

1           **20:43:03:01. Application for license to practice as a dentist -- Requirements.** An

2 applicant for a license to practice as a dentist shall submit to the ~~board the following~~ State Board  
3 of Dentistry:

4           (1) A completed application form and a fee of ~~\$150~~ one hundred fifty dollars;

5           (2) Certified transcripts or, when approved by the State Board of Dentistry, a certified letter  
6 from a dental school official verifying that the applicant has graduated from a United States dental  
7 school accredited by the American Dental Association Commission on Dental Accreditation,  
8 having obtained a doctor of dental medicine or a doctor of dental surgery degree;

9           (3) Verification of the applicant's passage of the National Board Dental Examination Parts  
10 I and II or the Integrated National Board Dental Examination, administered by the Joint  
11 Commission on National Dental Examinations;

12           (4) Verification of the applicant's passage, within five years preceding the date of  
13 application, of a board-approved patient-based or equivalent, simulation-based, or manikin-based  
14 clinical competency psychomotor examination that meets the criteria outlined in approved by the  
15 State Board of Dentistry pursuant to § 20:43:03:02 within the five years preceding application or,  
16 if the clinical competency examination was passed prior to July 1, 2018, and within the five years  
17 preceding application, verification of passage of the Central Regional Dental Testing Service  
18 examination or Western Regional Examining Board examination. An applicant who fails any  
19 combination of ~~board~~ State Board of Dentistry-approved clinical competency examinations three  
20 times is not eligible for licensure in this state;

21           (5) ~~A certified letter verifying~~ Verification of the license number and status of the license  
22 from the board of dentistry in each state in which the applicant is or has been licensed, if applicable;

23           (6) A copy of the applicant's birth certificate or equivalent documentation;

1 (7) A recent photograph of the applicant;

2 (8) A copy of the applicant's current cardiopulmonary resuscitation card. ~~The board accepts~~  
3 ~~only from~~ the American Heart Association for the Healthcare Provider, the American Red Cross  
4 for the Professional Rescuer, or an equivalent program approved by the ~~board~~ State Board of  
5 Dentistry; and

6 (9) Completed fingerprint cards necessary to conduct a state and federal criminal  
7 background check on the applicant.

8 ~~An~~ To be considered for a license to practice as a dentist, an applicant for a license to practice  
9 ~~as a dentist shall~~ must pass a written examination administered by the ~~board~~ State Board of  
10 Dentistry on the relevant administrative rules and statutes. ~~A with~~ a cut score of ~~70~~ at least seventy  
11 ~~percent is considered passing.~~

12 ~~To be considered~~ For the State Board of Dentistry to consider an application at the meeting,  
13 a complete application and all supporting documentation must be received by the board at least ~~30~~  
14 thirty days before the board meeting. If requested by the State Board of Dentistry, an applicant  
15 ~~shall~~ must appear for a personal interview conducted by the board on a date set by the board.

16 **Source:** SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 12 SDR 151, 12 SDR 155,  
17 effective July 1, 1986; 18 SDR 132, effective February 17, 1992; 20 SDR 166, effective April 11,  
18 1994; 26 SDR 37, effective September 20, 1999; 27 SDR 57, effective December 12, 2000; 38  
19 SDR 172, effective April 25, 2012; 45 SDR 35, effective September 19, 2018; 46 SDR 75,  
20 effective December 4, 2019; 47 SDR 11, effective August 12, 2020.

21 **General Authority:** SDCL 36-6A-14(20), 36-6A-44, 36-6A-50.

22 **Law Implemented:** SDCL 36-6A-14(3), 36-6A-44, 36-6A-44.1, 36-6A-50(18).

