Indiana State Board of Dentistry

A compilation of the Indiana Code and Indiana Administrative Code

2011 Edition

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## INDIANA STATE BOARD OF DENTISTRY

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INDIANA CODE § 25-13

ARTICLE 13. DENTAL HYGIENISTS

INDIANA CODE § 25-13-1

Chapter 1. Regulation of Dental Hygienists by State Board of Dentistry

IC 25-13-1-1 Short title
Sec. 1. This chapter may be known and cited as The Dental Hygienist Act of Indiana.
(Formerly: Acts 1945, c.90, s.1.) As amended by Acts 1982, P.L.154, SEC.46.

IC 25-13-1-2 Definitions
Sec. 2. As used in this article:
(a) "Dental hygienist" means one who is especially educated and trained in the science and art of maintaining the dental health of the individual or community through prophylactic or preventive measures applied to the teeth and adjacent structures.
(b) "License" means the license to practice dental hygiene issued by the state board of dentistry to dental hygienist candidates who satisfactorily pass the board's examinations.
(c) "Board" means the state board of dentistry established by IC 25-14-1.
(d) "Proprietor dentist" means a licensed dentist who is the owner and operator of the dental office in which he practices the profession of dentistry and who employs at least one (1) dentist or dental hygienist to supplement his operation and conduct of his dental office.
(e) "Employer dentist" means a proprietor dentist who employs at least one (1) dental hygienist to supplement his dental service to his clientele.
(f) "Referral" means a recommendation that a patient seek further dental care from a licensed dentist, but not a specific dentist.
(g) "Screening" means to identify and assess the health of the hard or soft tissues of the human oral cavity.
(h) "Public health setting" means a location, including a mobile health care vehicle, where the public is invited for health care, information, and services by a program sponsored or endorsed by a governmental entity or charitable organization.
(i) "Direct supervision" means that a licensed dentist is physically present in the facility when patient care is provided by the dental hygienist.
(j) "Prescriptive supervision" means that a licensed dentist is not required to be physically present in the facility when patient care is provided by the dental hygienist if a licensed dentist has examined the patient and has prescribed the patient care within the previous forty-five (45) days.

IC 25-13-1-3 Necessity of license; Class B misdemeanor
Sec. 3. (a) Except as otherwise provided in this chapter, it is unlawful for any person to practice dental hygiene in Indiana without a license from the board authorizing that person to practice dental hygiene in this state.
(b) A person who knowingly or intentionally violates this section commits a Class B misdemeanor.

IC 25-13-1-4 License; application; examination; fee
Sec. 4. (a) Any person desiring to practice dental hygiene in Indiana must procure from the board a license to practice dental hygiene. To procure a license, the applicant must submit to the board proof of graduation from an institution for educating dental hygienists that is approved by the board and other credentials required by this chapter, together with an application on forms prescribed and furnished by the board. Each applicant must pay to the board an application fee set by the board under section 5
of this chapter at the time the application is made and must pass an examination administered by an entity approved by the board. The board may establish under section 5 of this chapter additional requirements as a prerequisite to taking an examination for any applicant who has failed the examination two (2) or more times. Application fees are not refundable.


IC 25-13-1-5 Powers and duties of board
Sec. 5. (a) The board shall enforce this chapter.
(b) The board may adopt rules consistent with this chapter and with IC 25-14-1 necessary for the proper enforcement of this chapter, the examination of dental hygienists, and for the conduct of the practice of dental hygiene.
(c) The board may utilize a dental hygienist education program's accreditation by the Commission on Dental Accreditation of the American Dental Association as evidence that the program has met all or part of the standards for dental hygienist education programs established by the board. (Formerly: Acts 1945, c.90, s.5.) As amended by Acts 1981, P.L.222, SEC.112; P.L.354-1989(ss), SEC.1.

IC 25-13-1-6 Qualifications of applicant
Sec. 6. An applicant:
(1) must not have been convicted of a crime that has a direct bearing on the applicant's ability to practice competently;
(2) must be a graduate of a school for dental hygienists that:
   (A) is accredited by the Commission on Dental Accreditation of the American Dental Association;
   (B) is recognized by the board; and
   (C) requires a formal course of training of not less than two (2) years of eight (8) months each;
(3) must pass an examination administered by an entity approved by the board; and

IC 25-13-1-6.1 Repealed
(Repealed by P.L.33-1993, SEC.74.)

IC 25-13-1-7 Recognition of licenses from other states
Sec. 7. The board may recognize licenses issued by other states as provided in section 17 of this chapter, and may recognize the examination of the national board of dental examiners, if it is consistent with the board's requirements. (Formerly: Acts 1945, c.90, s.7; Acts 1963, c.112, s.2.) As amended by Acts 1981, P.L.222, SEC.114; P.L.103-2011, SEC.3.

IC 25-13-1-8 Dental hygienist license; examination; fee; expiration; renewal; reinstatement; display
Sec. 8. (a) A license to practice dental hygiene in Indiana may be issued to candidates who pass an examination administered by an entity that has been approved by the board. The license shall be valid for the remainder of the renewal period in effect on the date the license was issued.
(b) Prior to the issuance of the license, the applicant shall pay a fee set by the board under section 5 of this chapter. A license issued by the board expires on a date specified by the Indiana professional licensing agency under IC 25-1-5-4(k) of each even-numbered year.
(c) An applicant for license renewal must satisfy the following conditions:
   (1) Pay the renewal fee set by the board under section 5 of this chapter on or before the renewal date specified by the Indiana professional licensing agency in each even-numbered year.
   (2) Subject to IC 25-1-4-3, provide the board with a sworn statement signed by the applicant attesting that the applicant has fulfilled the continuing education requirements under IC 25-13-2.
   (3) Be currently certified or successfully complete a course in basic life support through a program approved by the board. The board may waive the basic life support requirement for applicants who show reasonable cause.
   (d) If the holder of a license does not renew the license on or before the renewal date specified by the Indiana professional licensing agency, the license expires and becomes invalid without any action by the board.
   (e) A license invalidated under subsection (d) may be reinstated by the board in three (3) years or less after such invalidation
if the holder of the license meets the requirements under IC 25-1-8-6(c).

(f) If a license remains invalid under subsection (d) for more than three (3) years, the holder of the invalid license may obtain a reinstated license by meeting the requirements for reinstatement under IC 25-1-8-6(d). The board may require the licensee to participate in remediation or pass an examination administered by an entity approved by the board.

(g) The board may require the holder of an invalid license who files an application under this subsection to appear before the board and explain why the holder failed to renew the license.

(h) The board may adopt rules under section 5 of this chapter establishing requirements for the reinstatement of a license that has been invalidated for more than three (3) years.

(i) The license to practice must be displayed at all times in plain view of the patients in the office where the holder is engaged in practice. No person may lawfully practice dental hygiene who does not possess a license and its current renewal.

(j) Biennial renewals of licenses are subject to the provisions of IC 25-1-2.


**IC 25-13-1-9 Repealed**

(Repealed by Acts 1971, P.L.371, SEC.4.)

**IC 25-13-1-10 Locations for practice of dental hygiene; supervision requirements**

Sec. 10. (a) A licensed dental hygienist may practice dental hygiene in Indiana in the following:

(1) A dental office or clinical setting, except as described in subdivisions (3) through (5), where the dental hygienist is practicing under the direct supervision of a legally practicing dentist.

(2) A dental school or dental hygiene school to teach and demonstrate the practice of dental hygiene if direct supervision by a licensed dentist is provided for training on providing local anesthetics by injection.

(3) The dental clinic of any public, parochial, or private school or other institution supported by public or private funds in which the licensee is employed by the state department of health or any county or city board of health or board of education or school trustee or parochial authority or the governing body of any private school where the dental hygienist is practicing under the direct or prescriptive supervision of a licensed dentist.

(4) The dental clinic of a bona fide hospital, sanitarium, or charitable institution duly established and being operated under the laws of Indiana in which the licensee is employed by the directors or governing board of such hospital, sanitarium, or institution. However, such practice must be under the direct or prescriptive supervision at all times of a licensed dentist who is a staff member of the hospital or sanitarium or a member of the governing board of the institution.

(5) A:

(A) fixed charitable dental care clinic;

(B) public health setting; or

(C) correctional institution;

that has been approved by the board and where the dental hygienist is under the direct or prescriptive supervision of a licensed dentist.

(b) A licensed dental hygienist may provide without supervision the following:

(1) Dental hygiene instruction and in-service training without restriction on location.

(2) Screening and referrals for any person in a public health setting.


**IC 25-13-1-10.5 Dental hygienist students; anesthetics**

Sec. 10.5. A student pursuing a course of study in dental hygiene may administer dental anesthetics during an educational course on the practice of dental anesthetics if the course is:

(1) supervised by a dentist licensed under IC 25-14 and trained in the administration of dental anesthetics; and

(2) conducted at a school described in section 6(2) of this chapter.


**IC 25-13-1-10.6 Administration of local dental anesthetics by dental hygienists**

Sec. 10.6. (a) A licensed dental hygienist may administer local dental anesthetics under the direct supervision of a licensed dentist under IC 25-14 if the dental hygienist has:

(1) completed board approved educational requirements, including cardiopulmonary resuscitation and emergency care training; and

(2) received a board issued dental hygiene anesthetic permit.
(b) Local dental anesthetics do not include nitrous oxide or similar analgesics.


**IC 25-13-1-11 Practice of dental hygiene; acts performed**

Sec. 11. A person is deemed to be practicing dental hygiene within the meaning of this chapter who:

1. uses the titles "Licensed Dental Hygienist", "Dental Hygienist", or the letters "L.D.H." or "D.H." in connection with his or her name;
2. holds himself or herself out to the public in any manner that he or she can or will render services as a dental hygienist;
3. removes calcific deposits or accretions from the surfaces of human teeth or cleans or polishes such teeth;
4. applies and uses within the patient's mouth such antiseptic sprays, washes, or medicaments for the control or prevention of dental caries as his or her employer dentist may direct;
5. treats gum disease;
6. uses impressions and x-ray photographs for treatment purposes; or
7. administers local dental anesthetics, except for the administration of local dental anesthetics by:
   A. a dentist as provided in IC 25-14-1-23(a)(6); or
   B. a physician licensed under IC 25-22.5.


**IC 25-13-1-12 Exceptions**

Sec. 12. Nothing in this chapter shall be interpreted or implied as operating to prevent:

1. a dentist who is duly licensed in Indiana;
2. a bona fide dental student while engaged in dental school extramural educational programs with a licensed dentist who is an affiliate faculty member of the dental school;
3. a duly licensed practitioner of medicine;
4. a legal practitioner of dentistry or of dental hygiene in any other state, while making a clinical demonstration before a dental society in Indiana; or
5. any commissioned dental officer in the regular United States armed services, United States Public Health Service, or United States Department of Veterans Affairs, while engaged in the discharge of official duties in Indiana;

from performing such services for health preservation, restoration, or diagnosis as are customarily within the field of their respective professional practices.

(Formerly: Acts 1945, c.90, s.12; Acts 1963, c.112, s.5.) As amended by Acts 1982, P.L.154, SEC.47; P.L.7-1987, SEC.118.

**IC 25-13-1-13 Repealed**

(Repealed by Acts 1981, P.L.222, SEC.296.)

**IC 25-13-1-14 Repealed**

(Repealed by Acts 1981, P.L.222, SEC.296.)

**IC 25-13-1-15 Review of board's action; procedure**

Sec. 15. Any licensee, or applicant for a license, aggrieved by the action of the board shall have the right of review of the board's actions thereon under the procedure provided in IC 4-21.5.

(Formerly: Acts 1945, c.90, s.14 1/2; Acts 1963, c.112, s.7.) As amended by Acts 1982, P.L.154, SEC.48; P.L.7-1987, SEC.118.

**IC 25-13-1-16 Repealed**

(Repealed by Acts 1978, P.L.2, SEC.2570)

**IC 25-13-1-17 License by reciprocity**

Sec. 17. (a) The board may issue a license upon payment of the fee set by the board under section 5 of this chapter by an applicant who furnishes satisfactory proof that the applicant:

1. is a dental hygienist;
2. is currently licensed in some other state that has licensing requirements substantially equal to those in effect in Indiana on the date of application;
3. has been in satisfactory practice for at least two (2) years out of the preceding five (5) years;
4. passes the law examination; and
5. has completed at least fourteen (14) hours of continuing education in the previous two (2) years.
However, all other requirements of this chapter must be met and the licensing requirements of the law and the board of the state from which such candidate comes may not be less than those prescribed in this chapter.

(b) An applicant who, before September 1, 1987, graduated from a school for dental hygienists that was recognized by the board at the time the degree was conferred and that required a course of training of only one (1) year, and who has completed:

1. one (1) year of internship in a dental clinic of an accepted hospital;
2. one (1) year of teaching, after graduation, in a school for dental hygienists; or
3. five (5) years of actual dental practice as a dental hygienist;

may apply for licensure under this section if all other requirements of this section are met.


IC 25-13-1-17.1 Repealed
(Repealed by P.L.33-1993, SEC.74.)

IC 25-13-1-17.2 Inactive license; renewal; remediation requirement
Sec. 17.2. (a) The board may classify a license as inactive if the board receives written notification from the dental hygienist that the dental hygienist will not practice as a dental hygienist in Indiana.

(b) The board may issue a license to the holder of an inactive license under this section if the applicant:

1. pays the renewal fee set by the board;
2. pays the reinstatement fee set by the board;
3. meets the continuing education requirements set by the board; and
4. meets competency standards set by the board.

(c) The board may require a licensee whose license has been inactive for more than three (3) years to participate in remediation or pass an examination administered by an entity approved by the board.


IC 25-13-1-18 Construction of certain terms
Sec. 18. Wherever the word "she," or the word "her" shall appear herein, they shall be construed also to mean "he" or "him" respectively.
(Formerly: Acts 1945, c.90, s.16a.)

IC 25-13-1-19 Liberal construction
Sec. 19. This chapter shall be deemed to be enacted in the interests of public health, safety and welfare, and its provisions shall be liberally construed to serve such interests.
(Formerly: Acts 1971, P.L.371, SEC.7.)

IC 25-13-1-20 Discipline; knowledge of standards of conduct and practice
Sec. 20. (a) An individual who:

1. is licensed under; and
2. fails to comply with;

this article or rules adopted under this article is subject to discipline under IC 25-1-9.

(b) An individual who is licensed under this article is responsible for knowing the standards of conduct and practice established by this article and rules adopted under this article.

As added by P.L.103-2011, SEC.8.

INDIANA CODE § 25-13-2

Chapter 2. Continuing Education

IC 25-13-2-1 Application of chapter
Sec. 1. This chapter does not apply to the following:

1. A dental hygienist who has held an initial license for less than two (2) years.
2. A graduate student or a person in a resident program offered by an approved organization listed under section 2(15) of this chapter.
3. A person who is determined by the board as being unable to practice dental hygiene due to a disability.

IC 25-13-2-2 "Approved organization" defined
Sec. 2. As used in this chapter, "approved organization" means the following:
1. United States Department of Education.
2. Council on Post-Secondary Education.
5. Academy of General Dentistry.
8. Council on Hospital Dental Services.
10. Joint Commission on Accreditation of Hospitals.
12. Study clubs approved by the board.
15. A college or other teaching institution accredited by the United States Department of Education or the Council on Post-Secondary Education.
16. A national, state, district, or local organization that operates as an affiliated entity under the approval of an organization listed in subdivisions (1) through (14).
17. An internship or a residency program conducted in a hospital that has been approved by an organization listed in subdivisions (1) through (15).
18. Any other organization or individual approved by the board.

IC 25-13-2-3 "Continuing education course" defined
Sec. 3. As used in this chapter, "continuing education course" means an orderly process of instruction designed to directly enhance the practicing dental hygienist's knowledge and skill in providing relevant dental hygiene services that is approved by an approved organization.

IC 25-13-2-4 "License period" defined
Sec. 4. As used in this chapter, "license period" means the two (2) year period beginning on March 2, 1992, and every two (2) years thereafter.

IC 25-13-2-5 "Study club" defined
Sec. 5. As used in this chapter, "study club" means a group of at least five (5) dental hygienists who do the following:
1. Organize for the purpose of scientific study.
2. Operate under the direction of elected officers.
3. Maintain written bylaws.
4. Conduct regular meetings.
5. Maintain written attendance records of all meetings.

IC 25-13-2-6 Dental hygienist continuing education requirements
Sec. 6. (a) A dental hygienist must complete at least fourteen (14) credit hours in continuing education courses each license period.
(b) Credit hours may be applied under this section only toward the credit hour requirement for the license period during which the credit hours are earned.
(c) During a license period, a dental hygienist may not earn more than five (5) credit hours toward the requirements under this section for continuing education courses that relate specifically to the area of practice management.
(d) Not more than two (2) credit hours for certification programs in basic life support required under IC 25-13-1-8(c)(3) may be applied toward the credit hour requirement during each license period.
(e) During a license period, at least half of the required minimum credit hours must be earned through live presentations or
live workshops.


IC 25-13-2-7 Award of credit hours

Sec. 7. Credit hours under section 6 of this chapter must be awarded as follows:

(1) A course presented by a college under a regular curriculum is awarded one (1) credit hour for each lecture hour attended.

(2) A course not listed in subdivision (1) is awarded one (1) credit hour for each lecture hour and two (2) credit hours for each participation hour of the course.

(3) A speech, lecture, or other presentation by a dental hygienist is awarded two (2) credit hours if the following conditions are met:

(A) The presentation concerns a subject that would be suitable for a continuing education course.

(B) The subject of the presentation is eligible for credit only one (1) time, regardless of the number of times the subject is presented.

(C) The dental hygienist maintains a record of the time, place, and date of the presentation.

(D) The presentation is sponsored by an approved organization.

(E) Not more than four (4) credit hours are awarded to the dental hygienist under this subdivision during any license period.

(4) Attendance at a state, regional, or national meeting sponsored by an approved organization is awarded one (1) credit hour.

(5) Attendance at a meeting of a study club that uses films, audio cassettes, live presentations, or written materials sponsored by the American Dental Hygienist Association is awarded one (1) credit hour. However, a dental hygienist may not receive credit under this subdivision for more than four (4) credit hours during a license period.

(6) Attendance at a meeting of a study club featuring a guest speaker whose presentation concerns a subject suitable for a continuing education course is awarded one (1) credit hour for each hour attended.

(7) A home study course that is presented by an approved organization and meets the requirements under this subdivision is awarded the same number of credit hours given to courses provided by a college. If the approved organization does not assess credit hours to a course under this subdivision, the course is awarded one (1) credit hour for each hour of study material. Subject matter of the course may be presented by written, audio, or video materials.


IC 25-13-2-8 Repealed

(Repealed by P.L.157-2006, SEC.76.)

IC 25-13-2-9 Compliance

Sec. 9. The board and the dental hygienist shall comply with the requirements under IC 25-1-4 concerning continuing education.


IC 25-13-2-10 Board supervision of course offerings; rules

Sec. 10. (a) A member of the board may attend or monitor a continuing education course.

(b) An approved organization must provide the board with course information or materials requested by the board.

(c) If the board determines that an approved organization does not meet the requirements of this chapter, the board shall do the following:

(1) Provide written notification to the organization of the noncompliance specifying the items of noncompliance and the conditions of reinstatement.

(2) Deny credit hours awarded by the organization from the time that the organization receives a notice until the date of reinstatement.

(d) The board shall adopt rules under IC 4-22-2 to implement this chapter.


IC 25-13-2-11 Repealed

(Repealed by P.L.157-2006, SEC.76.)

IC 25-13-2-12 Repealed

(Repealed by P.L.157-2006, SEC.76.)
IC 25-13-2-13 Repealed
(Repealed by P.L.157-2006, SEC.76.)

IC 25-13-2-14 Locations of course offerings
Sec. 14. Continuing education courses must be made available in all geographical regions of Indiana.
INDIANA CODE § 25-14

ARTICLE 14. DENTISTS

INDIANA CODE § 25-14-1

Chapter 1. Regulation of Dentists; Creation of Board

IC 25-14-1-0.5 Repealed
(Repealed by P.L.258-1987, SEC.3.)

IC 25-14-1-1 Necessity for license
Sec. 1. (a) Except as permitted under this chapter, it is unlawful for any person to practice dentistry in Indiana who is not licensed under this chapter.
(b) This chapter does not prohibit:
   (1) a hospital;
   (2) a public health clinic;
   (3) a federally qualified health center;
   (4) a rural health center;
   (5) a charitable health clinic;
   (6) a governmental entity;
   (7) a contractor or subcontractor of a governmental entity; or
   (8) another entity specified by a rule of the board;
from providing dental health services if the dental health services are provided by dentists (licensed under this chapter) or dental hygienists (licensed under IC 25-13).
(Formerly: Acts 1913, c.138, s.1.) As amended by P.L.102-2000, SEC.1.

IC 25-14-1-1.5 Definitions
Sec. 1.5. The following definitions apply throughout this article:
(1) "Agency" refers to the Indiana professional licensing agency established by IC 25-1-5-3.
(2) "Board" refers to the state board of dentistry established under this chapter.
(3) "Deep sedation" means a drug induced depression of consciousness during which cardiovascular function is usually maintained and the individual may:
   (A) not be easily aroused;
   (B) be able to respond purposefully following repeated or painful stimulation;
   (C) have an impaired ability to independently maintain ventilatory function;
   (D) require assistance in maintaining a patent airway; and
   (E) have inadequate spontaneous ventilation.
(4) "Dental assistant" means a qualified dental staff member, other than a licensed dental hygienist, who assists a licensed dentist with patient care while working under the dentist's direct supervision.
(5) "Direct supervision" means that a licensed dentist is physically present in the facility when patient care is provided by the dental assistant.
(6) "Enteral route of administration" means a technique of administering an agent so that it is absorbed through the gastrointestinal tract or oral mucosa.
(7) "General anesthesia" means a drug induced loss of consciousness during which cardiovascular function may be impaired and the individual:
   (A) is not arousable, even by painful stimulation;
   (B) often has an impaired ability to independently maintain ventilatory function;
   (C) often requires assistance in maintaining a patent airway; and
   (D) may require positive pressure ventilation because of depressed spontaneous ventilation or drug induced depression of neuromuscular function.
(8) "Moderate sedation" means a drug induced depression of consciousness during which cardiovascular function is usually
maintained and the individual:
(A) responds purposefully to verbal commands, either alone or with light tactile stimulation;
(B) does not require intervention to maintain a patent airway; and
(C) has adequate spontaneous ventilation.
(9) "Parenteral route of administration" means a technique of administering an agent by intravenous or intramuscular injection so that it bypasses the gastrointestinal tract.


IC 25-14-1-2 State board of dentistry; appointments; districts; examination
Sec. 2. (a) The state board of dentistry is established and consists of:
(1) nine (9) practicing dentists licensed under IC 25-14 who must have been in practice in Indiana for not less than the five (5) years;
(2) one (1) practicing dental hygienist who:
(A) has been practicing in Indiana as a dental hygienist:
(i) in 2011 and 2012, for at least three (3) years; and
(ii) after 2012, for at least five (5) years; and
(B) is licensed under IC 25-13-1; and
(3) one (1) member to represent the general public who must be a resident to this state and in no way associated with the profession of dentistry other than as a consumer.

All eleven (11) members of the board shall be appointed by the governor for a term of three (3) years each. Any member of the board may serve until the member's successor is appointed and qualified under this chapter. A member may serve consecutive terms, but no member may serve more than three (3) terms or a total of nine (9) years.

(b) The appointment of the dentist members shall be made in a manner that, at all times, each dentist member on the board represents and is a resident of one (1) of nine (9) examiner districts set forth in this subsection. Each dentist member shall be chiefly responsible in the performance of his or her duties with regard to the district from which he or she is appointed. The nine (9) dentist members' districts consist of the following counties:
(1) District 1. Tipton, Hamilton, Hendricks, Marion, Hancock, Morgan, Johnson, and Shelby.
(2) District 2. Lake, Porter, LaPorte, and Jasper.
(c) The board may issue licenses to applicants who pass an examination administered by an entity that has been approved by the board.


IC 25-14-1-3 Examination; fees
Sec. 3. (a) A person desiring to begin the practice of dentistry in Indiana shall procure from the board a license to practice dentistry in Indiana. To procure the license, the applicant must submit to the board proof of graduation from a dental college recognized by the board. The board may recognize dental schools accredited by the Commission on Dental Accreditation of the American Dental Association, if the board is satisfied that the recognition is consistent with the board's requirements. Every applicant must pass an examination administered by an entity approved by the board and may not take any portion of the examination more than three (3) times.

(b) A fee paid under this article may not be refunded.


IC 25-14-1-3.1 Anesthesia or sedation; permit to administer; requirements; renewal

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Sec. 3.1. (a) A dentist must have a permit to administer:
   (1) general anesthesia/deep sedation; or
   (2) moderate sedation using a parenteral route of administration;

to a patient.
   (b) The board shall establish by rule the educational and training requirements for the issuance and renewal of a permit
required by subsection (a).
   (c) The board shall establish the requirements for a program of education and training for pediatric anesthesiology.
   (d) The requirements for a permit issued under this section must be based on the current American Dental Association's
"Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students", as adopted by the American Dental
Association House of Delegates.
   (e) A permit issued under this section must be renewed biennially.


IC 25-14-1-3.5 Fees; establishment; disposition
Sec. 3.5. (a) Under IC 25-1-8 the board shall establish, under IC 25-13-1-5 and section 13 of this chapter, fees sufficient to
implement IC 25-13 and IC 25-14.
   (b) All money received by the board under this chapter shall be paid to the agency, which shall:
      (1) give a proper receipt for the same; and
      (2) at the end of each month:
         (A) report to the auditor of state the total amount received from all sources; and
         (B) deposit the entire amount of such receipts with the state treasurer to be deposited by the treasurer in the general fund
of the state.

All expenses incurred in the administration of this chapter shall be paid from the general fund upon appropriation being made
therefor in the manner provided by law for making such appropriations.

IC 25-14-1-3.7 Dental compliance fund; administration of fund; funds; memorandum of understanding for
use of funds
Sec. 3.7. (a) The dental compliance fund is established to provide funds for administering and enforcing the provisions of
this article, including investigating and taking enforcement action against violators of:
   (1) IC 25-1-9 concerning an individual licensed under IC 25-13 or this article;
   (2) IC 25-13; and
   (3) this article.

The fund shall be administered by the Indiana professional licensing agency.
   (b) The expenses of administering the fund shall be paid from the money in the fund. The fund consists of fines and civil
penalties collected through investigations of violations of:
   (1) IC 25-1-9 concerning individuals licensed under IC 25-13 or this article;
   (2) IC 25-13; and
   (3) this article;
conducted by the board or the attorney general.
   (c) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the
same manner as other public money may be invested.
   (d) Money in the fund at the end of a state fiscal year does not revert to the state general fund.
   (e) The attorney general and the Indiana professional licensing agency may enter into a memorandum of understanding to
provide the attorney general with funds to conduct investigations and pursue enforcement action against violators of:
   (1) IC 25-1-9 if the individual is licensed under IC 25-13 or this article;
   (2) IC 25-13; and
   (3) this article.
   (f) The attorney general and the Indiana professional licensing agency shall present any memorandum of understanding under
subsection (e) annually to the board for review.
As added by P.L.103-2011, SEC.15.

IC 25-14-1-4 Repealed
(Repealed by Acts 1977, P.L.172, SEC.56.)

IC 25-14-1-5 Limited dental residency permit for students; fee; practice under permit
Sec. 5. (a) The board may at its discretion issue a limited dental residency permit to a school for use by any student or former student to whom it has not issued a license but who is attending or is a graduate of a dental college recognized by the board and is completing a residency program. However, the school shall furnish the board with satisfactory evidence that the student or former student is enrolled in an accredited dental residency or fellowship program and is using the permit only for school purposes. The school shall maintain the permit at the school.

(b) The fee for the permit shall be set by the board under section 13 of this chapter.

(c) Any person using a school’s limited dental residency permit may practice dentistry only in a hospital or other board approved institution designated in the permit and only under the direction of a licensed dentist who is a member of the dental staff of the hospital or other institution. The dental practice shall be limited to bona fide patients of the hospital or other institution.

(d) The permit:
(1) shall be:
   (A) valid for only one (1) year from date of issue; and
   (B) renewable in the discretion of the board upon the payment of a fee determined by the board under section 13 of this chapter; and
(2) may be recalled at any time by the board.


