BOARD OF DENTAL EXAMINERS OF ALABAMA
ADMINISTRATIVE CODE

CHAPTER 270-X-2
DENTISTS

TABLE OF CONTENTS

270-X-2-.01	Education Requirements For Examination-Dentists
270-X-2-.02	Applications For Dental License, Qualifications Of Applicants And Licensing Of Persons Licensed In Other States
270-X-2-.03	Licensure Of Foreign Graduates
270-X-2-.04	Fees For Licensure Applicants
270-X-2-.05	Examination Rules And Issuance Of Licenses
270-X-2-.06	Replacement And/Or Duplicate Certificate
270-X-2-.07	Annual Registration For Dentists
270-X-2-.08	Grounds For Disciplinary Action Pertaining To Dental License
270-X-2-.09	Change Of Address Of Licensed Dentists
270-X-2-.10	Teaching/Special Teaching Permits
270-X-2-.11	Alabama Uniform Controlled Substances Act
270-X-2-.12	Maintenance Of Controlled Substances Records And Inventory
270-X-2-.13	Statement Of Charges And Notice Of Hearing Before Imposition Of Disciplinary Penalties
270-X-2-.14	Change Of Name On License Certificate (Repealed 1/20/09)
270-X-2-.15	Standards For Infection Control In Dental Offices
270-X-2-.16	Training And Educational Requirements For The Use Of Parenteral Sedation
270-X-2-.17	Criteria For On-Site Inspection For The Use Of General Anesthesia And Parenteral Sedation
270-X-2-.18	The Practice Of Dentistry Across State Lines
270-X-2-.19	Licensure By Credentials
270-X-2-.20	Reporting Of Adverse Occurrences
270-X-2-.21	Oral Conscious Sedation
270-X-2-.22	Patient Records
270-X-2-.23	Risk And Abuse Mitigation Strategies By Prescribing Dentists
270-X-2-.24	Anesthesia Inspection Teams
270-X-2-.25	Administration Of Botulinum Toxin And Similar Treatments By Dentists

270-X-2-.26 Patient Records Management

270-X-2-.01 Education Requirements For Examination-Dentists.

(1) Pre-Dental. A minimum of three (3) years academic study of ninety (90) semester hours or its equivalent. This will include a minimum of:

Biology.....8 hours
Chemistry.....16 hours
Physics.....8 hours
Mathematics.....6 hours
Non-Science.....30 hours
(12 of which must be English or its equivalent)

(2) Must be a graduate of a school or college of dentistry approved by the Board.

(3) Must successfully complete the National Board Dental Examination Parts one (1) and two (2), or the Integrated National Board Dental Examination, administered by the Joint Commission on National Dental Examinations.

(4) A person's failure to satisfy subsection (1) above shall not prevent that person from taking the dental licensure examination provided for in the Alabama Dental Practice Act, Code of Ala. 1975, §34-9-1, et seq., provided that person has satisfied the requirements of subsection (2) above.
Author: James S. Ward
Statutory Authority: Code of Ala. 1975, §§34-9-2, 34-9-3, 34-9-10, 34-9-43.
History: Filed September 28, 1982. **Amended:** Filed April 19, 1989. **Amended:** Filed February 14, 2004; effective March 21, 2005. **Amended:** Filed February 22, 2012; effective March 28, 2012. **Amended:** Published November 29, 2019; effective January 13, 2020.

270-X-2-.02 Applications For Dental License, Qualifications Of Applicants And Licensing Of Persons Licensed In Other States.

(1) All applicants for dental examination must file his/her application, giving first, middle and last name, and all credentials pertaining to the examination, along with examination fee and certificate fee in an amount set forth in Code of Ala. 1975, §34-9-16, with the secretary-treasurer not less than thirty (30) days prior to the date of the examination.

(2) Applications not complete with all credentials or received after the closing dates will be returned or rejected.

(3) Fees are not refundable.

(4) All applicants for licensure shall also comply with the provisions of Code of Ala. 1975, §34-9-10.
Author: James S. Ward
Statutory Authority: Code of Ala. 1975, §§34-9-2, 34-9-3, 34-9-10, 34-9-16, 34-9-43.
History: Filed September 28, 1982. **Amended:** Filed February 18, 2003; effective March 25, 2003. **Amended:** Filed February 22, 2012; effective March 28, 2012.

270-X-2-.03 Licensure Of Foreign Graduates.

(1) Definitions:

(a) GRADUATE OF A FOREIGN DENTAL SCHOOL shall mean any person of good moral character, nineteen (19) years of age or more, who has been graduated and admitted to the degree of doctor of dental surgery, doctor of dental medicine, or other equivalent degree by any university or college authorized to grant said degree located in any country other than the United States, its territories, districts, or possessions, or the Dominion of Canada.

(b) APPLICANT shall mean any person applying for licensure pursuant to the provisions of this rule and of any applicable provisions contained in Code of Ala. 1975, §34-9-1, et seq.

(c) BOARD shall mean the Board of Dental Examiners of Alabama.

(2) Requirements for Licensure. In addition to meeting the requirements set forth in Code of Ala. 1975, §34-9-10, with respect to moral character, age, and graduation, the applicants shall submit the following credentials to the Board:

(a) An application, completed and verified by the oath of the applicant, upon such form as the Board deems appropriate, accompanied by a recent un-mounted autographed photograph of the applicant.

(b) Evidence satisfactory to the Board that the applicant has completed at least three (3) years of pre-professional post-secondary academic training and four (4) years of professional training in the field of dentistry.

(c) At least two (2) academic years of formal clinical training in a United States or Canadian accredited institution and the awarding or receiving of a D.M.D. or D.D.S. degree from said United States or Canadian accredited institution shall be required.

(d) A copy of the degree or diploma issued to the applicant by the college or university conferring the same, properly authenticated by an official of said college or university authorized to make such authentication.

(e) A copy of the subjects taken and the credits earned by the applicant and his/her courses at such college or university, duly authenticated by an official of said college or university authorized to make such authentication.

(f) In the event that the degree, diploma, or transcript required be furnished the Board hereunder such will be in a language other than the English language, each such document shall be accompanied by a translation thereof into the English language, which such translation shall be certified by an officer or other individual acceptable to the Board.

(g) Some form of documentation, duly and properly authenticated by an official authorized to make such authentication, that the applicant has completed at least two (2) academic years of formal training in a United States or Canadian accredited institution and has received a D.M.D. or D.D.S. degree from said United States or Canadian accredited institution.

(h) Two (2) letters of recommendation written by persons acceptable to the Board which shall certify to the Board the good moral character of the applicant and his/her age, qualifications, background, and experience, if any.

(3) Reciprocity. In the event that the applicant has been tested, licensed, or qualified in some other state of the United States or its districts, territories, or possessions, the Board may, but shall not be obligated to, accept the pretesting credentials and evidence submitted to such other states provided that such credentials and pretesting meet the minimum standards of the Board as set forth in this rule and by law.

(4) Fees. An applicant shall submit to the Board with his/her application a fee to be determined by the Board within the limits set by law.

(5) Time Limitations. An applicant shall take the Board's regular examination within one (1) year of the time that he/she has made application to the Board and satisfactorily completed the pre-examination requirements set forth in this rule; otherwise, his/her application and any other requirements that he/she has failed to meet shall be deemed to be lapsed and void.

Author: James S. Ward
Statutory Authority: Code of Ala. 1975, §§34-9-2, 34-9-3, 34-9-10, 34-9-43.
History: Filed September 28, 1982. **Amended:** Filed February 22, 2012; effective March 28, 2012.

270-X-2-.04 Fees For Licensure Applicants.

