

1 GENERAL GOVERNMENT CABINET

2 Kentucky Board of Dentistry

3 (Amendment)

4 201 KAR 8:563. Licensure of dental hygienists.

5 RELATES TO: KRS 304.40 - 075, 313.030, 313.040, 313.060, 313.080, 313.130, 313.254.

6 STATUTORY AUTHORITY: KRS 313.021(1)(a), (b), (c), 313.040(1), (2), (7), 313.254.

7 NECESSITY, FUNCTION, AND CONFORMITY: KRS 313.040 requires the board to  
8 promulgate administrative regulations relating to requirements and procedures for the licensure of  
9 dental hygienists. This administrative regulation establishes requirements and procedures for the  
10 licensure of dental hygienists.

11 Section 1. General Licensure Requirements. An applicant desiring initial licensure in  
12 Kentucky as a dental hygienist~~[licensure in the Commonwealth shall at a minimum]~~ shall:

13 (1) Understand, read, speak, and write the English language with a comprehension and  
14 performance level equal to at least the ninth grade of education, verified by testing as necessary;

15 (2) Submit a completed, signed, and notarized Application for Dental Hygiene Licensure  
16 with an attached applicant photo taken within the past six (6) months;

17 (3) Pay the fee required by 201 KAR 8:520;

18 (4) Not be~~[-currently]~~ subject to disciplinary action pursuant to KRS Chapter 313 that  
19 would prevent licensure;

20 (5) Complete and pass the board's jurisprudence exam;

1 (6) Hold an active~~[Provide proof of having current]~~ certification in cardiopulmonary  
2 resuscitation (CPR) or a more comprehensive program which~~[that]~~ meets or exceeds the American  
3 Heart Association Guidelines for CPR and ECC~~[, incorporated by reference in 201 KAR 8:533];~~

4 (7) Submit to a nationwide state and federal criminal background check by fingerprint  
5 through the Department of Kentucky State Police;

6 (8) Provide verification~~[-within three (3) months of the date the application is received at~~  
7 ~~the office of the board]~~ of any license to practice dental hygiene held previously or currently in  
8 any state or other licensing jurisdiction;

9 (9) Hold an Associate's degree or Bachelor's degree in dental hygiene from a school,  
10 college, or department of a university accredited by the~~[Provide proof that the applicant is a~~  
11 ~~graduate of a]~~ Commission on Dental Accreditation (CODA)~~[accredited dental school, college or~~  
12 ~~department of a university];~~

13 (10) Successfully complete~~[Provide proof that the applicant has successfully completed]~~  
14 the National Board Dental Hygiene Examination (NBDHE)~~[-which is written and theoretical],~~  
15 conducted by the Joint Commission on National Dental Examinations (JCNDE); ~~[-and]~~

16 (11) Provide a written explanation for any positive returns on a query of the National  
17 Practitioner Data Bank; and

18 (12) Complete all additional requirements for one of the following:

19 (a) Licensure by clinical examination; or

20 (b) Licensure by credentials.

21 Section 2. Requirements for Licensure by Clinical Examination.

22 (1) An~~[Each]~~ individual desiring initial licensure in Kentucky as a dental hygienist by  
23 clinical examination shall:

1 (a) Complete~~[complete]~~ all~~[-of the]~~ requirements~~[-established]~~ in Section 1 of this  
2 administrative regulation; and~~[.]~~

3 (b) Successfully complete all components of one of the following

4 ~~[(2) Each individual desiring initial licensure as a dental hygienist by examination shall~~  
5 ~~successfully complete a]~~clinical examinations~~[examination]~~ within~~[-the]~~ five (5) years preceding  
6 the filing of the application~~[-his or her Application for Dental Hygiene Licensure. The board shall~~  
7 ~~accept the following regional clinical examinations]:~~

8 1.[(a)] The examination of the Council of Interstate Testing Agencies (CITA);

9 2.[(b)] The examination of the Central Regional Dental Testing Service (CRDTS);

10 3.[(c)] The examination of the Commission on Dental Competency Assessments (CDCA);

11 4.[(d)] The examination of the States Resources for Testing and Assessments~~[Southern~~  
12 ~~Regional Testing Agency]~~ (SRTA); ~~[or]~~

13 5.[(e)] The examination of the Western Regional Examining Board (WREB); or

14 6. The Dental Hygiene Licensure Objective Structured Clinical Examination (DHLOSCE)  
15 of the Joint Commission on National Dental Examinations (JCNDE).

16 (2)[(3)] An individual applying more than two (2) years after graduating with an  
17 Associate's degree or Bachelor's degree in dental hygiene, ~~[An individual desiring initial licensure~~  
18 ~~as a dentist hygienist by examination more than two (2) years after fulfilling all of the requirements~~  
19 ~~of his or her CODA accredited dental hygiene education]~~ shall:

20 (a) Hold a license to practice dental hygiene in good standing in another state or territory  
21 of the United States or the District of Columbia; or

1 (b) Complete a continuing education plan approved by the board~~[If the applicant does not~~  
2 ~~hold a license to practice dental hygiene in good standing, complete a board approved refresher~~  
3 ~~course prior to receiving a license to practice dental hygiene in the Commonwealth of Kentucky].~~

4 (3)~~(4)~~ An applicant who has taken a clinical examination three (3) times and failed to  
5 achieve a passing score shall~~[not be allowed to sit for the examination again until the applicant~~  
6 ~~has]~~ complete~~[d and passed]~~ a remediation plan approved by the board.

