring that licensed dentists have all written, typed, or computer-generated prescriptions issued on tamper-resistant prescription paper.

- (2) Definitions.

The following definitions are applicable to this rule:

- (a) “Drug” shall have the same meaning as set forth in T.C.A. § 63-10-204(16).
- (b) “Prescriber” means an individual licensed in Tennessee as a medical doctor, podiatrist, advanced practice nurse with a certificate of fitness to prescribe, dentist, optometrist, osteopathic physician, or physician’s assistant.
- (c) “Prescription order” shall have the same meaning as set forth in T.C.A. § 63-10-204(34).

(Rule 0460-02-.14, continued)

- (d) "Tamper-resistant prescription" means a written prescription order with features that are designed to prevent unauthorized copying, erasure, modification, and use of counterfeit prescription forms.
- (3) Tamper-Resistant Prescription Requirements.
 - (a) A prescriber shall ensure that all handwritten, typed, or computer-generated prescription orders are issued on tamper-resistant prescriptions. Tamper-resistant prescriptions shall contain the following features:
 - 1. Either a void or illegal pantograph or a watermark designed to prevent copying;
 - 2. Either quantity check-off boxes with refill indicators or a uniform, non-white background color designed to prevent erasure or modification; and
 - 3. Security features and descriptions listed on the prescriptions designed to prevent use of counterfeit forms.
- (4) Security Measures and Recordkeeping.
 - (a) Each prescriber shall undertake adequate safeguards and security measures to ensure against loss, improper destruction, theft, or unauthorized use of the tamper-resistant prescriptions in the prescriber's possession.
- (5) Use of Tamper-Resistant Prescriptions.
 - (a) Facsimile Prescription Transmission.
 - 1. Prescriptions sent by facsimile transmission are not required to be placed on tamper-resistant prescription paper.
 - 2. If a prescriber transmits a prescription order to a pharmacy by facsimile transmission, the prescriber or someone designated by the prescriber shall document in the patient's medical record the name of the drug, strength, and quantity prescribed. The prescriber may, but is not required to, document the means by which the prescription was transmitted.
 - (b) Electronic Prescription Transmission.
 - 1. Prescriptions sent by electronic transmission are not required to be placed on tamper-resistant prescription paper.
 - 2. If a prescriber transmits a prescription order to a pharmacy by electronic transmission, the prescriber shall document the prescription in the patient's file and in accordance with the applicable laws and rules for each of the prescribers' respective professions as well as applicable federal laws and rules. The prescriber may, but is not required to, document the means by which the prescription was transmitted.

Authority: Chapter 1035 of the Public Acts of 2008 and T.C.A. §§ 53-10-401, 63-5-105, and 63-5-122 [effective October 1, 2008 for TennCare prescriptions and July 1, 2009 for non-TennCare prescriptions].
Administrative History: Public necessity rule filed June 25, 2009; effective through December 7, 2009. Public necessity rule filed June 25, 2009 expired on December 8, 2009, and the rule reverted to its prior status. Emergency rule filed December 21, 2009; effective through June 19, 2010. Original rule filed March 22, 2010; effective June 20, 2010.

0460-02-.15 MINIMUM DISCIPLINE FOR OPIOID PRESCRIBING.