(1) Fees are not refundable at the discretion of the Board.

(2) Examination fees are to be determined by the Board.
Author: James S. Ward
Statutory Authority: Code of Ala. 1975, §§34-9-2, 34-9-3, 34-9-10, 34-9-16, 34-9-43.
History: Filed September 28, 1982. **Amended:** Filed July 21, 2009; effective August 25, 2009. **Amended:** Filed September 20, 2010; effective October 25, 2010. **Amended:** Filed February 22, 2012; effective March 28, 2012.

270-X-2-.05 Examination Rules And Issuance Of Licenses.

(1) No person other than Examiners and applicants for licensure shall be present in the rooms when and where examinations, either written, clinical or laboratory procedures are being conducted except by permission of examiner in charge.

(2) Any applicant found guilty of receiving or giving aid during the theoretical, operative, clinical, or prosthetic laboratory examination will be dismissed. Dismissal will constitute a failure.

(3) No smoking is allowed during examinations.

(4) Examination paper will be furnished by the Board. No other paper of any kind, or textbooks, will be allowed in the examination room unless approved by the examiner in charge.

(5) All written examinations must be written in the English language.

(6) Board members are not permitted to interview applicants who have failed the examination. All such matters shall be directed to the secretary-treasurer in writing by the applicant.

(7) Board members are not permitted to disclose grades made by any applicant to anyone other than the applicant.

(8) When an applicant for licensure successfully passes the written or clinical examination, that passing grade shall carry over and be valid only until the next available examination.

(9) In addition, examinations shall be conducted and licenses issued in compliance with Code of Ala. 1975, §34-9-11.
Author: James S. Ward

Statutory Authority: Code of Ala. 1975, §§34-9-2, 34-9-3, 34-9-11, 34-9-41, 34-9-43.
History: Filed September 28, 1982. **Amended:** Filed April 3, 1997; effective May 8, 1997. **Amended:** Filed September 4, 1998; effective October 11, 1998. **Amended:** Filed May 17, 1999; effective June 21, 1999. **Amended:** Filed February 22, 2012; effective March 28, 2012.

270-X-2-.06 Replacement And/Or Duplicate Certificate.

(1) Replacement

(a) Replacement certificate must be requested in writing. The request for replacement must include the reason for request.

(b) Replacement certificate must be marked "replacement certificate."

(c) Replacement certificate should contain date that original certificate was issued and must be signed by the entire Board and contain the date the duplicate is issued.

(d) Fee to be set by the Board.

(2) Change of name on license certificate

(a) Any individual desiring a change of name on their certificate must notify the Board in writing and enclose the following.

1. The reason for the name change (i.e. the legal document used to change the name)

2. Original license certificate, if available

3. Fee to be set by the Board

(b) The original license certificate will be destroyed upon issuance of a new certificate so marked as “change of name certificate”.

(3) Duplicate certificate.

(a) Any licensee requesting a duplicate certificate must notify the Board in writing and enclose the following:

1. The reason they are requesting a duplicate certificate and where it will be held.

2. Fee to be set by the Board.

Author: James S. Ward

Statutory Authority: Code of Ala. 1975, §§34-9-2, 34-9-3, 34-9-13, 34-9-16, 34-9-43.
History: Filed September 28, 1982. **Amended:** Filed December 16, 2008; effective January 20, 2009. **Amended:** Filed February 22, 2012; effective March 28, 2012.

270-X-2-.07 Annual Registration For Dentists.

(1) The Secretary-Treasurer of the Board shall furnish to every dentist currently licensed and registered to practice in the State of Alabama, on or before September 1 of each year, a registration form which contains space for the insertion of his/her name, address, date and number of his/her license certificate and such other information as the Board shall deem necessary. The registration form shall also require the dentist to attest whether he or she is in possession of any controlled substances for dispensing or administration to patients, and, if so, whether his or her inventory record is reconciled to the actual inventory of controlled substances.

(2) No later than September 30 of each year, every dentist licensed and registered to practice in the State of Alabama shall transmit to the Secretary of the Board the completed form prescribed by the Board, together with the prescribed annual registration fee. The valid period of a certificate of registration shall be exactly one year, commencing on October 1 and ending on September 30 of the following calendar year, without regard to the date on which the annual registration takes place. On October 1 of each year, the license of any dentist who shall have failed to complete the annual registration process as provided in this subsection shall be converted to expired status.

(3) Between October 1 and December 31 of each year, any dentist whose license is converted to expired status as provided in subsection (2) may reinstate his or her license to active status by meeting all applicable requirements for renewal, and by paying the prescribed annual registration fee.

(4) On or about December 1 of each year, the Executive Director shall cause the issuance of the written notices described in Ala. Code §34-9-15(c)(2), via U.S. Mail, to all dentists who, as of such date, shall not have completed the annual registration process.

(5) On January 1 of each year, the licenses of all dentists who shall have failed to complete the annual registration process shall automatically be suspended. Any dentist whose license is automatically suspended for less than five years may reinstate his or her license by completing all of the following:

(a) meeting all applicable requirements for reinstatement;

(b) paying the prescribed annual registration fee for all intervening years up to a maximum of five years; and

(c) paying the statutory maximum reinstatement penalty as prescribed by Ala. Code §34-9-16.

(6) Any person who performs any act constituting the practice of dentistry without a valid license and annual registration as prescribed by law shall be subject to disciplinary action.

(7) In no case shall a dentist be permitted to complete the annual license registration process unless he or she demonstrates the he or she has fulfilled the continuing education requirements prescribed by Rule 270-X-4-.04.
Author: Board of Dental Examiners of Alabama
Statutory Authority: Code of Ala. 1975, §§34-9-2, 34-9-3, 34-9-15, 34-9-43.
History: Filed September 28, 1982. **Amended:** Filed December 19, 1994; effective January 23, 1995. **Amended:** Filed January 30, 1998; effective March 6, 1998. **Amended:** Filed July 21, 2009; effective August 25, 2009. **Amended:** Filed February 22, 2012; effective March 28, 2012. **Amended:** Published September 29, 2023; effective November 13, 2023. **Amended:** Published April 30, 2024; effective June 14, 2024.

270-X-2-.08 Grounds For Disciplinary Action Pertaining To Dental License.

The Board may refuse to issue the license or license certificate provided for in Code of Ala. 1975, §34-9-1, et seq., or may impose any of the penalties outlined in Code of Ala. 1975, §34-9-18(b), whenever it shall be established to the satisfaction of the Board, after a hearing as provided for in Code of Ala. 1975, §§34-9-18, 34-9-24, and the Alabama Administrative Procedure Act, that any licensed dentist has been guilty of any of the provisions of Code of Ala. 1975, §§34-9-1, et seq., including but not limited to Code of Ala. 1975, §4-9-18.
Author: James S. Ward
Statutory Authority: Code of Ala. 1975, §§34-9-2, 34-9-18, 34-9-24, 34-9-43.
History: Filed September 28, 1982. **Amended:** Filed April 19, 1989. **Amended:** Filed February 22, 2012; effective March 28, 2012.

270-X-2-.09 Change Of Address Of Licensed Dentists.

All licensed dentists upon changing his/her place of practice shall comply with Code of Ala. 1975, §34-9-14.
Author: James S. Ward

Statutory Authority: Code of Ala. 1975, §§34-9-14, 34-9-43.
History: Filed September 28, 1982. **Amended:** Filed February 22, 2012; effective March 28, 2012.

270-X-2-.10 Teaching/Special Teaching Permits.