7 Section 3. Requirements for Licensure by Credentials. An individual desiring initial  
8 licensure in Kentucky as a~~[Each individual desiring initial licensure as a]~~ dental hygienist by  
9 credentials shall:

10 (1) Complete all~~[of the]~~ requirements~~[-established]~~ in Section 1 of this administrative  
11 regulation;

12 (2) Provide proof of having passed a state, regional, or national clinical examination used  
13 to determine clinical competency in a state or territory of the United States or the District of  
14 Columbia; and

15 (3) Be licensed and actively practicing dental hygiene in a state or territory of the United  
16 States or the District of Columbia for a least~~[Provide proof that, for]~~ five (5) of the six (6) years  
17 ~~[immediately-]~~preceding the filing of the application~~[, the applicant has been engaged in the active~~  
18 ~~practice of dental hygiene while he or she was legally authorized to practice dental hygiene in a~~  
19 ~~state or territory of the United States or the District of Columbia if the qualifications for the~~  
20 ~~authorization were equal to or higher than those of the Commonwealth of Kentucky].~~

21 Section 4. Requirements for Charitable Limited Dental Hygiene Licensure. (1) An  
22 individual desiring limited licensure in Kentucky to provide charitable dental hygiene  
23 services~~[Each individual desiring a charitable limited license]~~ shall:

1 (a) Understand, read, speak, and write the English language with a comprehension and  
2 performance level equal to at least the ninth grade of education, verified by testing as necessary;

3 (b) Submit a completed, signed, and notarized Application for Charitable~~[Dental Hygiene]~~  
4 Limited Licensure with an attached applicant photo taken within the past six (6) months;

5 (c) Pay the fee required by 201 KAR 8:520;

6 (d) Not be subject to disciplinary action pursuant to KRS Chapter 313 that would prevent  
7 licensure;

8 (e) Hold[Have] a license to practice dental hygiene in good standing in another state or  
9 territory of the United States or the District of Columbia; and

10 (f) Provide a written explanation for any positive returns on a query of the National  
11 Practitioner Data Bank.

12 (2) A charitable limited dental hygiene license holder~~[(2) An individual licensed pursuant~~  
13 ~~to this section]~~ shall:

14 (a) Work only with charitable entities registered with the Cabinet for Health and Family  
15 Services that have met requirements of KRS 313.254 and 201 KAR 8:581;

16 (b) Only perform procedures allowed by KRS 313.254, which shall be completed within  
17 the duration of the charitable event;

18 (c) Be eligible for the provisions of medical malpractice insurance procured pursuant to  
19 KRS 304.40-075; and

20 (d) Perform these duties without expectation of compensation or charge to the individual  
21 and without payment or reimbursement by any governmental agency or insurer.~~[;]~~

22 ~~[(e) Have a charitable limited license that shall be good for two (2) years and expire during~~  
23 ~~the regular dental hygiene renewal cycle; and~~

1 (f) ~~Comply with reciprocity requirements if applicable.~~

2 1. ~~A state that extends a reciprocal agreement shall comply with this section.~~

3 2. ~~An individual shall notify the sponsor of a charitable clinic and the board of the intent to~~  
4 ~~conduct or participate in the clinic.~~

5 3. ~~An individual conducting or participate in a charitable clinic shall have a license to~~  
6 ~~practice dental hygiene in the state in which the dental hygienist practices.]~~

7 Section 5. [~~Minimum~~]Continuing Education Requirements. (1) A Kentucky licensed  
8 dental hygienist shall complete thirty (30) hours of continuing education during the two (2) year  
9 licensure period defined by KRS 313.030(2) except in the following cases:

10 (a) A licensee who was issued a new or reinstated license in the second year of the current  
11 biennial license period shall only complete one-half (1/2) the required hours for that period;

12 (b) A licensee who graduated in the first year of the current biennial license period shall  
13 only complete one-half (1/2) the required hours for that period;

14 (c) A licensee who graduated in the second year of the current biennial license period shall  
15 not be required to complete continuing education hours for that period;

16 (d) A charitable limited license holder shall not be required to complete continuing  
17 education hours; or

18 (e) A licensee may be granted a hardship waiver or deferment if such a request is submitted  
19 to and approved by the board. [~~Each individua desiring renewal of an active dental license shall~~  
20 complete thirty (30) hours of continuing education that relates to or advances the practice of dental  
21 hygiene and would be useful to the licensee's practice.]

22 (2) Acceptable continuing education content[~~hours~~] shall include[~~course content designed~~  
23 ~~to increase~~]:

- 1 (a) Competency in treating patients who are medically compromised or who experience  
2 medical emergencies during the course of dental hygiene treatment;
- 3 (b) Pharmaceutical~~[Knowledge of products]~~ products and~~[the protocol of the]~~ proper use  
4 protocols of medications;
- 5 (c) Awareness of currently accepted methods of infection control;
- 6 (d) Basic~~[Knowledge of basic]~~ medical and scientific subjects~~[-including biology,~~  
7 ~~physiology, pathology, biochemistry, pharmacology, epidemiology, and public health];~~
- 8 (e) Clinical~~[Knowledge of clinical]~~ and technological subjects;
- 9 (f) Patient~~[Knowledge of subjects pertinent to patient]~~ management, safety, and oral  
10 healthcare;
- 11 (g) Mass~~[Competency in assisting in mass]~~ casualty or mass immunization situations;
- 12 (h) Clinical dental hygiene performed on a charitable or volunteer basis~~[skills through the~~  
13 ~~volunteer of clinical charitable dental hygiene that meets the requirements of KRS 313.254];~~
- 14 (i) Business~~[Knowledge of office business]~~ operations and best practices; and~~[or]~~
- 15 (j) Dental~~[Participation in dental]~~ or dental hygiene association or society business  
16 meetings.
- 17 (3) The thirty (30) hours of continuing education shall include:
- 18 (a) A minimum of ten (10) hours~~[-shall be]~~ taken in a live interactive presentation format;  
19 and~~[-]~~
- 20 (b)~~[(4)]~~ A maximum of ten (10) hours~~[-total may be taken]~~ that meet the requirements of  
21 subsection (2)(h) - (j) of this section.
- 22 (4) Dental~~[(5) For dental]~~ hygienists registered to practice under general supervision shall  
23 also meet the continuing education requirements of Section 12(8) of this administrative