1           **20:43:03:02. Application for license to practice as a dentist -- Clinical competency**  
2 **examination.** ~~The board~~ State Board of Dentistry may approve a patient-based ~~or equivalent,~~  
3 ~~simulation-based, or manikin-based clinical competency psychomotor examination pursuant to~~ for  
4 purposes of subdivision 20:43:03:01(4) that demonstrates evidence of psychometric soundness;  
5 ~~including documentation of~~ with documented validity, reliability, fidelity, and fairness; and allows  
6 direct observation by a board designee; and includes, ~~at a minimum, the following components:~~

7           (1) A patient-based or an equivalent simulation-based or manikin-based periodontal  
8 component;

9           (2) A patient-based or an equivalent simulation-based or manikin-based restorative  
10 component;

11           (3) A simulation-based or manikin-based prosthodontic component;

12           (4) A simulation-based or manikin-based endodontic component; and

13           (5) A remediation policy to address candidate deficiencies.

14 ~~— During and within 180 days following a declared state of emergency pursuant to SDCL 34-~~  
15 ~~48A-5 that hinders the operations of and access to approved clinical competency examinations,~~  
16 ~~the board may approve verification of clinical competency from a dental school accredited by the~~  
17 ~~American Dental Association Commission on Dental Accreditation or other board approved entity~~  
18 ~~in lieu of the component required in subdivision (1).~~

19           **Source:** 45 SDR 35, effective September 19, 2018; 46 SDR 75, effective December 4, 2019;  
20 47 SDR 11, effective August 12, 2020.

21           **General Authority:** SDCL 36-6A-14(20), 36-6A-44.

22           **Law Implemented:** SDCL 36-6A-14(3), 36-6A-44(4).

1           **20:43:03:04. Application for license to practice as a dentist -- Credential verification.**

2   An applicant for a license to practice as a dentist by credential verification shall submit ~~the~~  
3 following to the State Board of Dentistry:

4           (1) A completed application form and fee of ~~\$500~~ five hundred dollars;

5           (2) A statement from a licensed doctor of medicine, doctor of osteopathic medicine,  
6 physician assistant, or certified nurse practitioner attesting to the applicant's physical and mental  
7 condition;

8           (3) Verification of the applicant's passage of the National Board Dental Examination Parts  
9 I and II or the Integrated National Board Dental Examination administered by the Joint  
10 Commission on National Dental Examinations;

11           (4) Verification of the applicant's passage of a patient-based ~~or equivalent,~~ simulation-  
12 based, or manikin-based clinical competency psychomotor examination that has been approved by  
13 ~~the board~~ State Board of Dentistry or passage of a state examination ~~or examinations~~ that the board  
14 considers equivalent;

15           (5) ~~A certified letter verifying~~ Verification of the license ~~number~~ and status of the license  
16 from the board of dentistry in each state in which the applicant is or has been licensed;

17           (6) Certified transcripts or, when approved by the State Board of Dentistry, a certified letter  
18 from a dental school official verifying that the applicant has graduated from a United States dental  
19 school accredited by the American Dental Association Commission on Dental Accreditation,  
20 having obtained a doctor of dental medicine or a doctor of dental surgery degree;

21           (7) A copy of the applicant's birth certificate or equivalent documentation;

22           (8) A copy of the applicant's current cardiopulmonary resuscitation ~~(CPR)~~ card. ~~The board~~  
23 ~~accepts only~~ from the American Heart Association for the Healthcare Provider, the American Red

1 Cross for the Professional Rescuer, or an equivalent program approved by the ~~board~~ State Board  
2 of Dentistry;

3 (9) A recent photograph of the applicant; and

4 (10) Completed fingerprint cards necessary to conduct a state and federal criminal  
5 background check on the applicant.

6 ~~An~~ To be considered for a license to practice as a dentist by credential verification, an  
7 applicant for a license to practice as a dentist shall must pass a written examination administered  
8 by the ~~board~~ State Board of Dentistry on the relevant administrative rules and statutes. ~~A~~ with a  
9 cut score of 70 at least seventy percent is considered passing.