Teaching/Special Teaching permits shall only be issued in compliance with Code of Ala. 1975, §34-9-8.
Author: James S. Ward
Statutory Authority: Code of Ala. 1975, §§34-9-2, 34-9-8, 34-9-16, 34-9-43.
History: Filed September 28, 1982. **Amended:** Filed February 22, 2012; effective March 28, 2012.

270-X-2-.11 Alabama Uniform Controlled Substances Act.

(1) Pursuant to the Alabama Uniform Controlled Substances Act, specifically, Code of Ala. 1975; 20-2-50 and 20-2-52, it shall be necessary for all licensed dentists and dentists who are issued special teaching permits who dispense, administer, prescribe, maintain or otherwise have in their possession controlled substances to annually register with the Board of Dental Examiners of Alabama and obtain a State Controlled Substance Number from said Board.

(a) The requirement stated in paragraph (1) of obtaining a registration certificate is waived for post-doctoral dental students and residents from the start date of each post-doctoral dental student's/resident's training until the end of each post-doctoral dental student's/resident's training period. Each post-doctoral dental student/resident shall be issued a controlled substance number following the acceptance of an application submitted to the Board. Each post-doctoral dental student/resident must renew his/her controlled substance number annually.

(b) Dental post-doctoral students and residents shall mean those enrolled in ADA accredited graduate programs at the UAB School of Dentistry or UAB Hospital, or in other such dental colleges, hospitals or institutions in Alabama, as may be approved by the Board.

(c) A dental post-doctoral student or resident for whom the requirement of obtaining a registration certificate is waived shall perform his/her work within the facilities of such dental colleges, hospitals and institutions under the supervision of an instructor and as adjunct to his/her post graduate course of study or training.

(2) This State Controlled Substance Number must appear on prescription blanks as well as the Drug Enforcement Agency Number. Every written prescription issued in this state by a licensed dentist and/or post-doctoral dental student/resident in possession of a Board issued controlled substance number shall contain two (2) signature lines. Under one signature line shall be printed clearly the words "product selection permitted." The licensed dentist shall communicate instructions to the pharmacist by signing on the appropriate line.

(3) Registration under this rule will be due at the same time as the annual license registration to practice dentistry. Before renewing a state-controlled substance license issued by the Board, the dentist must have a current registration to access the controlled substances prescription database program maintained by the Alabama Department of Public Health (e.g., the Alabama Prescription Drug Monitoring Program). In order to obtain a state-controlled substances number the dentist must possess a current and valid registration from the United States Drug Enforcement Agency. A post-doctoral dental student/resident shall be required to use their school's facility United States Drug Enforcement Agency issued number

(4) The fee for registration and the State Controlled Substance Number shall be an amount to be fixed by the Board.

(5) Any licensed dentist and/or post-doctoral dental student/ resident dispensing, administering, prescribing, maintaining, or possessing controlled substances who has not registered or obtained a State Controlled Substance Number will be deemed in violation of the Uniform Controlled Substances Act and will be subject to the penalties prescribed by law.
Author: Board of Dental Examiners of Alabama
Statutory Authority: Code of Ala. 1975, §§20-2-2, 20-2-50, 20-2-51, 20-2-52, 20-2-54, 34-9-2, 34-9-43.
History: Filed September 28, 1982. September 26, 2000; effective October 31, 2000. **Amended:** Filed March 15, 2006; effective April 19, 2006. **Amended:** Filed February 22, 2012; effective March 28, 2012. **Amended:** Filed June 25, 2018; effective August 9, 2018.

270-X-2-.12 Maintenance Of Controlled Substances Records And Inventory.

(1) Every dentist permitted to administer or dispense controlled substances by the Board of Dental Examiners of Alabama shall be required to maintain an accurate inventory record and separate dispensing record of all controlled substances in Schedules II through V. As it relates to this rule, "administer" means the direct application of a controlled substance to the body of a patient by a practitioner by injection, inhalation, ingestion, topical, or other means. "Dispense" means the delivery of a

controlled substance to a patient by a practitioner including the prescribing and administration of a controlled substance.

(2) The inventory record shall account for all controlled substances obtained or received by the dentist's office or the dentist regardless of whether the said controlled substances were purchased or obtained at no cost. The inventory record shall contain the following information:

(a) The date on which the controlled substance was obtained;

(b) The source from where the controlled substance was obtained;

(c) The name of the substance;

(d) Each finished form of the substance (e.g., 10-milligram tablet or 10-milligram concentration per fluid ounce or milliliter);

(e) The number of units or volume of each finished form in each commercial container (e.g., 100-tablet bottle or 3-milliliter vial); and

(f) The number of commercial containers of each such finished form (e.g., four 100-tablet bottles or six 3-milliliter vials).

(3) The dispensing record shall contain the following information:

(a) The date the controlled substance was dispensed;

(b) The method by which the controlled substance was dispensed (i.e., dispensed in office or released to patient);

(c) The name of the controlled substance dispensed;

(d) The name of the patient to whom the controlled substance was dispensed;

(e) The finished form of the controlled substance dispensed (i.e., concentration); and

(f) The quantity of the controlled substance dispensed.

(4) The inventory and separate dispensing record required by this rule shall be kept in the office of the dentist for a period of five (5) years from the date the controlled substances are dispensed and shall be made available for inspection by agents of the Board of Dental Examiners of Alabama or any law enforcement agency.

(5) Failure to maintain and make available the inventory and separate dispensing record required by this rule shall be considered a failure to maintain effective controls against diversion of controlled substances into other than legitimate dental channels.

(6) Whenever a dentist is required to waste any unused controlled substances, the dentist shall document the name of the controlled substance and amount to be wasted on the dispensing record. Two clinic employees shall witness the disposal and docuument by means of their signatures. A dentist who dispsoses of unused stock of a controlled substance shall do so in accordance with procedures established by the Drug Enforcement Administration or pursuant to any rules or regulations promulgated by that agency. All controlled substances that are wasted or disposed of must be rendered irretrievable.
Author: Board of Dental Examiners of Alabama
Statutory Authority: Code of Ala. 1975, §§20-2-2, 20-2-50, 20-2-51, 20-2-52, 20-2-54, 34-9-2, 34-9-43(10).
History: Filed September 28, 1982. **Amended:** Filed July 1, 1988; September 19, 1988. **Amended:** Filed February 22, 2012; effective March 28, 2012. **Amended:** Filed January 31, 2023; effective June 12, 2023.

270-X-2-.13 Statement Of Charges And Notice Of Hearing Before Imposition Of Disciplinary Penalties.

No imposition of any of the disciplinary penalties set forth and outlined in Code of Ala. 1975, §34-9-18(b), shall be taken until the licensee has been furnished a statement in writing of the charges against him/her and with a notice of the time and place of the hearing. The statement of charges shall be in compliance with Code of Ala. 1975, §§34-9-24, 41-22-12.
Author: James S. Ward
Statutory Authority: Code of Ala. 1975, §§34-9-2, 34-9-24, 34-9-43, 41-22-12.
History: Filed September 28, 1982. **Amended:** Filed April 19, 1989. **Amended:** Filed February 22, 2012; effective March 28, 2012.

270-X-2-.14 Change Of Name On License Certificate (Repealed 1/20/09).

(Repealed)
Author: James S. Ward
Statutory Authority: Code of Ala. 1975, §§34-9-2, 34-9-4, 34-9-16, 34-9-43.
History: Filed September 28, 1982. **Repealed:** Filed December 16, 2008; effective January 20, 2009.

270-X-2-.15 Standards For Infection Control In Dental Offices.