1 regulation~~[, a minimum of three (3) hours shall be taken in medical emergencies as described in~~  
2 ~~Section 12(1)(d) of this administrative regulation in order to renew their registration].~~

3 (5) Dental~~[(5) For dental]~~ hygienists registered to practice as public health hygienists shall  
4 also meet the continuing education requirements of Section 16(5) of this administrative  
5 regulation~~[, a minimum of three (3) hours shall be taken in medical emergencies as described in~~  
6 ~~Section 12(1)(d) of this administrative regulation in order to renew their registration].~~

7 ~~(6)~~~~(7)~~ All continuing education hours shall be documented by~~[verified by the receipt of]~~  
8 a certificate of completion or ~~[certificate of]~~ attendance bearing:

9 (a) A~~The~~ signature or other verification of the provider;

10 (b) The name of the licensee in attendance;

11 (c) The title of the course or meeting attended or completed;

12 (d) The date of attendance or completion;

13 (e) The number of hours earned; and

14 (f) Evidence of the method of delivery if the course was taken in a live interactive  
15 presentation format.

16 (7) The licensee shall be responsible for obtaining the qualifying documentation of  
17 continuing education~~[(8) It shall be the sole responsibility of the individual dental hygienist to~~  
18 ~~obtain documentation]~~ from the provider or organization~~[ verifying participation as established in~~  
19 ~~subsection (7) of this section]~~ and to retain those documents~~[the documentation]~~ for a minimum  
20 of five (5) years.

21 (8) During the~~(9) At~~ license renewal process, licensees~~[each licensee]~~ shall attest to their  
22 compliance~~[the fact that he or she has complied]~~ with the requirements of this section.



1           (9) Licensees~~(10) Each licensee~~ shall be subject to audit of their compliance with the  
2 requirements of this section~~[proof of continuing education compliance by the board]~~.

3           Section 6. ~~[Requirements for]~~Renewal of a Dental Hygiene License.

4           (1) All dental licenses issued by the board shall expire on December 31 of odd-numbered  
5 years and must be renewed to remain active. A licensee~~[Each individual]~~ desiring renewal of an  
6 active dental hygiene license shall:

7           (a) Submit a~~[signed,]~~ completed and signed Application for Renewal of Dental Hygiene  
8 Licensure;

9           (b) Pay the fee required by 201 KAR 8:520;

10           (c) Maintain an active~~[, with no more than a thirty (30) day lapse, CPR]~~ certification in in  
11 CPR or a more comprehensive program that meets or exceeds the American Heart Association  
12 Guidelines for CPR and ECC~~[incorporated by reference in 201 KAR 8:533, unless a hardship~~  
13 ~~waiver is submitted to and subsequently approved by the board]~~; and

14           (d) Meet the continuing education requirements as established in Section 5 of this  
15 administrative regulation~~[except in the following cases:~~

16           1. ~~If a hardship waiver has been submitted to and is subsequently approved by the board;~~

17           2. ~~If the licensee graduated in the first year of the biennial license period, the licensee shall~~  
18 ~~complete one half (1/2) of the hours as outlined in Section 5 of this administrative regulation; and~~

19           3. ~~If the licensee graduated in the second year of the biennial license period, the licensee~~  
20 ~~shall not be required to complete the continuing education requirements outlined in Section 5 of~~  
21 ~~this administrative regulation]~~.

22           (2) A~~(2) If a~~ licensee who has not actively practiced dental hygiene in the two (2)  
23 ~~consecutive]~~ years preceding the filing of the renewal application shall complete a continuing

1 education plan approved by the board, ~~he or she shall complete and pass a board approved~~  
2 ~~refresher course~~] prior to resuming the active practice of dental hygiene.

3 (3) A licensee desiring renewal of a charitable limited dental hygiene license shall repeat  
4 the initial licensure process required by Section 4 of this administrative regulation.

5 Section 7. Retirement of a Dental Hygiene License.

6 (1) A licensee~~[Each individual]~~ desiring to no longer hold an active dental hygiene  
7 license~~[retirement of a dental license]~~ shall submit a completed and signed Retirement of License  
8 Form~~[, incorporated by reference in 201 KAR 8:533]~~.

9 (2) Upon receipt of this form~~[Retirement of License Form]~~, the board shall send written  
10 confirmation of retirement to the~~[last known]~~ address provided~~[of the licensee]~~.

11 (3) A licensee shall not retire a license that has pending disciplinary action against it.

12 (4) A license that is not properly retired or renewed shall be considered expired for  
13 reinstatement purposes~~[Each retirement shall be effective upon the processing of the completed~~  
14 ~~and signed Retirement of License Form by the board]~~.