10 ~~To be considered~~ For the State Board of Dentistry to consider an application at the meeting,  
11 a complete application and all supporting documentation must be received by the board at least ~~30~~  
12 thirty days before the board meeting. If requested by the State Board of Dentistry, an applicant for  
13 licensure by credential verification ~~shall~~ must appear for a personal interview conducted by the  
14 board on a date set by the board.

15 **Source:** SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 8 SDR 95, effective  
16 February 15, 1982; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 19 SDR 32, effective  
17 September 6, 1992; 26 SDR 37, effective September 20, 1999; 38 SDR 172, effective April 25,  
18 2012; 45 SDR 35, effective September 19, 2018; 47 SDR 11, effective August 12, 2020.

19 **General Authority:** SDCL 36-6A-14(20), 36-6A-47, 36-6A-50~~(18)~~.

20 **Law Implemented:** SDCL 36-6A-14(3), 36-6A-44.1, 36-6A-47, 36-6A-50(18).

21 **20:43:03:08. Application for license to practice as a dental hygienist -- Requirements.** An  
22 applicant for a license to practice as a dental hygienist shall submit ~~the following~~ to the State Board  
23 of Dentistry:

- 1 (1) A completed application form and a fee of ~~\$100~~ one hundred dollars;
- 2 (2) Certified transcripts or, when approved by the State Board of Dentistry, a certified  
3 letter from a dental hygiene school official verifying that the applicant has graduated from a United  
4 States dental hygiene program accredited by the American Dental Association Commission on  
5 Dental Accreditation, having obtained a dental hygiene degree;
- 6 (3) Verification of the applicant's passage of the National Board Dental Hygiene  
7 Examination;
- 8 (4) Verification of the applicant's passage, within five years preceding the date of  
9 application, of a ~~board approved patient-based or equivalent, simulation-based, or~~ manikin-based  
10 clinical competency psychomotor examination ~~that meets the criteria outlined in~~ approved by the  
11 board pursuant to § 20:43:03:09 ~~within the five years preceding application or, if the clinical~~  
12 ~~competency examination was passed prior to July 1, 2018, and within the five years preceding~~  
13 ~~application, verification of passage of the Central Regional Dental Testing Service examination or~~  
14 ~~Western Regional Examining Board examination~~. An applicant who fails any combination of  
15 ~~board~~ State Board of Dentistry approved clinical competency examinations three times is not  
16 eligible for licensure in South Dakota;
- 17 (5) ~~A certified letter verifying~~ Verification of the license number and status of the license  
18 from the board of dentistry in each state in which the applicant is or has been licensed, if applicable;
- 19 (6) A copy of the applicant's birth certificate or equivalent documentation;
- 20 (7) A recent photograph of the applicant; and
- 21 (8) A copy of the applicant's current cardiopulmonary resuscitation ~~(CPR)~~ card. ~~The board~~  
22 ~~accepts only~~ from the American Heart Association for the Healthcare Provider, the American Red

1 Cross for the Professional Rescuer, or an equivalent program approved by the ~~board~~ State Board  
2 of Dentistry.

3 ~~An~~ To be considered for a license to practice as a dental hygienist, an applicant for a license  
4 ~~to practice as a dental hygienist shall~~ must pass a written examination administered by the ~~board~~  
5 State Board of Dentistry on the relevant administrative rules and statutes. ~~A~~ with a cut score of 70  
6 at least seventy percent is considered passing.

7 ~~To be considered~~ For the State Board of Dentistry to consider an application at the meeting,  
8 a complete application and all supporting documentation must be received by the Board at least  
9 ~~30~~ thirty days before the board meeting. If requested by the State Board of Dentistry, an applicant  
10 ~~shall~~ must appear for a personal interview conducted by the board on a date set by the board.

11 **Source:** 45 SDR 35, effective September 19, 2018; 47 SDR 11, effective August 12, 2020.

12 **General Authority:** 36-6A-14(3)(20), 36-6A-44.2, 36-6A-50(14).

13 **Law Implemented:** 36-6A-14(3), 36-6A-44.2 36-6A-50(14).