IC 25-14-1-5.5 Limited dental faculty permit; requirements; use of permit; fee
Sec. 5.5. (a) The board may issue a limited dental faculty permit. An applicant for a permit under this section must meet the following requirements:
(1) Be a graduate of an American Dental Association accredited dental program, as determined by the board.
(2) Be employed by an accredited dental school.
(b) An individual granted a limited dental faculty permit under this section:
(1) may use the permit only to practice at the school where the individual is employed and as a part of the individual’s research or teaching responsibilities; and
(2) may not use the permit to obtain:
   (A) a license under section 3 of this chapter; or
   (B) reciprocity or endorsement under this article.
(c) The board shall set the permit fee under section 13 of this chapter.
As added by P.L.103-2011, SEC.17.

IC 25-14-1-6 Repealed
(Repealed by Acts 1977, P.L.172, SEC.56.)

IC 25-14-1-7 Repealed
(Repealed by Acts 1977, P.L.172, SEC.56.)

IC 25-14-1-8 Repealed
(Repealed by Acts 1977, P.L.172, SEC.56.)

IC 25-14-1-9 Repealed
(Repealed by P.L.169-1985, SEC.97.)

IC 25-14-1-10 Renewal of license; renewal card; failure to renew
Sec. 10. (a) Unless renewed, a license issued by the board expires on a date specified by the agency under IC 25-1-5-4(k). An applicant for renewal shall pay the renewal fee set by the board under section 13 of this chapter on or before the renewal date specified by the agency.

(b) The license shall be properly displayed at all times in the office of the person named as the holder of the license, and a person may not be considered to be in legal practice if the person does not possess the license and renewal card.
(c) If a holder of a dental license does not renew the license on or before the renewal date specified by the agency, without any action by the board the license together with any related renewal card is invalidated.
(d) Except as provided in section 27.1 of this chapter, a license invalidated under subsection (c) may be reinstated by the board in three (3) years or less after its invalidation if the holder of the license meets the requirements under IC 25-1-8-6(c).
(e) Except as provided in section 27.1 of this chapter, if a license remains invalid under subsection (c) for more than three (3) years, the holder of the invalid license may obtain a reinstated license by satisfying the requirements for reinstatement under
IC 25-1-8-6(d).

(f) The board may require the holder of an invalid license who files an application under this subsection to appear before the board and explain why the holder failed to renew the license.

(g) The board may adopt rules under section 13 of this chapter establishing requirements for the reinstatement of a license that has been invalidated for more than three (3) years. The fee for a duplicate license to practice as a dentist is subject to IC 25-1-8-2.

(b) Biennial renewal of licenses is subject to IC 25-1-2.

(i) Subject to IC 25-1-4-3, an application for renewal of a license under this section must contain a sworn statement signed by the applicant attesting that the applicant has fulfilled the continuing education requirements under IC 25-14-3.


IC 25-14-1-11 Board of examiners; removal of members; filling vacancies

Sec. 11. The governor shall have the power to remove any member of the board for incompetency, gross immorality, for any abuse of his official power or for any other good cause and may fill any vacancy occasioned by removal, death, resignation or otherwise, by appointment. Any person appointed to fill any vacancy of such board, whether caused by death, resignation, removal or otherwise, shall hold for the unexpired term of the member whose place he is appointed to fill and all vacancies shall be filled in the manner prescribed for the regular appointments to said board.

(Formerly: Acts 1913, c.138, s.10; Acts 1963, c.151, s.6.)

IC 25-14-1-12 Meetings of board; records; affiliation

Sec. 12. (a) The board shall hold not less than two (2) regular meetings in each year at such place as may be fixed by the board and as often in addition as may be necessary for the transaction of such business as may properly come under the provisions of this chapter, and it shall have power to make all necessary rules in accordance with this chapter. Additional meetings may be called at any time by the president or any six (6) members of the board to be held at such time and place as may be designated in the call. Six (6) members of the board constitute a quorum. A majority of the quorum may transact business. The board shall elect a president and a secretary. For their services, the members shall receive per diem and travel expenses as otherwise provided by law.

(b) It shall be the duty of the board through the agency to keep a record of all applications for licenses for a period of time designated by the board, subject to the final approval of the oversight committee on public records under IC 5-15-5.1-19. Such records shall contain all the facts set forth in the application, including the action of the board. The agency shall carry out the administrative functions of the board and shall provide necessary personnel to enable the board to properly carry out and enforce this chapter.

(c) The board may affiliate with the American Association of Dental Boards as an active member thereof and may pay the regular annual dues of the association out of any available funds of the board, which are obtained by examination fees or registration renewal fees as provided by law. However, the affiliation with the American Association of Dental Boards shall not impair, restrict, enlarge, or modify any of the rights, powers, duties, or functions of the board as prescribed by the laws of this state. The board may designate one (1) of its members as a delegate of any meeting of the association, and such delegate member shall receive the regular per diem paid to members of the board for their services on the board and the member’s necessary expenses while traveling to and from and attending such meetings.


IC 25-14-1-13 Powers and duties of board; complaints; hearings

Sec. 13. (a) The board is charged with the duty of administering and enforcing the laws pertaining to the practice of dentistry and of dental hygiene. The board may adopt and enforce rules for the administration and enforcement of this article in accordance with IC 4-22-2. The board shall adopt a code of professional conduct and shall adopt rules establishing standards for the competent practice of dentistry or dental hygiene. The board may adopt rules concerning assessment of costs in disciplinary proceedings before the board.

(b) Complaints against persons licensed under this article or IC 25-13 are subject to IC 25-1-7. The board may conduct hearings concerning these complaints in accordance with IC 4-21.5.

(Formerly: Acts 1913, c.138, s.12; Acts 1935, c.90, s.5; Acts 1949, c.248, s.6; Acts 1963, c.151, s.8.) As amended by Acts 1981, P.L.222, SEC.126; P.L.169-1985, SEC.52; P.L.149-1987, SEC.34.
IC 25-14-1-14 Injunction
Sec. 14. The attorney general, prosecuting attorney, the state board of dentistry, or any citizen of any county where any person shall engage in the practice of dentistry, as herein defined, without possessing a valid license so to do, may, in accordance with the laws of the state of Indiana governing injunctions, maintain an action in the name of the state of Indiana to enjoin such person from engaging in the practice of dentistry, as herein defined, until a valid license to practice dentistry be secured. And any person who has been so enjoined who shall violate such injunction shall be punished for contempt of court:
Provided, That such injunction shall not relieve such person so practicing dentistry without a valid license from a criminal prosecution therefor as is now provided by law, but such remedy by injunction shall be in addition to any remedy now provided for the criminal prosecution of such offender. In charging any person in a complaint for injunction, or in an affidavit, information or indictment, with a violation of this law by practicing dentistry without a valid license, it shall be sufficient to charge that such person did, upon a certain day and in a certain county, engage in the practice of dentistry, he not having a valid license so to do, without averring any further or more particular facts concerning the same.
(Formerly: Acts 1913, c.138, s.12a; Acts 1931, c.169, s.6.) As amended by P.L.24-1999, SEC.11.

IC 25-14-1-15 Attorney's fees
Sec. 15. If judgment is rendered in favor of the plaintiff in any action brought under the provisions of this chapter, the court rendering the judgment shall also render judgment for reasonable attorney's fees in the action in favor of the plaintiff and against the defendant, and when collected the fees shall be paid to the attorney or the attorneys of the plaintiff and if paid to the attorney general or to any prosecuting attorney shall be additional to any compensation otherwise allowed by law.

IC 25-14-1-16 Applicant requirements; issuance of license; fee; rules for endorsement; appearance before board
Sec. 16. (a) An applicant under this article must submit to the board proof satisfactory to the board that the applicant has not been convicted of a crime that has a direct bearing on the applicant's ability to practice competently.
(b) The board may issue a license upon payment of a fee, set by the board under section 13 of this chapter, to an applicant who furnishes proof satisfactory to the board that the applicant is a dentist who:
(1) is licensed in another state or a province of Canada that has licensing requirements substantially equal to those in effect in Indiana on the date of application;
(2) has practiced dentistry for at least two (2) of the three (3) years preceding the date of application;
(3) passes the law examination administered by the board or an entity approved by the board;
(4) has completed the required hours of continuing education in the previous two (2) years; and
(5) meets all other requirements of this chapter.
(c) The board shall have power to adopt rules under section 13 of this chapter for licensure by endorsement.
(d) An applicant shall, at the request of the board, make an appearance before the board.

IC 25-14-1-16.1 Repealed
(Repealed by P.L.33-1993, SEC.74.)

IC 25-14-1-17 Record of persons practicing with and employed by certificate holder
Sec. 17. A person practicing dentistry, upon written demand made by the secretary of the state board of dentistry, shall not fail to furnish in writing, within twenty (20) days after such demand, the name and address of each person practicing or assisting in the practice of dentistry in the office of said person, together with a sworn statement showing by what authority or license such person or persons are practicing dentistry and in what capacity nonlicensed persons are assisting in practice; said list of names and addresses shall include all persons who have been thus employed within the sixty (60) days next preceding such demand; however, such affidavit may not be used as evidence against either said person or persons so reported in any proceeding under this chapter.

IC 25-14-1-18 Display of name and license
Sec. 18. A practitioner of dentistry shall not fail to post, and keep conspicuously displayed, his name and license in the dental office wherein he practices, in plain sight of his patients; if there are more dentists than one (1) practicing or employed in any
dental office, the manager or proprietor of the office shall not fail to post and display the name and license of each dentist so practicing and so employed therein.  

IC 25-14-1-19 Repealed  
(Repealed by Acts 1981, P.L.222, SEC.296.)

IC 25-14-1-19.1 Repealed  
(Repealed by P.L.152-1988, SEC.30.)

IC 25-14-1-20 Disciplinary proceedings  
Sec. 20. Proceedings for disciplinary action against a holder of a license to practice dentistry or dental hygiene in Indiana shall be had in accordance with IC 25-1-7 and IC 4-21.5.  
(Formerly: Acts 1913, c.138, s.17; Acts 1931, c.169, s.10; Acts 1935, c.90, s.8; Acts 1963, c.151, s.11.) As amended by Acts 1977, P.L.172, SEC.20; P.L.169-1985, SEC.55; P.L.7-1987, SEC.120.

IC 25-14-1-21 Representation by attorney general  
Sec. 21. It shall be the duty of the attorney general to represent the state board of dentistry in any court in which an action may be filed for the review of an order of the board as provided for in section 20 of this chapter. The attorney general may, at his discretion, call to his assistance in such action, the prosecuting attorney of the county in which such action is filed. Also, the board, with the written consent of the attorney general, shall have the right to employ, out of its own funds, any other attorney or attorneys to assist the attorney general in any such action.  

IC 25-14-1-22 Exceptions  
Sec. 22. This chapter does not apply to the following:  
(1) Any commissioned officer of the regular United States armed services, United States Public Health Service, or United States Department of Veterans Affairs in the discharge of the officer's official duties.  
(2) Any dentist who is legally qualified to practice in the state or territory where the dentist resides, when in actual consultation with a legal practitioner of Indiana.  
(3) Any dentist residing on the border of a neighboring state and authorized to practice dentistry under the laws of the state whose practice extends into the border of Indiana; however, such practitioner shall not open an office or appoint a place to meet patients or solicit practice within Indiana.  
(4) Any dentist who is licensed in another state while appearing as a clinician for demonstrating certain methods of technical procedures before a meeting, clinic, or convention of Indiana dentists; however, no fee, cash, or money reimbursement, consideration, or remuneration of any kind is paid directly or indirectly or by any subterfuge, to such clinician by or for the person used as a patient in such clinic or demonstration.  
(5) Licensed physicians or surgeons who are authorized to take x-ray pictures of the human teeth or jaws, to extract teeth, and to perform surgical operations (as described in IC 25-22.5-1-1.1(a)(1)(C)) upon the teeth or jaws at their usual office or residence or within the vicinity of their ordinary practice, whenever, in their judgment, the same may be necessary. This exception shall not apply to itinerant licensed physicians and surgeons who have to a large extent abandoned their practice as physicians and surgeons and are, in fact and effect, practicing dentistry almost exclusively.  

IC 25-14-1-23 Practice of dentistry; delegation; procedures prohibited to be delegated; dental students; pharmacists filling prescriptions; services dental assistants may perform  
Sec. 23. (a) A person is practicing dentistry within the meaning of this chapter if the person does any of the following:  
(1) Uses the word "dentist" or "dental surgeon", the letters "D.D.S." or "D.M.D.", or other letters or titles in connection with dentistry.  
(2) Directs and controls the treatment of patients within a place where dental services are performed.  
(3) Advertises or permits to be advertised by sign, card, circular, handbill, newspaper, radio, or otherwise that the person can or will attempt to perform dental operations of any kind.  
(4) Offers to diagnose or professes to diagnose or treats or professes to treat any of the lesions or diseases of the human oral cavity, teeth, gums, or maxillary or mandibular structures.
(5) Extracts human teeth or corrects malpositions of the teeth or jaws.
(6) Except as provided in IC 25-13-1-10.5 and IC 25-13-1-10.6, administers dental anesthetics.
(7) Uses x-ray pictures for dental diagnostic purposes.
(8) Makes impressions or casts of any oral tissues or structures for the purpose of diagnosis or treatment thereof or for the construction, repair, reproduction, or duplication of any prosthetic device to alleviate or cure any oral lesion or replace any lost oral structures, tissue, or teeth.
(9) Advertises to the public by any method, except trade and professional publications, to furnish, supply, construct, reproduce, repair, or adjust any prosthetic denture, bridge, appliance, or other structure to be worn in the human mouth.
(10) Is the employer of a dentist who is hired to provide dental services.
(11) Directs or controls the use of dental equipment or dental material while the equipment or material is being used to provide dental services. However, a person may lease or provide advice or assistance concerning dental equipment or dental material if the person does not restrict or interfere with the custody, control, or use of the equipment or material by the dentist. This subdivision does not prevent a dental hygienist who is licensed under IC 25-13 from owning dental equipment or dental materials within the dental hygienist’s scope of practice.
(12) Directs, controls, or interferes with a dentist’s clinical judgment.
(13) Exercises direction or control over a dentist through a written contract concerning the following areas of dental practice:
   (A) The selection of a patient’s course of treatment.
   (B) Referrals of patients, except for requiring referrals to be within a specified provider network, subject to the exceptions under IC 27-13-36-5.
   (C) Content of patient records.
   (D) Policies and decisions relating to refunds, if the refund payment would be reportable under federal law to the National Practitioner Data Bank, and warranties.
   (E) The clinical content of advertising.
   (F) Final decisions relating to the employment of dental office personnel.
   However, this subdivision does not prohibit a person from providing advice or assistance concerning the areas of dental practice referred to in this subdivision or an insurer (as defined in IC 27-1-26-1) from carrying out the applicable provisions of IC 27 under which the insurer is licensed.
   However, a person does not have to be a dentist to be a manufacturer of dental prostheses.
   (b) In addition to subsection (a), a person is practicing dentistry who directly or indirectly by any means or method furnishes, supplies, constructs, reproduces, repairs, or adjusts any prosthetic denture, bridge, appliance, or any other structure to be worn in the human mouth and delivers the resulting product to any person other than the duly licensed dentist upon whose written work authorization the work was performed. A written work authorization shall include the following:
      (1) The name and address of the dental laboratory to which it is directed.
      (2) The case identification.
      (3) A specification of the materials to be used.
      (4) A description of the work to be done and, if necessary, diagrams thereof.
      (5) The date of issuance of the authorization.
      (6) The signature and address of the licensed dentist or other dental practitioner by whom the work authorization is issued.
   A separate work authorization shall be issued for each patient of the issuing licensed dentist or other dental practitioner for whom dental technological work is to be performed.
   (c) This section shall not apply to those procedures which a legally licensed and practicing dentist may delegate to a dental assistant as to which procedures the dentist exercises direct supervision and responsibility.
   (d) Procedures delegated by a dentist may not include the following:
      (1) Those procedures which require professional judgment and skill such as diagnosis, treatment planning, the cutting of hard or soft tissues, or any intraoral impression which would lead to the fabrication of a final prosthetic appliance.
      (2) Except for procedures described in subsections (g) and (h), procedures delegated to a dental assistant may not include procedures allocated under IC 25-13-1 to a licensed dental hygienist.
   (e) This chapter shall not prevent dental students from performing dental operations under the supervision of competent instructors within the dental school or a university recognized by the board or in any public clinic under the supervision of the authorized superintendent of such clinic authorized under the authority and general direction of the board of health or school board of any city or town in Indiana.
   (f) Licensed pharmacists of this state may fill prescriptions of licensed dentists of this state for any drug necessary in the practice of dentistry.
   (g) Notwithstanding IC 25-13-1-11(4), a dental assistant who has completed a board approved curriculum may apply medicaments for the control or prevention of dental caries under the direct supervision of a licensed dentist. The curriculum must include instruction on the following:
      (1) Ethics and jurisprudence.
(2) Reasons for fluorides.
(3) Systemic fluoride.
(4) Topical fluoride.
(5) Fluoride application.
(6) Laboratory work on topical fluoride applications and patient competency.

(h) Notwithstanding IC 25-13-1-11(3), a dental assistant who has completed a board approved curriculum may polish the coronal surface of teeth under the direct supervision of a licensed dentist. The curriculum must include instruction on the following:

(1) Ethics and jurisprudence.
(2) Plaque and materia alba.
(3) Intrinsic and extrinsic stain.
(4) Abrasive agents.
(5) Use of a slow speed hand piece, prophy cup, and occlusal polishing brush.
(6) Theory of selective polishing.

(7) Laboratory work concerning slow speed hand piece, hand dexterity, and patient competency.


IC 25-14-1-24 Evidence of practice of dentistry; exception

Sec. 24. The announcing to the public in any manner of intent to maintain, directly or indirectly, an office or place of business for the practice of dentistry, or the use of any professional degree, title, or designation, personal or otherwise, or a sign, card, circular, device, picture, or advertisement that might impress the public that the office is used for the practice of dentistry is prima facie evidence of engaging in the practice of dentistry. Nothing in this section may be construed to interfere with sales of dental equipment or materials by established, bona fide dealers or with the renting or leasing of real estate or dental equipment by the actual owner thereof or his agent.

(Formerly: Acts 1913, c.138, s.20a; Acts 1943, c.308, s.3.) As amended by P.L.155-1988, SEC.2.

IC 25-14-1-25 Specific violations

Sec. 25. (a) It is a Class D felony for a person to do any of the following:

(1) Practice dentistry not being at the time a dentist duly licensed to practice as such in this state under this chapter.
(2) Employ, hire, or procure one who is not duly licensed as a dentist to practice dentistry, but a person practiced upon by an unlicensed dentist does not violate this section.

(b) It is a Class B misdemeanor for a person to do any of the following:

(1) Sell or barter, or offer to sell or barter, or, not being lawfully authorized so to do, issue or confer, or offer to issue or confer, any dental degree, license, or any diploma or document conferring, or purporting to confer, any dental degree or license, or any certificate or transcript made, or purporting to be made, under this chapter.
(2) Purchase, or procure by barter, any diploma, license, certificate, or transcript, with intent that it be used as evidence of the qualifications to practice dentistry of any person other than the one upon, or to whom, it was lawfully conferred or issued, or in fraud of the laws regulating the practice.
(3) Use any diploma, certificate, or transcript which has been purchased, fraudulently issued, counterfeited, or materially altered, either as a license or color of license, to practice dentistry, or in order to procure registration as a dentist.
(4) Practice dentistry under a false name, under a name intended to mislead the public, under the license of another person of the same name, or hold the person out to the public under such a name as a practitioner of dentistry.
(5) Assume the title or degree of "Bachelor of Dental Surgery", append the letters "B.D.S.", "D.D.S.", "M.D.S.", or "D.M.D.", to the person's name, or make use of the same, or prefix to his name the title of "Doctor", or any abbreviation thereof, not having had duly conferred upon the person by diploma from some college, school, or board of examiners legally empowered to confer the same, the right to assume such a title.
(6) Assume any title or append or prefix any words to the person's name, with intent to represent falsely that the person has received a dental degree or license.
(7) Not having been licensed to practice dentistry under the laws of this state, represent that the person is entitled so to practice (a dental licensee may use the prefix "Doctor" or "Dr." to his name).
(8) Falsely personate another at any examination to ascertain the preliminary professional education of candidates for dental certificates, dental degrees, or dental licenses or knowingly avail the person of the benefit of false personation.
(9) Otherwise violate this chapter.

(c) Each date that a person violates this section constitutes a separate offense.
IC 25-14-1-26 Repealed
(Repealed by P.L.4-1998, SEC.15.)

IC 25-14-1-27 Repealed
(Repealed by Acts 1979, P.L.17, SEC.55.)

IC 25-14-1-27.1 Inactive licenses; remediation
Sec. 27.1. (a) The board may classify a license as inactive if the board receives written notification from a licensed dentist stating that the dentist will not practice as a dentist in Indiana.
(b) The board may issue a license to the holder of an inactive license under this section, if the applicant:
   (1) pays the renewal fee set by the board;
   (2) pays the reinstatement fee set by the board;
   (3) meets continuing education requirements set by the board; and
   (4) meets competency standards set by the board.
(c) The board may require a licensee whose license has been inactive for more than three (3) years to participate in remediation or pass an examination administered by an entity approved by the board.

IC 25-14-1-27.5 Instructor's license; requirements; holding of license; prohibition on use; teaching and practicing dentistry; validity; fee; limitation on number; rules
Sec. 27.5. (a) The board may issue an instructor's license to an individual who is not otherwise licensed to practice dentistry in Indiana if the individual meets the following conditions:
   (1) The individual has been licensed or has had the equivalent of a license for five (5) of the preceding nine (9) years to practice dentistry in the United States or in any country, territory, or other recognized jurisdiction.
   (2) The individual has been approved under the credentialing process of an Indiana school of dentistry or an affiliated medical center of an Indiana school of dentistry that is accredited by:
      (A) the American Dental Association Commission on Dental Accreditation; or
      (B) the Joint Commission on Accreditation of Health Care Organizations.
   (3) The individual has successfully documented or demonstrated clinical and academic competency to the board.
   (4) The individual is fluent in the English language.
   (5) The individual passes the written law examination administered by the board.
   (6) The individual meets the continuing education requirements required by IC 25-14-3.
   (7) The individual pays the licensing fee set by the board under subsection (f).
(b) A license issued under this section must be held by the Indiana school of dentistry for which the licensee is employed.
(c) A license issued under this section does not meet the requirements of section 16 of this chapter and may not be used to obtain a general dentistry license under this article.
(d) A licensee under this section may teach and practice dentistry only at or on behalf of an Indiana school of dentistry or an affiliated medical center of an Indiana school of dentistry.
(e) An instructor's license is valid only during the time the licensee is employed or has a valid employment contract for a full-time faculty position at the Indiana school of dentistry or an affiliated medical center. The Indiana school of dentistry or the affiliated medical center shall notify the board in writing upon the termination of the employment contract of an individual who is issued a license under this section and surrender the license not later than thirty (30) days after the licensee's employment ceases.
(f) The board shall set a fee for the issuance and renewal of a license under this section.
(g) Unless renewed, a license issued by the board under this section expires annually on a date specified by the agency under IC 25-1-5-4. An applicant for renewal must pay the renewal fee set by the board on or before the renewal date specified by the agency.
(h) Not more than ten percent (10%) of the Indiana school of dentistry's full-time faculty may be individuals licensed under this section.
(i) The board shall adopt rules under IC 4-22-2 necessary to implement this section.
IC 25-14-1-28 Severability  
Sec. 28. If any provision of this chapter as amended be decided by the courts to be unconstitutional or invalid, such unconstitutional or invalid provision shall be considered severable from the remainder of this chapter and shall be excised therefrom, and the same shall not affect the validity of this chapter as a whole, or any part thereof, other than the part so decided to be unconstitutional or invalid.  
(Formerly: Acts 1913, c.138, s.23a; Acts 1931, c.169, s.14; Acts 1935, c.90, s.11.) As amended by Acts 1982, P.L.154, SEC.52.

IC 25-14-1-29 Liberal construction  
Sec. 29. This chapter shall be deemed to be enacted in the interests of public health, safety, and welfare, and its provisions shall be liberally construed to serve such interests.  
(Formerly: Acts 1971, P.L.372, SEC.10.)

IC 25-14-1-30 Certificates considered licenses  
Sec. 30. All certificates issued by the dental board for the practice of dentistry which certificates were issued prior to May 1, 1977, shall be deemed to be licenses for the practice of dentistry. All applications for the practice of dentistry and all renewal notices sent for the practice of dentistry in Indiana shall be for licenses and not for certificates. For the purposes of this chapter, all certificates and renewals for certificates for the practice of dentistry shall be the same as licenses and renewals for licenses issued subsequent to May 1, 1977.  

IC 25-14-1-30 Version a Certificates considered licenses  
Note: This version of section added by Acts 1977, P.L.172, SEC.23. See also following version of this section added by P.L.103-2011, SEC.24.  
Sec. 30. All certificates issued by the dental board for the practice of dentistry which certificates were issued prior to May 1, 1977, shall be deemed to be licenses for the practice of dentistry. All applications for the practice of dentistry and all renewal notices sent for the practice of dentistry in Indiana shall be for licenses and not for certificates. For the purposes of this chapter, all certificates and renewals for certificates for the practice of dentistry shall be the same as licenses and renewals for licenses issued subsequent to May 1, 1977.  

IC 25-14-1-30 Version b Discipline; knowledge of standards of conduct and practice  
Note: This version of section added by P.L.103-2011, SEC.24. See also preceding version of this section added by Acts 1977, P.L.172, SEC.23.  
Sec. 30. (a) An individual who:  
(1) is licensed under; and  
(2) fails to comply with;  
this article or rules adopted under this article is subject to discipline under IC 25-1-9.  
(b) An individual who is licensed under this article is responsible for knowing the standards of conduct and practice established by this article and rules adopted under this article.  
As added by P.L.103-2011, SEC.24.

INDIANA CODE 25-14-2  
Chapter 2. Marking Requirements for Dentures and Partial Dentures  
IC 25-14-2-1 Definition  
Sec. 1. As used in this chapter, "dentist" means an individual who holds a license to practice dentistry in Indiana issued under IC 25-14-1.  
As added by P.L.135-1984, SEC.1.

IC 25-14-2-2 Marking denture  
Sec. 2. Except as otherwise provided in section 5 of this chapter, a dentist shall see that each denture he delivers to a patient in Indiana is marked in the manner prescribed in this chapter if the denture has been fabricated by the dentist or under a work order issued by him.  
As added by P.L.135-1984, SEC.1.
IC 25-14-2-3 Marking partial denture
   Sec. 3. Except as otherwise provided in section 5 of this chapter, a dentist shall see that each partial denture he delivers to a patient in Indiana is marked in the manner prescribed in this chapter if the partial denture has been fabricated, rebased, or duplicated by the dentist or pursuant to a work order issued by him.
   As added by P.L.135-1984, SEC.1.

IC 25-14-2-4 Option to mark patient's name or Social Security number
   Sec. 4. Each denture and each partial denture covered by section 2 or 3 of this chapter shall be marked, at the patient's option, with either the patient's name or his social security number.
   As added by P.L.135-1984, SEC.1.

IC 25-14-2-5 Exception to requirements of chapter
   Sec. 5. If a dentist:
      (1) determines that it is impossible to mark a denture or a partial denture in the manner described in section 4 of this chapter; and
      (2) notifies the patient in writing of that determination before the denture or partial denture is delivered to the patient; the marking requirements of this chapter do not apply to that denture or partial denture.
   As added by P.L.135-1984, SEC.1.

INDIANA CODE 25-14-3

Chapter 3. Continuing Education

IC 25-14-3-1 Application of chapter
   Sec. 1. This chapter does not apply to the following:
      (1) A dentist who has held an initial license for less than two (2) years.
      (2) A graduate student or a person in a resident program offered by an approved organization listed under section 2(13) of this chapter.
      (3) A person who is determined by the board as being unable to practice dentistry due to a disability.
      (4) A person who has been granted an inactive license under IC 25-14-1-27.1.

IC 25-14-3-2 "Approved organization"
   Sec. 2. "Approved organization" means the following:
      (1) United States Department of Education.
      (2) Council on Post-Secondary Education.
      (3) National Dental Association.
      (4) American Dental Association.
      (5) Academy of General Dentistry.
      (6) National Dental Hygiene Association.
      (7) American Dental Hygiene Association.
      (8) Council on Hospital Dental Services.
      (9) American Medical Association.
      (10) Joint Commission on Accreditation of Hospitals.
      (11) Joint Commission on Healthcare Organizations.
      (12) Study clubs approved by the board.
      (13) Federal, state, and local government agencies.
      (14) International organizations approved by the American Dental Association.
      (15) A college or other teaching institution accredited by the United States Department of Education or the Council on Post-Secondary Education.
      (16) A national, state, district, or local organization that operates as an affiliated entity under the approval of any organization listed in subdivisions (1) through (14).
(17) An internship or a residency program conducted in a hospital that has been approved by an organization listed in subdivisions (1) through (15).
(18) Any other organization or individual approved by the board.


