RULES OF

Department of Commerce and Insurance

Division 2110—Missouri Dental Board

Chapter 2—General Rules

Title		Page
20 CSR 2110-2.001	Definitions	3
20 CSR 2110-2.010	Licensure by Examination – Dentists	3
20 CSR 2110-2.020	Limited Temporary Dental License	4
20 CSR 2110-2.030	Licensure by Credentials – Dentists (Rescinded August 30, 2023)	4
20 CSR 2110-2.050	Licensure by Examination – Dental Hygienists	5
20 CSR 2110-2.070	Licensure by Credentials – Dental Hygienists (Rescinded August 30, 2023)	6
20 CSR 2110-2.071	License Renewal – Dentists and Dental Hygienists	6
20 CSR 2110-2.075	Nonresident Military Spouse Licensure by Credentials (Rescinded August 30, 2023)	7
20 CSR 2110-2.085	Definitions of Dental Specialties (Rescinded May 30, 2018)	7
20 CSR 2110-2.090	Certification of Dental Specialists	7
20 CSR 2110-2.110	Addressing the Public – Dentists (Rescinded July 30, 2018)	7
20 CSR 2110-2.111	Addressing the Public – Dental Hygienists (Rescinded July 30, 2018)	7
20 CSR 2110-2.114	Patient Abandonment	7
20 CSR 2110-2.120	Dental Assistants	8
20 CSR 2110-2.130	Dental Hygienists	10
20 CSR 2110-2.131	Definition of a Public Health Setting	11
20 CSR 2110-2.132	Dental Hygienists – Equipment Requirements for Public Health Settings (Rescinded May 30, 2018)	12
20 CSR 2110-2.133	Telehealth Dental Pilot Project in Medically Underserved Populations	12

20 CSR 2110-2.134 Oral Preventive Assistant Pilot Project 12
20 CSR 2110-2.140 Notice, Change of Employment – Dental Hygienists (Rescinded July 30, 2018) 14
20 CSR 2110-2.150 Dental Practices (Rescinded July 30, 2018) 14
20 CSR 2110-2.160 Post-Board Order Activity. 14
20 CSR 2110-2.161 Post-Board Order Hearing Procedures (Rescinded February 29, 2008) . . 14
20 CSR 2110-2.162 Impaired Practitioner Procedures (Rescinded February 29, 2008) 14
20 CSR 2110-2.170 Fees 15
20 CSR 2110-2.175 Name and Address Change 15
20 CSR 2110-2.190 Shade Verification 16
20 CSR 2110-2.200 Uniform Complaint Handling 16
20 CSR 2110-2.201 Public Records 16
20 CSR 2110-2.210 Notice of Injury or Death 17
20 CSR 2110-2.220 Mandatory Reporting (Rescinded May 30, 2018) 17
20 CSR 2110-2.240 Continuing Dental Education 17
20 CSR 2110-2.250 Prescribing Opioids 19
20 CSR 2110-2.260 Certification Requirements – Licensees Employed by or Contracting with Federally Qualified Health Centers (Rescinded June 30, 2019) . . . 19

TITLE 20 — DEPARTMENT OF COMMERCE AND INSURANCE
Division 2110 — Missouri Dental Board
Chapter 2 — General Rules

20 CSR 2110-2.001 Definitions

PURPOSE: This rule provides definitions for specific terms used throughout the rules.

(1) "Dentist" — one who is currently licensed to practice as a dentist in Missouri.

(2) "Hygienist" — one who is currently licensed to practice as a dental hygienist in Missouri.

(3) "Direct supervision" — a level of supervision in which the dentist has authorized the procedure for a patient of record, remains in the treatment facility while the procedure is performed and evaluates the procedure prior to patient dismissal.

(4) "Indirect supervision" — a level of supervision in which the dentist has authorized the procedure for a patient of record and remains in the treatment facility while the procedure is performed.

(5) "General supervision" — a level of supervision in which the dentist has authorized the procedure for a patient of record and which does not require the physical presence of the dentist in the treatment facility during the performance of the procedure. The patient must be informed that the dentist is not in the treatment facility. The authorization may be verbal or written in the patient's record and is valid from the date of the most recent examination for a maximum of twelve (12) months. If the dentist gives verbal authorization for dental hygiene care, that authorization shall be documented in the patient's record following the delivery of that care. The authorization is not renewable without an examination of the patient by the dentist.

(6) "Patient of record" — one for whom the dentist has obtained a relevant history, performed an examination, and evaluated the condition to be treated. A supervising dentist may delegate to a licensed dental hygienist the collection of relevant and necessary systemic and oral health data prior to the supervising dentist's examination and evaluation. The patient shall be made aware, prior to the collection of any data, that the supervising dentist may not be physically present when that data is collected.

AUTHORITY: sections 332.031, 332.091, and 332.311, RSMo 2016. This rule originally filed as 4 CSR 110-2.001. Original rule filed Jan. 28, 2000, effective Aug. 30, 2000. Moved to 20 CSR 2110-2.001, effective Aug. 28, 2006. Amended: Filed June 26, 2017, effective Dec. 30, 2017. Amended: Filed Jan. 10, 2019, effective July 30, 2019.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995; 332.091, RSMo 1969, amended 1995; and 332.311, RSMo 1969, amended 1997, 2001, 2006.*

20 CSR 2110-2.010 Licensure by Examination — Dentists

PURPOSE: This rule outlines the procedure for obtaining a dental license by examination.

(1) To qualify for licensure as set out in sections 332.131 and 332.151, RSMo, each applicant shall —

(A) Be a graduate of and hold a Doctor of Dental Surgery (DDS) degree or a Doctor of Dental Medicine (DMD) degree from an accredited dental school as defined in section 332.011, RSMo, and meet the other requirements of sections 332.131 and 332.151, RSMo; and

(B) Have passed the National Board Examination in accordance with the criteria established by the sponsoring body; and

(C) Have passed a state or regional entry-level competency examination (hereinafter referred to as a competency examination) within the previous five (5) years, subject to sections (3) and (5) below of this rule; and

(D) Have passed a written examination given by the board on the Missouri dental laws and rules (hereinafter referred to as the jurisprudence examination) with a grade of at least eighty percent (80%). In order to sit for the jurisprudence examination, the applicant must —

1. Have passed the National Board Examination, prepare to take a competency examination, and submit an application form for licensure to the board thirty (30) days prior to the jurisprudence examination; or

2. Have passed a competency examination within the previous five (5) years and have passed the National Board Examination, and submit an application form for licensure to the board. Applicants will be scheduled to take the jurisprudence examination at the board office, at the office of one (1) of the members of the board, or at such times deemed necessary by the board; and

(E) Hold current certification in the American Heart Association's Basic Life Support for the Healthcare Provider (BLS) or an equivalent certification approved by the Missouri Dental Board. Board-approved courses shall meet the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and Emergency Cardiovascular Care (ECC) and provide written and manikin testing on the course material by an instructor who is physically present with the students. Online-only courses will not be accepted to satisfy the BLS requirement.

(2) To apply for a certificate of registration and a license to practice, each applicant shall submit the following:

(A) A completed application form provided by the board;

(B) A nonrefundable application/examination fee payable to the Missouri Dental Board;

(C) A two-inch by three-inch (2" × 3") photograph or passport photograph taken no more than six (6) months prior to the application date;

(D) An official copy of his/her educational transcript from an accredited dental school as defined in section 332.011, RSMo. Transcripts must be sent directly to the board from the accredited dental school;

(E) A copy of his/her current certification in the American Heart Association's Basic Life Support for the Healthcare Provider (BLS) or an equivalent certification approved by the Missouri Dental Board;

(F) Certification of passage of the National Board Examination sent directly to the board from the sponsoring body;

(G) A copy of his/her competency examination scores sent directly to the board from the testing agent(s);

(H) A form provided by the board verifying licensure in other state(s), if applicable. Verification forms must be sent directly to the board from the licensure board(s) from which the applicant currently holds or has ever held a dental license;

(I) A completed Missouri State Highway Patrol and Federal

Bureau of Investigation fingerprint background check. Proof shall consist of any documentation acceptable to the board. Any fees due shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor; and

(J) Each application form and documentation must be completed within one (1) year from the date of submission to the board, including the taking and passing of the jurisprudence examination. If not completed within one (1) year, an application becomes invalid and a new application process must begin.

(3) Should an applicant fail any individual section of a clinical competency examination twice, the board may require the applicant to complete remedial instruction in the deficient area(s) from an accredited dental school before further re-examination. After failing an individual section of a clinical competency examination twice, the candidate/applicant shall contact the board for permission to take the examination again. If the applicant fails a third examination, the board may deny the application pursuant to section 332.321.2(5), RSMo. Before entering a program of remedial instruction, the applicant shall –

(A) Have a statement sent to the board from the program director of the accredited dental school outlining the remedial instruction to be completed by the applicant and confirming the applicant's acceptance into the program; and

(B) Receive board approval of the remedial instruction; and

(C) Upon completion, have a written statement submitted to the board from the program director verifying the applicant's successful completion of the remedial instruction.

(4) In order to receive a certificate of registration and license to practice, each applicant shall –

(A) Meet all licensure requirements as specified in sections (1), (2), and (3); and

(B) Submit the initial licensure fee as specified in 20 CSR 2110-2.170.

(5) Effective January 1, 2021, competency examinations shall be administered by any of the following: the Central Regional Dental Testing Service (CRDTS), the Commission on Dental Competency Assessments (CDCA), the Western Regional Examining Board (WREB), the Southern Regional Testing Agency (SRTA), the Council of Interstate Testing Agencies (CITA), or by an individual state dental board. The tested procedures are to be patient based, manikin based, or a combination of both.

(A) Applicants for licensure shall obtain a passing score of seventy-five percent (75%) or above in each of the following areas:

1. Periodontics clinical skills testing;
2. Endodontics clinical skills testing;
3. Posterior class II amalgam or posterior class II composite preparation and restoration clinical skills testing;
4. Anterior class III composite preparation and restoration clinical skills testing;
5. Anterior tooth preparation for a single unit crown; and
6. Posterior tooth preparations for use as abutments for a three unit bridge.

(B) In addition to the foregoing requirements an applicant for licensure shall successfully complete written or didactic competency testing from any of the following: the Central Regional Dental Testing Service (CRDTS), the Commission on Dental Competency Assessments (CDCA), the Western Regional Examining Board (WREB), the Southern Regional Testing Agency (SRTA), the Council of Interstate Testing Agencies (CITA), or from an individual state dental board on the following:

1. Removable prosthetics;
2. Diagnosis and treatment planning; and
3. Oral surgery.

(C) Competency examinations administered by one of the foregoing clinical competency testing entities or a state dental board shall provide the following elements:

1. Anonymity between candidates and examination raters;
2. Standardization and calibration of raters; and
3. A mechanism for post-exam analysis.