14 **20:43:03:09. Application for license to practice as a dental hygienist -- Clinical**  
15 **competency examination.** ~~The board~~ State Board of Dentistry may approve a patient-based ~~or~~  
16 ~~equivalent, simulation-based, or~~ manikin-based dental hygiene clinical competency psychomotor  
17 examination pursuant to for purposes of subdivision 20:43:03:08(4) that demonstrates evidence of  
18 psychometric soundness, ~~including documentation of~~ with documented validity, reliability,  
19 fidelity, and fairness; ~~allows direct observation by a board designee;~~ and includes, ~~at a minimum,~~  
20 the following components:

- 21 (1) Pocket depth detection;
- 22 (2) Calculus detection and removal;
- 23 (3) An intra oral and extra oral assessment; and

1 (4) A remediation policy to address candidate deficiencies.

2 ~~During and within 180 days following a declared state of emergency pursuant to SDCL 34-~~  
3 ~~48A-5 that hinders the operations of and access to approved clinical competency examinations,~~  
4 ~~the board may approve verification of clinical competency from a dental hygiene school accredited~~  
5 ~~by the American Dental Association Commission on Dental Accreditation or other board approved~~  
6 ~~entity in lieu of an examination otherwise required in this section.~~

7 **Source:** 45 SDR 35, effective September 19, 2018; 46 SDR 75, effective December 4,  
8 2019; 47 SDR 11, effective August 12, 2020.

9 **General Authority:** SDCL 36-6A-14(20), 36-6A-44.2.

10 **Law Implemented:** SDCL 36-6A-14(3), 36-6A-44.2(4).

11 **20:43:03:10. Application for license to practice as a dental hygienist -- Credential**  
12 **verification.** An applicant for a license to practice as a dental hygienist by credential verification  
13 shall submit ~~the following~~ to the State Board of Dentistry:

14 (1) A completed application form and fee of ~~\$200~~ two hundred dollars;

15 (2) A statement from a licensed doctor of medicine, doctor of osteopathic medicine,  
16 physician assistant, or certified nurse practitioner attesting to the applicant's physical and mental  
17 condition;

18 (3) Verification of the applicant's passage of the National Board Dental Hygiene  
19 Examination;

20 (4) Verification of the applicant's passage of a patient-based ~~or equivalent,~~ simulation-  
21 based, or manikin-based clinical competency psychomotor examination that has been approved by  
22 ~~the board~~ State Board of Dentistry or passage of a state examination ~~or examinations~~ that the board  
23 considers equivalent;



1 (5) ~~A certified letter verifying~~ Verification of the license number and status of the license  
2 from the board of dentistry in each state in which the applicant is or has been licensed;

3 (6) Certified transcripts or, when approved by the State Board of Dentistry, a certified  
4 letter from a dental hygiene school official verifying that the applicant has graduated from a United  
5 States dental hygiene school accredited by the American Dental Association Commission on  
6 Dental Accreditation, having obtained a dental hygiene degree;

7 (7) A copy of the applicant's birth certificate or equivalent documentation;

8 (8) A copy of the applicant's current cardiopulmonary resuscitation-~~(CPR)~~ card. ~~The board~~  
9 ~~accepts only from~~ the American Heart Association for the Healthcare Provider, the American Red  
10 Cross for the Professional Rescuer, or an equivalent program approved by the board State Board  
11 of Dentistry; and

12 (9) A recent photograph of the applicant.

13 ~~An~~ To be considered for a license to practice as a dental hygienist, an applicant for a license  
14 ~~to practice as a dental hygienist shall~~ must pass a written examination administered by the ~~board~~  
15 State Board of Dentistry on the relevant administrative rules and statutes. ~~A~~ with a cut score of 70  
16 at least seventy percent is considered passing.

17 ~~To be considered~~ For the State Board of Dentistry to consider an application at the meeting,  
18 a complete application and all supporting documentation must be received by the Board at least  
19 ~~30~~ thirty days before the board meeting. If requested by the State Board of Dentistry, an applicant  
20 ~~shall~~ must appear for a personal interview conducted by the board on a date set by the board.