IC 25-14-3-3 "Board"
Sec. 3. As used in this chapter, "board" refers to the state board of dentistry established under IC 25-14-1-2.


IC 25-14-3-4 "Continuing education course"
Sec. 4. As used in this chapter, "continuing education course" means an orderly process of instruction designed to directly enhance the practicing dentist's knowledge and skill in providing relevant dentist services that is approved by an approved organization.


IC 25-14-3-5 "License"
Sec. 5. As used in this chapter, "license" means a license to practice dentistry under IC 25-14-1-3.


IC 25-14-3-6 "License period"
Sec. 6. As used in this chapter, "license period" means the two (2) year period beginning on March 2, 1992, and every two (2) years thereafter.


IC 25-14-3-7 "Study club"
Sec. 7. As used in this chapter, "study club" means a group of at least five (5) dentists who do the following:
(1) Organize for the purpose of scientific study.
(2) Operate under the direction of elected officers.
(3) Maintain written bylaws.
(4) Conduct regular meetings.
(5) Maintain written attendance records of all meetings.


IC 25-14-3-8 Continuing education credit requirements
Sec. 8. (a) A dentist must complete at least twenty (20) credit hours in continuing education courses each license period. At least half of the required minimum credit hours must be from live presentations or live workshops.
(b) Credit hours may be applied under this section only toward the credit hour requirement for the license period during which the credit hours are earned.
(c) During a license period, a dentist may not earn more than five (5) credit hours toward the requirements under this section for continuing education courses that relate specifically to the area of practice management.


IC 25-14-3-9 Award of credit hours
Sec. 9. Credit hours under section 8 of this chapter must be awarded as follows:
(1) A course presented by a college under a regular curriculum is awarded one (1) credit hour for each lecture hour attended.
(2) A course not listed in subdivision (1) is awarded one (1) credit hour for each lecture hour and two (2) credit hours for each participation hour of the course.
(3) A speech, lecture, or other presentation by a dentist is awarded two (2) credit hours if the following conditions are met:
(A) The presentation concerns a subject that would be suitable for a continuing education course.
(B) The subject of the presentation is eligible for credit only once, regardless of the number of times it is presented.
(C) The dentist maintains a record of the time, place, and date of the presentation.
(D) The presentation is sponsored by an approved organization.
(E) Not more than four (4) credit hours are awarded to the dentist under this subdivision during a license period.
(4) Attendance at a state, regional, or national meeting sponsored by an approved organization is awarded one (1) credit
hour.
(5) Attendance at a meeting of a study club that uses films, audio cassettes, live presentations, or written materials sponsored by the American Dental Association is awarded one (1) credit hour. However, a dentist may not receive credit under this subdivision for more than four (4) credit hours during a license period.
(6) Attendance at a meeting of a study club featuring a guest speaker whose presentation concerns a subject suitable for a continuing education course is awarded one (1) credit hour for each hour attended.
(7) A home study course that is presented by an approved organization and meets the requirements under this subdivision is awarded the same number of credit hours given to courses provided by a college. If the approved organization does not assess credit hours to a course under this subdivision, the course is awarded one (1) credit hour for each hour of study material. Subject matter of the course may be presented by written, audio, or video materials.


IC 25-14-3-10 Repealed
(Repealed by P.L.157-2006, SEC.76.)

IC 25-14-3-11 Compliance
Sec. 11. The board and the dentist shall comply with the requirements under IC 25-1-4 concerning continuing education.

IC 25-14-3-12 Board supervision of course offerings; rules
Sec. 12. (a) A member of the board may attend or monitor a continuing education course.
(b) An approved organization shall provide the board with course information or materials requested by the board.
(c) If the board determines that an approved organization does not meet the requirements of this chapter, the board shall do the following:
   (1) Provide written notification to the organization of the noncompliance specifying the items of noncompliance and the conditions of reinstatement.
   (2) Deny credit hours awarded by the organization from the time that the organization receives a notice until the date of reinstatement.
   (3) Make reasonable efforts to notify dentists of the organization's noncompliance status.
(d) The board shall adopt rules under IC 4-22-2 to implement this chapter.

IC 25-14-3-13 Repealed
(Repealed by P.L.157-2006, SEC.76.)

IC 25-14-3-14 Repealed
(Repealed by P.L.157-2006, SEC.76.)

IC 25-14-3-15 Repealed
(Repealed by P.L.157-2006, SEC.76.)

IC 25-14-3-16 Location of course offerings
Sec. 16. Continuing education courses must be made available in all geographical regions of Indiana.

INDIANA CODE 25-14-4

Chapter 4. Referral Services

IC 25-14-4-1 Application of chapter
Sec. 1. This chapter does not apply to:
(1) any individual, agency, association, or corporation not organized or incorporated for pecuniary profit or financial gain;
(2) any organization or association that is exempt from taxation under Section 501(c) of the Internal Revenue Code; or
(3) any policy issued under IC 27 or entity licensed or regulated under IC 27, including the following:
   (A) A health maintenance organization under IC 27-13.
   (B) A claim review agent under IC 27-8-16.
(C) A utilization review agent under IC 27-8-17.
(D) A preferred provider arrangement under IC 27-8-11.
(E) An insurance administrator under IC 27-1-25.


**IC 25-14-4-2 Disclosure that dentist paid referral fee for participation in service**

Sec. 2. A person, firm, partnership, association or corporation, or agent or employee that engages in for profit any business or service that in whole or in part includes the referral or recommendation of persons to a dentist for any form of dental care or treatment must disclose to a prospective patient at the time the prospective patient makes the contact with the service that the licensed dentist has paid a fee for participation in the service.

As added by P.L.33-1993, SEC.23.

**IC 25-14-4-3 Out-of-state dental referrals to business not meeting chapter requirements**

Sec. 3. A dentist may not enter into a contract or other form of agreement to accept for dental care or treatment a person referred or recommended for the care or treatment by a dental referral service business located in or doing business in another state if the dental referral service business does not meet the requirements of this chapter.

As added by P.L.33-1993, SEC.23.

**IC 25-14-4-4 Advertisements by dental referral services; necessary disclaimers**

Sec. 4. A for-profit dental referral service that advertises must include in each advertisement an audible or a written disclaimer revealing that:

(1) Each subscribing member of the for-profit dental referral service is a dentist who has paid a fee to participate in the service.

(2) Dentists who are members of the for-profit dental referral service are not more or less qualified than dentists who are not members of the service.

As added by P.L.33-1993, SEC.23.

**IC 25-14-4-5 Advertisements; prohibited acts**

Sec. 5. For-profit dental referral service advertisements may not do any of the following:

(1) Misrepresent facts, be deceptive, or create false or misleading impressions regarding the skills or abilities of subscribing dentists.

(2) Contain statements or make recommendations concerning nonspecific or non bona fide claims of providing referrals to the most qualified dentists or dental practices.

(3) Describe:

(A) a review process;

(B) a screening; or

(C) qualifications or information verification;

that misleads the public into thinking a dentist subscriber has obtained a special recognition or joined a selective group of licensed dentists by being a member of the for-profit dental referral service.

As added by P.L.33-1993, SEC.23.

**IC 25-14-4-6 Chapter violation; offenses**

Sec. 6. A person who violates this chapter commits a Class A misdemeanor.

As added by P.L.33-1993, SEC.23.

**IC 25-14-4-7 Injunctive relief**

Sec. 7. (a) This section is in addition to the penalty imposed under section 6 of this chapter.

(b) Whenever there is a violation of this chapter, the attorney general may seek an injunction in a circuit or superior court with jurisdiction in the county where the violation occurred to enjoin and restrain the continuance of the violation.

(c) If the court finds that the defendant has violated this chapter, an injunction may be issued by the court enjoining and restraining any further violation without requiring proof that any person has been injured or damaged by the defendant's action.

As added by P.L.33-1993, SEC.23.

**IC 25-14-4-8 Notice of intent to bring action against referral service; opportunity to cure violation**

Sec. 8. (a) No legal action under this chapter may be commenced by the attorney general against a for-profit dental referral service until the attorney general has given the service thirty (30) days written notice of the violation.

(b) Notice under subsection (a) must comply with the following:
(1) Be sent by registered or certified mail, return receipt requested.
(2) Include a copy of the code sections of the chapter alleged to have been violated.
(3) Describe the alleged unlawful advertising.
(4) Include a statement that the for-profit dental referral service has the lesser of:
   (A) thirty (30) days from the date the notice was received; or
   (B) thirty-five (35) days from the date the notice was sent;
to cure the violation.

(c) A for-profit dental service that does not cure a violation within the time period required under subsection (b) is subject to
sections 6 and 7 of this chapter.

As added by P.L.33-1993, SEC.23.

IC 25-14-4-9 Rules and guidelines
Sec. 9. Before January 2, 1994, the state board of dentistry established by IC 25-14-1-2 shall adopt rules under
IC 4-22-2 that may include the following:
(1) Guidelines regarding the referral of subscribing dentists for specialty services.
(2) Guidelines for ensuring that patient referrals by the for-profit dental referral service must be initiated by a patient.
(3) Guidelines for ensuring that the for-profit dental referral service does not impose a fee on the subscribing dentists
dependent upon the number of referrals or the amount of professional fees paid by the patient to the dentist.
(4) Guidelines for ensuring there is a prohibition against for-profit dental referral services limiting dentist subscribers
solely on the basis of a dentist’s exclusive geographic location.
(5) Guidelines regarding dentists basing fees on services performed with no additional fee charged because the patient is a
referral.
(6) Guidelines for preventing for-profit dental referral service advertisements that are false, misleading, or deceptive.
(7) Guidelines considering the content of disclaimers required in section 4 of this chapter for dental referral services that
advertise on television or any other medium that combine audio and video. Such guidelines may require both audio and
visual disclaimers.
(8) A procedure for a for-profit dental referral service to forward complaints to the proper state authority.
(9) Appropriate safeguards to ensure that all subscribing dentists are fairly selected for referrals on a rotating basis.
(10) Guidelines for ensuring that a for-profit dental referral service must charge each subscribing dentist in the same
advertising market the same fee to become a member of the service.


INDIANA CODE 25-14-5

Chapter 5. Dental Underserved Area and Minority Recruitment Program

IC 25-14-5-1 Committee
Sec. 1. As used in this chapter, "committee" means the dental recruitment committee established by section 4 of this chapter.

As added by P.L.177-2009, SEC.34.

IC 25-14-5-2 Fund
Sec. 2. As used in this chapter, "fund" refers to the Indiana dental recruitment fund established by section 5 of this chapter.

As added by P.L.177-2009, SEC.34.

IC 25-14-5-2.5 Minority
Sec. 2.5. As used in this chapter, "minority" means an individual identified as any of the following:
   (1) Black or African-American.
   (2) Hispanic or Latino.

As added by P.L.177-2009, SEC.34.

IC 25-14-5-3 Underserved area
Sec. 3. As used in this chapter, "underserved area" means a county, city, town, census tract, or township designated by the
state department of health under IC 16-46-5-7 or by the committee as underserved by general dentists, pediatric dentists, oral
surgeons, or dental hygienists.

As added by P.L.177-2009, SEC.34.
IC 25-14-5-4 Dental recruitment committee
Sec. 4. (a) The dental recruitment committee is established.
(b) The committee consists of four (4) members as follows:
   (1) One (1) member of the board, who is selected by the board.
   (2) The commissioner of the state department of health, or the commissioner's designee.
   (3) The president of the Indiana Dental Association, or the president's designee.
   (4) The dean of the Indiana University School of Dentistry, or the dean's designee.
(c) The member selected under subsection (b)(1) shall serve as chairperson of the committee.
As added by P.L.177-2009, SEC.34.

IC 25-14-5-5 Dental recruitment fund
Sec. 5. (a) The Indiana dental recruitment fund is established. The purpose of the fund is to provide grants to dentists and dental hygienists to encourage the full-time delivery of dental care in underserved areas and to increase the number of minority dentists and dental hygienists in Indiana. The board shall administer the fund.
(b) The fund consists of the following:
   (1) Payments made under section 6(3) of this chapter.
   (2) Gifts to the fund.
   (3) Grants from public or private sources.
(c) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund.
(d) Money in the fund at the end of a state fiscal year does not revert to the state general fund.
(e) The fund shall be used to do the following:
   (1) Provide grants under this chapter.
   (2) Pay the costs incurred by the committee in administering this chapter.
As added by P.L.177-2009, SEC.34.

IC 25-14-5-6 Grant eligibility
Sec. 6. To be eligible for a grant, a dentist or dental hygienist must meet all the following conditions:
(1) Hold a license to practice as a dentist under this article or as a dental hygienist under IC 25-13-1.
(2) Has entered into an agreement with the committee to:
   (A) either:
      (i) commit to working five (5) years in an underserved area or as a minority dentist or dental hygienist in Indiana for a yearly grant of thirty-five thousand dollars ($35,000); or
      (ii) commit to working two (2) years in an underserved area or as a minority dentist or dental hygienist in Indiana for a yearly grant of thirty thousand dollars ($30,000) with the option by the dentist or dental hygienist to serve up to three (3) additional years for a yearly grant of thirty-five thousand dollars ($35,000);
   (B) provide an average of at least forty (40) hours of dentistry per week in underserved areas or as a minority dentist or dental hygienist in Indiana;
   (C) maintain a patient base that includes at least thirty percent (30%) as Medicaid patients; and
   (D) provide a sliding fee scale, as approved by the committee, for low income patients.
(3) Has entered into an agreement with the committee that if the dentist or dental hygienist does not comply with the requirements in subdivision (2) that the dentist or dental hygienist will pay back to the committee seven thousand five hundred dollars ($7,500), plus interest, for each month that the dentist or dental hygienist did not serve or had left to serve under the terms of the agreement.
As added by P.L.177-2009, SEC.34. Amended by P.L.1-2010, SEC.106.

IC 25-14-5-7 Application form
Sec. 7. A dentist or dental hygienist must apply for a grant on an application form supplied by the committee.
As added by P.L.177-2009, SEC.34.

IC 25-14-5-8 Determination by committee
Sec. 8. The committee shall consider each application and determine the following:
(1) The eligibility of the applicant for the grant program.
(2) The availability of sufficient money in the fund.
As added by P.L.177-2009, SEC.34.

IC 25-14-5-9 Rules
Sec. 9. The committee may recommend rules for the board to adopt under IC 4-22-2 that are necessary to administer this
As added by P.L.177-2009, SEC.34.
ARTICLE 0.5. GENERAL PROVISIONS

Rule 1. Definitions

828 IAC 0.5-1-1 Definitions
Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1
Sec. 1. The definitions in this rule apply throughout this title.
(State Board of Dentistry; 828 IAC 0.5-1-1; filed Apr 25, 1983, 8:52 a.m.: 6 IR 1085; filed Aug 29, 1986, 2:30 p.m.: 10 IR 19;
filed Dec 2, 1987, 9:34 a.m.: 11 IR 1285; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2235; readopted filed Apr 11, 2001, 3:21 p.m.: 24
IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 0.5-1-2 "Advanced cardiac life support" defined
Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1
Sec. 2. "Advanced cardiac life support" means the ability to apply the principles and protocols of cardiac and pulmonary
resuscitation necessitated by pharmacologic agents and/or pathology.
(State Board of Dentistry; 828 IAC 0.5-1-2; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2235; readopted filed Apr 11, 2001, 3:21 p.m.:
24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 0.5-1-3 "Advanced cardiac life support instructor" defined
Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1
Sec. 3. "Advanced cardiac life support instructor" means one who has successfully completed a course in advanced cardiac life
support and has been recommended for and successfully completed an instructor's course in advanced cardiac life support.
(State Board of Dentistry; 828 IAC 0.5-1-3; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2235; readopted filed Apr 11, 2001, 3:21 p.m.:
24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 0.5-1-4 "Basic cardiac life support" defined
Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1
Sec. 4. "Basic cardiac life support" means the successful completion of a course in artificial respiration and cardiac
compression which enables the applicant to sustain life in an arrest state.
(State Board of Dentistry; 828 IAC 0.5-1-4; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2235; readopted filed Apr 11, 2001, 3:21 p.m.:
24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 0.5-1-5 "Board" defined
Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1-2
Sec. 5. "Board" means the state board of dental examiners established under IC 25-14-1-2.
(State Board of Dentistry; 828 IAC 0.5-1-5; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2235; readopted filed Apr 11, 2001, 3:21 p.m.:
24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 0.5-1-6 "Candidate" defined
Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1
Sec. 6. "Candidate" refers to any person who desires to obtain a license to practice dental hygiene or a license to practice
dentistry.
(State Board of Dentistry; 828 IAC 0.5-1-6; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2235; readopted filed Apr 11, 2001, 3:21 p.m.:
24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)
828 IAC 0.5-1-6.3 “Charitable dental care clinic” defined
Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-13-1-10
Sec. 6.3. “Charitable dental care clinic” means a fixed dental clinic operated by a charitable organization within the meaning of Section 501(c)(3) of the Internal Revenue Code that:
(1) has as its primary purpose the sponsorship or support of programs designed to improve the quality, awareness, and availability of health care, including dental services; and
(2) serves as a funding mechanism for providing those services.
(State Board of Dentistry; 828 IAC 0.5-1-6.3; filed Dec 3, 2010, 11:14 a.m.: 20101229-IR-828100237FRA)

828 IAC 0.5-1-6.6 “Coronal polishing” defined
Authority: IC 25-14-1-13
Affected: IC 25-14-1-23
Sec. 6.6. “Coronal polishing” means the use of a prophylaxis cup or occlusal polishing brush attached to a slow speed hand piece to polish the coronal surface of teeth.
(State Board of Dentistry; 828 IAC 0.5-1-6.6; filed Dec 3, 2010, 11:14 a.m.: 20101229-IR-828100237FRA)

828 IAC 0.5-1-7.1 “Dental assistant” defined
Authority: IC 25-14-1-13
Affected: IC 25-14-1-1.5; IC 25-14-1-23
Sec. 7.1. “Dental assistant” has the meaning set forth in IC 25-14-1-1.5.
(State Board of Dentistry; 828 IAC 0.5-1-7.1; filed Dec 3, 2010, 11:14 a.m.: 20101229-IR-828100237FRA)

828 IAC 0.5-1-7.2 “Dental hygiene anesthetic permit” defined
Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-13-1-10.6; IC 25-13-1-11
Sec. 7.2. “Dental hygiene anesthetic permit” means a credential issued to a licensed dental hygienist to administer local dental anesthetics under the direct supervision of a licensed dentist.
(State Board of Dentistry; 828 IAC 0.5-1-7.2; filed Dec 3, 2010, 11:14 a.m.: 20101229-IR-828100237FRA)

828 IAC 0.5-1-7.3 “Dental hygienist” defined
Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-13-1-2; IC 25-14-1-1.5
Sec. 7.3. “Dental hygienist” has the meaning set forth in IC 25-13-1-2(a).
(State Board of Dentistry; 828 IAC 0.5-1-7.3; filed Dec 3, 2010, 11:14 a.m.: 20101229-IR-828100237FRA)

828 IAC 0.5-1-7.4 “Direct supervision” defined
Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-13-1-2; IC 25-14-1-1.5
Sec. 7.4. “Direct supervision” has the meaning set forth in:
(1) IC 25-13-1-2(i) for dental hygienists; and
(2) IC 25-14-1-1.5 for dental assistants.
(State Board of Dentistry; 828 IAC 0.5-1-7.4; filed Dec 3, 2010, 11:14 a.m.: 20101229-IR-828100237FRA)

828 IAC 0.5-1-8 "General anesthesia" defined
Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1
Sec. 8. "General anesthesia" means a controlled state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic method.  

(State Board of Dentistry; 828 IAC 0.5-1-8; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2236; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 0.5-1-9 "Light parenteral conscious sedation" defined

Authority: IC 25-13-1-5; IC 25-14-1-13  
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1  
Sec. 9. "Light parenteral conscious sedation" means a minimally depressed level of consciousness, under which an individual retains the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command, produced by an intravenous pharmacological method.  

(State Board of Dentistry; 828 IAC 0.5-1-9; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2236; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 0.5-1-9.1 "Local dental anesthetics" defined

Authority: IC 25-13-1-5; IC 25-14-1-13  
Affected: IC 25-13-1-10.6  
Sec. 9.1. “Local dental anesthetics” means a drug or drugs administered by an intraoral block or infiltration injection into the oral tissues of a patient for elimination of sensation, especially pain. The term does not include nitrous oxide or similar analgesics.  

(State Board of Dentistry; 828 IAC 0.5-1-9.1; filed Dec 3, 2010, 11:14 a.m.: 20101229-IR-828100237FRA)

828 IAC 0.5-1-9.2 “Prescriptive supervision” defined

Authority: IC 25-13-1-5; IC 25-14-1-13  
Affected: IC 25-13-1-2; IC 25-13-1-10  
Sec. 9.2. “Prescriptive supervision” has the meaning set forth in IC 25-13-1-2(j).  

(State Board of Dentistry; 828 IAC 0.5-1-9.2; filed Dec 3, 2010, 11:14 a.m.: 20101229-IR-828100237FRA)

828 IAC 0.5-1-9.3 "Public health setting" defined

Authority: IC 25-13-1-4; IC 25-14-1-13  
Affected: IC 25-13-1-2  
Sec. 9.3. “Public health setting” has the meaning set forth in IC 25-13-1-2(h).  

(State Board of Dentistry; 828 IAC 0.5-1-9.3; filed Dec 3, 2010, 11:14 a.m.: 20101229-IR-828100237FRA)

828 IAC 0.5-1-9.5 "Resuscitation protocols" defined

Authority: IC 25-13-1-5; IC 25-14-1-13  
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1  
Sec. 9.5. "Resuscitation protocols" means procedures which can be utilized to support a patient experiencing life threatening cardiac or respiratory conditions, including complete cardiac and respiratory arrest which procedures include, but are not limited to, the following:  

(1) Establishment and management of an airway.  
(2) Establishment and management of intravenous access.  
(3) Basic cardiopulmonary resuscitation.  
(4) Administration of medication and intravenous fluids for enhanced cardiac and respiratory support.  
(5) Defibrillation.  
(6) Notification of emergency medical personnel outside the office.  

(State Board of Dentistry; 828 IAC 0.5-1-9.5; filed Oct 14, 1993, 5:00 p.m.: 17 IR 402; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 0.5-1-10 "Training in advanced cardiac life support" defined

Authority: IC 25-13-1-5; IC 25-14-1-13  
Affected: IC 25-1-9-9; IC 25-13-1-2; IC 25-14-1  
Sec. 10. "Training in advanced cardiac life support" means the successful completion of a course of study approved by the board which includes, at a minimum, the following:  

(1) Lecture and hands-on use of:  
(A) airway maintenance devices;  

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(B) endotracheal intubation;
(C) establishment and maintenance of intravenous cannulization; and
(D) a cardiac defibrillator.

(2) Lecture on:
(A) electrocardiogram interpretation;
(B) pharmacology of resuscitation;
(C) protocols for resuscitation of cardiac and respiratory arrest;
(D) cardiac physiology; and
(E) pulmonary physiology.

(3) Testing on:
(A) the ability to perform endotracheal intubation and use of airway aids;
(B) the application of resuscitation protocols in scenarios where the applicant must be in charge of a team which diagnoses and resuscitates various arrest states; and
(C) electrocardiogram (EKG) interpretation, physiology, pharmacology, and pathology of the respiratory and cardiac systems by written examination.

(State Board of Dentistry; 828 IAC 0.5-1-10; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2236; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

Rule 2. Fees

828 IAC 0.5-2-1 Fees (Repealed)
Sec. 1. (Repealed by State Board of Dentistry; filed Dec 2, 2001, 12:35 p.m.: 25 IR 1181)

828 IAC 0.5-2-2 Fees for anesthesia and sedation permits (Repealed)
Sec. 2. (Repealed by State Board of Dentistry; filed Dec 2, 2001, 12:35 p.m.: 25 IR 1181)

828 IAC 0.5-2-3 Dental fees
Authority: IC 23-1.5-2-9; IC 23-1.5-2-10; IC 25-1-8-2; IC 25-13-1-5; IC 25-14-1-13; IC 25-14-1-27.5
Affected: IC 25-13-1-8; IC 25-14-1-10
Sec. 3. The board shall charge and collect the following fees related to the practice of dentistry:

(1) Application for licensure $250
(2) Repeat law examination only $25
(3) License renewal $100 biennially
(4) Dental intern permit application $100
(5) Dental intern permit renewal $50
(6) Verification of dental licensure to another state $10
(7) Duplicate wall license $10
(8) Professional corporation registration application $25
(9) Professional corporation registration renewal $20 biennially
(10) Application fees for the following permits: $50
    (A) General anesthesia, deep sedation (GADS)
    (B) Light parenteral conscious sedation (LPCS)
(11) Renewal fees for the following permits: $50 biennially
    (A) General anesthesia, deep sedation (GADS)
    (B) Light parenteral conscious sedation (LPCS)
(12) Registration of an additional office in which to administer general anesthesia, deep sedation, GADS, or light parenteral conscious sedation (LPCS) $25
(13) Reinstatement of inactive license $250
(14) Instructor’s license application $250
(15) Instructor’s license renewal $50 annually
(16) Instructor’s application for the following permits: $50
    (A) GADS
    (B) LPCS
(17) Renewal fee for instructor’s GADS/LPCS permit $25 annually

(State Board of Dentistry; 828 IAC 0.5-2-3; filed Dec 2, 2001, 12:35 p.m.: 25 IR 1180; filed Oct 8, 2002, 12:40 p.m.: 26 IR 376; filed Apr 18, 2005, 2:00 p.m.: 28 IR 2713; filed Mar 23, 2006, 10:15 a.m.: 29 IR 2538)
828 IAC 0.5-2-4 Dental hygiene fees
Authority: IC 23-1.5-2-9; IC 23-1.5-2-10; IC 25-1-8-2; IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-13-1-8; IC 25-14-1-10
Sec. 4. The board shall charge and collect the following fees related to the practice of dental hygiene:
(1) Application for licensure $100
(2) Repeat law examination only $25
(3) License renewal $50 biennially
(4) Dental hygiene intern permit application $50
(5) Dental hygiene intern permit renewal $25
(6) Verification of dental hygiene licensure to another state $10
(7) Duplicate wall license $10
(8) Reinstatement of inactive license $100
(9) Application for dental hygiene anesthetic permit $25
(10) Renewal of dental hygiene anesthetic permit $25
(State Board of Dentistry; 828 IAC 0.5-2-4; filed Dec 2, 2001, 12:35 p.m.: 25 IR 1181; filed Oct 8, 2002, 12:40 p.m.: 26 IR 376; filed Mar 23, 2006, 10:15 a.m.: 29 IR 2539; filed Dec 3, 2010, 11:14 a.m.: 20101229-IR-828100237FRA)

828 IAC 0.5-2-5 Registration of mobile dental facilities and portable dental operations
Authority: IC 25-14-1-13
Affected: IC 25-14
Sec. 5. The board shall charge and collect the following fees related to the registration of mobile dental facilities and portable dental operations:
(1) Application $200
(2) Registration renewal $100
(State Board of Dentistry; 828 IAC 0.5-2-5; filed May 2, 2002, 10:24 a.m.: 25 IR 2736; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

828 IAC 0.5-2-6 Continuing education; sponsor approval fees
Authority: IC 25-1-8-2; IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-13-1-8; IC 25-13-2-2; IC 25-14-1-10; IC 25-14-3-2
Sec. 6. (a) This section applies to study clubs applying for approval under IC 25-13-2-2(12) or IC 25-14-3-2(12).
(b) This section applies to organizations or individuals applying for approval under IC 25-13-2-2(18) or IC 25-14-3-2(18).
(c) The board shall charge and collect the following fees related to the approval of study clubs, organizations, and individuals as sponsors of continuing education:
(1) Study club application for approval $250
(2) Organization or individual application for approval $250
(State Board of Dentistry; 828 IAC 0.5-2-6; filed Oct 8, 2002, 12:43 p.m.: 26 IR 371; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

ARTICLE 1. LICENSURE OF DENTISTS AND DENTAL HYGIENISTS

Rule 1. Dentists; Licensure by Examination

828 IAC 1-1-1 Qualifications of applicants; approved dental schools
Authority: IC 25-14-1-13
Affected: IC 25-14-1-16
Sec. 1. All applicants for licensure to practice dentistry must:
(1) have graduated from a dental school accredited by the Commission on Accreditation of the American Dental Association;
and
(2) submit certification of having completed, within the prior year, an American Red Cross or American Heart Association cardiopulmonary resuscitation course or another course approved by the board.
(State Board of Dentistry; PT 1, Rule 1; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 48; filed May 16, 1977, 10:10 a.m.: Rules and Regs. 1978, p. 191; filed Nov 7, 1980, 12:45 p.m.: 3 IR 2189; filed Oct 12, 1993, 5:00 p.m.: 17 IR 399;
828 IAC 1-1-2 Application forms
Authority: IC 4-1-8-1; IC 25-14-1-13
Affected: IC 25-14-1-3; IC 25-14-1-16
Sec. 2. (a) The applicant for licensure must complete the application on forms prescribed and provided by the board. All statements contained in the application must be verified by the applicant. The verified application, fees, and other documents that the board may require must be submitted to the board.