AUTHORITY: sections 332.031, 332.141, 332.151, and 332.181, RSMo 2016, and section 43.543, RSMo Supp. 2024. This rule originally filed as 4 CSR 110-2.010. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Aug. 4, 1986, effective Oct. 27, 1986. Amended: Filed Feb. 14, 1989, effective May 11, 1989. Emergency amendment filed April 16, 1992, effective April 26, 1992, expired Aug. 24, 1992. Amended: Filed May 4, 1992, effective Sept. 6, 1992. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Rescinded and readopted: Filed Sept. 15, 1998, effective April 30, 1999. Moved to 20 CSR 2110-2.010, effective Aug. 28, 2006. Amended: Filed Dec. 12, 2008, effective June 30, 2009. Amended: Filed March 8, 2012, effective Sept. 30, 2012. Amended: Filed March 8, 2013, effective Aug. 30, 2013. Amended: Filed Aug. 30, 2016, effective Feb. 28, 2017. Amended: Filed Feb. 28, 2019, effective Aug. 30, 2019. ** Amended: Filed Nov. 1, 2024, effective April 30, 2025.*

**Original authority: 43.543, RSMo 1993, amended 2003, 2005, 2008, 2013, 2018; 332.031, RSMo 1969, amended 1981, 1993, 1995; 332.141, RSMo 1969, amended 1981; 332.151, RSMo 1969, amended 1981; and 332.181, RSMo 1969, amended 1981, 1983, 1993, 2001, 2004.*

***Pursuant to Executive Order 21-09, 20 CSR 2110-2.010, subsection (1)(E) was suspended from April 10, 2020 through September 15, 2021.*

***Missouri Dental Board v. Riney,** 429 S.W.2d 803 (Mo. App. 1968). The board was without authority to adopt arbitrary rule in which application for specialist's certificate pursuant to statute, which became effective August 29, 1959, must be received by board prior to January 1, 1960.*

***Op. Atty. Gen. No. 150, Bild (10-6-76**). A graduate of a foreign dental school is qualified for examination and registration as a dentist in the state of Missouri under the provisions of section 332.131, RSMo, only if the school is certified by the American Dental Association.*

20 CSR 2110-2.020 Limited Temporary Dental License

AUTHORITY: section 332.031, RSMo 2016. Emergency rule filed April 23, 2020, effective May 7, 2020, expired Feb. 16, 2021.

20 CSR 2110-2.030 Licensure by Credentials – Dentists
(Rescinded August 30, 2023)

AUTHORITY: sections 332.031 and 332.211, RSMo 2000. This rule originally filed as 4 CSR 110-2.030. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed Dec. 11, 1984, effective March 11, 1985. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed March 30, 1988, effective June 27, 1988. Amended: Filed Feb. 14, 1989, effective May 11, 1989. Amended:

*Filed Aug. 15, 1991, effective Jan. 13, 1992. Amended: Filed Feb. 16, 1994, effective Sept. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Rescinded and readopted: Filed Sept. 15, 1998, effective April 30, 1999. Moved to 20 CSR 2110-2.030, effective Aug. 28, 2006. Amended: Filed Dec. 12, 2008, effective June 30, 2009. Amended: Filed March 8, 2012, effective Sept. 30, 2012. ** Rescinded: Filed Feb. 27, 2023, effective Aug. 30, 2023.*

***Pursuant to Executive Order 21-09, 20 CSR 2110-2.030, subsection (1)(F) was suspended from April 10, 2020 through September 15, 2021.*

20 CSR 2110-2.050 Licensure by Examination — Dental Hygienists

PURPOSE: This rule outlines the procedure for obtaining a dental hygiene license by examination.

(1) To qualify for licensure as set out in sections 332.231 and 332.251, RSMo, each applicant shall —

(A) Have satisfactorily completed a course in dental hygiene in an accredited dental hygiene school and meet the other requirements of sections 332.231 and 332.251, RSMo;

(B) Have passed the National Board Examination in accordance with the criteria established by the sponsoring body;

(C) Have passed a state or regional entry-level competency examination (hereinafter referred to as a competency examination) within the previous five (5) years, subject to section (3) below of this rule;

(D) Have passed a written examination given by the board on the Missouri dental laws and rules (hereinafter referred to as the jurisprudence examination) with a grade of at least eighty percent (80%). In order to sit for the jurisprudence examination, the applicant must —

1. Have passed the National Board Examination, prepare to take the competency examination, and submit an application form for licensure to the board thirty (30) days prior to the jurisprudence examination; or

2. Have passed the competency examination within the previous five (5) years and have passed the National Board Examination, and submit an application form for licensure to the board. Applicants will be scheduled to take the jurisprudence examination at the board office, at the office of one (1) of the members of the board, or at such times deemed necessary by the board; and

(E) Hold current certification in the American Heart Association's Basic Life Support for the Healthcare Provider (BLS) or an equivalent certification approved by the Missouri Dental Board. Board-approved courses shall meet the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and Emergency Cardiovascular Care (ECC) and provide written and manikin testing on the course material by an instructor who is physically present with the students. Online-only courses will not be accepted to satisfy the BLS requirement.

(2) To apply for a certificate of registration and a license to practice, each applicant shall submit the following:

(A) An application form provided by the board;

(B) A nonrefundable application/examination fee payable to the Missouri Dental Board;

(C) A two-inch by three-inch (2" × 3") photograph or passport photograph taken no more than six (6) months prior to the application date;

(D) An official copy of his/her educational transcript from an accredited dental hygiene school as defined in section 332.011, RSMo. Transcripts must be sent directly to the board from the accredited dental hygiene school;

(E) A copy of his/her current certification in the American Heart Association's Basic Life Support for the Healthcare Provider (BLS) or an equivalent certification approved by the Missouri Dental Board;

(F) Certification of passage of the National Board Examination sent directly to the board from the sponsoring body;

(G) A copy of his/her competency examination scores sent directly to the board from the testing agent(s);

(H) A form provided by the board verifying licensure in other state(s), if applicable. Verification forms must be sent directly to the board from the licensure board(s) from which the applicant currently holds or has ever held a dental hygiene license;

(I) A completed Missouri State Highway Patrol and Federal Bureau of Investigation fingerprint background check. Proof shall consist of any documentation acceptable to the board. Any fees due shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor; and

(J) Each application must be completed within one (1) year from the date of submission to the board, including the taking and passing of the jurisprudence examination. If not completed within one (1) year, an application becomes invalid and a new application process must begin.

(3) Should an applicant fail a clinical competency examination twice, the board may require the applicant to complete remedial instruction in the deficient area(s) from an accredited dental hygiene school before further re-examination. If the applicant fails a third examination, the board may deny the application pursuant to section 332.321.2(5), RSMo. Before entering a program of remedial instruction, the applicant shall —

(A) Have a statement sent to the board from the program director of the accredited dental hygiene institution outlining the remedial instruction to be completed by the applicant and confirming the applicant's acceptance into the program;

(B) Receive board approval of the remedial instruction; and

(C) Upon completion, have a written statement submitted to the board from the program director verifying the applicant's successful completion of the remedial instruction.

(4) In order to receive a certificate of registration and license to practice, each applicant shall —

(A) Meet all licensure requirements as specified in sections (1), (2), and (3); and

(B) Submit the initial license fee as specified in 20 CSR 2110-2.170.

(5) Effective January 1, 2023, competency examinations shall be administered by any of the following or by any future appellation of the following: the Central Regional Dental Testing Service (CRDTS), CDCA-WREB-CITA, the Southern Regional Testing Agency (SRTA), or by an individual state dental board. The tested procedures are to be patient based, manikin based, or a combination of both.

AUTHORITY: sections 332.031, 332.241, and 332.261, RSMo 2016, and sections 43.543, 332.231, and 332.251, RSMo Supp. 2024. This rule originally filed as 4 CSR 110-2.050. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Aug. 4, 1986, effective Oct. 27, 1986. Amended: Filed Nov. 2, 1987, effective Jan. 14, 1988. Amended: Filed Feb. 17, 1988, effective April 28, 1988. Amended: Filed Feb. 14, 1989, effective May 11, 1989. Amended: Filed June 27,*

*1995, effective Dec. 30, 1995. Rescinded and readopted: Filed Sept. 15, 1998, effective April 30, 1999. Moved to 20 CSR 2110-2.050, effective Aug. 28, 2006. Amended: Filed Dec. 12, 2008, effective June 30, 2009. Amended: Filed March 8, 2012, effective Sept. 30, 2012. Amended: Filed March 8, 2013, effective Aug. 30, 2013. Amended: Filed Aug. 30, 2016, effective Feb. 28, 2017. ** Amended: Filed May 18, 2022, effective Nov. 30, 2022. Amended: Filed Nov. 1, 2024, effective April 30, 2025.*

**Original authority: 43.543, RSMo 1993, amended 2003, 2005, 2008, 2013, 2018; 332.031, RSMo 1969, amended 1981, 1993, 1995; 332.231, RSMo 1969, amended 1981, 2020; 332.241, RSMo 1969, amended 1981; 332.251, RSMo 1969, amended 1981, 2020; and 332.261, RSMo 1969, amended 1981, 1983, 1993, 2001, 2004.*

***Pursuant to Executive Order 21-09, 20 CSR 2110-2.050, subsection (1)(E) was suspended from April 10, 2020 through September 15, 2021.*

20 CSR 2110-2.070 Licensure by Credentials — Dental Hygienists

(Rescinded August 30, 2023)

*AUTHORITY: sections 332.031 and 332.281, RSMo 2000, and section 332.261, RSMo Supp. 2011. This rule originally filed as 4 CSR 110-2.070. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Amended: Filed March 8, 1978, effective June 11, 1978. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Feb. 14, 1989, effective May 11, 1989. Amended: Filed Aug. 15, 1991, effective Jan. 13, 1992. Amended: Filed Feb. 16, 1994, effective Sept. 30, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Rescinded and readopted: Filed Sept. 15, 1998, effective April 30, 1999. Moved to 20 CSR 2110-2.070, effective Aug. 28, 2006. Amended: Filed July 11, 2007, effective Jan. 30, 2008. Amended: Filed March 8, 2012, effective Sept. 30, 2012. ** Rescinded: Filed Feb. 27, 2023, effective Aug. 30, 2023.*

***Pursuant to Executive Order 21-09, 20 CSR 2110-2.070, subsection (1)(F) was suspended from April 10, 2020 through September 15, 2021.*

20 CSR 2110-2.071 License Renewal — Dentists and Dental Hygienists

PURPOSE: This rule clarifies the license renewal requirements for dentists and dental hygienists pursuant to the passage of House Bill No. 970.

(1) Any person licensed to practice dentistry or dental hygiene shall renew that license every two (2) years. Every licensee shall provide the board a completed renewal application on a form prescribed by the board that shall contain updated information since the preceding renewal period.

(2) The two- (2-) year license renewal period shall commence on December 1 and end on November 30. Applications for renewal shall be postmarked on or before the license expiration date, which is November 30 of each even-numbered year. Should November 30 fall on a Saturday, Sunday, or legal holiday, renewal forms postmarked by the post office on the next business day will not be considered delinquent.

(3) Failure of the licensee to receive a renewal application shall not relieve the licensee of the obligation to renew the license and pay the required fee prior to the expiration date of the license. Deposit of the renewal fee by the board or the Division of Professional Registration does not indicate acceptance of the renewal application or that any licensing requirements have been fulfilled.

(4) Renewal, by statute, is contingent upon the licensee having successfully completed the mandatory hours of continuing education during the two- (2-) year time block as specified in 20 CSR 2110-2.040. Licensees shall provide copies of the required continuing education documentation to the board's continuing education management system prior to the license expiration date or during the renewal process.

(5) Renewal shall be contingent upon the licensee holding a current certification in basic life support (BLS) or advanced cardiac life support (ACLS), or certification equivalent to BLS or ACLS.

(6) Any dentist or dental hygienist newly licensed during the two- (2-) year renewal period will be issued his/her initial license that will be valid until the end of that current renewal period. Newly licensed dentists and dental hygienists will be required to renew their license and pay the license renewal fee on or before the initial license expiration date to maintain the license in an active status. Continuing education requirements of new licensees are specified in 20 CSR 2110-2.240(2)(C) and (D).

(7) Licensees will receive one (1) renewal license and, if requested, up to two (2) duplicate renewal licenses upon approval of the application for renewal. Additional duplicate licenses will be provided upon payment of the appropriate fee as specified in 20 CSR 2110-2.170.