21 **Source:** 45 SDR 35, effective September 19, 2018; 47 SDR 11, effective August 12, 2020.

22 **General Authority:** SDCL 36-6A-14(20), 36-6A-47.1, 36-6A-50~~(18)~~.

23 **Law Implemented:** SDCL 36-6A-14(3), 36-6A-47.1, 36-6A-50(18).

1 CHAPTER 20:43:04

2 AUTHORIZED PRACTICE

3 20:43:04:01 ~~Recognized Representation of or advertising specialty practice—Qualifications.~~

4 20:43:04:01.01 Advertising.

5 20:43:04:02 Repealed.

6 20:43:04:03 Inspections for safety and sanitation.

7 20:43:04:04 Dental hygienist -- Practice -- Supervision.

8 20:43:04:05 Transferred.

9 20:43:04:05.01 Transferred.

10 20:43:04:06 Additional duties of dental hygienist.

11 20:43:04:07 Mobile office or unit--Authority to operate.

12 20:43:04:08 Transferred.

13 20:43:04:09 Transferred.

14 20:43:04:10 Transferred.

15 20:43:04:11 Transferred

16 20:43:04:12 Transferred.

17 **20:43:04:01. ~~Recognized~~ Representation of or advertising specialty practice-**

18 ~~—Qualifications. Dentists may advertise services in recognized specialty areas or advertise~~

19 ~~specialty practices if they have postdoctoral training which is recognized and approved by the~~

20 ~~American Dental Association Commission on Dental Accreditation. Only the following~~

21 ~~specialties are recognized by the Board of Dentistry:~~

22 ~~——(1) Dental public health;~~

23 ~~——(2) Endodontics;~~

- ~~1 (3) Oral and maxillofacial pathology;~~
- ~~2 (4) Oral and maxillofacial radiology~~
- ~~3 (5) Oral and maxillofacial surgery;~~
- ~~4 (6) Orthodontics and dentofacial orthopedies;~~
- ~~5 (7) Pediatric dentistry;~~
- ~~6 (8) Periodontics; and~~
- ~~7 (9) Prosthodontics.~~

~~8 Dentists that meet the qualifications of this section must disclose in all advertisements the  
9 specialty area in which they practice. Dentists that do not meet the qualifications of this section  
10 must disclose in all advertisements that they are a general dentist. This disclaimer shall be clearly  
11 legible with print equal to or larger than the print advertising the service or clearly audible with  
12 speech volume and pace equal to the advertisement.~~

~~13 This section does not apply to those dentists who began limiting their practices to a  
14 recognized specialty prior to April 20, 1972. Declaration to the public of a specialty practice or the  
15 inference of specialty status in any other area is a violation of SDCL 36-6A-29 and this section.~~

16 A dentist may advertise or represent oneself as a specialist or use the terms specializes,  
17 specializing, or another variation of either term, for any specialty in which the dentist has  
18 completed a post-doctoral program that:

19 (1) Consists of at least two full-time years; and

20 (2) Is accredited by an accreditation agency recognized by the United States Department  
21 of Education or is administered by a dental school accredited by an organization recognized by the  
22 United States Department of Education.

1 A dentist advertising or representing oneself as a specialist or using the term specializes,  
2 specializing, or another variation of either term, must avoid any implication that another dentist  
3 associated with the same practice or entity is a specialist, unless that dentist meets the requirements  
4 of this section.

5 Declaration to the public of a specialty practice or the inference of specialty status not  
6 authorized by section is engaging in false or misleading advertising.

7 **Source:** SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 11 SDR 73, effective  
8 November 27, 1984; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 18 SDR 132, effective  
9 February 17, 1992; 37 SDR 131, effective January 6, 2011.