(b) The following proof that the applicant is a graduate of a dental school that is recognized by the board must be submitted:
   (1) An official transcript showing the date the degree was conferred.
   (2) An official diploma or a certificate of completion signed by the:
      (A) dean of the applicant's professional school; and
      (B) registrar of the university or college.

(c) Additional documents to be submitted by the applicant for a license include the following:
   (1) Where the name on any document differs from the applicant's name, one (1) of the following:
      (A) A notarized or certified copy of a marriage certificate.
      (B) Legal proof of a name change.
   (2) Two (2) recent passport-type photographs of the applicant, taken within eight (8) weeks before filing of the application.
   (3) If the applicant has been convicted of a criminal offense, excluding minor traffic violations, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations, for which the applicant has been convicted. This notarized statement must include the following:
      (A) The offense of which the applicant was convicted.
      (B) The court in which the applicant was convicted.
      (C) The cause number under which the applicant was convicted.
      (D) The penalty imposed by the court.
   (4) An applicant who is now, or has been, licensed to practice any health profession in another state or Canadian province must submit verification of license status. This information must be sent by the state or province that issued the license directly to the Indiana board.
   (5) An applicant who is now, or has been, licensed to practice any health profession in another state shall submit a self-query form completed by the following:
      (A) The National Practitioner Data Bank (NPDB).
      (B) The Healthcare Integrity and Protection Data Bank (HIPDB) data bank.

(d) All applicants must submit the applicant's United States Social Security number in order to be eligible for licensure.

828 IAC 1-1-3 Examinations required for licensure
Authority: IC 25-14-1-13
Affected: IC 25-14-1-3
Sec. 3. In order to obtain an Indiana license to practice dentistry, each applicant must pass an examination that includes the following:
   (1) All sections of the national dental board examination.
   (2) A clinical examination.
   (3) A written examination covering Indiana law relating to the practice of dentistry and dental hygiene.

828 IAC 1-1-4 Supervision of examinations; candidate identification numbers (Repealed)
Sec. 4. (Repealed by State Board of Dentistry; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2246)

828 IAC 1-1-5 Written examination; scope (Repealed)
Sec. 5. (Repealed by State Board of Dentistry; filed Nov 7, 1986, 9:00 am: 10 IR 432)
828 IAC 1-1-6 National board examination; dental and dental hygiene law examinations

Authority: IC 25-14-1-13
Affected: IC 25-14-1-13

Sec. 6. (a) A passing score on a national board dental examination, as approved by the board, must be achieved by the applicant before the applicant will be permitted to take the written examination covering Indiana law relating to the practice of dentistry and dental hygiene.

(b) Passage of the Indiana dental and dental hygiene law examination with a score of at least seventy-five (75) is mandatory before the applicant may be licensed. Applicants failing the law examination may retake the law examination at a time, date, and place to be set by the board not sooner than thirty (30) days from the time the law examination was last taken.


828 IAC 1-1-7 Clinical examination

Authority: IC 25-1-8-5; IC 25-14-1-13
Affected: IC 25-14-1-3

Sec. 7. To be eligible for licensure by examination, an applicant must meet any one (1) of the following clinical examination requirements:

1. Have passed all parts of one (1) of the following examinations within the five (5) year period immediately before the date of the board's receipt of the applicant's application:
   (A) The Central Regional Dental Testing Service (CRDTS) examination.
   (B) The North East Regional Board (NERB) examination.
   (C) The Southern Regional Testing Agency (SRTA) examination.
   (D) The Western Regional Examining Board (WREB) examination.

2. Have taken an examination administered by the board and received a passing score as established by the board.


828 IAC 1-1-8 Supplies for examinations; duty to provide (Repealed)

Sec. 8. (Repealed by State Board of Dentistry; filed Mar 23, 2006, 10:15 a.m.: 29 IR 2545)

828 IAC 1-1-9 Conduct during written examinations

Authority: IC 25-14-1-13
Affected: IC 25-14-1-3

Sec. 9. The candidates are not allowed to leave the room nor move about in the room during a written examination without permission. No other paper or books, other than the written examination and answer sheet, shall be used in examination room for any purpose whatsoever.


828 IAC 1-1-10 Dismissal of candidate for use of unfair assistance

Authority: IC 25-14-1-13
Affected: IC 25-14-1-3

Sec. 10. The board reserves the right to dismiss any candidate who may be detected in using, or attempting to use, any unfair assistance for himself or herself or another candidate.


828 IAC 1-1-11 Other considerations in grading examinations (Repealed)

Sec. 11. (Repealed by State Board of Dentistry; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2246)
828 IAC 1-1-12 Failure; reexamination (Repealed)
Sec. 12. (Repealed by State Board of Dentistry; filed Mar 23, 2006, 10:15 a.m.: 29 IR 2545)

828 IAC 1-1-12.1 Invalid license; reapplication (Repealed)
Sec. 12.1. (Repealed by State Board of Dentistry; filed Oct 29, 1991, 3:00 p.m.: 15 IR 242)

828 IAC 1-1-13 Registration of office addresses; notice of discontinuance; duplicate licenses
Authority: IC 25-14-1-12; IC 25-14-1-13
Affected: IC 25-14-1
Sec. 13. (a) Dentists licensed and practicing in the state of Indiana must register the address(es) of all their offices located within the state with the state board of dental examiners within thirty (30) days of the establishment of such office(s) and notify the board of the discontinuation of an office(s) within thirty (30) days.
(b) A duplicate license to practice dentistry or dental hygiene in Indiana will be issued upon written, verified request and payment of the required fee. The request shall state the address(es) at which the license will be used.

828 IAC 1-1-14 Advertising
Authority: IC 25-14-1-12; IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-1; IC 25-14-4
Sec. 14. (a) Any advertisement for dental treatment shall include the names of the licensed dentists associated with such treatment or treatment facility or employed by the treatment facility or another dentist.
(b) Advertisements listed in telephone directories, or other such advertisements which are listed once a year, must include the names of the licensed dentists associated with the treatment or treatment facility or employed by the treatment facility or another dentist as of the date the contract is made to run the advertisement.
(c) A referral service shall not engage in false, misleading, or deceptive advertising as such may be determined by the board.

828 IAC 1-1-15 Professional conduct, competency; physical or mental examination
Authority: IC 25-14-1-13
Affected: IC 25-1-9-9
Sec. 15. (a) Dental incompetence or improper conduct of a dentist includes, but is not limited to, any one (1) or any combination of the following acts:
(1) Practicing while under the influence of alcohol or other drugs that impair skill or judgment.
(2) Practicing with a physical disability, mental disability, disease, or disorder that impairs skill or judgment for the dental procedure being performed.
(3) Practicing while knowingly afflicted with a serious disease that could be transmitted to the patient.
(4) Operating an office or treatment facility that is lacking the necessary equipment and generally prevailing standards of sanitary or sterilization procedures.
(5) Providing drugs or access to drugs to someone for use other than in the proper course of dental diagnosis or treatment.
(6) Performing a treatment or procedure that violates acceptable standards of practice and results in failure or is detrimental to the patient.
(7) Engaging in conduct constituting gross negligence or repeatedly failing to meet minimum standards of performance in diagnosis or treatment as measured against generally prevailing professional standards.
(8) Practicing or offering to practice beyond the scope permitted by law.
(9) Permitting or delegating the performance of a procedure to one not qualified by education, training, or licensure to undertake the procedure.
(10) Failing to inspect:
(A) dental services during the course of their performance;
(B) completed and delivered dental prosthetic appliances; or
(C) completed dental restorations.
(11) Failing to be present in the dental facility to properly supervise treatment of patients, provided that the supervision has not been delegated to another dentist.
(12) Failing to keep adequate dental records.
(13) Failing to submit a complete report to the board as required by section 22 of this rule.

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(14) Performing professional services that have not been duly authorized by the patient or the patient's legal guardian.
(15) Providing treatment for a patient if the dentist is not prepared to handle any emergencies resulting from the treatment or failing to refer the patient to a practitioner willing to perform the emergency treatment.
(16) Failing to maintain records of an examination, diagnosis, or treatment performed. Such information must be entered in the patient's records within ten (10) days after the examination, diagnosis, or treatment is performed.
(17) Signing an incomplete prescription form.
(18) Entering a contract with a third party in which the dentist may not inform the patient about the diagnosis and the treatments possible.
(19) Failing to provide the required direct or prescriptive supervision of a dental hygienist or dental assistant.
(20) Failing to maintain documentation of the examination and prescribed dental care for patient care provided by a licensed dental hygienist under the dentist's prescriptive supervision.
(21) Permitting a dental assistant to perform coronal polishing or apply medicaments for the control or prevention of dental caries without first verifying that the dental assistant has completed the requirement in 828 IAC 6.

(b) Any dentist holding a general anesthesia-deep sedation or light parenteral conscious sedation permit who:
(1) fails to comply with 828 IAC 3; or
(2) lacks the ability, skill, or knowledge to competently use general anesthesia, deep sedation, or light parenteral conscious sedation;
is subject to disciplinary action under IC 25-1-9-9.  
(c) Any dentist who utilizes general anesthesia-deep sedation or light parenteral conscious sedation without a permit is subject to disciplinary action by the board under IC 25-1-9-9. The fact that the patient was not injured by the use of general anesthesia, deep sedation, or light parenteral conscious sedation is not a defense to this subsection.
(d) The board may order a licensed dentist to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is at issue in a disciplinary proceeding. The choice of the practitioner is subject to approval by the board.
(e) Dentists shall:
(1) exercise reasonable care and diligence in the conduct of research; and
(2) utilize generally accepted scientific principles and current professional theory and practice.
New or experimental procedures, techniques, and theories shall be utilized only with proper research safeguards, informed consent, and peer review of the procedures or techniques.

828 IAC 1-1-16 Advertising; definitions

Authority: IC 25-13-1-5; IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-1; IC 25-14-4

Sec. 16. (a) As used in this rule, "advertise" means the act of attempting to direct any communication to the public by any means for the purpose of inducing the public to obtain the services of a particular practitioner or group of practitioners.
(b) As used in this rule, "dental service" means any diagnostic or treatment material or procedure which involves oral or related supporting structures and is restricted to the use or performance by licensed personnel.
(c) As used in this rule, "person" means an individual, partnership, corporation, or other legal entity.
(d) As used in this rule, "referral service" means a person, firm, partnership, association, corporation, agent, or employee that engages in, for profit, any business or service that in whole or in part includes cooperative advertising on behalf of certain Indiana dentists and the subsequent referral or recommendation of interested consumers to certain dentists for any form of dental service or treatment.
(e) As used in this rule, "routine", or any other term conveying a similar concept, when used to describe any dental service, means any service which includes all of those procedures comprising the usual steps taken by a majority of Indiana dentists in the performance of that service.

828 IAC 1-1-17 Advertising; forms of media used

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-1-9; IC 25-14-1; IC 25-14-4

Sec. 17. (a) Advertising of dental services is permitted by any media whatsoever, whether written, spoken, or pictorial, and
to cover any geographic area. Specific vehicles include, but are not limited to, the following:

1. Signs.
2. Newspapers.
5. Newsletters.
6. Television.
7. Radio.

However, section 16 of this rule, this section, and sections 18 and 19 of this rule shall apply to all forms of advertising, including cooperative advertising provided by a referral service, whose audience or potential audience includes citizens of Indiana.

(b) The responsibility for an advertisement of a dental service shall be borne by:

1. any and all practitioners on whose behalf the advertising was conducted;
2. any dentist responsible for placing the advertisement; and
3. if placed by a referral service, the referral service shall also bear responsibility.

(State Board of Dentistry; 828 IAC 1-1-17; filed Apr 14, 1983, 9:40 a.m.: 6 IR 1083; filed Aug 9, 1994, 2:45 p.m.: 17 IR 2866; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

**828 IAC 1-1-18 Advertising; content**

**Authority:** IC 25-13-1-5; IC 25-14-1-13; IC 25-14-4-9

**Affected:** IC 25-1-9; IC 25-14-1; IC 25-14-4-4

Sec. 18. (a) Fees for any or all dental services may be advertised; however, violation of any of the provisions in this section may be construed as false, misleading, or deceptive.

(b) An advertisement of a fee for a dental service must include a specified period for which that fee shall be in effect, or that service must remain available at or below that fee for a minimum period of ninety (90) days following the final advertisement for that service, unless that service is found to be detrimental to the health of the public.

(c) A service advertised as routine or with a stated fee must include all components of providing that service without additional charges added thereto or without additional unstated restrictions.

(d) Discount offers for a dental service are permissible for advertising only when:

1. the nondiscounted or full price and the final discounted price are also disclosed in the advertisement; and
2. such discount is not contingent upon the procurement of additional patients, potential patients, or the purchase of additional services.

The dates a discount will be in force must be clearly identified.

(e) When an office charges a range of fees for a dental service, any advertisement of the fee for that service must disclose the range and include a listing of all of the factors which cause the fee to vary.

(f) A dentist may advertise as being a specialist in, or limiting practice to, a particular field of dentistry in:

1. dental public health;
2. endodontics;
3. oral and maxillofacial pathology;
4. oral and maxillofacial radiology;
5. oral and maxillofacial surgery;
6. orthodontics and dental facial orthopedics;
7. pediatric dentistry;
8. periodontics; or
9. prosthodontics;

provided the dentist has graduated from an accredited advanced dental educational program.

(g) An accredited advanced dental educational program is one that meets the requirements and standards of:


These standards are hereby incorporated by reference and made applicable to this section. Copies of the standards are available for public inspection at the offices of the Health Professions Bureau, 402 West Washington Street, Room W041, Indianapolis, Indiana 46204. Copies of the standards are available from the entity originally issuing the incorporated matter, the Commission on Dental Accreditation, American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611.

(h) As used in this section, "specialist" pertains to this section only for the purpose of defining advertising and must not be randomly applied to any other law or rule of IC 25-14.

(i) This section does not preclude or limit any dentist from offering and performing any treatment to any patient as prescribed by IC 25-14.

(j) All dentists who have claimed to be dental specialists, or hold themselves out to be engaged in a dental practice limited to any of the dental specialties in subsection (f), without regard to the matter incorporated by reference in subsection (f), and can document such claim to have acted as such prior to January 1, 1965, may continue to act as such under the protection of this rule.

(k) A dentist who is not considered a specialist by this section and who wishes to announce the services available in his or her practice may announce the availability of those services so long as he or she avoids any communications that express or imply specialization. The dentist shall also state that the services are being provided by a general dentist. No dentist shall announce available services in any way that would be false or misleading in any material respect.

(l) The factors of availability such as hours of practice and office locations may be advertised provided that any such advertisement must include the names of all practitioners providing dental services at each location.

(m) An advertisement indicating that superior services, better materials, or more skillful care are available in a particular office or by a group of practitioners may be deceptive.

(n) Guarantees or warranties, whether expressed or implied, regarding the successful outcome of treatment, length of service, or durability of materials may be deceptive if advertised. Any testimonials or endorsements such as character witness, benefits of treatment, or expressions of appreciation may be misleading when advertised.

(o) A referral service shall only advertise a dentist as a specialist if such dentist has complied with subsections (f) through (k) and has presented such referral service with verification of compliance. An advertisement for a dentist not complying with subsections (f) through (k) may only claim the dentist may provide routine dental services and other services and that the dentist is not to be considered a specialist.

(p) Referral services shall provide disclaimers in compliance with IC 25-14-4-4. A disclaimer shall be written for advertisements placed in written media, audio for radio advertisements, and both audio and visual for television advertisements.

(q) Advertising in any media by a referral service must not lead consumers to believe that they are receiving an impartial referral based on all dentists in the area instead of only those dentists participating in the referral service.

828 IAC 1-1-19 Advertising; records
Authority: IC 25-13-1-5; IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-1; IC 25-14-4
Sec. 19. It shall be the responsibility of the dentist or group of practitioners on whose behalf an advertisement appears to keep records of any and all advertisements placed. Copies of written advertisements, scripts, or transcripts of radio and television announcements, and appropriate copies of any other forms of advertisements must be retained by the practitioner for a period of six (6) months following the last appearance of an advertisement. It shall further be the responsibility of a practitioner to submit to the board an appropriate copy of each advertisement used in the past six (6) months upon written request of the board.
828 IAC 1-1-19.1 Referral services; dental fees; services provided
Authority: IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-4
Sec. 19.1. (a) A dentist participating with a referral service shall not charge patients referred by such referral service any fee
that exceeds the usual, customary, and reasonable fee charged patients of the participating dentist, but not referred by such
referral service.
(b) A dentist participating with a referral service shall not reduce the amount of service or lower the quality of the service
provided to patients referred by a referral service that the dentist would provide for the dentist's patients who were not referred
by such referral service.

828 IAC 1-1-19.2 Referral services; solicitation
Authority: IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-4
Sec. 19.2. (a) Any communication between a prospective patient and a referral service must be initiated by such prospective
patient.
(b) A referral service shall not charge any individual contacting the referral service a fee for obtaining information from the
referral service.

828 IAC 1-1-19.3 Referral services; complaints
Authority: IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-4
Sec. 19.3. A referral service that receives a complaint with regard to a dentist participating in its service must notify the
complaining party that such party has the right to notify the consumer protection division of the office of the attorney general
and must be provided with the address and telephone number of the office of the attorney general.

828 IAC 1-1-19.4 Referral service; patient referral
Authority: IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-4
Sec. 19.4. (a) A referral service may not refer to participating dentists who are specialists or participating dentists that purport
to provide special services unless the patient specifically requests a specialist or the special service. The fact that the patient
purports to have a condition or necessity notwithstanding, unless a specific specialty or service is requested, without prompting
by the referral service, the patient will be referred to a general dentist.
(b) Any fee paid to a referral service from a dentist shall not be dependent upon the number of referrals received by that dentist
from such referral service.
(c) A referral service shall not designate an exclusive geographic area to a specific dentist from which all patients shall be
referred.
(d) If requested, and where possible, the referral service will provide multiple names of participating dentists in the patient's
geographic area as determined by the patient's need.
(e) A referral service shall not limit the number of participating dentists who can enroll in the referral service in a given
geographic region.

828 IAC 1-1-19.5 Referral services; compensation
Authority: IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-4
Sec. 19.5. A referral service shall charge dentists participating in the same program within the same advertising market the
same fee for such service provided. Varying charges may be charged upon the introduction of new advertising rates in an advertising market provided all dentists participating in the same program are charged the same rate within six (6) months of the initial change in rates.

(State Board of Dentistry; 828 IAC 1-1-19.5; filed Aug 9, 1994, 2:45 p.m.: 17 IR 2869; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 1-1-19.6 Referral services; verification of licensure

Authority: IC 25-14-1-13; IC 25-14-4-9
Affected: IC 25-1-9; IC 25-14-4

Sec. 19.6. (a) A referral service shall ascertain the credentials of all participating dentists with regard to the following:
   (1) Licensure status.
   (2) Compliance with the requirements of section 18(f) through 18(j) of this rule if the participating dentist claims to be a specialist.

(b) The referral service shall disclose to all participating dentists in all contracts, whether oral or written, that, in addition to the referral service, the participating dentist may also be held responsible for the violation if an advertisement is found to be in violation of IC 25-14-4 and this rule.

(State Board of Dentistry; 828 IAC 1-1-19.6; filed Aug 9, 1994, 2:45 p.m.: 17 IR 2869; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 1-1-20 Costs of disciplinary proceedings

Authority: IC 25-14-1-12; IC 25-14-1-13
Affected: IC 25-14-1-19.1

Sec. 20. Persons who have been subjected to disciplinary sanctions by the board of dental examiners shall be responsible for the payment of costs of such disciplinary proceedings including, but not limited to, costs for:
   (1) court reporters;
   (2) transcriptions;
   (3) certifications; notarizations;
   (4) photoduplication;
   (5) witness attendance and mileage fees;
   (6) postage for mailings required by law;
   (7) expert witnesses;
   (8) depositions.


828 IAC 1-1-21 Remedial education (Repealed)

Sec. 21. (Repealed by State Board of Dentistry; filed Mar 23, 2006, 10:15 a.m.: 29 IR 2545)

828 IAC 1-1-22 Mandatory reporting

Authority: IC 25-14-1-3.1; IC 25-14-1-13
Affected: IC 25-1-9; IC 25-14-1

Sec. 22. (a) A report must be submitted to the board when:
   (1) a mortality occurs in connection with dental procedures performed in a dentist's office;
   (2) a procedure performed in the dentist's office results in permanent injury; or
   (3) a procedure performed in a dentist's office results in hospitalization other than for the continuing treatment of infection that was the cause of the procedure or as a direct result of the patient's oral-facial pathology.

(b) The report must be submitted to the board within seven (7) days after the incident occurs or the injury manifests itself.

(c) The information provided to the board must include the following:
   (1) Name, age, and address of the patient.
   (2) Name of the dentist and other personnel present during the incident.
   (3) Address of the facility or office where the incident took place.
   (4) Technique, if any, of general anesthesia or sedation being utilized at the time of the incident.
   (5) Dosages, if any, of drugs administered to the patient.
   (6) A narrative description of the incident, including approximate times and evolution of symptoms.

(d) Violation of this rule subjects the practitioner to disciplinary action under IC 25-1-9.

(State Board of Dentistry; 828 IAC 1-1-22; filed Sep 21, 1992, 9:00 a.m.: 16 IR 718; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)
828 IAC 1-1-23 Illegal, unlawful, incompetent, or fraudulent conduct; reporting procedures
Authority: IC 25-14-1-13
Affected: IC 25-1-9; IC 25-14-1
Sec. 23. (a) A dentist who has a reasonable belief based upon personal knowledge that another dentist has engaged in illegal, unlawful, incompetent, or fraudulent conduct in the practice of dentistry shall promptly report such conduct to a peer review committee, as defined in IC 34-4-12.6-1(c) [IC 34-4 was repealed by P.L.1-1998, SECTION 221, effective July 1, 1998.], having jurisdiction over the offending dentist and the matter. This subsection does not prohibit a dentist from promptly reporting the conduct directly to the board or to the consumer protection division of the office of the attorney general of Indiana.
(b) A dentist who has personal knowledge of any person engaged in, or attempting to engage in, the unauthorized practice of dentistry shall promptly report such conduct to the board or to the consumer protection division of the office of the attorney general of Indiana.
(c) A dentist who voluntarily submits to, or is otherwise undergoing, a course of treatment for addiction, severe dependency upon alcohol, other drugs, or controlled substances, or psychiatric impairment, where such treatment is sponsored or supervised by an impaired practitioner's committee of a state, regional, or local organization of professional health care providers, or where such treatment is sponsored or supervised by an impaired practitioner's committee of a hospital, shall be exempt from reporting to a peer review committee as set forth in subsection (a) or to the board or to the consumer protection division of the office of the attorney general of Indiana for so long as:
   (1) the dentist is complying with the course of treatment;
   (2) the dentist is making satisfactory progress; and
   (3) the dentist has not engaged in illegal, unlawful, incompetent, or fraudulent conduct in the practice of dentistry beyond the practitioner's addiction, severe dependency upon alcohol, other drugs, or controlled substances, or psychiatric impairment.
(d) If the dentist fails to comply with, or fails to make satisfactory progress in, the course of treatment, the chief administrative officer, the designee of the chief administrative officer, or any member of the impaired practitioner's committee shall promptly report such facts and circumstances to the board or to the consumer protection division of the office of the attorney general of Indiana.
(e) This section shall not, in any manner whatsoever, directly or indirectly, be deemed or construed to prohibit, restrict, limit, or otherwise preclude the board from taking such action as it deems appropriate or as may otherwise be provided by law.

(state board of dentistry; 828 iac 1-1-23; filed oct 5, 1993, 5:00 p.m.: 17 ir 199; readopted filed apr 11, 2001, 3:21 p.m.: 24 ir 2896; filed feb 28, 2002, 3:17 p.m.: 25 ir 2242; readopted filed oct 4, 2007, 3:36 p.m.: 20071031-ir-828070047rfa)

828 iac 1-1-24 Discontinuation of practice
Authority: IC 25-14-1-13
Affected: IC 16-39; IC 25-14
Sec. 24. (a) Upon retirement, discontinuation of practice, or leaving or moving from a community, a dentist shall:
   (1) notify all of the dentist's active patients in writing, or by publication once a week for three (3) consecutive weeks in a newspaper of general circulation in the community, that the dentist intends to discontinue the dentist's practice of dentistry in the community; and
   (2) encourage the dentist's patients to seek the services of another dentist.
(b) This section does not apply to dentists engaged solely in internship, residency, preceptorship, fellowship, teaching, or other postgraduate dental education or training programs.
(c) The dentist shall make reasonable arrangements with the dentist's active patients for the transfer of the dentist's records, or copies thereof, to the succeeding practitioner, or, at the written request of the patient, to the patient, in compliance with IC 16-39.
(d) As used in this section, "active patient" applies and refers to a person whom the dentist has examined, treated, cared for, or otherwise consulted with during the two (2) year period prior to retirement, discontinuation of practice, or moving from or leaving the community.
(e) Nothing in this section supersedes the requirements of IC 16-39.

(state board of dentistry; 828 iac 1-1-24; filed may 21, 2001, 4:11 p.m.: 24 ir 3066; readopted filed oct 4, 2007, 3:36 p.m.: 20071031-ir-828070047rfa)

Rule 2. Dental Hygienists; Licensure by Examination
828 IAC 1-2-1 Qualifications of applicants; accredited and approved dental hygiene schools
Authority: IC 25-13-1-5
Affected: IC 25-13-1-6
Sec. 1. All applicants for licensure to practice dental hygiene must:
(1) have graduated from a school of dental hygiene that is accredited by the Commission on Dental Accreditation of the American Dental Association; and
(2) submit certification of having completed within the prior year an American Red Cross or American Heart Association cardiopulmonary resuscitation course or another course approved by the board.


828 IAC 1-2-2 Application forms
Authority: IC 4-1-8-1; IC 25-13-1-5
Affected: IC 25-13-1-4
Sec. 2. (a) The applicant for licensure must complete the application on forms prescribed and provided by the board. The applicant shall verify all statements contained in the application. The verified application, fees, and other documents that the board may require must be submitted to the board.
(b) The following proof that the applicant is a graduate of a school of dental hygiene that is recognized by the board must be submitted to the board as follows:
(1) An official transcript showing the date the degree was conferred.
(2) An official diploma or a certificate of completion signed by the dean and the registrar of the applicant's school.
(c) Additional documents to be submitted by the applicant for a license include the following:
(1) Where the name on any document differs from the applicant's name, one (1) of the following:
   (A) A notarized or certified copy of a marriage certificate.
   (B) Legal proof of a name change.
(2) Two (2) recent passport-type photographs of the applicant, taken within eight (8) weeks before filing of the application.
(3) If the applicant has been convicted of a criminal offense, excluding minor traffic violations, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations, for which the applicant has been convicted. This notarized statement must include the following:
   (A) The offense of which the applicant was convicted.
   (B) The court in which the applicant was convicted.
   (C) The cause number under which the applicant was convicted.
   (D) The penalty imposed by the court.
(4) An applicant who is now, or has been, licensed to practice any health profession in another state or Canadian province must submit verification of license status. This information must be sent by the state or province that issued the license directly to the Indiana board.
(5) An applicant who is now, or has been, licensed to practice any health profession in another state shall submit a self-query form completed by the following:
   (A) The National Practitioner Data Bank (NPDB).
   (B) The Healthcare Integrity and Protection Data Bank (HIPDB) data bank.
(d) All applicants must submit the applicant's United States Social Security number in order to be eligible for licensure.