- (1) If the board or committee finds that its licensee has prescribed, dispensed, or administered opioids in a manner that violates the board's or committee's statutes or rules (for example, by prescribing in a manner that constitutes gross healthcare liability or a pattern of continued or repeated health care liability, ignorance, negligence or incompetence), the board or committee shall make a finding that the licensee engaged in a significant deviation or pattern of deviation from sound medical judgment. For purposes of such a finding, sound medical judgment is the equivalent to the standard of care as defined in T.C.A. § 63-1-122.
- (2) Having made such a finding, the minimum discipline that the board or committee assesses shall include the following:
 - (a) Reprimand;
 - (b) Successful completion of a board or committee approved intensive continuing education course or program regarding treatment with opioids;
 - (c) A restriction against prescribing opioids for at least six (6) months, and until successful completion of the required continuing education;
 - (d) One or more Type A civil penalties;
 - (e) Proof to the licensee's board or committee that they have notified any physicians, podiatrists, advanced practice registered nurses, or physician assistants with whom they collaborate of the discipline; and
 - (f) Where the licensee is a physician or podiatrist, a restriction against collaborating with any advanced practice registered nurses or physician assistants for issuing opioids during the period in which the licensee is restricted from prescribing opioids.
- (3) The prescribing boards and committee recognize that a higher level of minimum discipline is required for those licensees who have been disciplined for opioid-related prescribing violations but continue to violate the standard of care. As set out in paragraph (1) of this rule, the following findings are synonymous, though the boards or committee may have used one or more sets of language to describe a violation. If a licensee commits an order violation in which the prior order contains one or more of the following findings, the licensee has committed an opioid-related order violation for purposes of paragraph (5) of this rule:
 - (a) That the licensee had prescribed, dispensed, or administered opioids in a manner that constituted gross healthcare liability or a pattern of continued or repeated health care liability, ignorance, negligence or incompetence;
 - (b) That the licensee engaged in a significant deviation or pattern of deviation from sound medical judgment related to the issuance of opioids;
 - (c) That the standard of care related to the issuance of opioids was violated;
 - (d) That the licensee had dispensed, prescribed or administered opioids not in the course of professional practice, or not in good faith to relieve pain and suffering or not to cure an ailment, physical infirmity or disease;
 - (e) That the licensee was unfit or incompetent by reason of negligence, habits or other cause related to the licensee's prescribing or issuance of opioids; or

(Rule 0460-02-.15, continued)

- (f) That the licensee violated the rules of the licensing entity with regard to prescribing or issuance of opioids.
- (4) If within one (1) year from the date a licensee's opioid-prescribing privileges are reinstated, having been restricted by an opioid-related order, that licensee's board or committee finds that, during that year the licensee had prescribed, dispensed, or administered opioids in a manner that violates the board's or committee's statutes or rules (for example, by prescribing in a manner that constitutes gross healthcare liability or a pattern of continued or repeated health care liability, ignorance, negligence or incompetence), the board or committee shall make a finding that the licensee re-engaged in a significant deviation or pattern of deviation from sound medical judgment such that they are a repeat offender. For purposes of such a finding, sound medical judgment is the equivalent to the standard of care as defined in T.C.A. § 63-1-122.
- (5) If the licensee commits an opioid-related order violation within one year of the opioid-related order, or if the licensee is found to be a repeat offender, the minimum discipline that the board or committee assesses shall include the following:
 - (a) Probation;
 - (b) Successful completion of a practice monitoring program which shall include at a minimum:
 - 1. Board or committee approval of the monitor or monitoring program;
 - 2. Quarterly reports to the board or committee which include the practice monitor's findings with regard to the licensee's:
 - (i) Non-opioid prescribing practices;
 - (ii) Medical record keeping;
 - (iii) Pain management;
 - (iv) Opioid treatment practices—where the practice monitoring is longer than the restriction against prescribing opioids; and
 - (v) Compliance with the practice monitor's recommendations, including completion of any additional education recommended by the practice monitor;
 - (c) A restriction against prescribing opioids for twice the amount of time that was assessed in the initial board or committee order, and for no less than one (1) year;
 - (d) One or more Type A civil penalties totaling at least twice the amount that was assessed in the initial board or committee order;
 - (e) Proof to the licensee's board or committee that they have notified any physicians, podiatrists, advanced practice registered nurses, or physician assistants with whom they collaborate of the discipline; and
 - (f) Where the licensee is a physician or podiatrist, a restriction against collaborating with any advanced practice registered nurses or physician assistants during the period in which the licensee is restricted from prescribing opioids.

(Rule 0460-02-.15, continued)

- (6) Nothing in this rule shall prohibit the board or committee from taking action in excess of the minimum disciplinary action outlined herein. Each case shall be judged independently and may result in additional discipline including other restrictions or a higher level of discipline, including revocation, where appropriate. Further, nothing in this rule shall prohibit the board or committee from taking disciplinary action against a licensee based on a finding that the licensee violated the practice act in manners additional to those outlined in paragraph (1) above, suggesting a need for a higher level of discipline.

Authority: T.C.A. § 63-1-162. **Administrative History:** Emergency rule filed March 29, 2019; effective through September 25, 2019. Original rule filed May 14, 2019; effective August 12, 2019.