(8) The license of any dentist or dental hygienist shall expire if not renewed on or before the license expiration date. An expired license can be renewed at any time within four (4) years of the license expiration date by submission of a properly completed renewal application form, payment of the renewal fee and renewal penalty fee as specified in 20 CSR 2110-2.170(1)(C), and by providing the board with proof of having successfully completed the mandatory continuing education hours.

(9) In the first two- (2-) year renewal cycle following the license expiration date of a dentist or dental hygienist, the mandatory continuing education hours shall be fifty (50) for dentists and thirty (30) for dental hygienists. In the second two- (2-) year renewal cycle following the license expiration date, the mandatory continuing education hours shall be one hundred (100) for dentists and sixty (60) for dental hygienists. Continuing education hours earned for renewal of an expired license may be earned at any time during a four- (4-) year period prior to the renewal application date. The board will not accept continuing education hours that were earned by the dentist or dental hygienist during that four- (4-) year period if those same hours were used to renew a prior license.

(10) Any licensee who fails to renew his/her license on or before the license expiration date shall not perform any act for which a license is required unless and until the license is properly renewed.

AUTHORITY: sections 332.031, 332.181, and 332.261, RSMo 2016. This rule originally filed as 4 CSR 110-2.071. Original rule filed March 1, 2005, effective Aug. 30, 2005. Moved to 20 CSR 2110-2.071, effective Aug. 28, 2006. Amended: Filed July 11, 2007, effective Jan. 30, 2008. Amended: Filed May 1, 2025, effective Oct. 30, 2025.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995; 332.181, RSMo 1969, amended 1981, 1983, 1993, 2001, 2004; and 332.261, RSMo 1969, amended 1981, 1983, 1993, 2001, 2004.*

20 CSR 2110-2.075 Nonresident Military Spouse Licensure by Credentials
(Rescinded August 30, 2023)

AUTHORITY: section 332.031, RSMo 2016. Original rule filed Oct. 4, 2018, effective April 30, 2019. Rescinded: Filed Feb. 27, 2023, effective Aug. 30, 2023.

20 CSR 2110-2.085 Definitions of Dental Specialties
(Rescinded May 30, 2018)

AUTHORITY: sections 332.031 and 332.171.2, RSMo 2000. This rule originally filed as 4 CSR 110-2.085. Original rule filed June 25, 2004, effective Feb. 28, 2005. Moved to 20 CSR 2110-2.085, effective Aug. 28, 2006. Rescinded: Filed Nov. 28, 2017, effective May 30, 2018.

20 CSR 2110-2.090 Certification of Dental Specialists

PURPOSE: This rule identifies specialities recognized by the Missouri Dental Board and the requirements and procedures applicants must fulfill prior to being certified as a dental specialist.

(1) In order to qualify for certification as a specialist in endodontics, oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, public health, or any other area of specialty recognized by the American Dental Association, the applicant shall submit to the board the appropriate application fee, submit a completed application form as defined in section (2) of this rule, and fulfill the following requirements:

(A) Is a currently licensed dentist in Missouri; and

(B) Is a current diplomate of an American specialty board recognized by the American Dental Association; or

(C) Is a graduate of an accredited specialty training program accredited by the Council on Dental Accreditation.

(2) To apply for a specialty certificate, each applicant shall submit the following:

(A) A completed application form provided by the board;

(B) A nonrefundable application fee as specified in 20 CSR 2110-2.170 payable to the Missouri Dental Board;

(C) A two-inch by three-inch (2" × 3") photograph or passport photograph taken no more than six (6) months prior to the application date;

(D) An official copy of his/her educational transcript from the accredited specialty training program. Transcripts must be sent directly to the board from the accredited specialty training program, if applicable;

(E) Written verification of diplomate status sent directly from his/her American specialty board, if applicable; and

(F) Each application must be completed within one (1) year from the date of submission to the board. If not completed, the application becomes invalid and a new application process must begin.

AUTHORITY: section 332.031, RSMo 2000 and section 332.171.2, RSMo Supp. 2008. This rule originally filed as 4 CSR 110-2.090. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Amended: Filed March 8, 1978, effective June 11, 1978. Amended: Filed July 26, 1979, effective Nov. 11, 1979. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Feb. 4, 1986, effective April 25, 1986. Amended: Filed May 2, 1989, effective Aug. 24, 1989. Amended: Filed Feb. 4, 1991, effective July 8, 1991. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Rescinded and readopted: Filed Sept. 15, 1998, effective April 30, 1999. Amended: Filed April 14, 2000, effective Oct. 30, 2000. Rescinded and readopted: Filed March 1, 2005, effective Aug. 30, 2005. Moved to 20 CSR 2110-2.090, effective Aug. 28, 2006. Amended: Filed Dec. 12, 2008, effective June 30, 2009.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995 and 332.171, RSMo 1969, amended 1981, 1983, 2004.*

20 CSR 2110-2.110 Addressing the Public – Dentists
(Rescinded July 30, 2018)

AUTHORITY: sections 332.031, RSMo 2000 and 332.321, RSMo Supp. 2005. This rule originally filed as 4 CSR 110-2.110. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Amended: Filed Aug. 12, 1976, effective Dec. 11, 1976. Rescinded and readopted: Filed May 11, 1978, effective Aug. 11, 1978. Rescinded and readopted: Filed July 26, 1979, effective Feb. 11, 1980. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Oct. 17, 1986, effective Jan. 12, 1987. Amended: Filed Jan. 5, 1988, effective March 12, 1988. Rescinded and readopted: Filed June 28, 2002, effective Dec. 30, 2002. Moved to 20 CSR 2110-2.110, effective Aug. 28, 2006. Amended: Filed Aug. 11, 2006, effective Feb. 28, 2007. Rescinded: Filed Nov. 28, 2017, effective July 30, 2018.

20 CSR 2110-2.111 Addressing the Public – Dental Hygienists
(Rescinded July 30, 2018)

AUTHORITY: sections 332.311 and 332.321, RSMo Supp. 2003. This rule originally filed as 4 CSR 110-2.111. Original rule filed June 25, 2004, effective Dec. 30, 2004. Moved to 20 CSR 2110-2.111, effective Aug. 28, 2006. Rescinded: Filed Nov. 28, 2017, effective July 30, 2018.

20 CSR 2110-2.114 Patient Abandonment

PURPOSE: This rule defines the duty of a dentist to active patients when s/he moves his/her practice to a location inconvenient to his/her active patients.

(1) Any duly registered and currently licensed dentist in Missouri who moves his/her practice to a location which is inconvenient to his/her active patients or who ceases to practice dentistry or who shares a fee in any patient whose treating dentist moves to an inconvenient location or ceases to practice dentistry, upon request of that patient, or the person responsible for payment for that patient, shall refund an appropriate portion of the fee received for an unfinished treatment or make arrangements for the treatment to be completed by a dentist acceptable to the patient for no additional fee. Active patients are those who have received care and/or treatment within the previous twelve (12) months.

(2) Upon the relocation or cessation of practice described in section (1) of this rule, the treating dentist, within thirty (30) days, shall notify in writing all his/her active patients with unfinished services or treatments of their rights under section (1) of this rule. Dentists who share in the fee of any patient affected by this rule also shall notify the patient of his/her rights.

This notification may be made together with the treating dentist in one (1) notice.

(3) Failure to comply with the provisions of this rule will subject the holder of a certificate of registration and license to practice dentistry in this state to disciplinary action in accordance with section 332.321.2(5), (6) and (13), RSMo.

(4) The provisions of this rule are declared severable. If any provision of this rule is held invalid by a court of competent jurisdiction, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction to be invalid.

AUTHORITY: section 332.031, RSMo 2000. This rule originally filed as 4 CSR 110-2.114. Original rule filed April 16, 1985, effective Aug. 26, 1985. Moved to 20 CSR 2110-2.114, effective Aug. 28, 2006. Amended: Filed Aug. 11, 2006, effective Feb. 28, 2007.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995.*

20 CSR 2110-2.120 Dental Assistants

PURPOSE: This rule expands the functions a dental assistant may perform under the dentist's direct supervision and outlines the procedure for issuing and renewing expanded function permits.

(1) Definitions.

(A) Accredited dental assisting program – A dental assisting educational program accredited by the Commission on Dental Accreditation of the American Dental Association.

(B) Certified dental assistant – A dental assistant who is currently certified by the Dental Assisting National Board, Inc.

(C) Dental assistant – An employee of a duly registered and currently licensed dentist in Missouri, other than either a dental hygienist or a certified dental assistant.

(D) Dental auxiliary – Either a dental assistant or certified dental assistant as defined in subsections (1)(B) and (C).

(E) Direct supervision – The following conditions must be satisfied for direct supervision to apply:

1. The dentist is in the dental office or treatment facility;

2. The dentist has personally diagnosed the condition to be treated;

3. The dentist has personally authorized the procedures;

4. The dentist remains in the dental office or treatment facility while the procedures are being performed by the dental auxiliary; and

5. The dentist evaluates the performance of the dental auxiliary before the dismissal of the patient.

(F) Expanded functions approved course provider – A provider of expanded functions curriculum and competency testing approved by the Missouri Dental Board.

(G) Expanded functions permit – A permit issued by the Missouri Dental Board authorizing a dental assistant, certified dental assistant, or Missouri licensed dental hygienist to perform expanded functions duties upon delegation from a Missouri licensed dentist. Expanded functions permits will be issued in the following categories: restorative I, restorative II, removable prosthodontics, fixed prosthodontics, and orthodontics.

(H) Missouri Test of Basic Dental Assisting Skills – A test of basic knowledge of dental assisting approved by the board including terminology, principles of asepsis, disinfection and sterilization, and other concepts of dental assisting deemed necessary to master courses in more advanced assisting functions.

(I) Proof of competence – Documentation, such as a diploma, a certificate of mastery, or a letter from an approved course provider or competency testing agent stating that the dental auxiliary has successfully completed a board-approved course of training and competency testing of that training.

(2) Prohibited Acts.

(A) A registered and currently licensed dentist may not delegate to a dental assistant or certified dental assistant, as defined in subsections (1)(B) and (C) respectively, the performance of the following procedures:

1. Diagnosis, including interpretation of dental radiographs and treatment planning;

2. Cutting of tooth structure;

3. Surgical procedures on hard and soft tissues including, but not limited to, the removal of teeth and the cutting and suturing of soft tissues;

4. The prescription, injection, and parenteral administration of drugs;

5. The final bending of archwire prior to ligation;

6. The scaling of teeth; and

7. Administration of nitrous oxide-oxygen analgesia except that a dental assistant or certified dental assistant may assist in the administration of and monitor nitrous oxide-oxygen analgesia with specific training as provided in section (3) of this rule.

(3) Permitted Acts.

(A) A dental assistant or certified dental assistant may assist in the administration of and monitor nitrous oxide analgesia under direct supervision if s/he –

1. Has successfully completed formal certified training in a board-approved training course; and

2. Has successfully passed an approved competency test regarding the clinical and didactic training; or

3. Has been certified in another state to assist in the administration of and monitor nitrous oxide subsequent to equivalent training and testing. The dental assistant may qualify to perform these functions by presenting proof of competence of this equivalent training and testing to the Missouri Dental Board;

4. A course satisfying the educational requirements for a board-approved dental assistant nitrous oxide training course shall include, but not be limited to –

A. Appropriate definitions;

B. Basic history of nitrous oxide;

C. Basic pharmacology, including but not limited to drug interactions with nitrous oxide;

D. Indications and contraindications for nitrous oxide;

E. Basic anatomy and physiology as it pertains to the delivery of nitrous oxide;

F. Explanation of the different stages and planes of anesthesia;

G. Explanation and proper use of equipment and safety features;

H. Techniques for monitoring;

I. Taking and recording vital signs;

J. Recognizing complications and emergencies;

K. Emergency preparedness and responding to complications/emergencies;

L. Appropriate documentation and charting;

M. Informed consent/legal documentation;

N. Infection control and sterilization of nitrous oxide

equipment;

O. Exposure prevention and occupational safety;

P. An examination measuring knowledge necessary for safe and effective monitoring of a patient; and

Q. A skills evaluation performed by a licensed dentist measuring clinical skills and simulating medical emergencies.

(4) Expanded Functions Permits.