828 IAC 1-2-3 Examinations required for licensure
Authority: IC 25-1-8-5; IC 25-13-1-5
Affected: IC 25-13-1-4; IC 25-13-1-7
Sec. 3. (a) In order to obtain an Indiana license to practice dental hygiene, each applicant must pass an examination that includes the following:
(1) All sections of the national dental hygiene board examination.
(2) A clinical examination.
(3) A written examination covering Indiana law relating to the practice of dentistry and dental hygiene.
(b) To be eligible for licensure by examination, an applicant must meet any one (1) of the following clinical examination requirements:
(1) Have passed all parts of one (1) of the following examinations within the five (5) year period immediately before the date of the board's receipt of the applicant's application:
   (A) The Central Regional Dental Testing Service (CRDTS) examination.
   (B) The North East Regional Board (NERB) examination.
   (C) The Southern Regional Testing Agency (SRTA) examination.
(D) The Western Regional Examining Board (WREB) examination.

(2) Have taken an examination administered by the board and received a passing score as established by the board.


828 IAC 1-2-4 Supervision of examinations; candidate identification numbers (Repealed)
Sec. 4. (Repealed by State Board of Dentistry; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2246)

828 IAC 1-2-5 Written examination; scope (Repealed)
Sec. 5. (Repealed by State Board of Dentistry; filed Nov 7, 1986, 9:00 am: 10 IR 432)

828 IAC 1-2-6 National board examination; dental and dental hygiene law examination
Authority: IC 25-13-1-5
Affected: IC 25-13-1-4; IC 25-13-1-7

Sec. 6. (a) A passing score on a national board dental hygiene examination, as approved by the board, must be achieved by the applicant before the applicant will be permitted to take the written examination covering Indiana law relating to the practice of dentistry and dental hygiene.

(b) Passage of the Indiana dental and dental hygiene law examination with a score of at least seventy-five (75) is mandatory before the applicant may be licensed. Applicants failing the law examination may retake the law examination at a time, date, and place to be set by the board not sooner than thirty (30) days from the time the law examination was last taken.

(State Board of Dentistry; PT 2, Rule 6; filed Aug 10, 1973, 11:00 a.m.: Rules and Regs. 1974, p. 52; filed Apr 12, 1984, 8:34 a.m.: 7 IR 1521; filed Nov 7, 1986, 9:00 a.m.: 10 IR 431; filed Apr 19, 1991, 3:00 p.m.: 14 IR 1727; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1014; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2244; filed Feb 26, 2004, 3:45 p.m.: 27 IR 2280; filed Mar 23, 2006, 10:15 a.m.: 29 IR 2543)

828 IAC 1-2-7 Clinical examination; two sections; required score (Repealed)
Sec. 7. (Repealed by State Board of Dentistry; filed Mar 23, 2006, 10:15 a.m.: 29 IR 2545)

828 IAC 1-2-8 Supplies for examinations; duty to provide (Repealed)
Sec. 8. (Repealed by State Board of Dentistry; filed Mar 23, 2006, 10:15 a.m.: 29 IR 2545)

828 IAC 1-2-9 Conduct during examinations (Repealed)
Sec. 9. (Repealed by State Board of Dentistry; filed Mar 23, 2006, 10:15 a.m.: 29 IR 2545)

828 IAC 1-2-10 Dismissal of candidate for use of unfair assistance
Authority: IC 25-13-1-5
Affected: IC 25-13-1-7

Sec. 10. The board reserves the right to dismiss any applicant who may be detected in using, or attempting to use, any unfair assistance for herself or himself or another candidate.


828 IAC 1-2-11 Other considerations in grading examinations (Repealed)
Sec. 11. (Repealed by State Board of Dentistry; filed Feb 28, 2002, 3:17 p.m.: 25 IR 2246)

828 IAC 1-2-12 Failure; reexamination (Repealed)
Sec. 12. (Repealed by State Board of Dentistry; filed Mar 23, 2006, 10:15 a.m.: 29 IR 2545)

828 IAC 1-2-12.1 Invalid license; reapplication (Repealed)
Sec. 12.1. (Repealed by State Board of Dentistry; filed Oct 29, 1991, 3:00 p.m.: 15 IR 242)

828 IAC 1-2-13 Competency; physical or mental examination
Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-14-1-19.1

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Sec. 13. (a) The board may determine "dental hygiene competency" on a case by case basis using comparable or equal standards as used in determining qualifications for initial licensure.

(b) "Dental hygiene incompetency or improper conduct of dental hygienists" includes but is not limited to any one (1) or any combination of the following acts:

1. Practicing while under the influence of alcohol or other drugs that impair skill or judgment.
2. Practicing with a physical disability, mental disability, disease, or disorder that impairs skill or judgment.
3. Practicing while knowingly afflicted with a serious disease that could be transmitted to the patient.
4. Repeatedly performing a treatment or procedure that is beyond the skill or knowledge of the practitioner with the results being detrimental to the patient.
5. Repeatedly performing a treatment or procedure that violates acceptable standards of practice and results in failure or is detrimental to the patient.
6. Engaging in conduct constituting gross negligence or repeatedly failing to meet standards of performance in treatment as measured against generally prevailing peer performance.
7. Practicing or offering to practice beyond the scope permitted by law.
8. Administering local dental anesthetics without first being issued a dental hygiene anesthetic permit from the board.
9. Providing patient care without the required direct or prescriptive supervision of a licensed dentist as required by IC 25-13-1-10.

(c) The Indiana state board of dental examiners may order a dental hygienist to submit to a reasonable physical or mental examination if his or her physical or mental capacity to practice safely is at issue in a disciplinary proceeding. The choice of the practitioner to administer the examination is subject to approval by the board.

(d) As a condition of reinstatement of a suspended or revoked license the board may, at its discretion, require the applicant for reinstatement to submit to all or part of the examination for initial licensure or to a similar examination.


828 IAC 1-2-14 Remedial education (Repealed)
Sec. 14. (Repealed by State Board of Dentistry; filed Mar 23, 2006, 10:15 a.m.: 29 IR 2545)

Rule 3. Dentists and Dental Hygienists; Licensure by Endorsement

828 IAC 1-3-1 Licensure by endorsement; credentials; examination and interview (Repealed)
Sec. 1. (Repealed by State Board of Dentistry; filed Sep 27, 2002, 2:38 p.m.: 26 IR 375)

828 IAC 1-3-1.1 Dental licensure by endorsement; credentials
Authority: IC 4-1-8-1; IC 25-14-1-13
Affected: IC 25-14-1-16

Sec. 1.1. (a) Persons seeking licensure to practice dentistry by endorsement shall do the following:

1. File an application on a form supplied by the board.
2. Submit the fees required by 828 IAC 0.5-2-3.

(b) The applicant for a license shall provide the following:

1. Where the name on any document differs from the applicant's name, one (1) of the following:
   (A) A notarized or certified copy of a marriage certificate.
   (B) Legal proof of a name change.
2. Two (2) recent passport-type photographs of the applicant, taken within eight (8) weeks before filing of the application.
3. An original transcript of the applicant's dental education, including the following:
   (A) The degree or degrees conferred.
   (B) The date each degree was conferred.
4. If the applicant has been convicted of a criminal offense, excluding minor traffic violations, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations, for which the applicant has been convicted. This notarized statement must include the following:
   (A) The offense of which the applicant was convicted.
   (B) The court in which the applicant was convicted.
   (C) The cause number under which the applicant was convicted.
   (D) The penalty imposed by the court.
5) An applicant who is now, or has been, licensed to practice any health profession in another state or Canadian province must submit verification of license status. This information must be sent by the state or province that issued the license directly to the Indiana board.

(6) The applicant shall submit a self-query form completed by the following:
   (A) The National Practitioner Data Bank (NPDB).
   (B) The Healthcare Integrity and Protection Data Bank (HIPDB) data bank.

(7) The applicant shall submit proof of the following:
   (A) Completion of at least twenty (20) hours of continuing dental education taken in the previous two (2) years. No more than two (2) hours of training in basic life support shall count toward this requirement.
   (B) That the applicant successfully completed the:
      (i) National Board Dental Examination provided by the Joint Commission on Dental Examinations; or
      (ii) National Dental Examining Board of Canada Written Examination provided by the National Dental Examinining Board of Canada.
   (C) That the applicant satisfactorily completed a national, regional, state, or provincial clinical licensing examination in any other state or Canadian province having and maintaining a standard of examination for licensure and laws regulating the practice of dentistry within that state or province that is substantially equivalent to the examination and licensing requirements of Indiana.
   (D) That the applicant has been engaged in the active practice of dentistry for not less than two (2) years out of the three (3) years immediately preceding the submission of the application.

(8) The applicant shall submit the following:
   (A) Written statements from at least three (3) practicing dentists verifying the applicant's active, moral, and ethical practice of dentistry. The statements must:
      (i) be originals; and
      (ii) have been written not more than eight (8) weeks before the submission of the application.
   (B) Proof that the applicant is currently certified in one (1) of the following:
      (i) Basic life support.
      (ii) Advanced cardiac life support.

(9) All information on the application shall be submitted under oath or affirmation, subject to the penalties for perjury.

(c) All applicants must submit the applicant's United States Social Security number in order to be eligible for licensure.

(State Board of Dentistry; 828 IAC 1-3-1.1; filed Sep 27, 2002, 2:38 p.m.: 26 IR 373; errata filed Sep 27, 2002, 2:59 p.m.: 26 IR 383; filed Mar 23, 2006, 10:15 a.m.: 29 IR 2543)

828 IAC 1-3-1.5 Licensure to practice dental hygiene by endorsement; credentials
Authority: IC 4-1-8-1; IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-13-1-7; IC 25-13-1-17
Sec. 1.5. (a) Persons seeking licensure to practice dental hygiene by endorsement shall do the following:
   (1) File an application on a form supplied by the board.
   (2) Submit the fees required by 828 IAC 0.5-2-4.
(b) The applicant for a license shall provide the following:
   (1) Where the name on any document differs from the applicant's name, one (1) of the following:
      (A) A notarized or certified copy of a marriage certificate.
      (B) Legal proof of a name change.
   (2) Two (2) recent passport-type photographs of the applicant, taken within eight (8) weeks before filing of the application.
   (3) An original transcript of the applicant's dental hygiene education, including the following:
      (A) The degree or degrees conferred.
      (B) The date each degree was conferred.
   (4) If the applicant has been convicted of a criminal offense, excluding minor traffic violations, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations, for which the applicant has been convicted. This notarized statement must include the following:
      (A) The offense of which the applicant was convicted.
      (B) The court in which the applicant was convicted.
      (C) The cause number under which the applicant was convicted.
      (D) The penalty imposed by the court.
   (5) An applicant who is now, or has been, licensed to practice any health profession in another state must submit verification of license status. This information must be sent by the state that issued the license directly to the Indiana board.
   (6) The applicant shall submit the following:
      (A) A self-query form completed by the following:
(i) The National Practitioner Data Bank (NPDB).
(ii) The Healthcare Integrity and Protection Data Bank (HIPDB) data bank.
(B) Proof of completion of at least fourteen (14) hours of continuing dental hygiene education taken within the previous two (2) years. No more than two (2) hours of training in basic life support shall count toward this requirement.
(7) All information on the application shall be submitted under oath or affirmation, subject to the penalties for perjury.
(8) The applicant shall submit the following proof that the applicant:
(A) Satisfactorily completed the following:
(i) The National Board Dental Hygiene Examination provided by the Joint Commission on Dental Examinations.
(ii) A national, regional, or state clinical licensing examination in any other state having and maintaining a standard of examination for licensure and laws regulating the practice of dental hygiene within that state or province that is substantially equivalent to the examination and licensing requirements of Indiana.
(B) Has been engaged in the active practice of dental hygiene for not less than two (2) years out of the five (5) years immediately preceding the submission of the application.
(9) The applicant shall submit the following:
(A) Written statements from at least three (3) practicing dentists verifying the applicant's active, moral, and ethical practice of dental hygiene. The statements must:
(i) be originals; and
(ii) have been written not more than eight (8) weeks before the submission of the application.
(B) Proof that the applicant is currently certified in basic life support.
(c) An applicant who has previously failed an examination for licensure administered by the board is not eligible to apply for a license by endorsement until the applicant:
(1) has passed all portions of the examination in which he or she failed; or
(2) provides the board with proof that additional training has been received in the subjects of the failure.
(d) All applicants must submit the applicant's United States Social Security number in order to be eligible for licensure.

828 IAC 1-3-2 "Practice of dentistry" defined
Authority: IC 25-14-1-13
Affected: IC 25-14-1-16
Sec. 2. (a) Under IC 25-14-1-16(b)(2), an applicant for licensure by endorsement must have practiced dentistry for at least two (2) out of the three (3) years preceding the date of application.
(b) "Practice of dentistry" means that the applicant has actively engaged in clinical patient contact for at least an average of twenty (20) hours per week for two (2) years. A maximum of one (1) year of the two (2) year requirement may have been in postdoctoral training in a program approved by the board.

828 IAC 1-3-3 "Satisfactory practice of dental hygiene" defined
Authority: IC 25-13-1-5
Affected: IC 25-13-1-17
Sec. 3. (a) An applicant for a dental hygiene license under IC 25-13-1-17(a) must have engaged in the satisfactory practice of dental hygiene for at least two (2) years out of the preceding five (5) years.
(b) As used in this section, "satisfactory practice of dental hygiene" means that the applicant has actively engaged in practicing dental hygiene for at least an average of twenty (20) hours per week for two (2) years. A maximum of one (1) year of the two (2) year requirement may have been in post associate degree training in dental hygiene in a program approved by the board.

828 IAC 1-3-4 Dental licensure by endorsement; failure to renew expired license
Authority: IC 25-14-1-13
Affected: IC 25-14-1-10; IC 25-14-1-16
Sec. 4. The holder of a license that has expired under IC 25-14-1-10 for failure to renew may not apply for licensure by endorsement under IC 25-14-1-16(b) and this rule if the holder of the license has practiced dentistry in Indiana during the period of time while the license was expired.
828 IAC 1-3-5 Dental hygiene licensure by endorsement; failure to renew expired license

Authority: IC 25-13-1-5

Affected: IC 25-13-1-8; IC 25-13-1-17

Sec. 5. The holder of a license that has expired under IC 25-13-1-8 for failure to renew may not apply for licensure by endorsement under IC 25-13-1-17(a) and this rule if the holder of the license has practiced dental hygiene in Indiana during the period of time while the license was expired.

828 IAC 1-4-1 Definitions

Authority: IC 25-14-1-13

Affected: IC 25-14-1

Sec. 1. Definitions. The following terms as used in this rule [828 IAC 1-4] only shall mean:

(1) Dentists. Any person licensed to practice dentistry in any of the various states of the United States.
(2) Unlicensed Person. Any person not holding a valid license to practice dentistry.
(3) Dental Diagnostic Materials. Any device, models, impressions, or dental radiographs of a dental patient which are prepared and used by a dentist in the diagnosis or treatment of any lesion or disease of the human oral cavity, teeth, gums, maxillary or mandibular structures. Claim forms are not dental diagnostic materials.
(4) Dental Treatment Plan. Any course of dental treatment prescribed by a dentist.
(5) Dental Benefits. Any funds, money, or reimbursement, paid either to a dentist or to a dentist’s patient by a third party, that compensates in-full or in part for the cost of dental treatment.

828 IAC 1-4-2 Practice of dentistry; license

Authority: IC 25-14-1-13

Affected: IC 25-14-1-23

Sec. 2. Practice of Dentistry–License Required. Any person using dental diagnostic materials for the purpose of recommending changes in the treatment plan upon which benefits are based is practicing dentistry and must be a dentist.

828 IAC 1-4-3 Unauthorized practice of dentistry

Authority: IC 25-14-1-13

Affected: IC 25-14-1-19.1

Sec. 3. Assisting the Unauthorized Practice of Dentistry Prohibited. Indiana dentists shall not knowingly submit dental diagnostic materials to any party involved in the Unauthorized Practice of Dentistry.

828 IAC 1-4-4 Board members; duties

Authority: IC 25-14-1-13

Affected: IC 25-14-1-12

Sec. 4. (a) Board members who are not trained and licensed as dentists may not assume duties which require the expertise of a dentist.
(b) The president of the board or his representative shall assign duties to members of the board. If a board member objects to one of these assignments, a majority vote of the board members present shall be taken to resolve the issue.

Rule 5. Continuing Education for Renewal of License
828 IAC 1-5-1 Application for approval of study clubs
Authority: IC 25-13-2-10; IC 25-14-3-12
Affected: IC 25-13-2; IC 25-14-3
Sec. 1. (a) Study clubs must submit an application and a fee for approval of the study club as a sponsor of continuing education credit for dentists and/or dental hygienists. Programs presented:
   (1) prior to the receipt of approval; or
   (2) after the withdrawal or termination of approval of the study club;
by the board shall not count toward continuing education requirements.
(b) The application for approval shall include the following:
   (1) The name of the study club.
   (2) The address of the study club.
   (3) A statement that the study club is organized for the purpose of scientific study.
   (4) A statement that the study club operates under the direction of elected officers.
   (5) The names and addresses of each officer.
   (6) A copy of the study club's bylaws.
   (7) The names of at least five (5) members of the study club.
   (8) A statement that the study club will conduct regular meetings.
   (9) A statement that the study club will maintain written attendance records of all meetings, which shall be submitted to the board upon request.
   (10) A description of the types of programs or activities the study club intends to present.
(c) The application for approval must be signed by an officer of the study club.

828 IAC 1-5-1.5 Study club sponsor approval; expiration
Authority: IC 25-13-2-10; IC 25-14-3-12
Affected: IC 25-13-2-2; IC 25-14-3-2
Sec. 1.5. (a) A study club continuing education sponsor approval issued by the board shall be valid for the remainder of the approval period in effect on the date the approval was issued.
(b) The approval issued by the board expires on March 2 of even-numbered years.
(c) The approval is not renewable. A new application and fee for study club continuing education sponsor approval must be filed for each license period.
(d) The approval of a study club sponsor issued by the board:
   (1) prior to the effective date of this rule; and
   (2) that is current and good standing;
shall remain valid until March 2, 2004.

828 IAC 1-5-2 Application for approval of organizations or individuals
Authority: IC 25-13-2-10; IC 25-14-3-12
Affected: IC 25-13-2-2; IC 25-14-3-2
Sec. 2. (a) This section applies to organizations or individuals referred to in IC 25-13-2-2(18) and IC 25-14-3-2(18).
(b) Individuals or organizations applying for approval must submit an application and a fee for approval as a sponsor of continuing education credit for dentists and/or dental hygienists. Programs presented:
   (1) prior to the receipt of approval; or
   (2) after the withdrawal or termination of approval of the individual or organization;
by the board shall not count toward continuing education requirements.
(c) The application for approval shall include the following:
   (1) The name of the sponsoring individual or organization.
   (2) The address and telephone number of the individual or organization.
   (3) The following for organizations:
      (A) A copy of all documents relating to the formation and continued existence of the organization.
      (B) A description of the specific purposes for which the organization was formed.
      (C) For each individual in the organization with direct responsibility for teaching and conducting an educational program
of the organization, a vita or resume listing all educational and relevant work experience.

(4) For individuals, a vita or resume listing all educational and relevant work experience.

(5) A list of each educational program presented or sponsored by the individual or organization for five (5) years prior to the date of the request for approval.

(6) The following for each program listed under subdivision (5) given in the prior two (2) years:
   (A) The date and location of the program.
   (B) A brief summary of the content of the program.
   (C) The name and the academic and professional background of the lecturer.
   (D) The number of clock hours of continuing education credit granted by a state licensing or similar regulatory authority for the program.

(7) A description of the course evaluation technique utilized for all educational programs.

(8) A sample of the certificate awarded for the completion of all educational programs, if available.

(9) A list of all anticipated programs to be presented or sponsored during the requested approval period, if available.

(10) A description of the method to be used for monitoring attendance.

(d) The individual or organization is responsible for monitoring attendance in such a way that verification of attendance throughout the program can be reliably assured.

828 IAC 1-5-2.5 Individual or organization sponsor approval; expiration

Authority: IC 25-13-2-10; IC 25-14-3-12
Affected: IC 25-13-2-2; IC 25-14-3-2

Sec. 2.5. (a) Approval of an individual or organization as a sponsor of continuing education issued by the board shall be valid for the remainder of the approval period in effect on the date the approval was issued.

(b) The approval issued by the board expires on March 2 of even-numbered years.

(c) The approval is not renewable. A new application and fee for an individual or organization continuing education sponsor approval must be filed for each license period.

(d) The approval of a sponsor issued by the board:
   (1) prior to the effective date of this rule; and
   (2) that is current and in good standing;
shall remain valid until March 2, 2004.

828 IAC 1-5-3 Verification of attendance

Authority: IC 25-13-2-10; IC 25-14-3-12
Affected: IC 25-13-2-2; IC 25-14-3-2

Sec. 3. Organizations, individuals, or study clubs approved under IC 25-13-2-2 or IC 25-14-3-2, shall provide each attendee with verification of attendance which shall include the following:

   (1) A record of the number of hours spent in the continuing education course.
   (2) The name of the course or a description of the subject matter presented.
   (3) The name of the sponsoring approved organization, individual, or study club.
   (4) The date and location of the program.

828 IAC 1-5-4 Civil penalties for a dental hygienist

Authority: IC 25-13-2-10

Affected: IC 25-13-2-11; IC 25-13-2-12

Sec. 4. If a dental hygienist is not in compliance with IC 25-13-2-2 and is assessed a civil penalty under IC 25-13-2-11(b)(1) [IC 25-13-2-11 was repealed by P.L.157-2006, SECTION 76, effective July 1, 2006.] or IC 25-13-2-12(b)(1) [IC 25-13-2-12 was repealed by P.L.157-2006, SECTION 76, effective July 1, 2006.] the amount of the civil penalty shall be based on the number of continuing education credit hours needed per license period to be in compliance as follows:

<table>
<thead>
<tr>
<th>Number of hours needed to be in compliance</th>
<th>Civil penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–2 hours</td>
<td>$50</td>
</tr>
</tbody>
</table>
828 IAC 1-5-5 Civil penalties for a dentist

Authority: IC 25-14-3-12
Affected: IC 25-14-3-13; IC 25-14-3-14

Sec. 5. If a dentist is not in compliance with IC 25-14-3 and is assessed a civil penalty under IC 25-14-3(b)(1) [IC 25-14-3-13 was repealed by P.L.157-2006, SECTION 76, effective July 1, 2006.] or IC 25-14-3-14(b)(1) [IC 25-14-3-14 was repealed by P.L.157-2006, SECTION 76, effective July 1, 2006.], the amount of the civil penalty shall be based on the number of continuing education credit hours needed per license period to be in compliance as follows:

<table>
<thead>
<tr>
<th>Number of hours needed to be in compliance:</th>
<th>Civil penalty:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–2 hours</td>
<td>$100</td>
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<td>3–5 hours</td>
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<td>6–10 hours</td>
<td>$500</td>
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<tr>
<td>11–15 hours</td>
<td>$750</td>
</tr>
<tr>
<td>16–20 hours</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

828 IAC 1-5-6 Continuing education course requirement

Authority: IC 25-13-1-5; IC 25-13-1-8; IC 25-14-1-13
Affected: IC 25-13-2-6; IC 25-13-2-9

Sec. 6. (a) Effective for the license period ending March 1, 2006, for dentists and dental hygienists, and every license period thereafter, continuing education credit must include two (2) hours which shall cover each of the following subjects:

(1) Ethics.
(2) Professional responsibility.
(3) Indiana statutes and Indiana administrative rules governing the licensure and practice of dentists and dental hygienists.

(b) Ethics and professional responsibility means the aspirational standards by which a profession decides to regulate its behavior in order to distinguish what is legitimate or acceptable in pursuit of their aims from what is not.

(c) The two (2) hours required under subsection (a) are not considered courses that relate specifically to the area of practice management.

Rule 6. Dental Hygienists; License Renewal

828 IAC 1-6-1 Renewal requirements; basic life support certification

Authority: IC 25-13-1-5; IC 25-13-1-8; IC 25-14-1-13
Affected: IC 25-13-2-6; IC 25-13-2-9

Sec. 1. (a) Applicants for dental hygiene license renewal must be certified in or successfully complete a course in basic life support.

(b) Courses on health care provider cardiopulmonary resuscitation or cardiopulmonary resuscitation for the professional rescuer meet the requirements of this rule.

(c) At the time of renewal of the license, the applicant must submit, as a part of the renewal application, a sworn statement signed by the applicant attesting that the applicant has fulfilled the requirement to complete a course in basic life support.

(d) A waiver of the requirement to complete a course in basic life support will only be granted for medical conditions or disabilities that prevent the dental hygienist from complying with the basic life support requirement. All requests for waivers of the basic life support requirement must be submitted in writing with the renewal application. A physician's statement documenting the disability or medical condition must be submitted with the request.

(e) The board will conduct an audit for compliance in conjunction with the audit conducted under IC 25-13-2-9.

(f) In order to comply with IC 25-13-1-8(b)(3), a course in basic life support must be successfully completed during each two (2) year license period.

(g) If a dental hygienist is audited for compliance with the requirement for completion of a basic life support course, at the time of the audit the dental hygienist must submit any of the following:

(1) A copy of the cardiopulmonary resuscitation card showing the date of issuance and the date of expiration or date it is due
for renewal.
(2) A copy of the attendance sheet for the course that has been signed by the instructor and includes the date the course was
given and certifies that the applicant successfully completed the course.
(3) Proof of reasonable cause for noncompliance. A waiver will only be granted for medical conditions or disabilities that
prevent the dental hygienist from complying with the basic life support requirement. All requests for waivers of the basic life
support requirement must be submitted in writing. A physician's statement documenting the disability or medical condition
must be submitted with the request.

(State Board of Dentistry; 828 IAC 1-6-1; filed Aug 29, 1997, 8:45 a.m.: 21 IR 107; readopted filed Apr 11, 2001, 3:21 p.m.: 24
IR 2896; filed Oct 8, 2002, 12:43 p.m.: 26 IR 373; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

Rule 7. Inactive Dental License

828 IAC 1-7-1 Inactive status for dentists
Authority: IC 25-14-1-10; IC 25-14-1-13
Affected: IC 25-14-1-27.1; IC 25-14-3-8
Sec. 1. (a) The board may issue a license to the holder of an inactive license under IC 25-14-1-27.1 if the applicant:
(1) applies in the form and manner required by the board;
(2) pays the renewal fee and reinstatement fee established in 828 IAC 0.5-2-3; and
(3) meets the continuing education requirements established under this section.
(b) The applicant must complete fifty percent (50%) of the continuing education that would have been required for renewal
under IC 25-14-3-8 during each license period or partial license period the license was inactive.
(c) Not more than twenty-five percent (25%) of the continuing education required under this section may be in the area of
practice management.
(d) The continuing education submitted must include a certification program in basic life support. Not more than two (2) credit
hours for certification programs in basic life support may be applied toward the credit hour requirement. The board may waive
the basic life support requirement for applicants who show reasonable cause.
(e) Documentation verifying the completion of the continuing education must be submitted to the board prior to the
reactivation of the applicant's license.
(f) If the applicant's license has been inactive for five (5) or more years, the applicant shall make a personal appearance before
the board.

(State Board of Dentistry; 828 IAC 1-7-1; filed Sep 11, 2000, 2:20 p.m.: 24 IR 376; readopted filed Apr 11, 2001, 3:21
p.m.: 24 IR 2896; filed Oct 8, 2002, 12:40 p.m.: 26 IR 376; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-
828080336RFA)

828 IAC 1-7-2 Inactive status for dental hygienists
Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-13-1-17.2; IC 25-13-2-6
Sec. 2. (a) The board may issue a license to the holder of an inactive license under IC 25-13-1-17.2 if the applicant:
(1) applies in the form and manner required by the board;
(2) pays the renewal fee and reinstatement fee established in 828 IAC 0.5-2-4; and
(3) meets the continuing education requirements established under this section.
(b) The applicant must complete fifty percent (50%) of the continuing education that would have been required for renewal
under IC 25-13-2-6 during each license period or partial license period the license was inactive.
(c) Not more than twenty-five percent (25%) of the continuing education required under this section may be in the area of
practice management.
(d) The continuing education submitted must include a certification program in basic life support. Not more than two (2) credit
hours for certification programs in basic life support may be applied toward the credit hour requirement. The board may waive
the basic life support requirement for applicants who show reasonable cause.
(e) Documentation verifying the completion of the continuing education must be submitted to the board prior to the
reactivation of the applicant's license.
(f) If the applicant's license has been inactive for five (5) or more years, the applicant shall make a personal appearance before
the board.