All dental offices must conform to and comply with the current recommendations and guidelines of the Centers for Disease Control and Prevention (C.D.C.) relating to infection control practices for dentistry and/or dental offices. The recommendations and guidelines of the C.D.C. may be obtained from the United States Department of Health and Human Services, Public Health Service or through the Board of Dental Examiners of Alabama. It is the responsibility of all currently licensed dentists, dental hygienists, dental assistants and all other personnel who are utilized by a licensed dentist and who assist in a dental practice and may be exposed to body fluids such as blood or saliva to maintain familiarity with these recommendations and guidelines.
Author: James S. Ward
Statutory Authority: Code of Ala. 1975, §§34-9-2, 34-9-18(8), 34-9-43(4).
History: Filed September 28, 1982. **Amended:** Filed November 6, 1992. **Amended:** Filed April 3, 1997; effective May 8, 1997. **Amended:** Filed July 11, 2003; effective August 15, 2003. **Amended:** Filed February 22, 2012; effective March 28, 2012.

270-X-2-.16 Training And Educational Requirements For The Use Of Parenteral Sedation.

(1) In order to satisfy the formal training requirements imposed by law for the issuance of a parenteral sedation permit, a dentist must have completed a minimum of sixty (60) hours of instruction and the management of at least the number of patients recommended by the American Dental Association's Council on Dental Education. The hours of instruction must cover the following areas:

(a) Patient evaluation and medical risk assessment;

(b) Management of medical emergencies, including the principals and techniques of advanced life support; and

(c) Parenteral conscious sedation techniques.

(2) The training program attended by the dentist must be approved as acceptable for training in parenteral sedation by the Board of Dental Examiners of Alabama.
Author: James S. Ward
Statutory Authority: Code of Ala. 1975, §§34-9-43(10), 34-9-63(1)(a)(1), 34-9-65(b). Adopted as revised December 10, 1993.
History: Filed May 23, 1986, December 20, 1993. Amended December 20, 1993. **Amended:** Filed February 22, 2012; effective March 28, 2012.

270-X-2-.17 Criteria For On-Site Inspection For The Use Of General Anesthesia And Parenteral Sedation.

(1) This rule contains the procedures, criteria, and information mandatory for the clinical administration of general anesthesia and parenteral sedation. These shall be used by the inspecting team in determining whether a dentist's facilities, equipment, and personnel have satisfied the requirements imposed by law and this rule for the issuance of a general anesthesia or a parenteral sedation permit.

(a) Clinical Use of General Anesthesia and/or Parenteral Sedation. Two (2) procedures utilizing general anesthesia and/or parenteral sedation shall be observed. This portion of the evaluation shall not exceed two (2) hours. No evaluation can be considered complete unless this part is included.

(b) Simulated Emergencies.

1. The examiners will simulate the emergency situations/techniques listed below. The permittee and office staff should be competent in managing all of these:

(i) Laryngospasm

(ii) Bronchospasm

(iii) Emesis and aspiration of vomitus

(iv) Management of foreign bodies in the airway

(v) Angina pectoris

(vi) Myocardial infarction

(vii) Cardiopulmonary resuscitation

(viii) Hypotension

(ix) Hypertensive crisis

(x) Acute allergic reaction

(xi) Hyperventilation syndrome

(xii) Convulsion of unknown etiology

(xiii) Syncope

(c) Office Equipment, Records, and Emergency Medications.

1. All office equipment and records related to patient care should be available for inspection by the examiners.

2. Specific attention shall be directed to the following areas:

(i) The oxygen and supplement gas-delivery system; backup system

(ii) Provision for suction and backup system

(iii) Auxiliary lighting system

(iv) The gas storage facilities

(v) Suitability of the operatory

(vi) Patient transportation equipment (if used)

(vii) Recovery area

(viii) Sterilization areas

(ix) Preparation of medications

(x) Completeness of emergency anesthetic equipment and medications

(xi) Completeness of office patient-care records

(xii) Monitoring equipment

(d) Outline of Information that Shall be Obtained and Recorded in the Patient's Record. The information shall provide a resource that aids in treatment planning and selection of the anesthetic and/or sedation and furnish needed data if an unexpected physiologic change occurs during the course of a surgical and/or operative procedure. A written record of this evaluation is a requirement for proper patient care. This section sets forth the material that should be obtained and recorded.

1. Vital Statistics. These shall include at least:

(i) Patient's full name

(ii) Address(es) - home and work

(iii) Telephone(s) - home and work

(iv) Date of birth

(v) Gender

(vi) Marital status (name of spouse)

(vii) Occupation

(viii) Name of parent or guardian, if patient is a minor

2. Patient Evaluation (Medical History).

(i) The patient's chief complaint, followed by a history of the present illness or a statement about the patient's problem, shall be recorded. The history shall fulfill two basic requirements:

(I) It must elicit the core medical information that will enable the dentist to identify the risk status of the patient.

(II) It shall provide written evidence that the process of patient evaluation was performed and that the treatment was logical.

(ii) The Core Physical Examination. Vital signs include blood pressure, pulse rate, and respiratory rate. Preoperative blood pressure and pulse rate measurements shall be made and documented in the patient's record.

(iii) Additional Data that Shall be in the Patient’s Record:

(I) Documentation of the proposed procedure clearly indicated, as well as documentation that likely complications were discussed with the patient.

(II) A written formal consent for the proposed procedure.

(III) When indicated, adequate radiographs shall be available and shall delineate clearly the areas to be treated.

(IV) A record of the anesthesia and/or sedation shall be made. The anesthetic and other agents and amounts given shall be indicated. Preoperative, intraoperative, and post-operative vital signs shall be recorded and any unusual reactions or complications shall be documented. Starting and ending times for anesthesia shall be recorded. The persons present during the procedure shall be noted.

(V) A record of prescriptions given shall be included.

(e) Office Facilities and Equipment. This section deals with the physical requirements for conducting office anesthesia/ sedation.

1. The fundamental physical requirements for the anesthesia and/or sedation facility are:

(i) The Operating Room/Operatory - The operatory shall be large enough to adequately accommodate the patient on a table or in a dental chair and permit the anesthesia and/or sedation team, consisting of the dentist and two or three trained assistants, to move freely about the patient.

(ii) The Operating Table or Dental Chair - The table or chair shall permit the patient to be positioned so the anesthesia team can maintain the airway, allows quick alteration of patient position in an emergency, provides a firm platform for the management of cardiopulmonary resuscitation, and provides easy access to the patient's oral cavity.

(iii) Lighting Systems.

(I) Room lighting shall be adequate to permit evaluation of the patient's skin and mucosal color.

(II) There shall be provisions for auxiliary lighting should the power fail in the operatory. Backup lighting shall be battery powered and of sufficient intensity to permit completion of any procedure underway at the time of general power failure.

(iv) Suction Equipment.

(I) Aspiration shall be provided either by a portable suction unit or by a central suction installation. It is important to provide for auxiliary suction should the pump or electrical power fail.

(II) Multiple suction tips, including tonsil suction tips, shall be available.

(v) Oxygen and Supplemental Gas-Delivery System.

(I) An oxygen and supplemental gas-delivery system capable of delivering metered oxygen and/or gas under positive pressure shall be required.

(II) Gas outlets for remote delivery systems shall be coded to prevent accidental administration of the wrong gas. Fail-safe mechanisms on anesthetic machines are mandatory.

(vi) Patient Recovery.

(I) Patients shall be retained in the surgery area until all protective reflexes have fully returned unless the dental staff is in immediate attendance at all times in the recovery area to continue vital-sign and airway observations.

(II) A patient recovering from a general anesthetic or sedation procedure shall be monitored in the recovery area. This recovery area shall include sufficient room to treat any emergency situation. The recovery area shall be equipped to provide oxygen under positive pressure and have adequate lighting, access to suction, and electrical outlets for connecting cardiac monitoring and defibrillating equipment.