(A) Effective December 1, 2012, a currently licensed dentist may delegate, under direct supervision, functions listed in section (5) of this rule to a dental assistant possessing a board-issued permit authorizing the dental assistant to perform expanded functions duties. To qualify for a board-issued permit to perform expanded functions duties, the dental assistant must provide the board with the following:

1. Proof of certification as a certified dental assistant from the Dental Assisting National Board and proof of competence as defined in subsection (1)(I) showing graduation from an accredited dental assisting program in which competency testing in the appropriate expanded functions category was completed; or

2. Proof of certification as a certified dental assistant from the Dental Assisting National Board and proof of competence as defined in subsection (1)(I) showing the dental assistant has completed a board-approved expanded functions training course; or

3. Proof of competence as defined in subsection (1)(I) showing that the dental assistant has passed the board's Missouri Test of Basic Dental Assisting Skills and that the dental assistant has completed a board-approved expanded functions training course; and

4. Evidence of current certification in the American Heart Association's Basic Life Support for the Healthcare Provider (BLS), or an equivalent certification approved by the Missouri Dental Board. Board-approved courses shall meet the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiovascular care (ECC) and provide written and manikin testing on the course material by an instructor who is physically present with the students. Online only courses will not be accepted to satisfy the BLS requirement.

(B) The board shall issue the appropriate expanded functions permit upon receipt of a completed application form, payment of the appropriate fee specified in 20 CSR 2110-2.170, and proof of competence as defined in subsection (1)(I) that the dental assistant has complied with the requirements of subsection (4)(A) of this rule. The requirements of this section must be completed within one (1) year of the date of submission of the application form. The board-issued expanded functions permit must be displayed in plain view in any facility where the dental assistant will be providing expanded functions prior to delegation of expanded functions to that dental assistant.

(C) Any dental assistant or certified dental assistant to whom a dentist could legally delegate expanded functions duties prior to December 1, 2012, or any dental assistant or certified dental assistant who meets the qualifications for a board-issued expanded functions permit prior to December 1, 2012, may submit their proof of competence to the Missouri Dental Board and be issued an expanded functions permit prior to December 1, 2012.

(D) Beginning March 1, 2013, every expanded functions permit issued by the board shall be renewed every five (5) years. In order to renew an expanded functions permit, the dental assistant shall submit to the board –

1. A completed renewal application form provided by the board for each permit the permit holder wishes to renew;

2. The renewal fee specified in 20 CSR 2110-2.170 payable to the Missouri Dental Board for each permit the permit holder wishes to renew;

3. Satisfactory evidence of completion of sixteen (16) hours of continuing education from board-approved sponsors as specified in 20 CSR 2110-2.240(1)(C) during the five- (5-) year period immediately preceding the expiration date. All sixteen (16) hours of continuing education for renewal must be directly related to the updating and maintaining of knowledge and skills in the treatment, health, and safety of the individual dental patient. Permit holders shall only be required to complete sixteen (16) hours of continuing education regardless of the number of permits the permit holder wishes to renew. For any permits that are issued twelve (12) months or less from the expiration date of that permit, the permit holder shall only be required to obtain four (4) hours of board-approved continuing education to renew those permits. Each permit holder shall maintain documentation of completion of the required continuing education hours for five (5) years after the completion of the permit period in which the continuing education was earned; and

4. Evidence of current certification in the American Heart Association's Basic Life Support for the Healthcare Provider (BLS), or an equivalent certification approved by the Missouri Dental Board. Board-approved courses shall meet the American Heart Association guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiovascular care (ECC) and provide written and manikin testing on the course material by an instructor who is physically present with the students. Online only courses will not be accepted to satisfy the BLS requirement.

(E) An expanded functions permit shall expire if not renewed on or before the permit expiration date. An expired permit can be renewed at any time within one (1) year of the permit expiration date. Any expired expanded functions permit that is not renewed within one (1) year of the expiration date shall be void.

(5) Categories.

(A) Functions delegable to a dental assistant possessing a board-issued permit to perform expanded functions are divided into five (5) categories; restorative I, restorative II, removable prosthodontics, fixed prosthodontics, and orthodontics and are listed below by category.

1. Restorative I –

A. Sizing and cementing of prefabricated crowns;

B. Placing, condensing, carving, and finishing amalgam for Class I, V, and VI restorations;

C. Placing and finishing composite for Class I, V, and VI restorations; and

D. Minor palliative care of dental emergencies (place sedative filling).

2. Restorative II –

A. Sizing and cementing of prefabricated crowns;

B. Placing, condensing, carving, and finishing amalgam for Class I, II, III, IV, V, and VI restorations;

C. Placing and finishing composite for Class I, II, III, IV, V, and VI restorations; and

D. Minor palliative care of dental emergencies (place sedative filling).

3. Orthodontics –

A. Preliminary bending of archwire;

B. Removal of orthodontic bands and bonds;

C. Final cementation of any permanent orthodontic appliance or prosthesis;

D. Making impressions for the fabrication of any

orthodontic prosthesis/appliance; and

E. Placement and cementation of orthodontic brackets and/or bands.

4. Prosthodontics – Fixed –

A. Apply tissue retracting material prior to impression of a fixed prosthesis;

B. Extra-oral adjustments of fixed prosthesis;

C. Final cementation of any permanent appliance or prosthesis;

D. Making impressions for the fabrication of any removable or fixed prosthesis/appliance; and

E. Sizing and cementing of prefabricated crowns.

5. Prosthodontics – Removable –

A. Placement of temporary soft liners in a removable prosthesis;

B. Extra-oral adjustments of removable prosthesis during and after insertion; and

C. Making impressions for the fabrication of any removable or fixed prosthesis/appliance.

(6) Expanded Functions Course Providers.

(A) The board may approve expanded functions course providers that satisfy the following minimum criteria:

1. Uses course curriculum approved by the board;

2. Demonstrates that faculty at each course include at least one (1) dentist and that the student to faculty ratios do not exceed one (1) faculty member per ten (10) students;

3. Demonstrates that adequate faculty calibration occurs to insure that educational standards are maintained;

4. Demonstrates that adequate testing, monitoring, and evaluation is in place to assure that graduates can be certified as having attained mastery of the component skills and concepts in a laboratory setting; and

5. Demonstrates that mechanisms are in place to provide the board with data on the outcomes of expanded functions duty dental assisting training by reporting on follow-up blind surveys of certificated assistants, supervising dentists, and patients.

(7) Delegated Acts.

(A) A currently licensed dentist may delegate under direct supervision to a dental assistant or certified dental assistant any functions not specifically referenced in section (5) of this rule and not considered either the practice of dentistry or the practice of dental hygiene as defined in sections 332.071 and 332.091, RSMo, and 20 CSR 2110-2.130.

(B) The licensed dentist is responsible for determining the appropriateness of delegation of any specific functions based upon knowledge of the skills of the auxiliary, the needs of the patient, the requirements of the task, and whether proof of the competence is required.

(C) Pursuant to section 332.031.2., RSMo, the licensed dentist is ultimately responsible for patient care. Nothing contained in the authority given the licensed dentist by this rule to delegate the performance of certain procedures shall in any way relieve the supervising licensed dentist from liability to the patient for negligent performance by a dental assistant or certified dental assistant. Expanded functions permits shall be subject to discipline as provided in section 332.321, RSMo.

AUTHORITY: sections 332.011, 332.031.2., and 332.098, RSMo 2016. This rule originally filed as 4 CSR 110-2.120. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Rescinded and readopted: Filed April 14, 1982, effective Oct. 11, 1982. Amended: Filed Feb. 10, 1983, effective June 11, 1983. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed May 2, 1988, effective July 28, 1988. Rescinded and readopted: Filed Feb. 16, 1994, effective Sept. 30, 1994. Emergency amendment filed Feb. 21, 1995, effective March 3, 1995, expired June 30, 1995. Amended: Filed March 14, 1995, effective Oct. 30, 1995. Moved to 20 CSR 2110-2.120, effective Aug. 28, 2006. Rescinded and readopted: Filed July 26, 2012, effective Feb. 28, 2013. Amended: Filed May 31, 2017, effective Nov. 30, 2017. ** Amended: Filed March 8, 2022, effective Sept. 30, 2022. Amended: Filed Feb. 4, 2026, effective Sept. 30, 2026.*

**Original authority: 332.011, RSMo 1969, amended 1993, 1995, 2010; 332.031, RSMo 1969, amended 1981, 1993, 1995; and 332.098, RSMo 2010.*

***Pursuant to Executive Order 21-09, 20 CSR 2110-2.120, paragraph (4)(A)4. was suspended from April 10, 2020 through September 15, 2021.*

20 CSR 2110-2.130 Dental Hygienists

PURPOSE: This rule specifies the level of supervision for and the procedures that a dentist may and may not delegate to a hygienist.

(1) A hygienist may be employed by any person or entity so long as the hygienist is working under the supervision of a dentist as set forth in section 332.311, RSMo, and does not engage in the practice of dentistry as set forth in section 332.071, RSMo.

(2) The dentist is responsible for patient care. Nothing contained in the authority given the dentist by this rule to delegate the performance of certain procedures shall relieve the dentist from responsibility to the patient.

(3) A hygienist may perform the following procedures under general supervision:

(A) Scaling and polishing teeth (prophylaxis);

(B) Applying dental sealants;

(C) Periodontal root planing, debridement, and curettage;

(D) Nonsurgical periodontal procedures;

(E) Administering local anesthesia, as outlined in sections (9), (10), and (11) of this rule;

(F) Expanded functions in 20 CSR 2110-2.120 after receiving a permit to perform expanded functions duties issued by the Missouri Dental Board. The supervising dentist must diagnose, using techniques and/or equipment to render an appropriate diagnosis and treatment plan for the care being delegated to the hygienist. The supervising dentist must document the authorization for the treatment in the patient's record prior to the start of treatment. Neither a Missouri basic skills test nor certification in dental assisting is required for a dental hygienist to take expanded functions courses. The board shall issue the appropriate expanded functions permit upon receipt of a completed application form, payment of the appropriate fee specified in 20 CSR 2110-2.170, and proof that the dental hygienist has completed a board-approved expanded functions training course. The requirements of this section must be completed within one (1) year of the date of submission of the application form. The board-issued expanded functions permit must be displayed in plain view in any facility where the dental hygienist will be providing expanded functions prior to delegation of expanded functions to that dental hygienist. Dental hygienists shall renew expanded functions permits in accordance with the requirements in 20 CSR 2110-2.120. A licensed dental hygienist may use continuing education hours obtained for license renewal to renew an expanded functions permit; and

(G) All procedures delegable to a dental assistant or certified

dental assistant.

(4) A hygienist may perform the following procedures under indirect supervision:

(A) Administering nitrous oxide analgesia, as outlined in section (8) of this rule;

(B) Procedures deemed appropriate by a dentist as outlined in section 332.091, RSMo; and

(C) All procedures allowed under general supervision as outlined in section (3) of this rule.