15 Section 8. Reinstatement of a Dental Hygiene License.

16 (1) A former licensee~~[Each individual]~~ desiring reinstatement of an expired or~~[a]~~ properly  
17 retired dental hygiene license in Kentucky shall:

18 (a) Submit a completed, signed, and notarized Application to Reinstate ~~[a]~~ Dental or Dental  
19 Hygiene Licensure~~[License]~~ with an attached applicant photo taken within the past six (6) months;

20 (b) Pay the fee required by 201 KAR 8:520;

21 (c) Hold an active~~[Show proof of having current]~~ certification in CPR or a more  
22 comprehensive program that meets or exceeds the American Heart Association Guidelines for CPR  
23 and ECC~~[, incorporated by reference in 201 KAR 8:533]~~;

1 (d) Provide verification~~[within three (3) months of the date the Application to Reinstate a~~  
2 ~~Dental Hygiene License is received at the office of the board]~~ of any license to practice dental  
3 hygiene obtained~~[held previously or currently]~~ in any state or other licensing jurisdiction since  
4 the applicant was first licensed in Kentucky;

5 (e) Submit to a nationwide state and federal criminal background check by fingerprint  
6 through the Department of Kentucky State Police; and

7 (f) Provide a written explanation for any positive returns on a query of the National  
8 Practitioner Data Bank.

9 (2) ~~An~~~~(2) If an individual applies to reinstate a license within two (2) years of when the~~  
10 ~~license was last active, the individual shall provide proof of having met the continuing education~~  
11 ~~requirements as established in Section 5 of this administrative regulation within those two (2)~~  
12 ~~years.~~

13 ~~(3) If the~~ applicant who has not actively practiced dental hygiene in the two  
14 ~~(2)~~~~[consecutive] years [immediately]~~preceding the filing of the reinstatement application~~[~~  
15 ~~Application to Reinstate a Dental Hygiene License, the applicant]~~ shall complete~~[and pass]~~ a  
16 continuing education plan~~[refresher course]~~ approved by the board prior to resuming the active  
17 practice of dental hygiene.

18 (3) A former licensee who applies to reinstate an expired license that was not properly  
19 retired shall be subject to:

20 (a) The expired license reinstatement penalties in 201 KAR 8:520 if applying less than two  
21 (2) years from when the license was last active; or

22 (b) The same reinstatement fees as a properly retired license if applying more than two (2)  
23 years from when the license was last active.

1           ~~[(4) If a license is reinstated in the first year of the biennial license period, the licensee shall~~  
2 ~~complete all of the continuing education requirements as established in Section 5 of this~~  
3 ~~administrative regulation prior to the renewal of his or her license.~~

4           ~~(5) If a license is reinstated in the second year of the biennial license period, the licensee~~  
5 ~~shall complete one half (1/2) of the hours as established in Section 5 of this administrative~~  
6 ~~regulation prior to the renewal of his or her license.]~~

7           Section 9.~~[Requirements for]~~ Verification of Licensure. An~~[Each]~~ individual desiring an  
8 official verification of a dental hygiene license held currently or previously in Kentucky shall:

9           (1) Submit a signed and completed Verification of Licensure or Registration Form~~;~~  
10 ~~incorporated by reference in 201 KAR 8:533]; and~~

11           (2) Pay the fee required by 201 KAR 8:520.

12           Section 10.~~[Requesting a Duplicate License. Each individual desiring a duplicate dental~~  
13 ~~hygiene license shall:~~

14           ~~(1) Submit a signed and completed Duplicate License or Registration Request Form,~~  
15 ~~incorporated by reference in 201 KAR 8:533; and~~

16           ~~(2) Pay the fee required by 201 KAR 8:520.~~

17           Section 11.] Requirements for Local Anesthesia Registration.

18           (1) A~~[An individual]~~ licensed~~[as a]~~ dental hygienist~~[in Kentucky and not subject to~~  
19 ~~disciplinary action]~~ who desires to administer infiltration or block~~[local]~~ anesthesia shall:

20           (a) Submit a signed and completed~~[Complete the]~~ Application for Dental Hygiene Special  
21 Registrations;

22           (b) Pay the fee required by 201 KAR 8:520; and

1 (c) Complete an educational program from a dental or dental hygiene school accredited by  
2 the Commission on Dental Accreditation (CODA) that~~Document successful completion of an~~  
3 ~~educational program which~~ meets or exceeds the requirements established in KRS 313.060(10).

4 (2) Upon authorizing a licensee~~An individual authorized~~ to practice pursuant to this  
5 section, the board shall issue an updated dental hygiene license~~provision shall receive a license~~  
6 ~~from the board~~ indicating registration to administer local anesthesia.

7 (3) A ~~licensed~~ dental hygienist shall not administer local anesthesia in Kentucky unless~~if~~  
8 the licensee;

9 (a) Holds a current board-issued registration in~~does not hold a~~ local anesthesia~~[~~  
10 ~~registration issued by the board.]~~;

11 and

12 (b) Performs these procedures under the direct supervision of a dentist.

13 (4) A licensed dental hygienist holding a local anesthesia registration from the board who  
14 has not administered block or~~anesthesia,~~ infiltration anesthesia~~[-, or nitrous oxide analgesia]~~ for  
15 one (1) year shall complete a board-approved refresher course prior to resuming practice of that  
16 specific technique.