10 **General Authority:** SDCL 36-6A-14(1)(20), ~~36-6A-28, 37-6A-29.~~

11 **Law Implemented:** SDCL 36-6A-14(1)(22), 36-6A-28, 36-6A-29, 36-6A-59.1(13).

12 **20:43:04:01.01 Advertising.** For any advertisement for dental services:

13 (1) The State Board of Dentistry may require a dentist to substantiate the truthfulness of  
14 any assertion or representation of material fact set forth in an advertisement. At the time an  
15 advertisement is placed, the dentist must possess and rely upon information that, when produced,  
16 would substantiate the truthfulness of any assertion, omission, or representation of material fact  
17 set forth in the advertisement. The failure to possess and rely upon information necessary to  
18 substantiate an assertion, omission, or representation of material fact set forth in the advertisement  
19 at the time the advertisement is placed or the failure or refusal to provide to the board the  
20 information necessary to substantiate an assertion, omission, or representation of material fact set  
21 forth in the advertisement, when requested by the board, is engaging in false or misleading  
22 advertising;



- 1 20:43:09:04.04 Host permit requirements.
- 2 20:43:09:04.05 Host course requirements.
- 3 20:43:09:04.06 Anesthesia or sedation education -- Other.
- 4 20:43:09:05 Nitrous oxide sedation and analgesia permit requirements -- Dentists.
- 5 20:43:09:06 Nitrous oxide sedation and analgesia permit requirements and authorization --
- 6 Dental hygienists and registered dental assistants.
- 7 20:43:09:06.01 Local anesthesia permit requirements and authorization -- Dental hygienists.
- 8 20:43:09:06.02 Minimal sedation.
- 9 20:43:09:07 Noncompliance.
- 10 20:43:09:08 Application for permits -- Renewal.
- 11 20:43:09:09 Reports of adverse conditions.
- 12 20:43:09:10 Permit requirements to monitor patients under general anesthesia, deep sedation,
- 13 or moderate sedation.
- 14 20:43:09:10.01 Delegation of injection of medication.
- 15 20:43:09:10.02 Injecting medication.
- 16 20:43:09:11 Inspection.
- 17 20:43:09:12 Requirements of inspection.
- 18 20:43:09:13 Equipment -- Moderate sedation.
- 19 20:43:09:13.01 Equipment -- General anesthesia and deep sedation.
- 20 20:43:09:14 Clinical guidelines.
- 21 20:43:09:15 Intravenous line.
- 22 20:43:09:16 Anesthesia credentials committee.
- 23 20:43:09:17 Emergency response protocol.

1           **20:43:09:06. Nitrous oxide sedation and analgesia permit requirements and**  
2 **authorization -- Dental hygienists and registered dental assistants.** The ~~board~~ State Board of  
3 Dentistry may issue a permit to a dental hygienist or a registered dental assistant to administer  
4 nitrous oxide sedation and analgesia to dental patients on an outpatient basis under the ~~direct~~  
5 supervision of a dentist if the dental hygienist or registered dental assistant:

6           (1) Is certified in administering basic life support by the American Heart Association for the  
7 Healthcare Provider, the American Red Cross for the Professional Rescuer, or an equivalent  
8 program approved by the ~~board~~ State Board of Dentistry; and

9           (2) Has successfully completed a ~~board~~ State Board of Dentistry-approved educational course  
10 that substantially meets the objectives and content as described in Part 4 of the Guidelines for  
11 Teaching Pain Control and Sedation to Dentists and Dental Students and either:

12           ~~(A)~~(a) Completed the course within ~~13~~ thirteen months ~~before~~ prior to application for a  
13 permit; or

14           ~~(B)~~(b) Completed the course more than ~~13~~ thirteen months ~~before~~ prior to application for a  
15 permit, has legally administered nitrous oxide sedation and analgesia for a period of time during  
16 the three years preceding application, and provides written documentation from a dentist ~~that~~ who  
17 has employed or supervised the applicant, attesting to the current clinical proficiency of the  
18 applicant to administer nitrous oxide sedation and analgesia.