(vii) Drug and Instrument Preparation and Storage Area-An adequate outpatient facility shall contain an area conducive to the sterile preparation and storage of drugs used in anesthesia and/or sedation. There should be provisions for refrigeration to store certain drugs. The drug preparation area shall include a secure storage site for narcotics and other dangerous drugs.

(viii) Gas Storage Area.

(I) Permissible Categories

I. Gas may be stored in a central location used by one or multiple practitioners within the same building.

II. Gas may be stored in the individual operatory.

III. There shall be reserve tanks of gas not connected for immediate use.

(II) Requirements

I. All gas storage shall be maintained according to local building, fire, and safety codes.

II. Gas stored in a central location shall have a central low-pressure alarm, which shall be easily heard in the treatment area where the procedure is being performed. In lieu of a central alarm, a daily gas log may be maintained and checked by the dentist.

(f) Monitoring.

1. The various methods and physiologic parameters used in monitoring patients shall be designed to immediately detect the changes produced either by dental stimulation or the anesthetics or sedatives employed.

2. All patients shall be monitored when anesthetics and/or sedation are employed. The doctor shall continually observe the patient's status and make moment-to-moment assessments of the patient's condition so necessary adjustments may be made.

3. Mechanical monitoring shall be used with every patient. Blood pressure, cardiac rate, oxygen saturation, end tidal CO2 (capnography), and electrocardiogram (EKG) all are required to be monitored during the pre-anesthetic and/or pre-sedation and intra- and post-operative intervals.

4. All equipment, both manual and automated, required by this rule for the monitoring of respiration, heart rate, and blood pressure under parts (g), (h), and (i) below must be maintained in each facility location where a dentist possesses a permit to use general anesthesia and/or parenteral sedation, and shall not be shared or transported between multiple facility locations. Documentation of compliance with manufacturers' recommended maintenance of monitors, anesthesia delivery systems, and other anesthesia-related equipment shall be maintained.

(g) Required Monitoring of Respiration.

1. Oximetry. Oximeter using a peripheral (finger, ear, or toe) transmitted wave-form monitor.

2. Capnography. Capnograph to monitor and measure the concentration or partial pressure of carbon dioxide in the respiratory gases, as well as the competency of the airway for gas exchange. The dentist shall monitor ventilation and/or breathing by monitoring end tidal

carbon dioxide unless precluded or invalidated by the nature of the patient, procedure, or equipment.

(h) Required Monitoring of Heart Rate.

1. Pre-cordial stethoscope or pulse oximeter.

2. Electrocardiogram (EKG).

(i) Required Monitoring of Blood Pressure. Systolic pressure, diastolic pressure, and heart rate must be recorded.

1. Sphygmomanometer and stethoscope or an automatic equivalent.

(j) Emergency Drugs

1. At a minimum each facility in which general anesthesia and/or parenteral sedation is used by a dentist, must maintain a secure stock of current emergency drugs from each of the following categories. Any specific drug selected must satisfy current advanced cardiac life support (ACLS) and/or American Association of Oral and Maxillofacial Surgeons (AAOMS) standards:

(i) Anticonvulsant

(ii) Antihypoglycemic

(iii) Anticholinergic

(iv) Antiarrhythmics

(v) Steroid

(vi) Antihistamine

(vii) Cardiac stimulant/antihypotensive agent

(viii) Analgesic

(ix) Benzodiazepine antagonist

(x) Narcotic antagonist

(xi) Paralytic Agent for Laryngospasms along with the paralytic agent’s reversal agent, of any

(xii) Antihypertensive

(xiii) Nitrate

2. The aforementioned emergency drugs must be maintained at each facility in which general anesthesia and/or parenteral sedation is used by a dentist and shall not be shared or transported between multiple facility locations.

(k) Personnel.

1. For the administration of parenteral sedation, at least two (2) individuals, each appropriately trained, are required to be present throughout the procedure, consisting of the doctor and an assistant trained to monitor appropriate physiologic variables.

2. For the administration of general anesthesia, at least three (3) individuals, each appropriately trained, are required to be present throughout the procedure, consisting of the doctor who directs the general anesthesia, a person whose responsibilities are observation and monitoring of the patient, and a third person who assists the operating dentist.

(l) The Board shall appoint examiners for the purpose of conducting the on-site inspections of dental facilities, equipment, and personnel as prescribed in Rule 270-X-2-.24.

(m) Upon receipt of an initial application for the administration of general anesthesia or parenteral sedation, a preliminary facility evaluation of the applicant’s facility will be conducted by examiners appointed by the Board. This preliminary facility evaluation will fully assess the safety of the facility, the presence of emergency equipment, the presence of necessary drugs, and the credentials of the individuals who will participate in the procedures. Subsequent to a satisfactory preliminary facility evaluation, a temporary permit for the administration of general anesthesia or parenteral sedation shall be issued. This temporary permit shall be valid for no more than ninety (90) days, until a subsequent evaluation which fully examines the criteria set forth in this rule is conducted by examiners appointed by the Board.

(n) An applicant may receive a single temporary permit for the administration of intravenous anesthesia and normally may not receive a second temporary permit at another location without successfully completing a full anesthesia evaluation.

(o) A second temporary for an additional office that is maintained under the exact same practice identity, such as a satellite office, with the exact same staff may be issued and may stay in effect while the temporary permit is legally maintained pending completion of a full anesthesia evaluation.

(p) An applicant may receive a single temporary permit for the administration of intravenous anesthesia and normally may not receive a second temporary permit at another location without successfully completing a full anesthesia evaluation.

(q) A second temporary for an additional office that is maintained under the exact same practice identity, such as a satellite office, with the exact same staff may be issued and may stay in effect while the temporary permit is legally maintained pending completion of a full anesthesia evaluation.

(r) If upon an initial application for the issuance of a permit for the administration of general anesthesia or parenteral sedation, the primary office of a dentist(s) has received a satisfactory on-site inspection and the dentist(s) also applies for the issuance of a permit to administer general anesthesia or parenteral sedation at a secondary office(s) or location(s), any on-site inspection thereof shall be limited only to the dental facility and equipment, provided that the same personnel satisfactorily evaluated at the primary office(s) of the dentist(s) will be engaged or involved in the administration of general anesthesia or parenteral sedation at the said secondary office(s) or location(s). If upon a request for renewal by a dentist(s) of a permit to administer general anesthesia or parenteral sedation at both his primary and secondary office(s) or location(s), the Board of Dental Examiners of Alabama determines that an on-site inspection of these office(s) or location(s) is required, the same procedure as outlined above in relation to the initial application for these permits shall be utilized.

(s) The examining team shall submit to the Board the report of their on-site inspection within fourteen (14) days from the date of said inspection. If the results of the initial evaluation are deemed unsatisfactory, the anesthesia certificate is immediately suspended and the applicant must reapply by submitting another application and fee to the Board.

Author: Board of Dental Examiners of Alabama
Statutory Authority: Code of Ala. 1975, §§34-9-43, 34-9-60, 34-9-63, 34-9-65.
History: Filed May 23, 1986. **Amended:** Filed March 8, 1988. **Amended:** Filed December 20, 1993. **Amended:** Filed February 22, 2012; effective March 28, 2012. **Amended:** Filed January 22, 2018; effective March 8, 2018. **Amended:** Filed July 26, 2018; effective September 9, 2018. **Amended:** Published July 31, 2020; effective September 14, 2020. **Amended:** Published September 29, 2023; effective November 13, 2023. **Amended:** Published February 27, 2026; effective April 13, 2026.