17 Section 11~~12~~. Requirements for General Supervision Registration.

18 (1) A~~An individual~~ licensed~~[-as a]~~ dental hygienist~~[-in Kentucky and not subject to~~  
19 ~~disciplinary action]~~ who desires to practice under general supervision shall:

20 (a) Submit a signed and completed~~Complete the~~ Application for Dental Hygiene Special  
21 Registrations;

22 (b) Obtain at least two (2) years and 3,000 hours of verifiable experience in the practice of  
23 dental hygiene ~~[Meet the requirements of KRS 313.040(7)(a)]~~;

1 (c) Complete~~[Document through payroll records, employment records, or other proof that~~  
2 ~~is independently verifiable, the dates and hours of employment by a dentist in the practice of dental~~  
3 ~~hygiene that demonstrate the required two (2) years and 3,000 hours of experience; and~~

4 (d) ~~During each biennial license period, successfully complete]~~ a live three (3) hour course  
5 approved by the board in the identification and prevention of potential medical emergencies~~[that~~  
6 ~~shall include, at a minimum, the following topics:~~

7 1. ~~Medical history, including American Society of Anesthesiologists (ASA) classifications~~  
8 ~~of physical status;~~

9 2. ~~Recognition of common medical emergency situations, symptoms, and possible~~  
10 ~~outcomes;~~

11 3. ~~Office emergency protocols; and~~

12 4. ~~Prevention of emergency situations during dental treatments].~~

13 (2) Upon authorizing a licensee~~[An individual authorized]~~ to practice pursuant to this  
14 section, the board shall issue an updated dental hygiene license~~[these provisions shall receive a~~  
15 ~~license from the board]~~ indicating registration under general supervision.

16 (3) A dentist who employs a dental hygienist who has met the standards of this  
17 administrative regulation and who allows the dental hygienist to provide dental hygiene services  
18 pursuant to KRS 313.040(7) shall complete a written order specifying~~[prescribing]~~ the dental  
19 service or procedure to be performed on~~[done to]~~ a specific patient by the dental hygienist and  
20 shall retain the original order in the patient's dental record.

21 (4) The minimum requirements for the written order shall include:

22 (a) Medical history update;

23 (b) Radiographic records requested;

- 1 (c) Dental hygiene procedures requested;
- 2 (d) Name of the patient;
- 3 (e) Date of last oral examination;
- 4 (f) Date of the written order; and
- 5 (g) Signature of the dentist.

6 (5) The oral examination of the patient by the supervising dentist shall have been completed  
7 within the seven (7) months preceding treatment by the dental hygienist practicing under general  
8 supervision.

9 (6) The supervising dentist shall evaluate and provide to the board written validation of an  
10 employed dental hygienist's skills necessary to perform dental hygiene services established in KRS  
11 313.040(7) as part of the Application for Dental Hygiene Special Registrations.

12 (7) The supervising dentist shall provide a written protocol addressing the medically  
13 compromised patients who may or may not be treated by the dental hygienist. The dental hygienist  
14 shall only treat patients who are in the ASA Patient Physical Status Classification of ASA I or ASA  
15 II as established in Guidelines for Teaching Pain Control and Sedation to Dentists and Dental  
16 Students, as incorporated by reference in 201 KAR 8:550.

17 (8) During each biennial license period, a dental hygienist registered in general supervision  
18 must complete a live three (3) hour course in the identification and prevention of potential medical  
19 emergencies to maintain registration upon license renewal. These hours may be included in the  
20 thirty (30) overall continuing education hours required for license renewal.

21 (9) A [~~licensed~~] dental hygienist shall not practice under general supervision unless[~~if~~] the  
22 licensee [~~does not~~] holds[~~Hold~~] a current board-issued general supervision registration [~~issued by~~  
23 ~~the board~~].

1 Section ~~12~~[13]. Requirements for Intravenous Access Line Registration.

2 (1) ~~A~~[An individual] licensed[~~-as-a~~] dental hygienist[~~-in Kentucky and not subject to~~  
3 ~~disciplinary action~~] who desires to start intravenous (IV) access lines shall:

4 (a) Submit a signed and completed Application for Dental Hygiene Special Registrations;

5 (b) Pay the fee required by 201 KAR 8:520; and

6 (c) ~~Complete~~[Submit documentation proving successful completion of] a board-approved  
7 course in starting IV access lines.

8 (2) Upon authorizing a licensee[~~An individual authorized~~] to practice pursuant to this  
9 section, the board shall issue an updated dental hygiene license[~~provision shall receive a license~~  
10 ~~from the board~~] indicating registration to start IV access lines.

11 (3) A [~~licensed-~~]dental hygienist shall not start[~~-an~~] IV access lines[~~line~~] in Kentucky  
12 unless[if] the licensee[~~-does not~~]:

13 (a) Holds[~~Hold~~] a current board-issued registration to start IV access lines; and[~~or~~]

14 (b) Works[~~Work~~] under the direct supervision of a dentist who holds either a Moderate  
15 Sedation Permit or Deep Sedation and General Anesthesia Permit issued pursuant to 201 KAR  
16 8:550[~~a sedation or anesthesia permit issued by the board~~].

17 Section ~~13~~[14]. Requirements for Laser Debridement Registration.

18 (1) ~~A~~[An individual] licensed[~~-as-a~~] dental hygienist[~~-in Kentucky and not subject to~~  
19 ~~disciplinary action~~] who desires to perform laser debridement shall:

20 (a) Submit a signed and completed Application for Dental Hygiene Special Registrations;

21 (b) Pay the fee required by 201 KAR 8:520; and

22 (c) ~~Complete~~[Submit documentation proving successful completion of] a board-approved  
23 course in performing laser debridement.



1           (2) Upon authorizing a licensee~~[An individual authorized]~~ to practice pursuant to this  
2 section, the board shall issue an updated dental hygiene license~~[provision shall receive a license~~  
3 ~~from the board]~~ indicating registration to perform laser debridement.

4           (3) A ~~[licensed]~~ dental hygienist shall not perform laser debridement in Kentucky unless~~[if]~~  
5 the licensee~~[- does not]~~:

6           (a) Hold~~[Hold]~~ a current board-issued registration to perform laser debridement; and~~[or]~~

7           (b) Works~~[Work]~~ under the direct supervision of a dentist.