(State Board of Dentistry; 828 IAC 1-7-2; filed Oct 8, 2002, 12:40 p.m.: 26 IR 377; readopted filed Sep 26, 2008, 10:49
a.m.: 20081015-IR-828080336RFA)

ARTICLE 2. DENTAL PROFESSIONAL CORPORATIONS
Rule 1. Corporations; Dental

828 IAC 2-1-1 Name of corporation
Authority: IC 25-14-1-13
Affected: IC 23-1.5; IC 25-14
Sec. 1. (a) Any dental professional corporation whose name does not contain the words "professional services corporation" or "professional corporation" or an abbreviation of those words so named before September 1, 1983, the effective date of IC 23-1.5, is hereby grandfathered and need not contain these words.
(b) The purpose of the name of a dental professional corporation is primarily to identify that corporation and should not be named as to be a means of false and misleading advertising.
(c) Only a professional corporation in which all shareholders are dentists licensed under IC 25-14 may use the term "dental" in its corporate name.
(d) Any dental professional corporation must prominently display its name at each place of business and/or professional practice.

828 IAC 2-1-2 Applications and renewals
Authority: IC 25-14-1-13
Affected: IC 23-1.5
Sec. 2. Dental corporation applications and renewals shall contain:
(1) Name and home address of each incorporator.
(2) Professional license number of each incorporator.

ARTICLE 3. ANESTHESIA AND SEDATION

Rule 1. General Requirements

828 IAC 3-1-1 Application; general requirements
Authority: IC 25-14-1-3.1; IC 25-14-1-13
Affected: IC 25-14-1
Sec. 1. (a) Prior to administering general anesthesia, deep sedation, or light parenteral conscious sedation, a dentist shall obtain from the board a permit that authorizes the dentist to utilize the form of anesthesia or sedation desired.
(b) The board shall issue a permit to utilize the anesthesia or sedation technique requested if the following requirements are met:
(1) Submission of an application form provided by the board.
(2) Current licensure by the board.
(3) Satisfactory evidence of completion of educational and training requirements as defined in section 3 or 5 of this rule.
(4) Payment of the required fees.
(5) Submission of satisfactory evidence that all requirements for equipment, personnel, and procedures have been met.
(6) Submission of an affidavit that the practitioner's office meets the equipment requirements of section 10 or 11 of this rule.
(7) Submission of proof that:
(A) the dentist is trained in and has successfully completed a course in advanced cardiac life support; or
(B) the dentist is certified as an instructor in advanced cardiac life support.
(c) An applicant who is granted a general anesthesia-deep sedation permit may administer light parenteral conscious sedation without holding a separate light parenteral conscious sedation permit.
(State Board of Dentistry; 828 IAC 3-1-1; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1287; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2237; filed Oct 14, 1993, 5:00 p.m.: 17 IR 403; filed Aug 20, 1999, 1:50 p.m.: 23 IR 22; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 3-1-2 General anesthesia-deep sedation permit
Authority: IC 25-14-1-3.1; IC 25-14-1-13
Affected: IC 25-1-9-9
Sec. 2. (a) An applicant for a permit to employ general anesthesia or deep sedation must provide satisfactory evidence of completing a minimum of one (1) year of advanced (postdoctoral) training in anesthesiology and related academic subjects
(postdoctoral) beyond the undergraduate dental school level in a residency in anesthesiology or oral surgery which meets the requirements stated in section 3 of this rule.

(b) Satisfactory evidence of completion of advanced training requirements means:

1. A certificate of completion of the educational or training program signed by the dean of the board approved dental school or director of the board approved anesthesiology residency from which the training was obtained; or
2. An official transcript from the board approved dental school which clearly designates completion of the education or training.

(State Board of Dentistry; 828 IAC 3-1-2; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1287; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2238; filed Sep 21, 1992, 9:00 a.m.: 16 IR 718; filed Oct 14, 1993, 5:00 p.m.: 17 IR 403; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 3-1-3 Training and education programs for general anesthesia and deep sedation

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Sec. 3. (a) The same level of training is necessary for administration of both deep sedation and general anesthesia.

(b) For the purpose of obtaining a permit to administer general anesthesia or deep sedation, a residency in anesthesiology or a residency in oral and maxillofacial surgery shall meet the following requirements:

1. The training program must be full time and be a minimum of one (1) year in duration.
2. The program shall be a joint cooperative effort between the training institution's department of anesthesiology and department of dentistry.
3. Instruction in both didactic basic science and clinical procedures must be incorporated into the program. This instruction may be given in a seminar or conference format, or may include formal courses.
4. The program shall include preanesthetic patient evaluation, administration of anesthesia in the operating room on a daily scheduled basis, postanesthetic care and management, and emergency call.
5. Training must include anesthetic management for ambulatory outpatient procedures and the use of inhalation and intravenous sedation techniques.
6. The program shall include instruction in pain and pain mechanisms.
7. Beginning September 1, 1992, the program shall include training and successful completion of a course in advanced cardiac life support.

(State Board of Dentistry; 828 IAC 3-1-3; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1288; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2239; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 3-1-4 Light parenteral conscious sedation permit

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Sec. 4. (a) Dentists holding permits to administer general anesthesia-deep sedation will not be required to obtain a separate permit to administer light parenteral conscious sedation.

(b) In order to obtain a permit to utilize light parenteral conscious sedation, an applicant must meet one (1) of the following educational and training criteria:

1. The applicant graduated from an approved dental school which included training in conscious sedation techniques at the predoctoral level. This training must meet the requirements of section 5 of this rule.
2. The applicant completed an intensive postdoctoral training program in the use of light parenteral conscious sedation which meets the requirements of section 5 of this rule.
3. Satisfactory evidence of completion of educational and training requirements means the following:
4. A certificate of completion of the educational or training program signed by the dean of the board approved dental school or medical school or director of a board approved hospital program from which the training was obtained.
5. An official transcript from a board approved dental school which clearly designates completion of the education or training.
6. A certificate of completion of a continuing education program which meets the requirements of section 5 of this rule. The certificate of completion shall be signed by the director of the continuing education program.

(State Board of Dentistry; 828 IAC 3-1-4; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1289; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2239; filed Sep 21, 1992, 9:00 a.m.: 16 IR 719; filed Oct 14, 1993, 5:00 p.m.: 17 IR 405; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 3-1-5 Training and education programs in light parenteral conscious sedation

Authority: IC 25-14-1-3.1; IC 25-14-1-13

Sec. 5. (a) The same level of training is necessary for administration of both deep sedation and general anesthesia.

(b) For the purpose of obtaining a permit to administer general anesthesia or deep sedation, a residency in anesthesiology or a residency in oral and maxillofacial surgery shall meet the following requirements:

1. The training program must be full time and be a minimum of one (1) year in duration.
2. The program shall be a joint cooperative effort between the training institution's department of anesthesiology and department of dentistry.
3. Instruction in both didactic basic science and clinical procedures must be incorporated into the program. This instruction may be given in a seminar or conference format, or may include formal courses.
4. The program shall include preanesthetic patient evaluation, administration of anesthesia in the operating room on a daily scheduled basis, postanesthetic care and management, and emergency call.
5. Training must include anesthetic management for ambulatory outpatient procedures and the use of inhalation and intravenous sedation techniques.
6. The program shall include instruction in pain and pain mechanisms.
7. Beginning September 1, 1992, the program shall include training and successful completion of a course in advanced cardiac life support.

(State Board of Dentistry; 828 IAC 3-1-5; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1287; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2238; filed Sep 21, 1992, 9:00 a.m.: 16 IR 718; filed Oct 14, 1993, 5:00 p.m.: 17 IR 403; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)
Sec. 5. (a) A predoctoral training program in light parenteral conscious sedation shall meet the following requirements:
1. Be obtained in a board approved dental school.
2. Instruction shall include the following areas:
   A. Philosophy of pain control and patient management, including the nature and purpose of pain.
   B. Review of physiologic and psychological aspects of pain and apprehension.
   C. Physiologic monitoring.
   D. Organic pain problems and their management.
   E. Control of preoperative and operative pain and apprehension.
   F. Techniques of administration of light parenteral conscious sedation including intramuscular, intravenous, submucosal, and subcutaneous sedation.
   G. Prevention, recognition, and management of complications and emergencies, including the principles of advanced cardiac life support. Beginning September 1, 1992, instruction shall include training in and successful completion of a course in advanced cardiac life support.
   H. Interaction of pharmacological and psychological methods.
   I. Control of postoperative pain and apprehension.
3. Each student must have experience in managing a minimum of ten (10) patients.
(b) A postdoctoral training program in light parenteral conscious sedation shall meet the following requirements:
1. Include a minimum of sixty (60) hours of instruction.
2. Include management of at least ten (10) patients.
3. Include the following in the course content:
   A. Historical, philosophical, and psychological aspects of pain and anxiety control.
   B. Patient evaluation and selection through review of medical history taking, physical diagnosis, and psychological profiling.
   C. Definitions and descriptions of physiological and psychological aspects of pain and anxiety.
   D. A description of the stages of drug-induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and the unconscious state.
   E. Review of respiratory and circulatory physiology and related anatomy.
   F. Pharmacology of agents used in the conscious sedation techniques being taught, including drug interaction and incompatibility.
   G. Indications and contraindications for the use of the conscious sedation modality under consideration.
   H. Review of dental procedures possible under conscious sedation.
   I. Patient monitoring, with particular attention to vital signs and reflexes related to consciousness.
   J. Importance of maintaining proper records with accurate chart entries recording medical history, physical examination, vital signs, drugs administered, and patient response.
   K. Prevention, recognition, and management of complications and life-threatening situations that may occur during use of conscious sedation techniques, including the principles of advanced cardiac life support. Beginning September 1, 1992, instruction shall include training in and successful completion of a course in advanced cardiac life support.
   L. The importance of using local anesthesia in conjunction with conscious sedation techniques.
   M. Venipuncture, including anatomy, armamentarium, and technique.
   N. Sterile techniques in intravenous therapy.
   O. Prevention, recognition, and management of local complications of venipuncture.
   P. Description and rationale for the technique to be employed.
   Q. Prevention, recognition, and management of systemic complications of intravenous sedation, with particular attention to airway maintenance and support of the respiratory and cardiovascular systems.

(State Board of Dentistry; 828 IAC 3-1-5; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1290; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2240; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 3-1-6 Required emergency equipment (Repealed)

Sec. 6. (Repealed by State Board of Dentistry; filed Dec 24, 1997, 11:35 a.m.: 21 IR 1756)

828 IAC 3-1-6.1 Standard of care; light parenteral conscious sedation

Authority: IC 25-14-1-3.1; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-14-1-23

Sec. 6.1. (a) The standard of care is a dynamic process impacted upon by technological advances and information gained by clinical and basic research. Therefore, any arbitrary list of equipment, protocols, and/or techniques may become outdated soon after being written. However, the administration of light parenteral conscious sedation carries with it significant risks that mandate basic minimum requirements for patient protection.
(b) The following are the minimum standards of care when light parenteral conscious sedation is utilized:
(1) An appropriate medical history form must be completed and dated for each patient.
(2) The medical history form must be reviewed by the dentist, and all significant responses must be evaluated and noted on the form.
(3) If medical consultation or additional laboratory testing is indicated, it must be obtained prior to initiation of treatment except in an extreme emergency situation.
(4) Physical evaluation and pretreatment vital signs must be taken and recorded on the patient's chart.
(5) In addition to the dentist who has obtained training in resuscitation protocols, there must be present during administration of light parenteral conscious sedation at least one (1) additional person who has successfully completed a course in basic cardiac life support.
(6) Personnel trained in basic cardiac life support shall provide direct supervision and monitoring of the patient during the procedure and until the patient is deemed ready to leave the facility by the dentist.
(7) The patient shall be monitored by the pulse oximeter throughout the procedure.
(8) A blood pressure must be taken periodically throughout the procedure.
(9) The skin color, movement of breathing bag, blood color, or other parameters of adequate blood oxygenation shall be monitored throughout the procedure.
(10) At or before the time of discharge, printed postoperative instructions must be provided to the patient and a responsible adult who will accompany the patient. Vital signs must be stable and the patient must be appropriately responsive before leaving the dentist's office. The patient must be instructed not to operate any vehicle or other potentially hazardous device or engage in a potentially hazardous activity for an appropriate period of time.
(11) It is strongly recommended that the dentist and trained staff hold drills on emergency procedures four (4) times per year. A record that the drills have taken place should be maintained in the office of the dentist. The record should include the date that the drill took place and the names of those persons who participated in the drill. The records may be destroyed after three (3) years.
(12) The dentist shall maintain a record that the dentist has training in resuscitation protocols and that the dentist's staff has maintained, on an annual basis, current training in basic cardiac life support.
(13) The equipment used during the procedure must be in good working order and serviced and certified as necessary.

828 IAC 3-1-6.5 Standard of care; general anesthesia and deep sedation
Authority: IC 25-14-1-3.1; IC 25-14-1-13
Affected: IC 25-13; IC 25-14-1-23
Sec. 6.5. (a) The standard of care is a dynamic process impacted upon by technological advances and information gained by clinical and basic research. Therefore, any arbitrary list of equipment, protocols, and/or techniques may become outdated soon after being written. However, the administration of general anesthesia or deep sedation carries with it significant risks that mandate basic minimum requirements for patient protection.
(b) As used in this section, "anesthetic team" means the following:
(1) At least one (1) dentist who holds a permit to administer general anesthesia or deep sedation. All dentists under this section shall be trained and currently competent in advanced cardiac life support.
(2) At least two (2) persons who are employed in the dental office under IC 25-14-1-23(c) or who are dental hygienists licensed under IC 25-13. All such persons who are members of the anesthetic team shall be trained and currently competent in basic life support.
(c) The following are the minimum standards of care when general anesthesia or deep sedation is utilized:
(1) An appropriate medical history form must be completed and dated for each patient.
(2) The medical history form must be reviewed by the dentist, and all significant responses must be evaluated and noted on the form.
(3) If medical consultation or additional laboratory testing is indicated, it must be obtained prior to initiation of treatment, except in an extreme emergency situation.
(4) Physical evaluation and pretreatment vital signs must be taken and recorded on the patient's chart.
(5) A separate anesthetic record must be kept for each anesthetic.
(6) Documentation of the presence and identity of each anesthetic team member throughout the administration of general anesthesia and deep sedation must be maintained.
(7) The anesthetic team must be present during the administration of general anesthesia or deep sedation, and one (1) assistant's sole responsibility is to monitor the patient's vital signs and/or maintain an airway. This section does not relieve the dentist of responsibility for monitoring the patient.
(8) Continuous supervision and monitoring of the patient includes, but is not limited to, oxygenation and ventilation, which must be continuously monitored during the administration of the anesthetic by the following:
   (A) Palpation or observation of the reservoir breathing bag.
   (B) Monitoring of skin color, mucosa, nail beds, and surgical site for color.
   (C) Auscultation of breath and/or heart sounds is recommended.
   (D) Pulse oximeter.
   (E) Palpation of peripheral pulse.
   (F) Blood pressure taken periodically throughout the procedure.
   (G) Electrocardiogram (EKG) continuously displayed until the patient leaves the operating area.

(9) The anesthetic team must be clinically aware of any changes in the patient's body temperature. The equipment to take and record the patient's body temperature should be readily available at all times.

(10) At the completion of the anesthetic when continuous monitoring is no longer required, the patient must be transferred to a recovery facility for continual and direct supervision by a person trained in basic cardiac life support.

(11) At or before the time of discharge, printed postoperative instructions must be provided to the patient and a responsible adult who will accompany the patient. Vital signs must be stable and the patient must be appropriately responsive before leaving the dentist's office. The patient must be instructed not to operate any vehicle or other potentially hazardous device or engage in any potentially hazardous activity for an appropriate period of time.

(12) It is strongly recommended that the dentist and trained staff hold drills on emergency procedures four (4) times per year. A record that the drills have taken place should be maintained in the office of the dentist. The record should include the date that the drill took place and the names of those persons who participated in the drill. The records may be destroyed after three (3) years.

(13) The dentist shall maintain a record that the dentist has training in advanced cardiac life support and that the dentist's staff has maintained, on an annual basis, current training and successful completion of a course in basic life support.

(14) The equipment used during the procedure must be in good working order and serviced and certified as necessary. (State Board of Dentistry; 828 IAC 3-1-6.5; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2242; filed Sep 21, 1992, 9:00 a.m.: 16 IR 721; filed Oct 14, 1993, 5:00 p.m.: 17 IR 406; filed Jun 1, 1994, 5:00 p.m.: 17 IR 2332; filed Dec 24, 1997, 11:35 a.m.: 21 IR 1755; filed Aug 20, 1999, 1:50 p.m.: 23 IR 23; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 3-1-7 Renewal and reinstatement
Authority: IC 25-14-1-3.1; IC 25-14-1-13
Affected: IC 25-14-1

Sec. 7. (a) All dentists holding a general anesthesia, deep sedation, or light parenteral conscious sedation permit shall renew the permit biennially at the same time the dental license is renewed by paying the fee required by the board under 828 IAC 0.5-2-2. If the holder of a permit does not renew the permit on or before the renewal date, the permit expires and becomes invalid without any action by the board.

(b) A permit thus invalidated may be reinstated by the board up to three (3) years after such invalidation upon payment to the board by the holder of the invalidated permit of a penalty fee set by the board under 828 IAC 0.5-2-2, plus all past due and current renewal fees. If the lapse of time in revalidating the permit continues beyond three (3) years, the holder of the invalid permit must submit an original application for a permit. (State Board of Dentistry; 828 IAC 3-1-7; filed Dec 2, 1987, 9:34 a.m.: 11 IR 1291; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2243; filed Oct 14, 1993, 5:00 p.m.: 17 IR 407; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 3-1-7.5 Renewal of permit; continuing education
Authority: IC 25-14-1-3.1; IC 25-14-1-13
Affected: IC 25-14-1; IC 25-14-3

Sec. 7.5. (a) In order to renew a permit to administer general anesthesia, deep sedation, or light parenteral conscious sedation, a dentist shall obtain five (5) hours of continuing education in every license period in the area of anesthesia. This continuing education may include, but is not limited to, a course in advanced cardiac resuscitation protocols. Courses in basic cardiac life support will not be accepted. The five (5) hours of continuing education required under this section counts toward the completion of continuing education requirements under IC 25-14-3.

(b) This section is effective for the renewal in March 2000 and every two (2) years thereafter. (State Board of Dentistry; 828 IAC 3-1-7.5; filed Dec 24, 1997, 11:35 a.m.: 21 IR 1756; readopted filed Apr 11, 2001, 3:21 p.m.: 24 IR 2896; readopted filed Oct 4, 2007, 3:36 p.m.: 20071031-IR-828070047RFA)

828 IAC 3-1-8 Mandatory reporting (Repealed)
Sec. 8. (Repealed by State Board of Dentistry; filed Sep 21, 1992, 9:00 a.m.: 16 IR 721)

828 IAC 3-1-9 Display of permit; additional locations; violations
Authority: IC 25-14-1-3.1; IC 25-14-1-13
Affected: IC 25-1-9-9

Sec. 9. (a) All holders of a permit shall not fail to post and keep conspicuously displayed in plain sight of patients in each dental office where the practitioner practices, the permit.
(b) Prior to practicing in any office, the practitioner must submit to the board an affidavit stating that the office complies with the requirements of section 6 [828 IAC 3-1-6 was repealed filed Dec 24, 1997, 11:35 a.m.: 21 IR 1756;] of this rule and which lists the emergency equipment available and in good working order in the office.
(c) Any violation of this or any other rule shall subject the practitioner to disciplinary sanctions.
(d) Administering general anesthesia, deep sedation, or light parenteral conscious sedation without the appropriate permit or with an expired, voided, revoked, or suspended permit shall subject the practitioner to severe disciplinary penalties.

828 IAC 3-1-10 Required emergency equipment; general anesthesia and deep sedation
Authority: IC 25-14-1-3.1; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-14-1

Sec. 10. (a) All practitioners utilizing general anesthesia or deep sedation must have in their offices, as a minimum, the following emergency equipment available and in good working order:
1. A portable oxygen system capable of delivering positive pressure highflow oxygen, such as:
   A. an ambu bag;
   B. a Robert Shaw demand valve or equivalent;
   C. a full face mask; and
   D. oral and nasal airways.
2. An emergency source of power that can be utilized in the event of a power failure and is sufficient to operate the equipment and provide an emergency source of light.
3. A suction apparatus capable of aspirating gastric contents efficiently from the pharynx or mouth.
4. An electrocardiograph.
5. A laryngoscope and assorted blades.
6. Endotracheal tubes in assorted sizes.
7. Drugs necessary to follow advanced cardiac life support protocols.
8. Equipment for continuous intravenous fluid infusion to facilitate drug administration.
10. A body temperature measuring device.
11. A defibrillator.
(b) Violation of this section subjects the practitioner to disciplinary action under IC 25-1-9-9.

828 IAC 3-1-11 Required emergency equipment; light parenteral conscious sedation
Authority: IC 25-14-1-3.1; IC 25-14-1-13
Affected: IC 25-1-9-9; IC 25-14-1

Sec. 11. (a) All practitioners utilizing light parenteral conscious sedation must have in their offices, as a minimum, the following emergency equipment available and in good working order:
1. A portable oxygen system capable of delivering positive pressure highflow oxygen, such as:
   A. an ambu bag;
   B. a Robert Shaw demand valve or equivalent;
   C. a full face mask; and
   D. oral and nasal airways.
2. An emergency source of power that can be utilized in the event of a power failure and is sufficient to operate the equipment and provide an emergency source of light.
3. A suction apparatus capable of aspirating gastric contents efficiently from the pharynx or mouth.
828 IAC 3-2-1 Administration of local dental anesthetics; requirements
Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-13-1-10.6; IC 25-13-1-11
Sec. 1. (a) A dental hygienist currently licensed to practice dental hygiene in Indiana may be issued a permit to administer local dental anesthetics under the direct supervision of a licensed dentist if the following requirements are met:

(1) Successfully completed the educational requirements set forth in section 2 of this rule or a substantially equivalent educational program approved by the board.

(2) Submitted an application for a dental hygiene anesthetic permit in the form and manner required by the board.

(3) Submitted the fee set forth in 828 IAC 0.5-2-4(9).

(4) Furnished evidence satisfactory to the board that all qualifying requirements have been met, including the following:
   (A) An official diploma or certificate showing completion of the educational requirements in subdivision (1).
   (B) An official document showing the date that the diploma was issued by the education institution or certificate with the date of the course given.
   (C) An official report showing the score attained on the local anesthesia examination required in section 2(B) of this rule.
   (D) Submit verification of their dental hygiene license and registration to administer local anesthesia from any and all states.

(b) A permit issued under this rule:

(1) expires on the same date as the dental hygiene license issued to the dental hygienist under 828 IAC 1; and

(2) must be renewed by submitting:
   (A) an application for renewal in the form and manner required by the board; and
   (B) the fee set forth in 828 IAC 0.5-2-4(10).

828 IAC 3-2-2 Educational requirements for a dental hygiene local anesthetics permit
Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-13-1-10.6; IC 25-13-1-11
Sec. 2. (a) An applicant for a dental hygiene anesthetic permit shall complete a course in local anesthesia administration in an educational program accredited by the Commission on Dental Accreditation of the American Dental Association that includes, at a minimum, fifteen (15) hours of didactic instruction and fourteen (14) hours of laboratory work covering the following subject areas:

(1) Theory of pain control.

(2) Selection of pain control modalities.

(3) Anatomy.

(4) Neurophysiology.

(5) Pharmacology of local anesthetics.

(6) Pharmacology of vasoconstrictors.

(7) Psychological aspects of pain control.

(8) Systemic complications.

(9) Techniques of maxillary and mandibular anesthesia.

(10) Infection control.

(11) Local anesthesia medical emergencies.

(12) A demonstration of clinical competency.
(b) As part of the educational requirement, the dental hygienist will be required to take and pass the North East Regional Board (NERB) local anesthesia examination or a substantially equivalent regional or state examination prior to completion of the program.

(State Board of Dentistry; 828 IAC 3-2-2; filed Dec 3, 2010, 11:14 a.m.: 20101229-IR-828100237FRA)

828 IAC 3-2-3 Dental hygienist who attended an out-of-state program

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-13-1-10.6; IC 25-13-1-11
Sec. 3. A dental hygienist who attended an out-of-state education program or curriculum to administer local dental anesthetics accredited by the Commission on Dental Accreditation of the American Dental Association or approved by the board must:
1. provide a course description documenting course work, completed by the applicant, from the program; and
2. have completed requirements that are equal to or greater than the educational requirements as specified in sections 1 and 2 of this rule.

(State Board of Dentistry; 828 IAC 3-2-3; filed Dec 3, 2010, 11:14 a.m.: 20101229-IR-828100237FRA)

828 IAC 3-2-4 Display of dental hygiene anesthetic permit

Authority: IC 25-13-1-5; IC 25-14-1-13
Affected: IC 25-13-1-10.6; IC 25-13-1-11
Sec. 4. A permit issued under this rule shall be conspicuously displayed in the facility where the dental hygienist is practicing.

(State Board of Dentistry; 828 IAC 3-2-4; filed Dec 3, 2010, 11:14 a.m.: 20101229-IR-828100237FRA)

ARTICLE 4. MOBILE DENTAL FACILITIES AND PORTABLE DENTAL OPERATIONS

Rule 1. Applicability; Exceptions

828 IAC 4-1-1 Applicability

Authority: IC 25-14-1-13
Affected: IC 25-14
Sec. 1. This article applies to the operator of a mobile dental facility or portable dental operation who:
1. provides dental services; and
2. does not have a physically stationary office in the county where the services are provided.

(State Board of Dentistry; 828 IAC 4-1-1; filed May 2, 2002, 10:24 a.m.: 25 IR 2736; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

828 IAC 4-1-2 Exceptions

Authority: IC 25-14-1-13
Affected: IC 25-13-1-10; IC 25-13-1-11; IC 25-14
Sec. 2. (a) Federal, state, and local governmental agencies are exempt from the requirements of this rule.
(b) Dentists licensed to practice in Indiana who have not registered with the board to operate a mobile dental facility or a portable dental operation may provide dental services through use of dental instruments, materials, and equipment taken out of a dental office without registering if the service is provided as emergency treatment for their patients of record.
(c) Dentists who:
1. do not operate a mobile dental facility or portable dental operation; or
2. are not employed by or independently contracting with a mobile dental facility or portable dental operation;
may provide treatment for their patients of record in the county in which the dentist maintains a physically stationary office or in a county adjacent to the county in which the dentist maintains a physically stationary office if such services are provided outside the physically stationary office or outside the county of the physically stationary office fewer than thirty (30) days per year.
(d) Dental hygienists who are providing dental hygiene services, instruction, and in-service training in accordance with IC 25-13-1-10 and IC 25-13-1-11 of the dental hygienist practice act are exempt from the requirements of this rule. Furthermore, dental hygienists may provide dental hygiene services, instruction, and in-service training in accordance with IC 25-13-1-10 and IC 25-13-1-11 in a mobile dental facility or portable dental operation.

(State Board of Dentistry; 828 IAC 4-1-2; filed May 2, 2002, 10:24 a.m.: 25 IR 2736; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

Rule 2. Definitions
828 IAC 4-2-1 Applicability
Authority: IC 25-14-1-13
Affected: IC 25-14
Sec. 1. The definitions in this rule apply throughout this article.
(State Board of Dentistry; 828 IAC 4-2-1; filed May 2, 2002, 10:24 a.m.: 25 IR 2736; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

828 IAC 4-2-2 "Mobile dental facility or portable dental operation" defined
Authority: IC 25-14-1-13
Affected: IC 25-14
Sec. 2."Mobile dental facility or portable dental operation" means either of the following:
(1) Any self-contained facility in which dentistry will be practiced, which may be moved, towed, or transported from one (1) location to another.
(2) Any nonfacility in which dental equipment, utilized in the practice of dentistry, is transported to and utilized on a temporary basis at an out-of-office location, including, but not limited to:
(A) other dentists' offices;
(B) patients' homes;
(C) schools;
(D) nursing homes; or
(E) other institutions.
(State Board of Dentistry; 828 IAC 4-2-2; filed May 2, 2002, 10:24 a.m.: 25 IR 2736; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

Rule 3. Registration

828 IAC 4-3-1 Application
Authority: IC 25-14-1-13
Affected: IC 25-14
Sec. 1. (a) In order to operate a mobile dental facility or portable dental operation, the operator shall register with the board.
(b) The applicant shall complete an application in the form and manner required by the board.
(c) The applicant shall pay the registration fee at the time of application as set by the board by rule.
(d) The applicant shall provide the board with evidence of compliance with the requirements of this rule.
(e) The applicant shall submit proof of radiographic equipment inspection with the application for registration.
(State Board of Dentistry; 828 IAC 4-3-1; filed May 2, 2002, 10:24 a.m.: 25 IR 2737; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

828 IAC 4-3-2 Official business or mailing address
Authority: IC 25-14-1-13
Affected: IC 25-14
Sec. 2. (a) The operator of a mobile dental facility or portable dental operation shall maintain an official business or mailing address of record, which shall not be a post office box and which shall be filed with the board.
(b) The operator of a mobile dental facility or portable dental operation shall maintain an official telephone number of record, which shall be filed with the board.
(c) The board shall be notified within thirty (30) days of any change in the address or telephone number of record.
(d) All written or printed documents available from or issued by the mobile dental facility or portable dental operation shall contain the official address and telephone number of record for the mobile dental facility or portable dental operation.
(e) When not in transit, all dental and official records shall be maintained at the official office address of record.
(State Board of Dentistry; 828 IAC 4-3-2; filed May 2, 2002, 10:24 a.m.: 25 IR 2737; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

828 IAC 4-3-3 Written procedures; communication facilities; conformity with requirements; driver requirements
Authority: IC 25-14-1-13
Affected: IC 12-15; IC 12-17.6; IC 25-14
Sec. 3. The operator of a mobile facility, mobile unit, or portable dental operation shall ensure the following:
(1) There is a written procedure for emergency follow-up care for patients treated in the mobile dental facility and that such procedure includes arrangements for treatment in a dental facility that is permanently established in the area where services
were provided.