270-X-2-.18 The Practice Of Dentistry Across State Lines.

(1) Definitions: The following definitions shall apply to these rules.

(a) Practice Of Dentistry Across State Lines. The practice of dentistry across state lines means the practice of dentistry as defined in Code of Ala. 1975, §34-9-6, as it applies to:

1. The rendering of a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient located within this state by a dentist located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or his or her agent; or

2. The rendering of treatment to a patient located within the state by a dentist located outside this state as a result of transmission of individual patient data by electronic or other means from this state to such dentist or his or her agent.

3. This definition is not intended to include an informal consultation between a licensed dentist located in this state and a dentist located outside this state provided that the consultation is conducted without compensation to or the expectation of compensation to either dentist and does not result in the formal rendering of a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient by the dentist located outside this state.

(b) Dental Emergency. A dental emergency is a condition or circumstance in which a patient is experiencing acute oral trauma, severe pain, bleeding or infection of dental of dental hard or soft tissue, requiring, in the best clinical judgment of the attending dentist based on the facts before him or her, immediate treatment. Conditions qualifying as dental emergencies include periapical inflammation, periapical infection, periapical abscess, acute perioral swelling, post extraction alvcolitis, post extraction bleeding, fractured or abscessed teeth, fractures of the jaw, and dislocated mandible.

(c) Irregular Or Infrequent. The irregular or infrequent practice of dentistry across state lines is deemed to occur if such practice occurs less that ten (10) times in a calendar year or involves fewer than ten (10) patients in a calendar

year or composes less than one percent (1%) of the dentist's diagnostic or therapeutic practice.

(2) License Requirement. To engage in the practice of dentistry across state lines in the State of Alabama, a person shall hold a current special purpose license to practice dentistry across state lines issued in accordance with the provisions of Code of Ala. 1975, §3-9-10 and this Rule or a person shall hold a full, unrestricted, and current license issued under Code of Ala. 1975, §34-9-10 and the Rules of the Board. Exemptions to this licensing requirement are as follows:

(a) A dentist who engages in the practice of dentistry across state lines in a dental emergency, as defined in this Rule and as set forth in Code of Ala. 1975, §34-9-7.

(b) A dentist who engages in the practice of dentistry across state lines on an irregular or infrequent basis, as defined in this Rule and as set forth in Code of Ala. 1975, §34-9-7.

(3) Qualifications For A Special Purpose License. An applicant shall be eligible for issuance of a certificate or qualification to practice dentistry across state lines if all of the following requirements are met:

(a) The applicant holds a full and unrestricted license to practice dentistry in any state of the United States or territories, other than this state, in which such individual is licensed.

(b) The applicant has not had any previous disciplinary action or other action taken against the applicant by any state or licensing jurisdiction, provided, however, that in the event of previous disciplinary or other action taken against the applicant, the Board may issue a certificate of qualification. If it finds that the previous disciplinary action or other action does not indicate that the dentist is a potential threat to the public.

(c) The applicant completes the submits an application form for a certificate of qualifications for a special purpose license on a form provided and approved by the Board in an amount established by the Board.

(d) Any special purpose license issued by the Board to practice dentistry across state lines limits the license solely to the practice of dentistry across state lines. The special purpose license shall be valid for a period of three years, shall expire on a renewal date established by the Board in the third calendar year after its issuance, and may be renewed upon receipt of a renewal fee as established by the Board. Failure to renew a license according to the renewal schedule established by the Board shall cause the special

purpose license to be inactive. An applicant may reapply following placement of the license on inactive status. The application shall meet the qualifications of Code of Ala. 1975, §34-9-10 in order to be eligible for renewal of the license.

(e) A special purpose license to practice dentistry across state lines shall only be issued to an applicant whose principal practice location and license to practice are located in a state or territory of the United States whose laws permit or allow for the issuance of a special purpose license to practice dentistry across state lines of similar license to a dentist whose principal practice location and license are located in another state. It is the stated intent that dentist who hold a full and current license in the State of Alabama be afforded the opportunity to obtain, on a reciprocal basis, a license to practice dentistry across state lines in any other state or territory of the United States as a precondition to the issuance of a special purpose license as authorized by this act to a dentist licensed in the other state or territory. The Board shall determine which states or territories have reciprocal license requirements meeting the qualification of this section.

(4) Effect Of Special Purpose License.

(a) The issuance by the Board of a special purpose license to practice dentistry across state lines subjects the licensee to the jurisdiction of the Board in all matters set forth in Code of Ala. 1975, §34-9-1 et seq., and the Rules of the Board, including all matters related to discipline.

(b) It shall be the affirmative duty of every licensee to report to the Board of Dental Examiners in writing within fifteen (15) days of the initiation of any disciplinary action against the license to practice dentistry of the licensee by any state or territory in which the licensee in licensed.

(c) By accepting a special purpose license, the licensee agrees to produce patient medical records or other materials as requested by the Board and to appear before the Board or any of its committees following receipt of a written notice issued by the Board or its authorized representative. The failure of a special purpose licensee to report, produce records, or appear as set forth above shall subject the licensee to the disciplinary penalties as set forth in §34-9-5.

(d) A special purpose license to practice dentistry across state lines is subject to each of the grounds for disciplinary action as provided in Code of Ala. 1975, §34-9-18, in accordance with the procedures set out in that section and the

Alabama Administrative Procedures Act, Code of Ala. 1975, §41-22-1, et seq.

(e) The holder of a special purpose license shall comply with all laws, rules, and regulations governing the maintenance of patient medical records, including patient confidentiality requirements, regardless of the state where the medical records of any patient within this state are maintained.

(5) Annual Renewal For Fees And Licensing. The licensee holding a special purpose license must submit a completed renewal form prescribed by the Board on or before October 1st of the third year of the license. The licensee shall accompany such renewal form with a renewal fee established by the Board. These actions shall result in the licensee's receipt of a current annual registration certificate authorizing him or her to continue the practice of dentistry under a special purpose license. Failure to secure the annual registration certificate by the 1st of January of the next year will result in automatic revocation of the special purpose license to practice dentistry across state lines.
Author: Board of Dental Examiners
Statutory Authority: Code of Ala. 1975, §§34-9-1, 34-9-2, 34-9-7, 34-9-10, 34-9-43.
History: **New Rule:** Filed November 15, 2001; effective December 20, 2001. **Amended:** Filed February 22, 2012; effective March 28, 2012.

270-X-2-.19 Licensure By Credentials.

(1) Definitions: The following definitions shall apply to these rules:

(a) LICENSURE BY CREDENTIALS. Licensure by credentials is to be used to evaluate the theoretical knowledge and clinical skill of a dentist/dental hygienist when an applicant holds a dental/dental hygienist license in another state,

(b) BOARD. Board shall mean the Board of Dental Examiners of Alabama.

(c) ACT. Code of Ala. 1975, §34-9-1 et seq.

(2) To be eligible for licensure by credentials in the State of Alabama, the applicant shall meet the provisions of Code of Ala. 1975, §34-9-10 and this Rule, which are as follows:

(a) The dentist/dental hygienist must have been engaged in the active practice of clinical dentistry/clinical dental hygiene or in full time dental/dental hygiene education for the five

(5) years or five thousand (5,000) hours immediately preceding their application.

(b) The applicant must hold a current, valid, unrevoked, and unexpired license in a state having examination standards regarded by the Board of Dental Examiners of Alabama as an equivalent to the Alabama standards. For purposes of this requirement, these exam standards shall include passing the National Board Dental Examination Parts one (1) and two (2), or the Integrated National Board Dental Examination, administered by the Joint Commission on National Dental Examinations.