8           Section 14~~[15]~~. Requirements for Public Health Registration.

9           (1) A~~[An individual]~~ licensed~~[- as a]~~ dental hygienist~~[- in Kentucky and not subject to~~  
10 ~~disciplinary action]~~ who desires to practice as a public health registered dental hygienist shall:

11           (a) Submit a signed and completed Application for Dental Hygiene Special  
12 Registrations~~[Registration]~~;

13           (b) Obtain at least two (2) years and 3,000 hours of verifiable experience in the practice of  
14 dental hygiene~~[Meet the requirements established in KRS 313.040(8)]~~;

15           ~~(c) Document through payroll records, employment records, or other proof that is~~  
16 ~~independently verifiable, the dates and hours of employment by a dentist in the practice of dental~~  
17 ~~hygiene that demonstrate the required two (2) years and 3,000 hours of experience]; and~~

18           ~~(c) Complete~~~~[(d) During each biennial license period, successfully complete]~~ a live three  
19 (3) hour course approved by the board in the identification and prevention of potential medical  
20 emergencies~~[- that shall include, at a minimum, the following topics:~~

21           ~~1. Medical history, including American Society of Anesthesiologists (ASA) classifications~~  
22 ~~of physical status;~~

1           2. ~~Recognition of common medical emergency situations, symptoms, and possible~~  
2 ~~outcomes;~~

3           3. ~~Office emergency protocols; and~~

4           4. ~~Prevention of emergency situations during dental treatments; and~~

5           ~~(e) During each biennial license period, complete at least three (3) hours of continuing~~  
6 ~~education in public health or public dental health].~~

7           (2) Upon authorizing a licensee~~[An individual authorized]~~ to practice pursuant to this  
8 section, the board shall issue an updated dental hygiene license~~[provision shall receive a license~~  
9 ~~from the board]~~ indicating registration to practice as a public health registered dental hygienist.

10          (3) Pursuant to KRS 313.040(8)(c), a public health registered dental hygienist may practice  
11 in a government-created public health program at the following sites:

12          (a) Local health departments;

13          (b) Public or private educational institutions that provide Head Start, preschool, elementary  
14 and secondary instruction to school-aged children under the jurisdiction of the State Board of  
15 Education, and that have an affiliation agreement with the health department of jurisdiction;

16          (c) Mobile and portable dental health programs under contract with a governing board of  
17 health; and

18          (d) Public or private institutions under the jurisdiction of a federal, state, or local agency.

19          (4) A public health registered dental hygienist shall perform dental hygiene services only  
20 under the authority~~[supervision]~~ of the governing board of health, as required by KRS  
21 313.040(3)(b), as established in KRS 313.040(8), and as identified by the Department for Public  
22 Health Practice Reference.

23          (a) These services shall be limited to:

1 1. Preventative [~~preventative~~] services; and

2 2. Application of silver diamine fluoride when the supervising dentist has authorized such  
3 treatment and provided written protocols for each patient.

4 (b) The public health registered dental hygienist shall only treat a patient who is in the ASA  
5 Patient Physical Status Classification of ASA I or ASA II as established in the current edition of  
6 Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, as  
7 incorporated by reference in 201 KAR 8:550.

8 (c) The informed consent shall be required prior to preventative services and shall include:

9 1. The name of the public health entity, including the name of the dentist, that assumes  
10 responsibility and control;

11 2. An inquiry as to the current dentist; and

12 3. A statement that services are provided by a dental hygienist without the direct  
13 supervision of a dentist.

14 (d) This administrative regulation shall not preclude a Kentucky-licensed dentist from  
15 directly participating in a public health program referenced in subsection (3)[~~(a), (b), (c), or (d)~~]  
16 of this section.

17 (5) During each biennial license period, a dental hygienist registered in public health dental  
18 hygiene must complete the following to maintain registration upon license renewal:

19 1. Three (3) hours of continuing education in public health or public dental health; and

20 2. Three hours of continuing education in the identification and prevention of potential  
21 medical emergencies.

22 3. These hours may be included in the thirty (30) overall continuing education hours  
23 required for license renewal.

1           Section ~~15~~<sup>16</sup>. Issuance of Initial Licensure. Upon an applicant's completion of all~~[If an~~  
2 ~~applicant has completed the]~~ requirements for dental hygiene licensure within six (6) months of  
3 the date the application was received, the board shall:

- 4           (1) Issue a license in sequential numerical order; or
- 5           (2) Deny licensure due to a violation of KRS Chapter 313 or 201 KAR Chapter 8.

6           Section ~~16~~<sup>17</sup>. Incorporation by Reference.

7           (1) The following material is incorporated by reference:

8           (a) "Application for Charitable Limited Licensure", January 2024~~["Application for~~  
9 ~~Charitable Dental Hygiene Limited Licensure", May 2023];~~

10           (b) "Application for Dental Hygiene Licensure", September 2024~~["Application for Dental~~  
11 ~~Hygiene Licensure", May 2023];~~

12           (c) "Application for Dental Hygiene Special Registrations", September 2024~~["Application~~  
13 ~~for Dental Hygiene Special Registrations", February 2023];~~

14           (d) "Application for Renewal of Dental Hygiene Licensure", September  
15 2024~~["Application for Renewal of Dental Hygiene Licensure", May 2023; and]~~

16           (e) "Application to Reinstate Dental or Dental Hygiene Licensure", January 2024;

17           (f) "Retirement of License Form", January 2024;

18           (g) "Verification of Licensure or Registration Form", January 2024; and

19           (h) "2020 American Heart Association Guidelines for CPR and ECC", 2020.