19           A dental hygienist or registered dental assistant ~~that~~ who administers nitrous oxide sedation  
20 and analgesia ~~must~~ shall use equipment with fail-safe features, a ~~30~~ thirty-percent-minimum  
21 oxygen flow, and a scavenger system.

1 A dental hygienist or registered dental assistant with a permit to administer nitrous oxide  
2 sedation and analgesia may administer nitrous oxide sedation and analgesia to dental patients under  
3 the dentist's indirect supervision, as that term is defined in SDCL 36-6A-1.

4 A dental hygienist with a permit to administer nitrous oxide sedation and analgesia may  
5 administer nitrous oxide sedation and analgesia to dental patients eighteen years and older under  
6 the dentist's general supervision, as that term is defined in SDCL 36-6A-1, if the supervising  
7 dentist has authorized the administration and the authorization is included in the patient's record.  
8 If there has been a relevant change in the patient's medical history since the authorization, the  
9 dental hygienist must consult with the dentist before administering nitrous oxide sedation and  
10 analgesia. The dentist shall ensure a written emergency response protocol is in place for patients  
11 receiving nitrous oxide sedation and analgesia by the dental hygienist under general supervision.

12 **Source:** 19 SDR 32, effective September 6, 1992; 32 SDR 188, effective May 15, 2006; 37  
13 SDR 131, effective January 6, 2011; 42 SDR 19, effective August 17, 2015; 42 SDR 83, effective  
14 December 3, 2015; 48 SDR 62, effective December 13, 2021.

15 **General Authority:** SDCL 36-6A-14(10)(20).

16 **Law Implemented:** SDCL 36-6A-14(1)(3)(7)(10)(13)(14)(22), 36-6A-40.

17 **Reference:** "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental  
18 Students," 2016 Edition, American Dental Association. Copies may be obtained from the  
19 American Dental Association at [www.ada.org](http://www.ada.org) free of charge.

20 **20:43:09:06.01. Local anesthesia permit requirements and authorization -- Dental**  
21 **hygienists.** ~~The board~~ State Board of Dentistry may issue a permit to a dental hygienist to  
22 administer local anesthesia to dental patients on an outpatient basis under the ~~direct~~ supervision of  
23 a dentist if the dental hygienist has met the following requirements:



1 (1) Is certified in administering basic life support by the American Heart Association for  
2 the Healthcare Provider, the American Red Cross for the Professional Rescuer, or an equivalent  
3 program approved by the ~~board~~ State Board of Dentistry; and

4 (2) Has successfully completed a ~~board~~ State Board of Dentistry approved educational  
5 course on local anesthesia from an accredited dental or dental hygiene school and either:

6 (a) Completed the course within thirteen months prior to application for a permit; or

7 (b) Completed the course more than thirteen months prior to application for a permit,  
8 has legally administered local anesthesia for a period of time during the three years preceding  
9 application, and provides written documentation from a dentist that has employed or supervised  
10 the applicant, attesting to the current clinical proficiency of the applicant to administer local  
11 anesthesia.

12 A dental hygienist with a permit to administer local anesthesia may administer local  
13 anesthesia to dental patients under the dentist's indirect supervision, as that term is defined in  
14 SDCL 36-6A-1.

15 A dental hygienist with a permit to administer local anesthesia may administer local  
16 anesthesia to dental patients eighteen years and older under the dentist's general supervision, as  
17 that term is defined in SDCL 36-6A-1, if the supervising dentist has authorized the administration  
18 and the authorization is included in the patient's record. If there has been a relevant change in the  
19 patient's medical history since the authorization, the dental hygienist must consult with the dentist  
20 before administering local anesthesia. The dentist shall ensure a written emergency response  
21 protocol is in place for patients receiving local anesthesia by the dental hygienist under general  
22 supervision.

23 **Source:** 37 SDR 131, effective January 6, 2011; 42 SDR 83, effective December 3, 2015.