(2) The mobile dental facility has communication facilities that will enable the operator thereof to contact necessary parties in the event of a medical or dental emergency. The communications facilities must enable the patient or the parent or guardian of the patient treated to contact the operator for emergency care, follow-up care, or information about treatment received. The provider who renders follow-up care must also be able to contact the operator and receive treatment information, including radiographs.

(3) The mobile dental facility conforms to all applicable federal, state, and local laws, regulations, and ordinances dealing with radiographic equipment, flammability, construction, sanitation, zoning, infectious waste management, universal precautions, OSHA guidelines, and federal Centers for Disease Control Guidelines, and the applicant possesses all applicable county and city licenses or permits to operate the unit.

(4) The driver of the unit possesses a valid Indiana driver’s license appropriate for the operation of the vehicle.

(5) No services are performed on minors without a signed consent form from the parent or guardian, which indicates that:
   (A) if the minor already has a dentist, the parent or guardian should continue to arrange dental care through that provider; and
   (B) the treatment of the child by the mobile dental facility may affect the future benefits that the child may receive under:
      (i) private insurance;
      (ii) Medicaid (IC 12-15); or
      (iii) the children’s health insurance program (IC 12-17.6).

(6) A mobile dental facility that accepts a patient and provides preventive treatment, including prophylaxis, radiographs, and fluoride, but does not follow-up with treatment when such treatment is clearly indicated, is considered to be abandoning the patient. Arrangements must be made for treatment services.

(828 IAC 4-3-3; filed May 2, 2002, 10:24 a.m.: 25 IR 2737; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

828 IAC 4-3-4 Physical requirements for mobile dental facility
Authority: IC 25-14-1-13
Affected: IC 25-14

Sec. 4. The operator shall ensure that the mobile dental facility or portable dental operation has the following:
(1) Ready access to a ramp or lift if services are provided to disabled persons.
(2) A properly functioning sterilization system.
(3) Ready access to an adequate supply of potable water, including hot water.
(4) Ready access to toilet facilities.
(5) A covered galvanized, stainless steel, or other noncorrosive container for deposit of refuse and waste materials.

(828 IAC 4-3-4; filed May 2, 2002, 10:24 a.m.: 25 IR 2738; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

828 IAC 4-3-5 Identification of personnel; notification of changes in written procedures; display of licenses
Authority: IC 25-14-1-13
Affected: IC 25-14

Sec. 5. (a) The operator shall identify and advise the board in writing within thirty (30) days of any personnel change relative to all licensed dentists and licensed dental hygienists associated with the mobile dental facility or portable dental operation by providing the full name, address, telephone numbers, and license numbers where applicable.
(b) The operator shall advise the board in writing within thirty (30) days of any change in the written procedure for emergency follow-up care for patients treated in the mobile dental facility, including arrangements for treatment in a dental facility, which is permanently established in the area. The permanent dental facility shall be identified in the written procedure.
(c) Each dentist and dental hygienist providing dental services in the mobile dental facility or portable dental operation shall prominently display his or her Indiana dental or Indiana dental hygienist license in plain view of patients.

(828 IAC 4-3-5; filed May 2, 2002, 10:24 a.m.: 25 IR 2738; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

828 IAC 4-3-6 Identification of location of services
Authority: IC 25-14-1-13
Affected: IC 25-14

Sec. 6. (a) Each operator of a mobile dental facility or portable dental operation shall maintain a written or electronic record detailing for each location where services are provided:
(1) the street address of the service location;
(2) the dates of each session;
(3) the number of patients served; and
(4) the types of dental services provided and quantity of each service provided.

(b) The written or electronic record shall be made available to the board within ten (10) days of a request by the board. Costs for such records shall be borne by the mobile dental facility.

(State Board of Dentistry; 828 IAC 4-3-6; filed May 2, 2002, 10:24 a.m.: 25 IR 2738; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

828 IAC 4-3-7 Licensed dentist in charge
Authority: IC 25-14-1-13
Affected: IC 25-14

Sec. 7. A mobile dental facility or portable dental operation shall at all times be in the charge of a dentist licensed to practice dentistry in Indiana. A dentist licensed to practice dentistry in Indiana shall be present at all times that clinical services are rendered.

(State Board of Dentistry; 828 IAC 4-3-7; filed May 2, 2002, 10:24 a.m.: 25 IR 2738; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

828 IAC 4-3-8 Prohibited operations
Authority: IC 25-14-1-13
Affected: IC 25-13; IC 25-14

Sec. 8. The operator of a mobile dental facility or portable dental operation is prohibited from hiring, employing, allowing to be employed, or permitting to work in or about a mobile dental facility or portable dental operation, any person who performs or practices any occupation regulated under IC 25-13 or IC 25-14 who is not duly licensed by the board.

(State Board of Dentistry; 828 IAC 4-3-8; filed May 2, 2002, 10:24 a.m.: 25 IR 2738; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

828 IAC 4-3-9 Information for patients
Authority: IC 25-14-1-13
Affected: IC 25-14

Sec. 9. (a) During or at the conclusion of each patient's visit to the mobile dental facility or portable dental operation, the patient shall be provided with an information sheet. If the patient has provided consent to an institutional facility to access the patient's dental health records, the institution shall also be provided with a copy of the information sheet. An institutional facility includes, but is not limited to, a long term care facility or school.

(b) An information sheet shall include the following:
   (1) Pertinent contact information as required by this article.
   (2) The name of the dentist and other dental staff who provided services.
   (3) A description of the treatment rendered, including billed service codes and fees associated with treatment, and tooth numbers when appropriate.
   (4) If necessary, referral information to another dentist as required by this article.

(State Board of Dentistry; 828 IAC 4-3-9; filed May 2, 2002, 10:24 a.m.: 25 IR 2738; readopted filed Sep 26, 2008, 10:49 a.m.: 20081015-IR-828080336RFA)

828 IAC 4-3-10 Cessation of operations
Authority: IC 25-14-1-13
Affected: IC 16-39; IC 25-14

Sec. 10. (a) Upon cessation of operation by the mobile dental facility or portable dental operation, the operator shall notify the board within thirty (30) days of the last day of operations in writing of the final disposition of patient records and charts.

(b) If the mobile dental facility or portable dental operation is sold, a new registration application must be filed with the board.

(c) Upon choosing to discontinue practice or services in a community, the operator of a mobile dental facility or portable dental operation shall:
   (1) notify all of the operator's active patients in writing, or by publication once a week for three (3) consecutive weeks in a newspaper of general circulation in the community, that the operator intends to discontinue the mobile dental facility's or portable dental operation's practice in the community; and
   (2) encourage the patients to seek the services of another dentist.

(d) The operator shall make reasonable arrangements with the active patients of the mobile dental facility or portable dental operation for the transfer of the patient's records, including radiographs or copies thereof, to the succeeding practitioner or, at the written request of the patient, to the patient, in compliance with IC 16-39.
As used in this section, “active patient” applies and refers to a person whom the mobile dental facility or portable dental operation has examined, treated, cared for, or otherwise consulted with during the two (2) year period prior to discontinuation of practice, or moving from or leaving the community.

Nothing in this section supersedes the requirements of IC 16-39.

828 IAC 4-3-11 Renewal of registration
Authority: IC 25-14-1-13
Affected: IC 25-14
Sec. 11. (a) The registration shall be renewed on March 1 of even-numbered years in the form and manner provided by the board.
(b) The registrant shall pay the registration renewal fee in an amount set by the board by rule.

828 IAC 4-3-12 Failure to comply
Authority: IC 25-14-1-13
Affected: IC 25-14
Sec. 12. Failure to comply with state statutes or rules regulating the practice of dentistry, dental hygiene, and the operation of mobile dental facilities or portable dental operations shall subject the registrant and all practitioners providing services through a mobile dental facility or portable dental operation to disciplinary action.

ARTICLE 5. INSTRUCTOR’S LICENSES

Rule 1. General Requirements

828 IAC 5-1-1 Application
Authority: IC 25-1-8-2; IC 25-13-1-5; IC 25-14-1-13; IC 25-14-1-27.5
Affected: IC 25-14-1-10
Sec. 1. (a) Applicants for licensure as an instructor under IC 25-14-1-27.5 shall apply in the manner required by the board and shall submit the fee required by 828 IAC 0.5-2-3.
(b) The applicant for an instructor’s license shall provide the following:
   (1) Where the name on any document differs from the applicant’s name, a notarized or certified copy of a marriage certificate or legal proof of name change.
   (2) Proof that the applicant has been approved under the credentialing process of an Indiana school of dentistry or an affiliated medical center of an Indiana school of dentistry as required under IC 25-14-1-27.5. The proof shall include a notarized statement of approval submitted by an Indiana school of dentistry or an affiliated medical center of an Indiana school of dentistry and copies of all documentation reviewed by the school or affiliated medical center in determining its approval of the applicant.
   (3) Documentation or a demonstration of clinical and academic competency, which shall include the following:
      (A) If the applicant is a graduate of a school of dentistry outside the United States, its possessions, or Canada, the applicant must submit an original transcript of the applicant’s dental education, including the degree conferred and the date the degree was conferred. If the original transcript is in a language other than English, the applicant must include a certified translation of the transcript. If an original transcript is not available, the applicant must submit the following:
         (i) A notarized or certified copy of the original dental school transcript, which must include the degree conferred and the date the degree was conferred.
         (ii) An affidavit fully and clearly stating the reasons that an original transcript is not available.
      (B) If the applicant has taken the National Board Dental Examination provided by the Joint Commission on Dental Examinations or has taken the National Dental Examining Board of Canada Written Examination provided by the National Dental Examining Board of Canada, the applicant shall submit proof of having taken the examination and the results thereof.
      (C) If the applicant has taken a clinical licensing examination in any other state, country, territory, or recognized jurisdiction, the applicant shall submit proof of having taken the examination and the results thereof.
(4) If the applicant has been convicted of a criminal offense, excluding minor traffic violations, a notarized statement detailing all criminal offenses, excluding minor traffic violations, for which the applicant has been convicted. This notarized statement must include the following:
   (A) The offense of which the applicant was convicted.
   (B) The court in which the applicant was convicted.
   (C) The cause number under which the applicant was convicted.
   (D) The penalty imposed by the court.
(5) An applicant who is now, or has been, licensed to practice any health profession in another state within the United States, or in any other country, territory, or recognized jurisdiction must submit verification of license status. This information must be sent by the state, country, territory, or other recognized jurisdiction that issued the license directly to the Indiana board.
(6) A self-query form completed by the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) data bank.
(7) Proof of completion of at least twenty (20) hours of continuing dental education in dentistry taken in the previous two (2) years. No more than two (2) hours of training in basic life support shall count toward this requirement. Practice management courses will not be accepted.
(8) Graduates of a school of dentistry outside of the United States in which the instruction was conducted in a language other than English shall submit proof of having passed the Test of English as a Foreign Language (TOEFL).
(9) Proof that the applicant has been licensed or has had the equivalent of a license to practice dentistry in the United States or in any country, territory, or other recognized jurisdiction for not less than five (5) years out of the nine (9) years immediately preceding the submission of the application.
(10) Proof that the applicant is currently certified in basic life support or advanced cardiac life support.
(c) The applicant shall certify that the applicant will teach and practice dentistry only at or on behalf of an Indiana school of dentistry or an affiliated medical center of an Indiana school of dentistry. The applicant shall further certify that the applicant will not engage in the private practice of dentistry.
(d) All information on the application shall be submitted under oath or affirmation, subject to the penalties for perjury.

828 IAC 5-1-2 Jurisprudence examination
Authority: IC 25-13-1-5; IC 25-14-1-13; IC 25-14-1-27.5
Affected: IC 25-14-1-27.5
Sec. 2. An applicant for an instructor’s license must obtain a passing score of at least seventy-five (75) on the Indiana dental and dental hygiene law examination before the applicant may be licensed. Applicants failing the law examination may retake the law examination at a time, date, and place to be set by the board not sooner than thirty (30) days from the time the law examination was last taken.

828 IAC 5-1-3 Duties of employer dental school or affiliated medical center
Authority: IC 25-14-1-13; IC 25-14-1-27.5
Affected: IC 25-14-1-27.5
Sec. 3. (a) The Indiana school of dentistry or affiliated medical center that intends to employ an instructor under IC 25-14-1-27.5 shall submit the following directly to the board:
   (1) A notarized statement verifying that the applicant for an instructor’s license has been approved under the credentialing process of the Indiana school of dentistry or an affiliated medical center of an Indiana school of dentistry as required under IC 25-14-1-27.5. The proof shall include copies of all documentation reviewed by the school or affiliated medical center in determining its approval of the applicant.
   (2) A statement verifying the number of individuals who are currently employed by the Indiana school of dentistry as full-time faculty.
(b) The Indiana school of dentistry or affiliated medical center that employs the holder of an instructor’s license shall do the following:
   (1) Hold and display in plain view of the patients the instructor’s license of the individual who is employed by the Indiana school of dentistry or affiliated medical center.
   (2) Ensure that the holder of the instructor’s license teaches and practices dentistry only at or on behalf of the Indiana school of dentistry or affiliated medical center by which the individual is employed.
   (3) Notify the board in writing upon the termination of the employment contract of the holder of the instructor’s license and surrender the license not later than thirty (30) days after the employment of the holder of the instructor’s license is terminated.

(State Board of Dentistry; 828 IAC 5-1-1; filed Apr 18, 2005, 2:00 p.m.: 28 IR 2713)

828 IAC 5-1-2 Jurisprudence examination
Authority: IC 25-13-1-5; IC 25-14-1-13; IC 25-14-1-27.5
Affected: IC 25-14-1-27.5
Sec. 2. An applicant for an instructor’s license must obtain a passing score of at least seventy-five (75) on the Indiana dental and dental hygiene law examination before the applicant may be licensed. Applicants failing the law examination may retake the law examination at a time, date, and place to be set by the board not sooner than thirty (30) days from the time the law examination was last taken. (State Board of Dentistry; 828 IAC 5-1-2; filed Apr 18, 2005, 2:00 p.m.: 28 IR 2714)

828 IAC 5-1-3 Duties of employer dental school or affiliated medical center
Authority: IC 25-14-1-13; IC 25-14-1-27.5
Affected: IC 25-14-1-27.5
Sec. 3. (a) The Indiana school of dentistry or affiliated medical center that intends to employ an instructor under IC 25-14-1-27.5 shall submit the following directly to the board:
   (1) A notarized statement verifying that the applicant for an instructor’s license has been approved under the credentialing process of the Indiana school of dentistry or an affiliated medical center of an Indiana school of dentistry as required under IC 25-14-1-27.5. The proof shall include copies of all documentation reviewed by the school or affiliated medical center in determining its approval of the applicant.
   (2) A statement verifying the number of individuals who are currently employed by the Indiana school of dentistry as full-time faculty.
(b) The Indiana school of dentistry or affiliated medical center that employs the holder of an instructor’s license shall do the following:
   (1) Hold and display in plain view of the patients the instructor’s license of the individual who is employed by the Indiana school of dentistry or affiliated medical center.
   (2) Ensure that the holder of the instructor’s license teaches and practices dentistry only at or on behalf of the Indiana school of dentistry or affiliated medical center by which the individual is employed.
   (3) Notify the board in writing upon the termination of the employment contract of the holder of the instructor’s license and surrender the license not later than thirty (30) days after the employment of the holder of the instructor’s license is terminated.
(State Board of Dentistry; 828 IAC 5-1-3; filed Apr 18, 2005, 2:00 p.m.: 28 IR 2714)
828 IAC 5-1-4 Renewal
Authority: IC 25-1-8-2; IC 25-14-1-13; IC 25-14-1-27.5
Affected: IC 25-1-8-6; IC 25-14-1-10; IC 25-14-3
Sec. 4. (a) All dentists holding an instructor’s license shall renew the license annually on the date set by the health professions bureau by paying the fee required by the board under 828 IAC 0.5-2.3. If the holder of an instructor’s license does not renew the license on or before the renewal date, the license expires and becomes invalid without any action by the board.
(b) As a condition of renewal, the holder of an instructor’s license must complete ten (10) hours of continuing education during each annual license period subject to the following requirements:
(1) The continuing education must meet the requirements of IC 25-14-3 and 828 IAC 1-5.
(2) The holder of an instructor’s license may not earn more than two and one-half (2.5) credit hours toward the continuing education requirements of this section in the area of practice management.
(c) As a condition of renewal, the holder of an instructor’s license must continue to be employed by an Indiana school of dentistry or an affiliated medical center.
(d) If the dental instructor’s license expires for failure to renew the license on or before the renewal date, the holder of the dental instructor’s license must meet the requirements of IC 25-1-8-6 in order to renew the license.
(State Board of Dentistry; 828 IAC 5-1-4; filed Apr 18, 2005, 2:00 p.m.: 28 IR 2715)

828 IAC 5-1-5 General anesthesia, deep sedation, light parenteral conscious sedation permit; application
Authority: IC 25-1-8-2; IC 25-14-1-13; IC 25-14-1-27.5
Affected: IC 25-14-1-10
Sec. 5. (a) Prior to administering general anesthesia, deep sedation, or light parenteral conscious sedation, a dentist who holds an instructor’s license shall obtain from the board a permit that authorizes the dentist to utilize the form of anesthesia or sedation desired.
(b) The board shall issue a permit to utilize the anesthesia or sedation technique requested if the following requirements are met:
(1) Submission of an application in the form and manner provided by the board.
(2) Current licensure as an instructor by the board.
(3) Payment of the required fees.
(4) Submission of proof that the applicant has been approved under the credentialing process of an Indiana school of dentistry or an affiliated medical center of an Indiana school of dentistry as required under IC 25-14-1-27.5 as qualified to administer general anesthesia, deep sedation, or light parenteral conscious sedation and meets requirements substantially equal to the requirements of 828 IAC 3. The proof shall include a notarized statement of approval submitted by an Indiana school of dentistry or an affiliated medical center of an Indiana school of dentistry and copies of all documentation reviewed by the school or affiliated medical center in determining its approval of the applicant.
(5) Submission of proof that the dentist is:
(A) trained in and has successfully completed a course in advanced cardiac life support; or
(B) certified as an instructor in advanced cardiac life support.
(c) The applicant shall certify that the applicant will teach and practice dentistry, including the administration of general anesthesia, deep sedation, or light parenteral conscious sedation, only at or on behalf of an Indiana school of dentistry or an affiliated medical center of an Indiana school of dentistry. The applicant shall further certify that the applicant will not engage in the private practice of dentistry.
(d) All information on the application shall be submitted under oath or affirmation, subject to the penalties for perjury.
(e) The holder of an instructor’s license who is granted a general anesthesia, deep sedation permit may administer light parenteral conscious sedation without holding a separate light parenteral conscious sedation permit.
(State Board of Dentistry; 828 IAC 5-1-5; filed Apr 18, 2005, 2:00 p.m.: 28 IR 2715)

828 IAC 5-1-6 General anesthesia, deep sedation, or light parenteral conscious sedation permit; renewal
Authority: IC 25-1-8-2; IC 25-14-1-13; IC 25-14-1-27.5
Affected: IC 25-1-8-6; IC 25-14-1-10
Sec. 6. (a) All dentists with instructor’s licenses holding a general anesthesia, deep sedation, or light parenteral conscious sedation permit shall renew the permit annually at the same time the dental instructor’s license is renewed by paying the fee required by the board under 828 IAC 0.5-2.3. If the holder of a permit does not renew the permit on or before the renewal date, the permit expires and becomes invalid without any action by the board.
(b) In order to renew a permit to administer general anesthesia, deep sedation, or light parenteral conscious sedation, a dentist with an instructor’s license shall obtain two and one-half (2.5) hours of continuing education in every license period in the area of anesthesia. This continuing education may include, but is not limited to, a course in advanced cardiac resuscitation protocols.
Courses in basic cardiac life support will not be accepted. The two and one-half (2.5) hours of continuing education required under this section count toward the completion of continuing education requirements under section 4 of this rule.

(c) A permit invalidated under subsection (a) may be reinstated by the board as provided under IC 25-1-8-6.

(State Board of Dentistry; 828 IAC 5-1-6; filed Apr 18, 2005, 2:00 p.m.: 28 IR 2716)

828 IAC 5-1-7 General anesthesia, deep sedation, or light parenteral conscious sedation permit duties of employer dental school or affiliated medical center

Authority: IC 25-14-1-13; IC 25-14-1-27.5
Affected: IC 25-14-1-27.5

Sec. 7. The Indiana school of dentistry or affiliated medical center that employs the holder of an instructor’s license and a permit to administer general anesthesia, deep sedation, or light parenteral conscious sedation shall do the following:

(1) Hold the general anesthesia, deep sedation, or light parenteral conscious sedation permit of the holder of an instructor’s license who is employed by the Indiana school of dentistry or affiliated medical center.

(2) Ensure that the holder of the instructor’s license teaches and practices dentistry only at or on behalf of the Indiana school of dentistry or affiliated medical center by which the individual is employed.

(3) Ensure that the facility in which the holder of the permit administers general anesthesia, deep sedation, or light parenteral conscious sedation maintains the equipment required by 828 IAC 3-1-10.

(State Board of Dentistry; 828 IAC 5-1-7; filed Apr 18, 2005, 2:00 p.m.: 28 IR 2716)

828 IAC 5-1-8 Invalidation upon termination of employment

Authority: IC 25-14-1-13; IC 25-14-1-27.5
Affected: IC 25-14-1-27.5

Sec. 8. If the Indiana school of dentistry or affiliated medical center that employs the holder of an instructor’s license notifies the board of the termination of the employment contract of the holder of the instructor’s license, the instructor’s license and any general anesthesia, deep sedation, or light parenteral conscious sedation permit issued to the holder of the instructor’s license becomes invalid without any action of the board.

(State Board of Dentistry; 828 IAC 5-1-8; filed Apr 18, 2005, 2:00 p.m.: 28 IR 2716)

ARTICLE 6. DENTAL ASSISTANTS

Rule 1. Caries Prevention and Coronal Polishing Requirements; Limitations

828 IAC 6-1-1 Caries prevention

Authority: IC 25-14-1-13
Affected: IC 25-14-1-23

Sec. 1. (a) A dental assistant who has been employed in a dental practice for a minimum of one (1) year or has graduated from a program accredited by the Commission on Dental Accreditation of the American Dental Association and who has completed the requirements in subsection (b) may apply medicaments for the control or prevention of dental caries under the direct supervision of a licensed dentist.

(b) A dental assistant may not apply medicaments for the control or prevention of dental caries until satisfactory completion of an educational program or curriculum accredited by the Commission on Dental Accreditation of the American Dental Association or approved by the board in the following order that includes, at a minimum:

(1) Nine (9) hours of didactic instruction covering the following subject areas:
   (A) Ethics and jurisprudence.
   (B) Reasons for fluoride.
   (C) Systemic fluoride.
   (D) Topical fluoride.
   (E) Toxicity of fluoride.
   (F) Fluoride application.
   (G) Infection control.

(2) Two (2) hours of laboratory work, including a mannequin and two (2) live patients, in topical fluoride applications.

(3) Clinical competency demonstrated on a minimum of five (5) patients under the direct observation of an Indiana dentist or dental hygienist whose license is in good standing and an affidavit certifying the competency signed by the supervising dentist and a copy given to the employee.

(4) Upon receipt of the affidavit, signed by the supervising dentist, the education program shall issue a certificate of completion to be publicly displayed in the dental office.

(State Board of Dentistry, 828 IAC 6-1-1; filed Dec 3, 2010, 11:14 a.m.: 20101229-IR-828100237FRA)
828 IAC 6-1-2 Coronal polishing
Authority: IC 25-14-1-13
Affected: IC 25-14-1-23
Sec. 2. (a) A dental assistant who has been employed in a dental practice for a minimum of one (1) year or has graduated from a program accredited by the Commission on Dental Accreditation of the American Dental Association and who has completed the requirements in subsection (b) may polish the coronal surface of teeth under the direct supervision of a licensed dentist.
(b) A dental assistant may not polish the coronal surface of teeth until satisfactory completion of an educational program or curriculum accredited by the Commission on Dental Accreditation of the American Dental Association or approved by the board in the following order that includes, at a minimum:
   (1) Five (5) hours of didactic instruction covering the following subject areas:
       (A) Ethics and jurisprudence.
       (B) Plaque and material alba.
       (C) Intrinsic and extrinsic stain.
       (D) Abrasive agents.
       (E) Use of slow speed hand piece, prophy cup, and occlusal polishing brush.
       (F) Theory of selective polishing.
       (G) Infection control.
   (2) Two (2) hours of laboratory work, including a mannequin and two (2) live patients, in the use of a slow speed hand piece, prophy cup, and occlusal polishing brush and hand dexterity.
   (3) Clinical competency demonstrated on a minimum of five (5) patients under the direct observation of an Indiana dentist or dental hygienist whose license is in good standing and an affidavit certifying the competency signed by the supervising dentist and a copy given to the employee.
   (4) Upon receipt of the affidavit, signed by the supervising dentist, the educational program shall issue a certificate of completion to be publicly displayed in the dental office.

828 IAC 6-1-3 Verification of education by supervising dentist
Authority: IC 25-14-1-13
Affected: IC 25-14-1-23
Sec. 3. (a) Before permitting a dental assistant to apply medicaments for the control or prevention of dental caries, the supervising dentist shall verify that the dental assistant has completed the educational requirements for caries prevention set forth in section 1 of this rule.
(b) Before permitting a dental assistant to polish the coronal surface of teeth, the supervising dentist shall verify that the dental assistant has completed the educational requirements for coronal polishing set forth in section 2 of this rule.
(c) The following shall be publicly displayed in the dental office:
   (1) Documentation that a dental assistant has completed the educational requirements to:
       (A) apply medicaments for the control and prevention of dental caries; or
       (B) polish the coronal surface of teeth.
   (2) the certificate of completion.

828 IAC 6-1-4 Limitation on procedures
Authority: IC 25-14-1-13
Affected: IC 25-13-1; IC 25-14-1-23
Sec. 4. Except for the procedures described in sections 1 and 2 of this rule, procedures allocated to a licensed dental hygienist under IC 25-13-1 may not be delegated to a dental assistant.

828 IAC 6-1-5 Requirements for out-of –state programs
Authority: IC 25-14-1-13
Affected: IC 25-14-1-23
Sec. 5. (a) A dental assistant who has completed an out-of-state dental assisting program accredited by the Commission on Dental Accreditation of the American Dental Association or an out-of-state continuing education program with the equivalent hours and curriculum as stated in sections 1 and 2 of this rule, to apply medicaments for the control or prevention of dental caries or to polish the coronal surface of teeth, must provide a syllabus of course work successfully completed by the applicant.
(b) The course work must be equal to or greater than the requirements specified in sections 1 and 2 of this rule.
(c) If the out-of-state curriculum is less than the Indiana requirements to apply medicaments for the control or prevention of dental caries or to polish the coronal surface of teeth, then the dental assistant must complete the laboratory work and clinical competency portion of section 1 of this rule at a board approved course in Indiana and obtain a certificate of completion form the educational program. The dental assistant shall display the diploma from the program accredited by the Commission on Dental Accreditation of the American Dental Association or certificate of completion from the board approved course.