20           ~~["Application to Reinstate a Dental Hygiene License", May 2023.]~~

21           (2) This material may be inspected, copied, or obtained, subject to applicable copyright  
22 law, at the Kentucky Board of Dentistry, 312 Whittington Parkway, Suite 101, Louisville,

- 1 Kentucky 40222, Monday through Friday, 8 a.m. through 4:30 p.m. This material is also available
- 2 on the board's Web site at <http://dentistry.ky.gov>.

APPROVED: 08/14/2024

A handwritten signature in black ink, appearing to be 'JA', with a long horizontal flourish extending to the right.

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JEFFREY ALLEN, Executive Director

## PUBLIC HEARING AND PUBLIC COMMENT PERIOD

A public hearing on this administrative regulation shall be held on October 28, 2024 at 3:00 p.m., Eastern Time at the Kentucky Board of Dentistry, 312 Whittington Parkway, Suite 101, Louisville, Kentucky 40222. Individuals interested in being heard at this hearing shall notify this agency in writing by five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through October 31, 2024. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person below.

**CONTACT PERSON:** Jeff Allen, Executive Director, Kentucky Board of Dentistry, 312 Whittington Parkway, Suite 101, Louisville, Kentucky 40222, phone (502) 429-7280, fax (502) 429-7282, email [jeffrey.allen@ky.gov](mailto:jeffrey.allen@ky.gov).

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

201 KAR 8:610

Contact Person: Jeffrey Allen

Phone: (502) 429-7280

Email: Jeffrey.allen@ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes requirements to practice dental hygiene in Kentucky.

(b) The necessity of this administrative regulation: KRS 313.021(1)(a) requires the board to exercise the administrative functions of the Commonwealth in the regulation of dental hygienists.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation establishes the rules for obtaining a license to practice as a dental hygienist in Kentucky.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation establishes requirements for being licensed to practice dental hygiene in conformity with its authorizing statute.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: The amendment is not intended to make substantive changes, merely to clarify existing language and processes.

(b) The necessity of the amendment to this administrative regulation: The amendment is necessary to clarify details about certain aspects of dental hygiene licensure and practice.

(c) How the amendment conforms to the content of the authorizing statutes: This amendment maintains established requirements for being licensed to practice dental hygiene in conformity with its authorizing statute.

(d) How the amendment will assist in the effective administration of the statutes: The amendment will clarify certain aspects of dental licensure, making the licensure process more efficient and effective for both board staff and potential licensees

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: This administrative regulation will primarily affect the approximately 3,000 licensed dental hygienists in Kentucky as well as any new applicants for licensure and, indirectly, the patients of licensed dental hygienists.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: Each individual



impacted will be required to apply for or renew their licensure in accordance with applicable law and administrative regulations.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): This administrative regulation does not specifically enumerate costs, which are already established in 201 KAR 8:520.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The administrative regulation will result in a healthier patient population and the avoidance of potentially costly violations of applicable law and administrative regulations by licensed dental hygienists.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: No additional cost.

(b) On a continuing basis: No additional cost.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Licensure fees are used to fund the implementation of this administrative regulation.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: Fee amounts are already established in a separate administrative regulation (201 KAR 8:520) and no increase is needed.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation does not impact existing fees which are already established in 201 KAR 8:520.

(9) TIERING: Is tiering applied? No; this administrative regulation impacts all similarly situated entities equally.

## FISCAL IMPACT STATEMENT

201 KAR 8:563

Contact Person: Jeffrey Allen

Phone: (502) 429-7280

Email: jeffrey.allen@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 313.021.

(2) Identify the promulgating agency and any other affected state units, parts, or divisions: The Board of Dentistry is the promulgating agency.

(a) Estimate the following for the first year:

Expenditures: There will be no additional administrative costs as a result of this administrative regulation.

Revenues: This amendment does not alter the existing revenue generated by dental licensure, which is approximately \$400,000 every fiscal biennium to the Board of Dentistry.

Cost Savings: None

(b) How will expenditures, revenues, or cost savings differ in subsequent years? No change.

(3) Identify affected local entities (for example: cities, counties, fire departments, school districts): None

(a) Estimate the following for the first year:

Expenditures: None

Revenues: None

Cost Savings: None

(b) How will expenditures, revenues, or cost savings differ in subsequent years? No change.

(4) Identify additional regulated entities not listed in questions (2) or (3): None

(a) Estimate the following for the first year:

Expenditures: None

Revenues: None

Cost Savings: None

(b) How will expenditures, revenues, or cost savings differ in subsequent years? No change.

(5) Provide a narrative to explain the:

(a) Fiscal impact of this administrative regulation: This administrative regulation does not establish specific fee amounts, which are contained in a separate administrative regulation; however, the revenue generated from dental hygiene licensure is approximately \$400,000 every fiscal biennium and will not change as a result of this revision. Expenditures specifically related to this administrative regulation are difficult to

determine due to indirect personnel and overhead costs; however, total agency expenditures are approximately \$900,000 every fiscal biennium.

(b) Methodology and resources used to determine the fiscal impact: Historical budget performance.

(6) Explain:

(a) Whether this administrative regulation will have an overall negative or adverse major economic impact to the entities identified in questions (2) - (4). (\$500,000 or more, in aggregate) This administrative regulation does not directly have a major economic impact as it does not contain specific fee amounts. When administered in conjunction with the current fees established elsewhere, it impacts the dental health community by approximately \$400,000 per year, primarily from licensure fees.