(5) A hygienist may perform the following procedures under direct supervision:

(A) All procedures allowed under general supervision and indirect supervision as outlined in sections (3) and (4) of this rule.

(6) A hygienist may not perform procedures considered the practice of dentistry as set forth in section 332.071, RSMo, including, but not limited to, the following:

(A) Diagnosis, including the interpretation of dental radiographs and treatment planning;

(B) Cutting of tooth structure;

(C) Surgical procedures on hard and soft tissues including, but not limited to, the removal of teeth and the cutting and suturing of soft tissues;

(D) Prescription, injection, and parenteral administration of drugs, with the exception of the administration of nitrous oxide analgesia or local anesthesia as outlined in sections (8), (9), and (10) of this rule; and

(E) Final bending of an archwire prior to ligation.

(7) A hygienist may provide oral hygiene instructions, conduct oral screenings, and apply fluoride without a dentist being present. The hygienist shall refer the individual screened to a dentist for diagnosis.

(8) A hygienist may administer nitrous oxide analgesia if s/he –

(A) Obtains proof of competency in a nitrous oxide analgesia course; and

(B) Obtains a nitrous oxide analgesia permit, issued by the board, upon submitting the following:

1. A completed application form provided by the board; and

2. A nonrefundable fee, payable to the Missouri Dental Board; and

3. A copy of proof of competency.

(9) A hygienist may administer local anesthesia, which includes infiltration and block anesthesia, if s/he –

(A) Obtains proof of competency in a local anesthesia course or holds a Missouri Dental Board infiltration anesthesia permit issued prior to the effective date of this rule and obtains proof of competency in a local anesthesia course which includes block anesthesia; and

(B) Receives a local anesthesia permit, issued by the board, upon submitting the following:

1. A completed application form provided by the board; and

2. A nonrefundable fee, payable to the Missouri Dental Board; and

3. A copy of proof of competency.

(10) A hygienist may administer only infiltration anesthesia if s/he currently holds a Missouri Dental Board infiltration anesthesia permit issued prior to the effective date of this rule.

(11) A hygienist may administer local anesthesia under general supervision to a patient of record of the supervising dentist. A written authorization shall be included in the patient's record prior to the administration of local anesthesia under general supervision. The supervising dentist shall document the applicable American Society of Anesthesiologists (ASA) classification in the patient record. ASA class III patients may be administered local anesthesia under general supervision after a consultation with the applicable physician of record. ASA class IV and V patients are not candidates for local anesthesia under general supervision. Patients being administered local anesthesia under general supervision must have been examined by the supervising dentist within the previous twelve (12) months. If the patient's medical history has changed since the last examination by the supervising dentist, the hygienist must consult with the dentist before administering local anesthetics. The supervising dentist shall be responsible for the care provided by the hygienist and shall ensure that the office is equipped with appropriate emergency equipment and that the staff are properly trained and competent to address emergency situations that may arise as a result of the administration of local anesthesia under general supervision.

(12) For purposes of this rule, proof of competency means documentation verifying completion of didactic and clinical training and passage of competency testing of that training from a dental, dental hygiene, or dental assisting school accredited by the Commission on Dental Accreditation of the American Dental Association or other training courses approved by the Missouri Dental Board.

(13) The provisions of this rule are declared severable. If a court of competent jurisdiction holds any provision of this rule invalid, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction.

AUTHORITY: sections 332.031, 332.071, 332.091, 332.098, and 332.311, RSMo 2016. This rule originally filed as 4 CSR 110-2.130. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Amended: Filed March 8, 1978, effective June 11, 1978. Rescinded and readopted: Filed April 14, 1982, effective Oct. 11, 1982. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed May 2, 1988, effective July 28, 1988. Amended: Filed May 4, 1992, effective Sept. 6, 1992. Rescinded and readopted: Filed Jan. 28, 2000, effective Aug. 30, 2000. Amended: Filed May 3, 2004, effective Nov. 30, 2004. Moved to 20 CSR 2110-2.130, effective Aug. 28, 2006. Amended: Filed Aug. 30, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 12, 2008, effective June 30, 2009. Amended: Filed July 26, 2012, effective Feb. 28, 2013. Amended: Filed March 25, 2024, effective Nov. 30, 2024. Amended: Filed Feb. 4, 2026, effective Sept. 30, 2026.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995; 332.071, RSMo 1969, amended 1976, 1995, 2003, 2004, 2006; 332.091, RSMo 1969, amended 1995; 332.098, RSMo 2010; and 332.311, RSMo 1969, amended 1997, 2001, 2006.*

20 CSR 2110-2.131 Definition of a Public Health Setting

PURPOSE: The purpose of this rule is to implement section 332.311, RSMo, and defines the public health settings in which a dental hygienist may practice without the supervision of a dentist.

(1) For the purposes of section 332.311, RSMo only the term "public health setting" is defined as a location where dental services authorized by section 332.311, RSMo are performed so long as the delivery of services are sponsored by a governmental health entity which includes:

(A) Department of Health and Senior Services;

(B) A county health department;

(C) A city health department operating under a city charter;

(D) A combined city/county health department; or

(E) A nonprofit community health center qualified as exempt from federal taxation under section 501(c)(3) of the *Internal Revenue Code* including a community health center that receives funding authorized by sections 329, 330, and 340 of the United States Public Health Services Act.

AUTHORITY: section 332.311.2, RSMo 2016. This rule originally filed as 4 CSR 110-2.131. Emergency rule filed March 15, 2002, effective March 25, 2002, expired Sept. 20, 2002. Original rule filed March 15, 2002, effective Aug. 30, 2002. Moved to 20 CSR 2110-2.131, effective Aug. 28, 2006. Amended: Filed Aug. 23, 2018, effective Feb. 28, 2019.*

**Original authority: 332.311, RSMo 1969, amended 1997, 2001, 2006.*

20 CSR 2110-2.132 Dental Hygienists – Equipment Requirements for Public Health Settings

(Rescinded May 30, 2018)

AUTHORITY: section 332.311.2, RSMo Supp. 2008. This rule originally filed as 4 CSR 110-2.132. Original rule filed March 15, 2002, effective Aug. 30, 2002. Moved to 20 CSR 2110-2.132, effective Aug. 28, 2006. Amended: Filed Dec. 12, 2008, effective June 30, 2009. Rescinded: Filed Nov. 28, 2017, effective May 30, 2018.

20 CSR 2110-2.133 Telehealth Dental Pilot Project in Medically Underserved Populations

PURPOSE: To implement the provisions of section 332.325, RSMo.

(1) Pursuant to the provisions of section 332.325, RSMo, the board is collaborating with the Office of Dental Health (ODH) within the Missouri Department of Health and Senior Services (DHSS) to create a pilot project designed to examine new methods of extending dental care to residents in assisted living facilities, intermediate care facilities, residential care facilities, skilled nursing facilities, and homebound special needs patients.

(2) This pilot project, as set forth in section (1) above, will necessitate a waiver of the following provisions of Chapter 332, RSMo, and previously promulgated regulations pursuant to section 332.325, RSMo.

(A) Specific provisions of sections 332.093 and 332.098, RSMo, and 20 CSR 2110-2.120 in order to allow a dentist to supervise a dental assistant, certified dental assistant, or expanded functions dental assistant using telehealth technology. A supervising dentist may delegate to an expanded functions dental assistant any expanded function duties that the dental assistant has a board issued permit for.

(B) Specific provisions of 20 CSR 2110-2.130 to allow a licensed dental hygienist to administer local anesthetic under the supervision of a dentist using telehealth technology.

(C) Specific provisions of sections 332.071 and 332.093, RSMo, and 20 CSR 2110-2.120 to allow temporary restorations or caries-arresting fluoride under the supervision of a dentist using telehealth technology subsequent to an examination and diagnosis by the supervising dentist.

(D) Specific provisions of 20 CSR 2110-2.001 and 20 CSR 2110-2.130 to allow a licensed dental hygienist to provide scaling and polishing, root planing, and nonsurgical periodontal procedures prior to the supervising dentist performing an examination pursuant to standing orders written by the supervising dentist.

(3) The provisions of this rule shall only apply to dental healthcare workers providing services pursuant to a pilot project created through a collaboration between ODH and the board and shall expire on August 28, 2026, in accordance with section 332.325, RSMo.

AUTHORITY: section 332.031, RSMo 2016, and section 332.325, RSMo Supp. 2022. Emergency rule filed Dec. 28, 2022, effective Jan. 12, 2023, expired July 10, 2023. Original rule filed Dec. 28, 2022, effective June 30, 2023.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995, and 332.325, RSMo 2022.*

20 CSR 2110-2.134 Oral Preventive Assistant Pilot Project

PURPOSE: This rule implements the provisions of section 332.325, RSMo, and creates temporary waivers of provisions of Chapter 332, RSMo, and previously promulgated regulations pursuant to section 332.325, RSMo.

(1) Pursuant to the provisions of section 332.325, RSMo, the board is collaborating with the Office of Dental Health (ODH) within the Missouri Department of Health and Senior Services (DHSS) to create and approve pilot projects designed to examine new methods of extending care to medically underserved populations, as defined in 42 U.S.C. Section 300e-1(7). The project will temporarily create a new expanded functions dental assistant known as an oral preventive assistant that will provide limited dental hygiene services to patients in clinics selected by ODH in areas with significant shortages of practicing licensed dental hygienists.

(2) The objectives of this pilot project are to –

(A) Determine if the use of oral preventive assistants can improve access to care by assisting in a limited scope of practice with periodontally healthy patients and patients with reversible gingivitis by creating more portal entry appointment opportunities for patients;

(B) Assess the treatment outcomes of oral preventative assistants for periodontally healthy patients and patients with reversible gingivitis from a clinical and patient experience perspective; and

(C) Determine if the addition of oral preventive assistants to the oral healthcare workforce can improve access to care for patients with more serious periodontal problems by enabling dental hygienists and dentists to use time previously devoted to periodontally healthy patients to serve patients with more serious or urgent periodontal needs.

(3) This pilot project, as set forth in section (1) above, will necessitate a waiver of the following provisions of Chapter 332, RSMo, and previously promulgated regulations pursuant to

section 332.325, RSMo:

(A) Specific provisions of sections 332.093, 332.098, and 332.101, RSMo, and 20 CSR 2110-2.120 in order to temporarily create a new expanded functions dental assistant known as an oral preventive assistant.

(4) The scope of practice for an oral preventive assistant shall be limited to taking and recording periodontal probe readings, documenting areas of periodontal concern, and supragingival scaling and polishing. Oral preventive assistants shall be further limited to practicing on periodontally healthy patients or patients with reversible gingivitis.

(5) Oral preventive assistants shall complete a board approved oral preventive assistant expanded function training course and apply for an expanded function permit issued by the board. Before taking an oral preventive assistant expanded functions training course, a dental assistant shall successfully complete the Missouri Dental Assisting Skills exam administered by the Dental Assisting National Board or possess current certification as a Certified Dental Assistant from the Dental Assisting National Board.

(6) Patients receiving treatment from an oral preventive assistant shall be informed of the pilot project and shall provide written consent to receive treatment through the pilot project prior to receiving care.

(7) The number of facilities utilizing oral preventive assistants in a pilot project shall be limited to no more than twelve (12). The ODH shall provide a list of the approved dental facilities utilizing oral preventive assistants for a pilot project to the Missouri Dental Board. Of the facilities utilizing oral preventive assistants, at least half must be located in Missouri counties classified as class three (3) counties in accordance with section 48.020, RSMo.