(c) The Board of Examiners in the state of current practice shall verify or endorse that the applicant's license is in good standing without any restrictions.

(d) The dentist/dental hygienist must not be the subject of a pending disciplinary action in any state in which the individual has been licensed which shall be verified through inquiry to the National Practitioner Data Bank, the health Integrity Protection Data Bank, the American Association of Dental Boards Clearing House for Disciplinary Information, or any other pertinent Bank currently existing or which may exist in the future.

(e) The applicant shall provide a written statement agreeing to be interviewed at the request of the Board.

(f) The applicant must successfully pass a written jurisprudence examination.

(g) There shall be certification from the United States Drug Enforcement Administration (DEA) and from the State board of any state in which the applicant is or has been licensed that the DEA registration is not the subject of any pending disciplinary action or enforcement of any kind, or that any state controlled substances permit has not been revoked, suspended, modified restricted or limited in any way.

(h) The applicant must submit affidavits from two (2) licensed dentists/dental hygienists practicing in the same geographical area where the applicant currently is practicing or teaching attesting to the applicant's moral character, standing, and ability.

(i) The applicant must provide the Board with and official transcript with school seal from the school of dentistry/ dental hygiene which issued the applicant's professional degree or execute a request and authorization allowing the board to obtain the transcript.

(j) The applicant must be a graduate of a dental/dental hygiene school, college or educational program approved by the board.

(k) The applicant must not be the subject of any pending or final action from any hospital revoking, suspending, limiting, modifying, or interfering with any clinical or staff privileges.

(l) The applicant must not have been convicted of a felony or any misdemeanor involving moral turpitude or of any law dealing with the administering or dispensing of legend drugs, including controlled substances.

(m) The Board may consider or require other criteria including, but not limited to, any of the following:

1. Questioning.

2. Results of peer review reports from constituent dental societies or federal dental services.

3. Substance abuse testing or treatment.

4. Background checks for criminal or fraudulent activities.

5. Participation in continuing education.

6. A current certificate in cardiopulmonary resuscitation.

7. Recent case reports or oral defense of diagnosis and treatment plans.

8. Proof of no physical or psychological impairment that would adversely affect the ability to practice dentistry/ dental hygiene with reasonable skill and safety.

9. Proof of professional liability coverage and that coverage has not been refused, declined, cancelled, non-renewed, or modified.

10. Whether the applicant has been subject to any final disciplinary action in any state in which the individual has been licensed which shall be verified by a query in the National Practitioner Data Bank, the Health Integrity Protection Databank, the American Association of Dental Examiners Clearing House for Disciplinary Information, any state where the applicant has been licensed, or any other pertinent bank currently existing or which may exist in the future.

11. Whether the applicant's DEA registration or any state-controlled substances permit has ever been revoked, suspended, modified, restricted, or limited in any way. Provided, however, that any discipline that results only from a failure to timely renew a registration or permit shall not prevent an applicant from being eligible for this method of licensure.

12. Denial of any professional license or denial of the opportunity to take a dental/dental hygiene exam.

(n) If all criteria and requirements are satisfied and the Board determines, after notice and hearing, that the individual committed fraud or in any way falsified any information in the application process, the Board may impose disciplinary sanctions allowed by the provisions of the Act.

(3) In addition to the requirements for applicants seeking licensure by credentials, an applicant desiring to practice a specialty only, must meet the following requirements:

(a) The specialty must be one in a branch of dentistry approved by the American Dental Association.

(b) The applicant shall meet the existing educational requirements, and standards set forth by the American Dental Association for that approved specialty.

(c) An applicant who chooses to announce or practice a specialty must limit his/her practice exclusively to the announced special area or areas of dental practice.

(4) An applicant shall submit to the board with the application, a non-refundable fee to be determined by the Board. If an applicant is granted a license, this fee includes the licensing fee for the remaining portion of the first licensing year.

(5) Regardless of the applicant's compliance with the foregoing requirements, the Board may refuse to issue a license by credentials based on any conduct which would be a ground for discipline pursuant to Code of Ala. 1975, §34-9-19.

(6) An applicant granted a license by credentialing will be subject to the Act and all Board rules.
Author: James S. Ward
Statutory Authority: Code of Ala. 1975, 34-9-10, 34-9-43.
History: New Rule: Filed February 18, 2003; effective March 25, 2003. **Amended:** Filed March 15, 2006; effective April 19, 2006. **Amended:** Filed July 29, 2008; effective September 2, 2008. **Amended:** Filed December 18, 2009; effective January 22, 2010. **Amended:** Filed September 20, 2010; effective October 25, 2010. **Amended:** Filed February 22, 2012; effective March 28, 2012. **Amended:** Published November 29; effective January 13, 2020.

270-X-2-.20 Reporting Of Adverse Occurrences.

1. Any dentist practicing in the State of Alabama must notify the Board of Dental Examiners of Alabama (Board) of any mortality or significant injury occurring during or directly related to a dental procedure or treatment performed by a dentist or in which a dentist participated in any manner whether occurring in an office, hospital, or other outpatient treatment facility within seven (7) business days from the date on which the dentist first becomes aware of the mortality or significant injury. A significant injury is defined as physical injury that results in hospital admission.

2. In addition, the dentist shall submit a complete report to the Board within thirty (30) business days from the date on which the dentist first becomes aware of the referenced occurrence which must include, at a minimum, the following:

   a. Description of the dental procedure.

   b. Description of preoperative physical condition of the patient, including recorded vitals.

   c. List of drugs and dosages administered.

   d. Description, in detail, of techniques utilized in administering the drugs used.

   e. Description of the adverse occurrence.

      1. Describe, in detail, symptoms of any complications to include, but not be limited to, the onset and type of symptoms exhibited by the patient.

      2. Treatment instituted on the patient.

      3. Response of the patient to the treatment.

Author: Board of Dental Examiners of Alabama
Statutory Authority: Code of Ala. 1975, §§34-9-1(10), 34-9-2, 34-9-43, 34-9-65.
History: **New Rule:** Filed February 14, 2005; effective March 21, 2005. **Amended:** Filed February 22, 2012; effective March 28, 2012. **Amended:** Filed October 11, 2018; effective November 25, 2018. **Amended:** Published February 27, 2026; effective April 13, 2026.

270-X-2-.21 Oral Conscious Sedation.

The following requirements shall apply to the administration in the office of oral conscious sedation by dentists:

(1) Dentists must have completed an in-person Advanced Cardiac Life Support (ACLS) Course and maintain a current certification in same while providing Oral Conscious Sedation. Dentists with a declared pediatric specialty may substitute Pediatric Advanced Life Support (PALS)in place of the ACLS requirement.

(2) Dentists must have successfully completed a minimum of sixteen (16) hours of training in Oral Conscious Sedation or completed an American Dental Association accredited postgraduate general dentistry or specialty residency which included specific training in oral conscious sedation. In order for the training to be approved by the Board, the course shall contain a minimum of the following topics:

(a) The definition of oral conscious sedation and anxiety reduction (anxiolysis);

(b) A list of oral sedative agents commonly used, their basic pharmacology and past documentation or records of use;

(c) Coverage of medical conditions which can adversely affect the administration of oral conscious sedation and the basics of physical diagnosis to appropriately classify your patient medically;

(d) Coverage of proper monitoring techniques for the sedated patient;

(e) An overview of the most common sedation protocols from start to finish;

(f) Proper documentation required by the dentist and dental staff to be maintained in the patient record, to include a sedation record; consent forms; monitoring record; documentation of pre-operative, intra-operative, and post operative vital signs; and patient information (e.g., medical record, chronic medications, allergies, review of systems, past medical and surgical history);

(h) Types of medical emergencies and appropriate responses.