(b) The methodology and resources used to reach this conclusion: Historical budget performance.

## SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

The "Application for Charitable Limited Licensure", is a one-page form that dental hygienists licensed outside of Kentucky must file to receive a Charitable Limited License in the Commonwealth.

The "Application for Dental Hygiene Licensure", is a two-page form that dental hygienists must file to apply for licensure in Kentucky.

The "Application for Dental Hygiene Special Registrations", is a two-page form that dental hygienists must file to apply for registration in one of four recognized expanded duties.

The "Application for Renewal of Dental Hygiene Licensure", is a one-page form that dental hygienists licensed in Kentucky must file to renew their license for another two years.

The "Application to Reinstate Dental or Dental Hygiene Licensure", is a one-page form that dentists or dental hygienists previously licensed in Kentucky must file to apply for reinstatement of their inactive license.

The "Retirement of License Form", is a one-page form that dental hygienists licensed in Kentucky should file to formally retire their license.

The "Verification of Licensure or Registration Form", is a one-page form that dental hygienists currently or previously licensed in Kentucky must file to receive an official verification from the Board of the terms and period of their licensure in the Commonwealth.

The "2020 American Heart Association Guidelines for CPR and ECC", is a 29-page document from the American Heart Association that provides the most recent guidance for administering Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC).

## SUMMARY OF CHANGES TO MATERIAL INCORPORATED BY REFERENCE

The "Application for Charitable Limited Licensure", is a one-page form that dental hygienists licensed outside of Kentucky must file to receive a Charitable Limited License in the Commonwealth. The letterhead was modified slightly to add a fax number and make it uniform across all forms. The initial instructions and final affidavit were amended to provide more information and be to more consistent across all forms. The "FOR KBD USE ONLY" section was reformatted and lightly edited. The Practice History requirement was removed as it is unnecessary. The ten "yes or no" questions on the form that might require written explanation were revised and consolidated into five questions but capture the same information, except for the financial aid obligation question, which was removed entirely. The notary section was reformatted to be more space efficient and a label for the notary seal was added. The submission instructions at the bottom of the second page were incorporated into the opening paragraph.

The "Application for Dental Hygiene Licensure", is a two-page form that dental hygienists must file to apply for licensure in Kentucky. The letterhead was modified slightly to add a fax number and make it uniform across all forms. Minor edits were made to the copy which do not affect the purpose or meaning of the form. The initial instructions and final affidavit were amended to provide more information and be to more consistent across all forms. The "FOR KBD USE ONLY" section was reformatted and lightly edited. The twelve "yes or no" questions on the second page that might require written explanation were revised and consolidated into ten. The notary section was reformatted to be more space efficient and a label for the notary seal was added. The submission instructions at the bottom of the second page were incorporated into the opening paragraph.

The "Application for Dental Hygiene Special Registrations", is a two-page form that dental hygienists must file to apply for registration in one of four recognized expanded duties. The letterhead was modified slightly to add a fax number and make it uniform across all forms. Minor edits were made to the copy which do not affect the purpose or meaning of the form. The initial instructions and final attestation were amended to provide more information and be to more consistent across all forms. The "FOR KBD USE ONLY" section was reformatted and lightly edited.

The "Application for Renewal of Dental Hygiene Licensure", is a one-page form that dental hygienists licensed in Kentucky must file to renew their license for another two years. The letterhead was modified slightly to add a fax number and make it uniform across all forms. The dedicated "FOR KBD USE ONLY" was removed as it is no longer used by staff to process license renewals. The identification of different sections in the form were removed. The initial instructions and final attestation was amended to provide more information. A preferred mailing address option was added as were options to simultaneously renew any special registrations.

The "Application to Reinstate Dental or Dental Hygiene Licensure", is a one-page form that dentists and dental hygienists previously licensed in Kentucky must file to apply for reinstatement of their inactive license. This document was significantly amended to simplify the reinstatement process and eliminate redundant and/or unnecessary questions. The letterhead was modified

slightly to add a fax number and make it uniform across all forms. The form was originally intended for dentists only but has been revised so that hygienists can also use it. The title was changed to replace “Dental License” with “Dental or Dental Hygiene Licensure.” The initial instructions and final affidavit were amended to provide more information and be to more consistent across all forms. The “FOR KBD USE ONLY” section was reformatted and lightly edited. The nine “yes or no” questions on the form that may require a written response were revised and consolidated into five questions but capture the same information except for the financial aid obligation question, which was removed entirely. Questions requesting gender, place of birth, clinical exam, specialty number, and sedation permit number were moved as the board already has this information. The Practice History requirement was removed as it is unnecessary. The notary section was reformatted to be more space efficient and a label for the notary seal was added. The submission instructions at the bottom of the second page were incorporated into the opening paragraph.

The "Retirement of License Form", is a one-page form that dentists and dental hygienists licensed in Kentucky should file to formally retire their license. The letterhead was modified slightly to add the board's website and make it uniform across all forms. The identification of different sections in the form were removed, as was a dedicated space titled “FOR KBD USE ONLY.” The open ended “License Type” question was changed to radial buttons for “Dentist” or “Hygienist”

The "Verification of Licensure or Registration Form", is a one-page form that dentists and dental hygienists currently or previously licensed in Kentucky must file to receive an official verification of their licensure. The letterhead was modified slightly to add the board's website and make it uniform across all forms. The identification of different sections in the form were removed, as was a dedicated space titled “FOR KBD USE ONLY.” A signature line was added as well as an “Other” option for verification. A second paragraph was added to the instruction to clarify what the verification of licensure contains.