(8) All facilities participating in a pilot project must have a policy for collecting and reporting feedback from both patients receiving care from as well as dental healthcare providers providing care through oral preventive assistants.

(9) All facilities participating in a pilot project shall accept patients enrolled in MO HealthNet.

(10) All facilities participating in a pilot project shall collect and submit the following data to the ODH on a monthly basis, which shall be provided to the Missouri Dental Board on a quarterly basis by the ODH:

(A) The number of new patients examined by all dental healthcare workers in the clinic during the reporting period, including a break-out of patients by age group (minors and adults) and periodontal diagnostic category (healthy, gingivitis, periodontitis as diagnosed by the supervising dentist);

(B) The number of patients seen by an oral preventive assistant during the reporting period, including a break-out of patients by age group (minors and adults) and periodontal diagnostic category (health, gingivitis, periodontitis as diagnosed by the supervising dentist);

(C) The number of new patients examined by all dental healthcare workers in the clinic during the reporting period of the calendar year prior to the current reporting period, including a break-out of patients by age group (minors and adults) and periodontal diagnostic category (healthy, gingivitis, periodontitis as diagnosed by the supervising dentist);

(D) The number of patients diagnosed with periodontitis during the reporting period;

(E) The number of patients diagnosed with periodontitis during the reporting period of the calendar year prior to the current reporting period;

(F) The number of gross debridement appointments during the reporting period;

(G) The number of gross debridement appointments during the reporting period of the calendar year prior to the current reporting period;

(H) The number of scale and root plane appointments during the reporting period;

(I) The number of scale and root plane appointments during the reporting period of the calendar year prior to the current reporting period;

(J) The number of periodontal surgeries during the reporting period;

(K) The number of periodontal surgeries during the reporting period of the calendar year prior to the current reporting period;

(L) The number of periodontal maintenance appointments during the reporting period; and

(M) The number of periodontal maintenance appointments during the reporting period of the calendar year prior to the current reporting period.

(11) Each facility participating in a pilot project shall participate in an internal cohort study coordinated by the ODH to compare treatment outcomes of patients treated by oral preventive assistants to treatment outcomes of hygienists and dentists in the same clinic for comparable patient categories and the same finite period. The metrics that shall be used to assess the quality of oral preventive assistant treatment outcomes shall include at least the following:

(A) The percentage of patients categorized as healthy;

(B) The percentage of patients with improved outcomes as it relates to inflammation;

(C) The percentage of patients whose health status has not significantly improved or declined as it relates to localized problems;

(D) The percentage of patients whose health status has not significantly improved or declined as it relates to generalized inflammation; and

(E) Patient evaluation results of their treatment based on a Likert scale and open comment opportunities.

(12) Any adverse incident or injury to a patient during or as a result of care provided by an oral preventive assistant shall be reported directly to the Missouri Dental Board within two (2) business days of the supervising dentist learning of the incident or injury.

(13) The provisions of this rule shall only apply to dental healthcare workers providing services within an approved pilot project created through a collaboration between ODH and the board. The provisions of this rule and all associated pilot projects shall expire on August 28, 2026, in accordance with section 332.325, RSMo.

AUTHORITY: section 332.031, RSMo 2016, and section 332.325, RSMo Supp. 2024. Original rule filed March 25, 2024, effective Nov. 30, 2024.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995, and 332.325, RSMo 2022.*

20 CSR 2110-2.140 Notice, Change of Employment — Dental Hygienists
(Rescinded July 30, 2018)

AUTHORITY: section 332.031, RSMo 1986. This rule originally filed as 4 CSR 110-2.140. This version of rule filed on Dec. 12, 1975, effective Jan. 12, 1976. Moved to 20 CSR 2110-2.140, effective Aug. 28, 2006. Rescinded: Filed Nov. 28, 2017, effective July 30, 2018.

20 CSR 2110-2.150 Dental Practices
(Rescinded July 30, 2018)

AUTHORITY: section 332.031, RSMo 1994. This rule originally filed as 4 CSR 110-2.150. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Moved to 20 CSR 2110-2.150, effective Aug. 28, 2006. Rescinded: Filed Nov. 28, 2017, effective July 30, 2018.

20 CSR 2110-2.160 Post-Board Order Activity

PURPOSE: This rule outlines activity subsequent to disciplinary actions issued against license holders by the Missouri Dental Board.

(1) The Missouri Dental Board shall publish or cause to be published all suspensions, revocations, certificates of registration, licenses, or both, including the name of the licensee, the certificate number, the terms of suspension and a summary of the Findings of Fact and Conclusions of Law of the Administrative Hearing Commission, in any professional journal read by licensed dentists practicing in Missouri, in any newspaper of general circulation, or both.

(2) The Missouri Dental Board shall publicize the terms of probationary agreements, including the name of the licensee, the certificate number and a summary of the complaint, in any professional journal read by licensed dentists practicing in Missouri or in any newspaper of general circulation.

(3) Any licensee whose certificate of registration, license to practice dentistry, or both, has been revoked or suspended shall —

(A) Surrender his/her certificate of registration, license, or both, to the Missouri Dental Board. When a suspension is ordered, the certificate, license, or both, shall be held by the Missouri Dental Board for the duration of the suspension period;

(B) Refrain from misrepresenting the status of his/her license to practice dentistry to any patient or to the general public;

(C) Refrain from maintaining a physical presence in any office organized to practice dentistry in Missouri during the period of the suspension;

(D) Be prohibited from receiving any compensation from any person, group practice, partnership or corporate practice or any dental office in this state during the period of suspension or revocation. This subsection shall not be intended to include any fees received by a licensee to which s/he is entitled which are for services performed prior to the effective date of his/her suspension or revocation but which are received during this period; and

(E) Not accept fees, during a period of licensees' period of suspension, from any capitation or third-party payment program to which s/he might otherwise be entitled. This subsection shall not include these fees received by the licensee for a period of time prior to the effective date of his/her suspension.

(4) Any licensee whose certificate of registration, license to practice dentistry in Missouri, or both, has been revoked or suspended for a period of one (1) year or more in length shall —

(A) Notify regular patients of the suspension or revocation by mail within one (1) month after the effective date of the suspension or revocation;

(B) Remove any telephone listings identifying him/her as one licensed to practice dentistry in Missouri;

(C) Remove his/her name from any sign, door, stationery or advertising material identifying him/her as one licensed to practice dentistry in Missouri; and

(D) Refrain from addressing the public in any manner which may suggest that s/he is licensed to practice dentistry in Missouri.

(5) The Missouri Dental Board may impose any other reasonable and nonarbitrary requirement which, in its discretion, it may deem necessary to enforce an order of suspension or revocation.

(6) Any violation of a suspension order or a post-order requirement shall constitute grounds for the Missouri Dental Board to impose a further suspension or to revoke the licensee's certificate of registration, license to practice dentistry, or both.

(7) Any violation of a probationary agreement shall constitute grounds for the Missouri Dental Board to impose a further period of probation, a period of suspension or to revoke the licensee's certificate of registration, license to practice dentistry, or both.

(8) If at any time when any disciplinary sanctions have been imposed under section 332.321, RSMo or under any provision the licensee removes him/herself from Missouri, ceases to be currently licensed under the provisions of section 332.321, RSMo or fails to keep the Missouri Dental Board advised of his/her current place of business and residence, the time of his/her absence, unlicensed status or unknown whereabouts shall not be deemed or taken as any part of the time of discipline so imposed.

AUTHORITY: section 332.031, RSMo 1986. This rule originally filed as 4 CSR 110-2.160. Original rule filed Oct. 2, 1978, effective Jan. 13, 1979. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed Oct. 30, 1985, effective Jan. 26, 1986. Moved to 20 CSR 2110-2.160, effective Aug. 28, 2006.*

**Original authority: 332.031, RSMo 1969, amended 1981.*

20 CSR 2110-2.161 Post-Board Order Hearing Procedures
(Rescinded February 29, 2008)

AUTHORITY: section 332.031, RSMo 1986. This rule originally filed as 4 CSR 110-2.161. Original rule filed April 16, 1985, effective Aug. 26, 1985. Moved to 20 CSR 2110-2.161, effective Aug. 28, 2006. Rescinded: Filed Aug. 30, 2007, effective Feb. 29, 2008.

20 CSR 2110-2.162 Impaired Practitioner Procedures
(Rescinded February 29, 2008)

AUTHORITY: section 332.031, RSMo 1986. This rule originally filed as 4 CSR 110-2.162. Original rule filed April 16, 1985, effective Aug.

26, 1985. Amended: Filed Sept. 3, 1991, effective Jan. 13, 1992. Moved to 20 CSR 2110-2.162, effective Aug. 28, 2006. Rescinded: Filed Aug. 30, 2007, effective Feb. 29, 2008.

20 CSR 2110-2.170 Fees

PURPOSE: This rule establishes the various fees authorized by Chapter 332, RSMo.

(1) The following fees are established by the Missouri Dental Board:

(A) Application Fees*	
1. Dentist (includes initial Missouri jurisprudence exam fee)	$150
2. Dental Specialist	$150
3. Dental Hygienist (includes initial Missouri jurisprudence exam fee)	$100
4. Limited Teaching License	$230
(B) Reexamination Fees	
1. Dentist Jurisprudence Examination	$100
2. Dental Hygienist Jurisprudence Examination	$ 50
(C) Biennial License Renewal Fee	
1. Dentist License	$150
2. Dental Specialist License	$150
3. Dental Hygienist License	$ 60
4. Limited Teaching License	$250
(D) Renewal Penalty Fee – Dentist/Dental Specialist/Dental Hygienist/Limited Teaching License	$100
(E) Certification/Permit Fees	
1. Dentists	
A. Deep Sedation/General Anesthesia	
(I) Individual Permit Fee	$100
(II) Site Certificate Permit Fee	$100
(III) Individual Permit Renewal Fee	$100
(IV) Site Certificate Renewal Fee	$100
B. Moderate Sedation (Enteral, Parenteral, or Pediatric)	
(I) Individual Permit Fee	$100
(II) Site Certificate Permit Fee	$100
(III) Individual Permit Renewal Fee	$100
(IV) Site Certificate Renewal Fee	$100
2. Dental Hygienists	
A. Administration of Nitrous Oxide Analgesia	$ 10
B. Local Anesthesia	$ 10
C. Expanded Functions	
(I) Restorative I Permit Fee	$ 10
(II) Restorative II Permit Fee	$ 10
(III) Removable Prosthodontics Permit Fee	$ 10
(IV) Fixed Prosthodontics Permit Fee	$ 10
(V) Orthodontics Permit Fee	$ 10
3. Dental Assistants	
A. Monitoring Nitrous Oxide Analgesia	$ 10
B. Expanded Functions Permit	
(I) Restorative I Permit Fee	$ 10
(II) Restorative II Permit Fee	$ 10
(III) Removable Prosthodontics Permit Fee	$ 10
(IV) Fixed Prosthodontics Permit Fee	$ 10
(V) Orthodontics Permit Fee	$ 10
4. Dental Faculty Permit	$100
5. Dental Faculty Permit Renewal	$100
(F) Miscellaneous Fees	
1. Corporation Name Approval	$ 15
2. Verification of Licensure – Dentist/Dental Specialist/Dental Hygienist	$ 20
3. Duplicate Original Certificate	$ 50
4. Duplicate Renewal License (over two (2) per duplicate)	$ 5
5. Uncollected Fee (for any uncollectible check or other uncollectible financial instrument)	$ 25
6. Fingerprinting Fee (amount determined by the Missouri State Highway Patrol)	

*All application fees authorized by the Missouri Dental Board include the fee for the initial jurisprudence examination, the initial specialist examination fee, if applicable, and the initial licensure fee.