(State Board of Dentistry; 828 IAC 6-1-5; filed Dec 3, 2010, 11:14 a.m.: 20101229-IR-828100237FRA)
TITLE 410 INDIANA STATE DEPARTMENT OF HEALTH

NOTE: Under IC 1-1-1-6, the name of the Indiana State Board of Health is changed to Indiana State Department of Health, effective January 1, 1992.

Rule 3. Infectious Waste

410 IAC 1-3-1 "Bedding" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Sec. 1. "Bedding" means bedding that has been used for laboratory animals.
(Indiana State Department of Health; 410 IAC 1-3-1; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 436; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070144RFA)

410 IAC 1-3-2 "Carcasses, body parts, blood and body fluids, and bedding of laboratory animals" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Sec. 2. "Carcasses, body parts, blood and body fluids, and bedding of laboratory animals" means carcasses, body parts, blood and body fluids in liquid or semiliquid form, and bedding of animals that have been intentionally or are suspected of having been exposed to pathogens in:
   (1) research;
   (2) production of biologicals;
   (3) the in vivo testing of pharmaceuticals; or
   (4) other procedures.
(Indiana State Department of Health; 410 IAC 1-3-2; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 436; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070144RFA)

410 IAC 1-3-3 "Container" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Sec. 3. "Container" means any portable device or material in which infectious waste is:
   (1) stored;
   (2) transported;
   (3) treated;
   (4) disposed of; or
   (5) otherwise handled.
(Indiana State Department of Health; 410 IAC 1-3-3; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 436; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070144RFA)

410 IAC 1-3-4 "Contaminated sharp" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Sec. 4. "Contaminated sharp" means an object that is capable of cutting or penetrating the skin and has been in contact with blood or body fluids. The term includes any of the following:
   (1) Hypodermic or suture needle.
   (2) Syringe.
   (3) Scalpel blade.
   (4) Pipette.
   (5) Lancet.
   (6) Broken glass.
(Indiana State Department of Health; 410 IAC 1-3-4; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070144RFA)
410 IAC 1-3-5 "Communicable disease" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-2-1
Sec. 5. "Communicable disease" means a communicable disease as defined by rule under IC 16-41-2-1.
(Indiana State Department of Health; 410 IAC 1-3-5; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-3-5.5 "Department" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Sec. 5.5. "Department" means the Indiana state department of health.
(Indiana State Department of Health; 410 IAC 1-3-5.5; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-3-6 "Emergency medical services provider" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-31-3
Sec. 6. "Emergency medical services provider" means a person certified under IC 16-31-3.
(Indiana State Department of Health; 410 IAC 1-3-6; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-3-7 "Facility" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-21-2; IC 16-28-1; IC 16-41-12; IC 16-41-16
Sec. 7. "Facility" means any of the following places where infectious waste activity occurs:
   (1) Hospital.
   (2) Ambulatory surgical center as defined in IC 16-21-2.
   (3) Medical/diagnostic laboratory.
   (4) Blood center as defined in IC 16-41-12.
   (5) Pharmaceutical company.
   (6) Academic research laboratory company.
   (7) Industrial research laboratory.
   (8) Health facility as defined in IC 16-28-1.
   (9) Office and mobile units of a health care provider.
   (10) Diet or health care clinic.
   (11) Office of a veterinarian.
   (12) Veterinary hospital.
   (13) Emergency medical services provider.
   (14) Mortuary.
(Indiana State Department of Health; 410 IAC 1-3-7; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-3-8 "Health care provider" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-18-2-163; IC 16-41-16
Sec. 8. "Health care provider" means a person employed as, or by, or receiving training from, a provider as defined in IC 16-18-2-163, or by a laboratory, blood center, state institution, or any other facility where the person is likely to have direct contact with blood or body fluids.
(Indiana State Department of Health; 410 IAC 1-3-8; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)
410 IAC 1-3-9 "Infectious waste activity" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Sec. 9. "Infectious waste activity" means the:
(1) generation;
(2) collection;
(3) storage;
(4) transportation;
(5) treatment; or
(6) disposal of infectious waste;
as defined in this rule.
(Indiana State Department of Health; 410 IAC 1-3-9; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-3-10 "Infectious waste" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Sec. 10. (a) "Infectious waste", except as provided in subsection (b), means waste that epidemiologic evidence indicates is capable of transmitting a dangerous communicable disease. The term includes, but is not limited to, the following:
(1) Contaminated sharps or contaminated objects that could potentially become contaminated sharps.
(2) Infectious biological cultures, infectious associated biologicals, and infectious agent stock.
(3) Pathological waste.
(4) Blood and blood products in liquid and semiliquid form.
(5) Carcasses, body parts, blood and body fluids in liquid and semiliquid form, and bedding of laboratory animals.
(6) Other waste that has been intermingled with infectious waste.
(b) The term, as it applies to a home health agency or to services delivered in the home of a hospice patient, includes only contaminated sharps.
(Indiana State Department of Health; 410 IAC 1-3-10; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-3-11 "Mortuary" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16; IC 25-15-2-15
Sec. 11. "Mortuary" means a funeral home as defined in IC 25-15-2-15.
(Indiana State Department of Health; 410 IAC 1-3-11; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-3-12 "Pathological waste" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Sec. 12. "Pathological waste" means:
(1) tissues;
(2) organs;
(3) body parts; and
(4) blood or body fluids in liquid or semiliquid form of humans;
that are removed during surgery, biopsy, or autopsy.
(Indiana State Department of Health; 410 IAC 1-3-12; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-3-13 "Person" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Sec. 13. "Person" means any:
410 IAC 1-3-14 "Secured area" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Sec. 14. "Secured area" means an area that is designed and maintained to prevent the entry of unauthorized persons.

410 IAC 1-3-15 "Semiliquid blood and blood products" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Sec. 15. "Semiliquid blood and blood products" means blood and blood products that have intermediate fluid properties and are capable of flowing in a manner similar to a liquid.

410 IAC 1-3-17 "Storage" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Sec. 17. "Storage" means the containment of infectious waste in such a manner as not to constitute:
   (1) collection;
   (2) treatment;
   (3) transport; or
   (4) disposal.

410 IAC 1-3-18 "Veterinarian" defined
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Sec. 18. "Veterinarian" means a person authorized to practice veterinary medicine under IC 15-5-1.1 [IC 15-5 was repealed by P.L.2-2008, SECTION 83, effective July 1, 2008.].

410 IAC 1-3-19 "Waste" defined
Sec. 19. "Waste" means any solid, liquid, or semiliquid material that:
(1) is discarded or being accumulated prior to being discarded; or
(2) has served its natural, biological, medical, or intended purpose and is generally discarded and not reused.

Sec. 20. "Waste handlers" means any person who handles infectious waste.

Sec. 21. (a) This rule applies, without regard to quantity, to defined facilities and persons involved in infectious waste activity.
(b) This rule represents minimum standards, and persons may utilize more stringent standards.
(c) All written policies required under this rule shall, at a minimum, comply with the requirements of IC 16-41-11.

Sec. 22. For purposes of IC 16-41-16 and this rule, the generator of infectious waste is responsible for the appropriate containment, appropriate labeling, effective treatment, transport, and disposal of infectious waste as required by this rule. A person may provide services to the generator of infectious waste, including the appropriate containment, appropriate labeling, effective treatment, transport, or disposal of infectious waste. Both the generator of infectious waste and the person providing services to the generator of infectious waste are responsible for complying with the requirements set forth in this rule.

Sec. 23. All persons and facilities subject to this rule shall:
(1) have a written policy and procedures that, at a minimum, contain:
   (A) the requirements contained in this rule; and
   (B) the sanctions, including discipline and dismissal of persons, if warranted, for failure to follow the requirements set forth in this rule;
(2) provide necessary instruction and materials, including protective garments, to implement this rule prior to giving a person an assignment where contact with infectious waste is likely;
(3) maintain a record of such instruction, including an attendance record of a person's participation in the instruction; and
(4) make all records available to the department for inspection under IC 16-41-16-9.

Sec. 24. Containment

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16

Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Affected: IC 16-41-16
Sec. 24. (a) All persons and facilities subject to this rule shall ensure that infectious waste is at all times contained in a manner that will reasonably protect waste handlers and the public from contracting dangerous communicable disease that may result from exposure to the infectious waste.

(b) All persons and facilities subject to this rule shall place contaminated sharps or contaminated objects that could potentially become contaminated sharps, infectious biological cultures, infectious associated biologicals, and infectious agent stock in containers that are:

1. leak proof, rigid, puncture-resistant;
2. tightly sealed to prevent expulsion;
3. labeled with the biohazard symbol; and
4. effectively treated in accordance with this rule prior to being stored in an unsecured area and sent for final disposal.

(c) All persons and facilities subject to this rule shall place pathological waste; laboratory animal carcasses, laboratory animal body parts, laboratory animal blood and body fluids, and laboratory animal bedding; human blood; human blood products in liquid or semiliquid form; and human body fluids that are visibly contaminated with blood in containers that are:

1. impervious to moisture;
2. sufficient strength and thickness to prevent expulsion;
3. secured to prevent leakage or expulsion;
4. labeled with the biohazard symbol; and
5. effectively treated in accordance with this rule prior to being placed in an unsecured area and sent for final disposal.

Indiana State Department of Health; 410 IAC 1-3-24; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1385; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA

410 IAC 1-3-25 Storage
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Sec. 25. If infectious waste is stored prior to final disposal, all persons subject to this rule shall:

1. store infectious waste in a secure area that:
   (A) is locked or otherwise secured to eliminate access by or exposure to the general public;
   (B) affords protection from adverse environmental conditions and vermin; and
   (C) has a prominently displayed biohazard symbol;
2. store infectious waste in a manner that preserves the integrity of the container, and is not conducive to rapid microbial growth and putrefaction; and
3. disinfect reusable containers for infectious waste each time that they are emptied, unless the surfaces of the reusable containers have been protected from contamination by disposable liners, bags, or other devices that are removed with the infectious waste.

Indiana State Department of Health; 410 IAC 1-3-25; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1385; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA

410 IAC 1-3-26 Treatment
Authority: IC 16-19-3-4; IC 16-41-16-8
Affected: IC 16-41-16
Sec. 26. (a) All persons and facilities subject to this rule shall either effectively treat infectious waste in accordance with this rule or transport infectious waste off-site for effective treatment in accordance with this rule.

(b) A treatment is effective if it reduces the pathogenic qualities of infectious waste for safe handling, is designed for the specific infectious waste involved, and is carried out in a manner consistent with this rule. Effective treatment may include:

1. incineration;
2. steam sterilization;
3. chemical disinfection;
4. thermal inactivation;
5. irradiation; or
6. discharge in a sanitary sewer or septic system that is properly installed and operating in accordance with state and local laws.

(c) Except as provided in section 28 of this rule, all persons and facilities subject to this rule may store, transport, and dispose of infectious waste that has been effectively treated in accordance with this rule in the usual manner for waste that is noninfectious.

Indiana State Department of Health; 410 IAC 1-3-26; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1385; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA
410 IAC 1-3-27 Protection in transport  
Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-16  
Sec. 27. All persons and facilities subject to this rule shall:  
(1) transport infectious waste in a manner that reasonably protects waste handlers and the public from contracting dangerous communicable disease; and  
(2) effectively treat infectious waste in accordance with this rule before it is compacted.  
(Indiana State Department of Health; 410 IAC 1-3-27; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1385; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-3-28 Transporting off-site  
Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-16  
Sec. 28. (a) All persons and facilities subject to this rule who are transporting infectious waste off-site, whether effectively treated or not, shall:  
(1) mark containers of infectious waste with a label that states the name, address, and telephone number of the generating facility and treatment facility, if applicable; and  
(2) provide a form that contains:  
(A) the name, address, and telephone number of the generating facility and treatment facility, if applicable;  
(B) a brief description of the waste and the method of effective treatment; and  
(C) the signature of a responsible person.  
(b) The information required in subsection (a) may be enclosed between the secondary packaging and the outer packaging, when such packaging is used. The outer packaging must contain a biohazard symbol.  
(Indiana State Department of Health; 410 IAC 1-3-28; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1386; filed Sep 18, 1998, 11:38 a.m.: 22 IR 440; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-3-29 Penalties for violation  
Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-16-10  
Sec. 29. Penalties for violation of this rule are set forth in IC 16-41-16-10.  
(Indiana State Department of Health; 410 IAC 1-3-29; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1386; filed Sep 18, 1998, 11:38 a.m.: 22 IR 440; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

Rule 4. Universal Precautions

410 IAC 1-4-0.5 Applicability of definitions  
Authority: IC 16-41-11-9  
Affected: IC 16-41-11  
Sec. 0.5. The definitions in this rule apply throughout this rule. Additionally, the definitions of any other terms contained in the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030) are incorporated by reference.  
(Indiana State Department of Health; 410 IAC 1-4-0.5; filed Nov 22, 1993, 5:00 p.m.: 17 IR 753; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-4-1 "Blood" defined  
Authority: IC 16-41-11-9  
Affected: IC 16-41-11  
Sec. 1. "Blood" means human blood, human blood components, and products made from human blood.  
(Indiana State Department of Health; 410 IAC 1-4-1; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 753; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-4-1.1 "Bloodborne pathogens" defined  
Authority: IC 16-41-11-9
Sec. 1.1. "Bloodborne pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, HBV, HCV, and HIV.

Sec. 1.2. "Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Sec. 1.3. "Contaminated laundry" means laundry which has been soiled with blood or other potentially infectious materials or laundry which may contain sharps.

Sec. 1.4. "Covered individual" means any individual covered by IC 16-41-11-4 whose professional, employment, training, or volunteer activities or duties include any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials.

Sec. 1.5. "Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item which does not require sterilization to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Sec. 2. "Department" means the Indiana state department of health.

Sec. 2.1. "Employee" has the meaning set forth in IC 22-8-1.1-1.

Sec. 2.2. "Employer" defined
Sec. 3. "Employer" has the meaning set forth in IC 22-8-1.1-1.

Sec. 3.1. "ERP" means expert review panel, as defined in section 8.1 of this rule.

Sec. 4. "Facility" means a building or location where an individual can be reasonably anticipated in the course of performing his or her professional, employment, training, or volunteer activities or duties to have skin, eye, mucous membrane, or parenteral contact with potentially infectious materials.

Sec. 4.1. "HBeAg" means the presence of hepatitis B e antigen in human blood as an indicator of high infectivity for hepatitis B virus.

Sec. 4.2. "HBsAg" means the presence of hepatitis B surface antigens in human blood as an indicator of infectivity for hepatitis B virus.

Sec. 4.3. (a) "HBV" means hepatitis B virus.

(b) "HCV" means hepatitis C virus.

Sec. 4.4. "Health care worker" means any covered individual providing health care for or to a patient during the patient's care or treatment and whose professional, employment, volunteer, or student training duties or activities can be reasonably anticipated to result in skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials.
410 IAC 1-4-4.5 "HIV" defined
Authority: IC 16-41-11-9
Affected: IC 16-41-11
Sec. 4.5. "HIV" means human immunodeficiency virus.
(Indiana State Department of Health; 410 IAC 1-4-4.5; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-4-4.6 "Other potentially infectious materials" defined
Authority: IC 16-41-11-9
Affected: IC 16-41-11
Sec. 4.6. "Other potentially infectious materials" means the following:
(1) Human body fluids as follows:
(A) Semen.
(B) Vaginal secretions.
(C) Cerebrospinal fluid.
(D) Synovial fluid.
(E) Pleural fluid.
(F) Pericardial fluid.
(G) Peritoneal fluid.
(H) Amniotic fluid.
(I) Saliva in dental procedures.
(J) Any body fluid that is visibly contaminated with blood.
(K) All body fluids where it is difficult or impossible to differentiate between body fluids.
(2) Any unfixed tissue or organ, other than intact skin, from a human, living or dead.
(3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
(Indiana State Department of Health; 410 IAC 1-4-4.6; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-4-4.7 "Parenteral" defined
Authority: IC 16-41-11-9
Affected: IC 16-41-11
Sec. 4.7. "Parenteral" means piercing the mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, or abrasions.
(Indiana State Department of Health; 410 IAC 1-4-4.7; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-4-4.8 "Sterilize" defined
Authority: IC 16-41-11-9
Affected: IC 16-41-11
Sec. 4.8. "Sterilize" means the use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores.
(Indiana State Department of Health; 410 IAC 1-4-4.8; filed Nov 22, 1993, 5:00 p.m.: 17 IR 756; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-4-5 "Universal precautions" defined
Authority: IC 16-41-11-9
Affected: IC 16-41-11
Sec. 5. "Universal precautions" means an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
(Indiana State Department of Health; 410 IAC 1-4-5; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 756; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-4-6 Facility operator responsibilities
Authority: IC 16-41-11-9
Sec. 6. (a) An individual or entity that is a facility operator shall comply with the following:

1. Inform all health care workers and covered individuals whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of the facility, that it is strongly recommended by the department that all persons who have reason to believe they are at risk of HIV infection should know their HIV status.

2. Inform all health care workers that it is strongly recommended by the department that all those:

   (A) who perform procedures during which there is a recognized risk of percutaneous injury to the health care worker, and, if such injury occurs, the health care worker's blood may contact the patient's body cavity, subcutaneous tissue, or mucous membranes; and

   (B) who do not have serologic evidence of immunity to HBV from vaccination or from previous infection should know their HBsAg status and, if that is positive, should also know their HBeAg status.

3. Ensure that the training described in the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030) is provided to all covered individuals whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of the facility.

4. Ensure that a record is maintained, as required under the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030) of an individual's participation in the training that is provided. The record shall be made available to the department for inspection upon request.

5. Ensure that each covered individual whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of the facility, is provided appropriate equipment and expendables needed to implement the precautions required under section 8 of this rule and under the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030).

6. Require all health care workers whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of the facility to provide evidence of compliance with the continuing universal precautions education requirements contained in section 7.1 of this rule.

(b) The operator of a facility, if providing services to patients or the public in which there is a risk of skin, eye, mucous membrane, or parenteral contact to human blood or other potentially infectious materials, shall display, or make available to the public, a description of compliance with the requirements contained in subsection (a)(6).

(c) The operator of a facility, if providing services to patients or the public in which there is a risk of skin, eye, mucous membrane, or parenteral contact to human blood or other potentially infectious materials, shall display, or make available to the public, written materials prepared or approved by the department explaining universal precautions and patients' rights under this rule. These materials shall include information on how to report violations of universal precautions and shall include information regarding the department's duties to investigate.

Sec. 7. A facility operator shall develop a written policy in compliance with this rule and the requirements of the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030), that:

1. Requires the use of universal precautions by a covered individual when performing those professional, employment, training, or volunteer activities or duties that include any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials;

2. Provides sanctions, including discipline and dismissal, if warranted, for failure to use universal precautions; and

3. Proscribes the facility operator, or any covered individual acting at or on behalf of the facility, from retaliating against any person, including any professional, employee, trainee, volunteer, or patient, for filing a complaint with the department in good faith under this rule.

Sec. 7.1. All covered individuals shall comply with the following:

1. Covered individuals, including health care workers, whose professional, employment, training, or volunteer activities or

2. Covered individuals, including health care workers, whose professional, employment, training, or volunteer activities or

3. Covered individuals, including health care workers, whose professional, employment, training, or volunteer activities or

4. Covered individuals, including health care workers, whose professional, employment, training, or volunteer activities or
duties are performed at or on behalf of a facility, must complete the training programs which the facility is required to have employees attend under the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030). Approved programs under this rule shall be as follows:

(A) A bloodborne pathogen training session provided by a facility or employer under the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030).

(B) Unless the department makes a specific determination to the contrary, any continuing professional education program on current universal precautions techniques that has been accepted or accredited by the applicable professional credentialing or health licensing entity.

(2) Covered individuals who are health care workers shall, either individually or through their employer, upon receipt of a written request by the department, employer, or a patient to whom direct services have been provided, provide evidence of compliance with the requirements of this section.

(Indiana State Department of Health; 410 IAC 1-4-7.1; filed Nov 22, 1993, 5:00 p.m.: 17 IR 757; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-4-8 Precautions generally

Authority: IC 16-41-11-9
Affected: IC 16-19; IC 16-41-11

Sec. 8. (a) All covered individuals and health care workers under this rule shall comply with the requirements imposed under the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030).

(b) The following documents shall be incorporated by reference as guidelines for covered individuals and health care workers under this rule:


(c) All incorporated material is available for public review at the department.

(d) The operator and all covered individuals whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of a facility providing services to patients or other members of the public in which there is a reasonably anticipated risk of skin, eye, mucous membrane, or parenteral contact with human blood or other potentially infectious materials shall also comply with the following requirements:

(1) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(2) Heating procedures capable of sterilization must be used when heat stable, nondisposable equipment is sterilized.

Monitoring of heat sterilization procedures shall include documentation of the following:

(A) Each sterilization cycle.

(B) Use of chemical indicators when sterilizing packaged nondisposable equipment.

(C) That biological indicators were used within seven (7) days prior to the current sterilization procedure.

(D) Routine equipment maintenance according to manufacturer recommendations.

Documents required under this subdivision must be made available to the department upon request.

(3) Reusable equipment requiring sterilization that is destroyed or altered by heat must be sterilized by chemical means.

(4) Environmental surfaces and equipment not requiring sterilization that have been contaminated by blood or other potentially infectious materials shall be cleaned with an absorbent material prior to disinfection. Disinfectant solutions shall be a:

(A) germicide registered with the Environmental Protection Agency (EPA) for use as a hospital disinfectant and labeled tuberculocidal or registered germicide with specific inactivation claims against HIV and HBV; or

(B) sodium hypochlorite solution dated and not used after twenty-four (24) hours old as follows:

(i) A minimum of 1:100 dilution (one-quarter (1/4) cup of five and twenty-five hundredths percent (5.25%) common household bleach in one (1) gallon of water).

(ii) A 1:10 dilution (one (1) part five and twenty-five hundredths percent (5.25%) common household bleach in nine (9) parts water) shall be used when a blood, culture, or OPIM spill occurs in the laboratory setting.

(5) Hand hygiene shall be performed when there is a risk of skin, eye, mucous membrane, or parenteral contact with human blood or OPIM.

(6) Hands shall be washed with soap and water when visibly dirty or soiled with blood or OPIM and after using the toilet.

(7) Hand hygiene shall be performed before and after touching a potential source, before a clean or aseptic procedure, after a risk of body fluid exposure, after contact with inanimate surfaces and objects in the immediate vicinity of a potential source, and after removing gloves.
(8) The use of gloves shall not replace the need for hand hygiene.
(9) Gloves shall be worn when contact with blood or OPIM, mucous membranes, or nonintact skin is anticipated.
(10) Gloves shall be changed or removed during care if moving from a contaminated body site to another body site (including nonintact skin, mucous membrane, or medical device) within the same source or the environment.
(11) Gloves shall be changed between contact with other individuals.
(12) If a patient's diagnosis, laboratory analysis, or medical condition requires additional infection control measures or isolation, those specific measures apply in addition to the requirements of this rule and other requirements found at IC 16-19.

410 IAC 1-4-8.1 Expert review panel

Authority: IC 16-41-11-9
Affected: IC 16-41-11

Sec. 8.1. (a) An HIV infected or HBV infected (and HBeAg positive) health care worker whose practices include digital palpation of a needle tip in a body cavity or the simultaneous presence of the health care worker's finger and needle or other sharp instrument in a poorly visualized or highly confined human anatomic site should either seek the advice of an ERP approved by the department or voluntarily cease these practices.

(b) As used in this rule, "expert review panel" means a group of experts authorized under this rule to provide confidential consultation and advice to HIV and HBV (and HBeAg) infected health care workers as indicated to promote the highest achievable level of safe, professional care. To be deemed authorized, an ERP must be sponsored by an organization which has been approved by the department under subsection (c).

(c) Before any public or private medical, surgical, dental, nursing, or other health care organization may sponsor an authorized ERP under this section, the potential sponsor must be approved by the department as having provided credible assurances that:

1) the sponsor is capable of establishing specific ERP protocols and procedures that will accomplish the purposes of an ERP under this section; and
2) it will comply with general protocols to be established and disseminated on request by the department.

(d) The ERP will consist of:

1) an expert review entity consisting of:
   (A) the HIV or HBV infected health care worker's treating physician, either directly or through medical and historical treatment records;
   (B) an infectious disease specialist knowledgeable in the epidemiology of HIV and HBV infection;
   (C) a health care provider of the same profession as the infected health care provider with expertise in the procedures practiced; and
   (D) an infection control expert or epidemiologist; or
2) any other expert review entity expressly authorized by the department.

(e) An ERP sponsored by an organization approved by the department under subsection (c) will be deemed an authorized ERP.

(f) An ERP shall advise the health care worker whether and how to modify techniques or to cease performing certain procedures. In rendering this advice, the ERP shall consider the past history of the health care worker's technique, and the extent to which, in the context of other indicated procedures with a measurable and unavoidable significant risk to patients, an indicated invasive procedure in the hands of that health care worker does or does not expose patients to the significant risk of HIV or HBV transmission from the health care worker.

(g) The role of the ERP is strictly confidential and advisory to the health care worker.

(h) All proceedings and communications of the ERP shall be confidential. All communications to an ERP shall be privileged communications. Neither the personnel nor any participant in a panel proceeding shall reveal the identity of any health care worker consulting such panel nor any content of communication to the records of or the outcomes of an ERP outside the panel to any person or other entity, other than the health care worker consulting such panel.

(i) No person who participates in an ERP proceeding shall be permitted or required to disclose any information acquired in connection with, or in the course of, the proceeding, any opinion, recommendation, or evaluation of the panel or of any panel member.

(j) The only duty of an ERP is to provide good faith consultation and advice to the HIV or HBV infected health care worker seeking such advice. A health care worker is not, by this rule, relieved of any responsibility, either to himself or herself or to others, for all actions taken or not taken in his or her professional capacity after consulting with an ERP. Neither an ERP nor any member of an ERP is approved by this rule to substitute or assume responsibility for the subsequent actions of the health care worker. No civil or other legal action of any nature shall arise against any member or personnel of an ERP for any good faith act or statement made in the confines of the panel or proceeding thereof.
(k) Neither an ERP nor any member of an ERP shall, by virtue of their consultation and advice, assume any liability of any kind to the health care worker, his or her patients, or any other person. The personnel and members of an ERP shall be immune from any civil action arising from any determination or recommendation made in good faith in the scope of their duties.

(Indiana State Department of Health; 410 IAC 1-4-8.1; filed Nov 22, 1993, 5:00 p.m.: 17 IR 759; errata, 17 IR 1009; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)

410 IAC 1-4-9 Complaints

Authority: IC 16-41-11-9

Affected: IC 4-15-2-34; IC 4-15-2-35; IC 16-41-11; IC 25

Sec. 9. A person who believes that this rule has been violated may file a complaint with the department. A complaint must be in writing unless, in the opinion of the department, the violation complained of constitutes an emergency. The department shall reduce an emergency oral complaint to writing. The department shall maintain the confidentiality of the person who files the complaint. The department shall also comply with the following:

(1) The department shall promptly investigate, or cause to be investigated with available resources, all complaints received alleging violations of this rule.

(2) The department shall not disclose the name or identifying characteristics of the person who files a complaint under this rule:
   (A) unless the person consents in writing to the disclosure; or
   (B) the investigation results in an administrative or judicial proceeding and disclosure is ordered by the administrative law judge or the court.

Confidential communication of the complaint information to the Indiana department of labor for compliance purposes shall not constitute disclosure for the purposes of this rule.

(3) The department shall give a person who files a complaint under this section the opportunity to withdraw the complaint at any time prior to the issuance of an order under subdivision (2)(B).

(4) A person filing a complaint must make a reasonable attempt to ascertain the correctness of any information to be furnished. Failure to make a reasonable attempt may subject that person to other sanctions available at law.

(5) A determination of a substantiated and unresolved violation of this rule by a health care provider licensed under IC 25 shall be referred by the department to the appropriate licensing board through notification of the attorney general's consumer protection division.

(6) In the investigation of a complaint regarding a violation of this rule, the department shall coordinate the investigation, as appropriate, with the state or federal enforcement agency having jurisdiction over the industry or occupation. All complaints alleging violations of the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030) shall be forwarded to the Indiana department of labor.

(Indiana State Department of Health; 410 IAC 1-4-9; filed Oct 6, 1989, 4:20 p.m.: 13 IR 282; filed Nov 22, 1993, 5:00 p.m.: 17 IR 760; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; readopted filed May 22, 2007, 1:44 p.m.: 20070613-IR-410070141RFA)