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

AUTHORITY: section 332.031, RSMo 2016, and sections 43.543 and 332.183, RSMo Supp. 2024. This rule originally filed as 4 CSR 110-2.170. Emergency rule filed June 30, 1981, effective July 9, 1981, expired Nov. 6, 1981. Original rule filed June 30, 1981, effective Oct. 11, 1981. Rescinded and readopted: Filed Feb. 10, 1982, effective May 13, 1982. Emergency rescission and rule filed Oct. 13, 1983, effective Oct. 23, 1983, expired Jan. 12, 1984. Rescinded and readopted: Filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed April 16, 1985, effective Aug. 26, 1985. Amended: Filed Oct. 30, 1985, effective Jan. 26, 1986. Amended: Filed Oct. 17, 1986, effective Dec. 25, 1986. Amended: Filed June 13, 1988, effective Aug. 25, 1988. Amended: Filed June 16, 1989, effective Sept. 11, 1989. Amended: Filed Sept. 3, 1991, effective Jan. 13, 1992. Amended: Filed May 9, 1995, effective Nov. 30, 1995. Rescinded and readopted: Filed Sept. 15, 1998, effective April 30, 1999. Amended: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed Sept. 15, 2004, effective April 30, 2005. Amended: Filed March 1, 2005, effective Aug. 30, 2005. Moved to 20 CSR 2110-2.170, effective Aug. 28, 2006. Emergency amendment filed July 26, 2012, effective Aug. 5, 2012, expired Feb. 28, 2013. Amended: Filed July 26, 2012, effective Feb. 28, 2013. Emergency amendment filed July 8, 2014, effective July 18, 2014, expired Feb. 26, 2015. Amended: Filed July 8, 2014, effective Dec. 30, 2014. Amended: Filed Feb. 10, 2016, effective July 30, 2016. Amended: Filed Feb. 2, 2018, effective Aug. 30, 2018. Amended: Filed Aug. 30, 2018, effective Feb. 28, 2019. Emergency amendment filed July 29, 2020, effective Aug. 12, 2020, expired Feb. 25, 2021. Amended: Filed July 29, 2020, effective Jan. 30, 2021. Amended: Filed Nov. 1, 2024, effective April 30, 2025.*

**Original authority: 43.543, RSMo 1993, amended 2003, 2005, 2008, 2013, 2018; 332.031, RSMo 1969, amended 1981, 1993, 1995; and 332.183, RSMo 2018.*

20 CSR 2110-2.175 Name and Address Change

PURPOSE: This rule requires licensees to inform the Missouri Dental Board of any name or address changes.

Licensees shall keep the board informed of their legal name, mailing address and telephone number. Any change shall be reported to the board in writing within thirty (30) days.

AUTHORITY: section 332.031, RSMo Supp. 1997. This rule originally filed as 4 CSR 110-2.175. Original rule filed Sept. 15, 1998, effective April 30, 1999. Moved to 20 CSR 2110-2.175, effective Aug. 28, 2006.*

**Original authority: 332.031. RSMo 1969, amended 1981, 1993, 1995.*

20 CSR 2110-2.190 Shade Verification

PURPOSE: This rule outlines the procedures to be followed for shade verification of dental prosthesis.

(1) A duly registered and currently licensed dentist in Missouri may prescribe that a dental laboratory technologist may verify the shade of any dental prosthesis, provided that the technologist receives a uniform laboratory work order completed by the dentist. The use of this rule by the dentist, or a dental technologist, shall be limited to those circumstances where other verification has been shown to be impracticable or unsuccessful.

(2) The executed work order shall be retained by the nondentist for seven (7) years from the date appearing on the order. A copy of the work order shall be retained by the dentist for seven (7) years from the date appearing on the order or the date of prescription.

(3) The Missouri Dental Board shall prescribe or approve of the form to be used.

AUTHORITY: section 332.031, RSMo 2000. This rule originally filed as 4 CSR 110-2.190. Original rule filed April 14, 1982, effective Oct. 11, 1982. Moved to 20 CSR 2110-2.190, effective Aug. 28, 2006. Amended: Filed May 14, 2007, effective Nov. 30, 2007.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995.*

20 CSR 2110-2.200 Uniform Complaint Handling

PURPOSE: This rule establishes a procedure for the receipt, handling and disposition of public complaints to the Missouri Dental Board.

(1) Any person or other entity who believes that a registered and licensed dentist or a registered and licensed dental hygienist or unlicensed individual has so acted or failed to act that his/her Certificate of Registration or License, or both, under the provisions of Chapter 332, RSMo, should be suspended, revoked or other action taken against him/her, or who believes that any applicant for a Certificate of Registration or License to Practice Dentistry or to practice as a dental hygienist is not entitled under provisions of Chapter 332, RSMo may file a complaint with the executive director of the board.

(2) All complaints, other than those provided for in section 332.341.5, RSMo, shall be in writing, fully shall specify the nature of the complaint and shall be signed by the complainant and contain the name and address of the complainant. Written but unsigned communications will not be considered or processed as a complaint. Complaints are to be addressed to the following: Executive Director, Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102.

(3) Each complaint received under this rule shall be logged in a book maintained by the board for that purpose. Complaints shall be logged in consecutive order as received. The log book shall contain a record of each complainant's name and address; the name and address of the subject of the complaint; the date each complaint was received by the board; a brief statement of the acts complained of, including the name of any person injured or victimized by the alleged acts or practices; and a notation indicating whether the complaint resulted in its dismissal by the board, whether formal charges have been filed with the Administrative Hearing Commission or the ultimate disposition of the complaint.

(4) Each complaint made in accordance with this rule shall be acknowledged in writing and may be investigated by the board. If a complaint is investigated, the complainant shall be informed in writing after the investigation is completed as to whether the investigation resulted in the dismissal of the complaint by the board, whether formal charges have been filed will be filed with the Administrative Hearing Commission or the ultimate disposition of the complaint.

(5) Nothing in this rule shall be construed so as to prevent the board on its own initiative from instituting and conducting investigations or from conducting investigations of an individual beyond the scope of a formal complaint and based on that complaint to make written complaints to the Administrative Hearing Commission.

(6) Any complaint, investigation or log book shall be deemed a closed record under the provisions of section 610.025, RSMo.
(7) The board interprets this rule to exist for the benefit of those members of the public who submit complaints to the board.

AUTHORITY: sections 332.031.1, 332.341 and 620.010.16(6), RSMo 1986. This rule originally filed as 4 CSR 110-2.200. Original rule filed Oct. 13, 1983, effective Jan. 13, 1984. Amended: Filed Dec. 3, 1985, effective Feb. 13, 1986. Amended: Filed Dec. 2, 1986, effective Feb. 12, 1987. Moved to 20 CSR 2110-2.200, effective Aug. 28, 2006.*

**Original authority: 332.031.1, RSMo 1969, amended 1981; 332.341, RSMo 1969, amended 1981 and 620.010.16(6), RSMo 1973, amended 1981, 1983, 1986.*

20 CSR 2110-2.201 Public Records

PURPOSE: This rule establishes standards for compliance with Chapter 610, RSMo as it relates to public records of the Missouri Dental Board.

(1) All public records of the Missouri Dental Board shall be open for inspection and copying by any member of the general public during normal business hours, holidays excepted, except for those records closed pursuant to section 610.021, RSMo. All public meetings of the Missouri Dental Board, not closed pursuant to provisions of section 610.021, RSMo, will be open to any member of the public.

(2) The Missouri Dental Board establishes the executive director of the board as the custodian of its records as required by section 610.023, RSMo. The executive director is responsible for the maintenance of the board's records and is responsible for responding to requests for access to public records.

(3) When a request for access to public records is made and the custodian believes that this access is not required under the provision of Chapter 610, RSMo, the custodian shall inform

the individual or entity making the request that compliance with the request cannot be made, specifying in particular what sections of Chapter 610, RSMo require that the record remain closed. Any correspondence or documentation of that denial made for access to records shall be copied to the Missouri Dental Board general counsel. Whenever the custodian denies access to the records, the custodian shall also inform the individual requesting the records that s/he may appeal directly to the Missouri Dental Board for access to the records requested. The appeal and all information pertaining to the appeal shall be placed on the meeting agenda of the Missouri Dental Board for its next regularly scheduled meeting. In the event that the board decides to reverse the decision of the custodian, the board shall direct the custodian to so advise the person requesting access to the information and supply the access to the information during regular business hours at the convenience of the requesting party.

(4) The custodian shall maintain a file which will contain copies of all written requests for access to records and responses to these requests. The requests shall be maintained on file with the board for a period of one (1) year and will be maintained as a public record of the board open for inspection by any member of the general public during regular business hours.

(5) Whenever a request for inspection of public records is made and the individual inspecting the records requests copies of the records, the board may charge a reasonable fee for the cost for inspecting and copying the records. The fee charged by the board shall be as follows:

(A) A fee for copying public records shall not exceed the actual cost of the document search and duplication;

(B) The board may require payment for these fees prior to making the copies; and

(C) All fees collected shall be remitted to the director of revenue for deposit to the Missouri Dental Board Fund.

AUTHORITY: section 332.031 and Chapter 610, RSMo 1986. This rule originally filed as 4 CSR 110-2.201. Original rule filed Aug. 4, 1988, effective Oct. 27, 1988. Amended: Filed Sept. 3, 1991, effective Jan. 13, 1992. Moved to 20 CSR 2110-2.201, effective Aug. 28, 2006.*

**Original authority: 332.031.1, RSMo 1969, amended 1981; 610.010.16, RSMo 1973, amended 1977, 1978, 1982; 610.015, RSMo 1973; 610.020, RSMo 1973, amended 1982; 610.025, RSMo 1973, amended 1982, 1985; 610.027, RSMo 1982, amended 1987; 610.028, RSMo 1982, amended 1987; 610.030, RSMo 1973, amended 1982; 610.100 and 610.105, RSMo 1973, amended 1981; 610.106, RSMo 1981; 610.110, RSMo 1973, amended 1981; 610.115, RSMo 1973, amended 1981; and 610.120, RSMo 1981, amended 1983, 1989.*

20 CSR 2110-2.210 Notice of Injury or Death

PURPOSE: This rule monitors injuries or deaths occasioned by the care and treatment provided by persons licensed or regulated by Chapter 332, RSMo.

(1) A dentist who practices in this state shall submit a report to the board within thirty (30) days of any mortality or any injury requiring medical attention and/or treatment from a licensed healthcare provider which occurs to a patient during treatment or within twenty-four (24) hours of receiving treatment from the dentist that resulted in mortality or injury.

(2) The report shall include detailed responses to the following:

(A) Description of dental procedure;

(B) Description of pre-operative physical condition of patient;

(C) List of drugs, dosage, and route of administration;

(D) Description of adverse occurrence which shall include:

1. Onset and type of signs and symptoms;
2. Treatment instituted;
3. Response to treatment; and

(E) Description of the patient's present condition following medical intervention.

(3) The report required by this rule shall be submitted on a form obtained from the Missouri Dental Board by the treating dentist.

AUTHORITY: section 332.031, RSMo 2000. This rule originally filed as 4 CSR 110-2.210. Original rule filed Oct. 13, 1983, effective Jan. 13, 1984. Rescinded and readopted: Filed Sept. 15, 1998, effective April 30, 1999. Moved to 20 CSR 2110-2.210, effective Aug. 28, 2006. Amended: Filed May 14, 2007, effective Nov. 30, 2007. Amended: Filed Jan. 20, 2015, effective Sept. 30, 2015.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995.*

20 CSR 2110-2.220 Mandatory Reporting

(Rescinded May 30, 2018)

AUTHORITY: section 332.031, RSMo 1986. This rule originally filed as 4 CSR 110-2.220. Original rule filed May 3, 1988, effective July 28, 1988. Moved to 20 CSR 2110-2.220, effective Aug. 28, 2006. Rescinded: Filed Nov. 28, 2017, effective May 30, 2018.

20 CSR 2110-2.240 Continuing Dental Education

PURPOSE: This rule details the board's minimum requirements for continuing dental education for dentists and dental hygienists.

(1) Definitions.

(A) Continuing dental education — Instruction for dentists and dental hygienists directly relating to the practice of dentistry and dental hygiene as defined in sections 332.071 and 332.091, RSMo.

(B) Time block — A two- (2-) year period with starting dates of December 1, 2002, through November 30, 2004; December 1, 2004, through November 30, 2006; and repeating in this sequence from that date.

(C) Board-approved sponsors are —

1. American Dental Association (ADA) and its constituent and component societies;
2. Academy of General Dentistry (AGD) and its state and local affiliates;
3. ADA-recognized dental specialty organizations and their state and local affiliates;
4. National Dental Association and its state and local affiliates;
5. American Dental Hygienists' Association and its constituents and component societies;
6. National Dental Hygienists' Association and its state and local affiliates;
7. American Medical Association and American Osteopathic Association and their respective state and local societies;
8. American Nurses Association and its state and local affiliates;
9. ADA Commission on Dental Accreditation approved dental, dental hygiene, and dental assisting schools;
10. ADA continuing education recognition program;

11. AGD national sponsor approved program;
12. Federal and state government agencies, including any of the branches of the military;
13. Hospitals accredited by the Joint Commission on Accreditation of Healthcare Organizations;
14. Missouri Public Health Association;
15. American Red Cross;
16. American Heart Association;
17. Any regional clinical testing service accepted by the board for initial licensure;
18. Dental Assisting National Board, Inc. (DANB);
19. American Dental Assistants Association and its constituents and component societies;
20. American Association of Dental Boards (AADB);
21. Missouri Coalition for Oral Health; and
22. Any other sponsor approved by the board pursuant to subsection (2)(B).

(D) Original licensee – One who obtains licensure by examination in accordance with sections 332.181 and 332.251, RSMo.

(E) Credential licensee – One who obtains licensure without examination in accordance with sections 332.211 and 332.281, RSMo, respectively.

(F) Instructor – One who holds a license to practice and who is a full- or part-time faculty member in a dental or dental hygiene, or both, school or program accredited by the ADA Commission on Dental Accreditation.

(G) Resident or fellow – One who obtains a license to practice during the time block and who participated in a post-graduate program accredited by the ADA Commission on Dental Accreditation.

(H) Diplomate status – One who holds a license to practice and during the time block has obtained diplomate status in an ADA recognized specialty.

(I) Retired licensee – One who neither engages in the active practice of dentistry or dental hygiene nor holds him/herself out as actively practicing as provided in sections 332.071 and 332.091, RSMo.

(2) In order to renew a license, each dentist shall submit satisfactory evidence of completion of fifty (50) hours of continuing education during the two- (2-) year period immediately preceding the renewal period, and each dental hygienist shall submit satisfactory evidence of completion of thirty (30) hours of continuing education during the two- (2-) year period immediately preceding the renewal period. Any hours acquired beyond the required number may be carried forward into the next time block not to exceed twenty-five (25) hours for dentists and fifteen (15) hours for dental hygienists. Of the fifty (50) hours required for dentists, not less than forty (40) must be hours directly related to the updating and maintaining of knowledge and skills in the treatment, health, and safety of the individual dental patient. Of the thirty (30) hours required for dental hygienists, not less than twenty-five (25) must be hours directly related to the updating and maintaining of knowledge and skills in the treatment, health, and safety of the individual dental patient. One (1) hour of continuing education shall be granted for every fifty to sixty (50–60) minutes of contact (either academic or clinical) instruction.

(A) For the licensure renewal form due November 30, 2004, and each subsequent renewal period after that, the licensee shall report the number of hours obtained for the two- (2-) year period just completed and shall attest to those hours by signing the form. Each licensee shall retain records documenting his/her completion of the required hours of continuing education for a minimum of six (6) years after the reporting period in which the continuing education was completed. The records shall document the licensee's attendance at the continuing education course including, but not limited to, retaining the titles of the courses taken, dates, locations, receipts, course sponsors, agendas, and number of hours earned. The board may conduct an audit of licensees to verify compliance with the continuing education requirement. Licensees shall assist the board in its audit by providing timely and complete responses to the board's inquiries.

(B) The continuing dental education hours obtained shall be from a board-approved sponsor. Any entity not listed under subsection (1)(C) may become a board-approved sponsor for a specified program(s) by obtaining approval through a sponsor recognized by this rule. Programs which applied for approval and were not granted approval by a board-approved sponsor may appear in person before the board with a request for approval at a regularly scheduled meeting. The board shall review the request and issue a decision in writing within a reasonable time frame.

(C) A credential dental licensee will only be required to obtain twenty-five (25) hours of continuing education in order to renew if the individual became licensed during the second year of the time block. A credential hygiene licensee will only be required to obtain fifteen (15) hours of continuing education in order to renew if the individual became licensed during the second year of the time block.

(D) Individuals who obtain a license by competency examination shall be exempt from the continuing education requirement for the remainder of the time block in which s/he became licensed.

(E) Licensees who are engaged as full-time instructors will receive ten (10) continuing education hours per year. Licensees who are engaged as part-time instructors will receive five (5) continuing education hours per year.

(F) Licensees who give presentations through a board-approved sponsor relating to dentistry will receive two (2) continuing education hours for each hour of the original presentation and an hour-for-hour credit for subsequent presentation of the same material up to sixteen (16) hours per year.

(G) Residents or fellows are exempt from the continuing education requirement through the end of the time block containing the date of graduation.

(H) A dental licensee who has obtained diplomate status through the ADA-recognized specialty board certification during the reporting period shall be deemed to have obtained fifty (50) hours of continuing education. The licensee shall provide the board with documentation evidencing the specialty board certification upon request.

(I) Licensees who author an article or paper pertaining to the practice of dentistry or dental hygiene that is published in a dental or dental hygiene professional journal may claim up to seven (7) hours of continuing education hours per reporting period. This excludes op-ed pieces and letters to the editor.

(3) The board, solely in its discretion, may grant a waiver or an extension to a licensee who cannot complete the required hours of continuing education because of personal illness, military service, foreign residency, or other circumstances beyond the licensee's control. The licensee may apply for a waiver or an extension of time to complete the continuing education requirements by making a written application at least forty-five (45) days before the end of the renewal period. Any licensee seeking a waiver or extension shall provide full and complete written documentation explaining specifically and in detail the nature of the circumstances, why the circumstances were

unforeseeable and beyond the licensee's control, the period during which the circumstances were in existence, the number of continuing education hours earned in the reporting period, and the licensee's plan for completing the balance of the requirements if an extension is granted. The board, in its discretion, shall establish the length of extension granted, not to exceed the next renewal period.

(4) Licensees whose license has expired shall comply with the continuing education requirements as established in 20 CSR 2110-2.071(8).

(5) Violation of any provision of this rule shall be deemed by the board to constitute misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or unprofessional, or any combination of these, in the performance of the functions, duties, or both, of a dentist or a dental hygienist, depending on the licensee's conduct. In addition, a licensee who fails to complete and report in a timely fashion the required hours of continuing education and engages in the practice of dentistry or dental hygiene without the express written consent of the board shall be deemed to have engaged in the unauthorized practice of dentistry or dental hygiene.

(6) Continuing education required by the board as part of discipline imposed on a licensee shall not count toward compliance with the continuing education requirement of this rule.

AUTHORITY: sections 332.031, 332.181, and 332.261, RSMo 2016. This rule originally filed as 4 CSR 110-2.240. Original rule filed Aug. 30, 1993, effective April 9, 1994. Amended: Filed June 27, 1995, effective Dec. 30, 1995. Amended: Filed Sept. 15, 1998, effective April 30, 1999. Amended: Filed Dec. 14, 2001, effective June 30, 2002. Amended: Filed June 28, 2002, effective Dec. 30, 2002. Amended: Filed March 1, 2005, effective Aug. 30, 2005. Moved to 20 CSR 2110-2.240, effective Aug. 28, 2006. Amended: Filed Dec. 12, 2008, effective June 30, 2009. Amended: Filed July 20, 2010, effective Jan. 30, 2011. Amended: Filed Feb. 28, 2022, effective Sept. 30, 2022. Amended: Filed March 20, 2025, effective Sept. 30, 2025.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995; 332.181, RSMo 1969, amended 1981, 1983, 1993, 2001, 2004; and 332.261, RSMo 1969, amended 1981, 1983, 1993, 2001, 2004.*

20 CSR 2110-2.250 Prescribing Opioids

PURPOSE: This rule provides for regulation of prescriptions for opioid pain medication.

(1) Dentists shall consider non-opioid medications and therapies for treatment of mild to moderate acute dental pain prior to prescribing an opioid controlled substance. Options for non-opioid treatments shall be discussed with the patient and the patient advised of the risks associated with opioid related treatments and the discussion documented in the patient's dental record.

(2) Before prescribing an opioid controlled substance to a patient experiencing dental pain, a dentist shall assess the patient for potential opioid use disorder. At a minimum, this should include collecting and maintaining a thorough medical history of the patient from the patient or their guardian including any history of substance abuse disorders, mental health conditions, or sleep-disordered breathing. Dentists shall thoroughly discuss with the patient or their guardian and document in the patient's record any medications the patient or their guardian discloses to the dentist they have received from any other healthcare providers.

(3) A dentist shall not issue an initial prescription for more than a seven- (7-) day supply of an initial prescription of an opioid controlled substance for treatment of a patient's acute pain. A dentist may not issue any renewal, refill, or new prescription for an opioid controlled substance for treatment of the same acute pain without first conducting a consultation with the patient to determine the need and appropriateness of the renewal, refill, or new prescription. For the purposes of this rule, a consultation shall include all of the requirements outlined in section (2) of this rule. Any appropriate renewals, refills, or new prescriptions of opioids for treatment of the same acute pain shall also be limited to a seven- (7-) day supply and shall be in compliance with the general provisions of Chapters 195 and 579, RSMo. If, in the professional judgment of the dentist, more than a seven- (7-) day supply is appropriate for the initial prescription or any renewals, refills, or new prescriptions of opioids to treat the patient's acute pain, the dentist may issue a prescription for the quantity needed to treat the patient, provided that the dentist shall document in the patient's dental record the reason for the necessity for more than a seven- (7-) day supply and that a nonopioid alternative was not appropriate to address the patient's condition.

AUTHORITY: section 332.031, RSMo 2016. Emergency rule filed Nov. 7, 2018, effective Nov. 17, 2018, expired May 15, 2019. Original rule filed Nov. 7, 2018, effective May 30, 2019.*

**Original authority: 332.031, RSMo 1969, amended 1981, 1993, 1995.*

20 CSR 2110-2.260 Certification Requirements — Licensees Employed by or Contracting with Federally Qualified Health Centers

(Rescinded June 30, 2019)

AUTHORITY: sections 332.031, RSMo 2000 and 332.081 and 332.321, RSMo Supp. 2004. This rule originally filed as 4 CSR 110-2.260. Original rule filed April 12, 2005, effective Oct. 30, 2005. Moved to 20 CSR 2110-2.260, effective Aug. 28, 2006. Rescinded: Filed Dec. 18, 2018, effective June 30, 2019.