(3) In order for an entity or organization to be approved by the Board for purposes of training in oral conscious sedation, training offered must at a minimum include the topics referenced in subsection (2) above.

(4) The dentist shall maintain a medical emergency kit containing at a minimum include the following medications and equipment:

(a) Medications

1. Epinephrine;

2. Atropine;

3. Narcotic antagonist (e.g., Naloxone HCL) and benzodiazepine antagonist (e.g., Flumazenil);

4. An antihistamine (e.g., Diphenhydramine HCL);

5. Nitroglycerine;

6. A bronchodilator (e.g., Albuterol inhaler); and

7. An anti-hypoglycemic (e.g., 50% glucose).

(b) Equipment

1. Stethoscope and blood pressure cuff.

2. Oropharyngeal Airways.

3. Automatic External Defibrillator (AED) and appropriate pads.

4. Oxygen gas-delivery system or portable oxygen tank capable of delivering metered oxygen with appropriate size masks and positive pressure Ambu-type bag.

5. Central or portable suction unit with appropriate suction tips.

6. Equipment capable of mechanically monitoring blood pressure, respirations (end tidal C02 and/or pre-cordial stethoscope), heart rate, oxygen saturation, and electrocardiogram (EKG).

(5) The operatory where oral conscious sedation is administered must be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective management of medical emergencies.

(6) Inhalation equipment used in conjunction with oral conscious sedation must be capable of providing adequate oxygen supply. This equipment shall be evaluated prior to use on each patient.

(7) The dentist shall have a minimum of one (1) allied personnel present at all times to assist. All allied personnel who may be involved in the monitoring of a patient who is administered oral conscious sedation shall be trained to assist the dentist in the recognition and management of the following clinical emergencies:

(a) Laryngospasm;

(b) Bronchospasm;

(c) Emesis and aspiration of vomitus;

(d) Management of foreign bodies in the airway;

(e) Angina pectoris;

(f) Myocardial infarction;

(g) Cardiopulmonary resuscitation;

(h) Hypotension;

(i) Hypertensive crisis;

(j) Acute allergic reaction;

(k) Hyperventilation syndrome;

(l) Convulsions; and

(m) Syncope.

(8) Appropriate continuous monitoring and documentation of the patient's vital signs during oral conscious sedation shall include blood pressure, respirations from end-tidal C02-capnography (patients 14 years of age and older) and/or pre-cordial stethoscope (patients younger than 14 years of age), heart rate, oxygen saturation, end tidal CO2 (capnography), and electrocardiogram (EKG) (patients 14 years of age or older). The EKG may be excepted in patients below 14 years of age due to nature of the patient, procedure, or utility of equipment. This monitoring shall be documented in the pre-operative, intra-operative, and post-operative sedation intervals. Intra-operative monitoring of vital signs shall be recorded every 10 minutes for patients below 14 years of age and every 5 minutes for patients 14 years of age or older. Appropriate protocols should be established to ensure appropriate recovery of the patient prior to discharge from the clinic.

(9) As to all patients who are administered oral conscious sedation, the type and amount shall be within accepted therapeutic guidelines and not dependent upon the period of duration of the procedure.

(10) A dentist utilizing oral conscious sedation in the dental office may sedate only one (1) patient at a time. Until such time a patient that has been sedated is awake, alert, conscious, spontaneously breathing, has stable vital signs, is ambulatory with assistance, is under the care of a responsible adult, and that portion of the procedure requiring the participation of the dentist is complete, a dentist may not sedate additional patients.

(11) Not withstanding any of the provisions set forth above, any oral conscious sedation administered to a pediatric patient, shall be pursuant to and follow the current guidelines and recommendations for sedation of the pediatric dental patients promulgated by the American Academy of Pediatric Dentistry. Pediatric patients shall be defined as infants and children below 14 years of age, including those with special health care needs.

(12) All individuals licensed to practice dentistry who intend on administering Oral Conscious Sedation shall submit an application and fee, as established by the Board, for an Oral Conscious Sedation permit. An oral conscious sedation permit shall be obtained prior to the administrating of such sedation. Thereafter the renewal requirements and expiration date shall be the same as those for a dental license.

(13) The Board may require an on-site inspection of the facility, personnel, and equipment to confirm the above requirements to utilize oral conscious sedation have been completed prior to issuing an oral conscious sedation permit.
Author: Board of Dental Examiners
Statutory Authority: Code of Ala. 1975, §§34-9-16, 34-9-43, 34-9-81, Act 2005-298.
History: **New Rule:** Filed January 17, 2006; effective February 21, 2006. **Amended:** Filed February 22, 2012; effective March 28, 2012. **Amended:** Published April 30, 2024; effective June 14, 2024. **Amended:** Published February 28, 2025; effective April 14, 2025.

270-X-2-.22 Patient Records.

(1) A dentist shall maintain complete records on all patients and said records may include such information as the dentist deems appropriate but shall at a minimum include the following:

(a) Patient’s first and last name, address, and contact information; and,

(b) Current health history; and,

(c) The date treatment rendered. The type of treatment rendered. The reason for the treatment rendered and the full name of the treating dentist and/or dental hygienist; and,

(d) Records of financial transactions should be retained or recorded; and,

(e) Applicable radiographs and/or digital intraoral images; and,

(f) Correspondence between treating dentist and any prior and subsequent dentists, physicians and/or referral sources/ recommendations; and,

(g) Pathology reports and all related correspondence; and

(h) A record of all controlled substances prescribed, administered, and/or dispensed, including dosages, quantities, and authorized refills, if any.

(2) When appropriate, records may also include but not be limited to:

(a) Treatment plan(s); and,

(b) Informed consent(s).

(3) Records shall be maintained in accordance with Rule 270-X-2-. 26.
Author: Board of Dental Examiners of Alabama
Statutory Authority: Code of Ala. 1975, §34-9-43.
History: New Rule Filed: March 15, 2006; effective April 19, 2006. **Amended:** Filed February 22, 2012; effective March 28, 2012. **Amended:** Filed April 17, 2013; effective May 22, 2013. **Amended:** Published November 27, 2024; effective January 11, 2025.

270-X-2-.23 Risk And Abuse Mitigation Strategies By Prescribing Dentists.

(1) The Board recognizes that the best available research demonstrates that the risk of adverse events occurring in patients who use controlled substances to treat pain increases as dosage increases. The Board adopts the "Morphine Milligram Equivalency" ("MME") daily standard as set out by the Centers for Disease Control and Prevention ("CDC") for calculating the morphine equivalence of opioid dosages.

(2) It is the opinion of the Board that the best practice when prescribing controlled substances for the treatment of pain shall include medically appropriate risk and abuse mitigation strategies, which will vary from patient to patient. Examples of risk and abuse mitigation strategies include, but are not limited to:

(a) Pill counts (where applicable);

(b) PDMP checks;

(c) Monitoring the patient for aberrant behavior; and/or

(d) Providing a patient with opiate risk education prior to prescribing controlled substances.

(3) The Board recognizes that all controlled substances, including but not limited to, opiates, benzodiazepines, stimulants, anticonvulsants, and sedative hypnotics, have a risk of addiction, misuse, and diversion. Dentists are expected to use risk and abuse mitigation strategies when prescribing any controlled substance. Additional care should be used by the dentist when prescribing a patient's medications from multiple controlled substance drug classes. Chronic pain medicines are any sustained narcotic for the treatment of pain for greater than 30 days. It would be unusual for a dentist to prescribe chronic pain medicines such as buprenorphine (Suboxone), methadone, oxycodone HCL sustained release (OxyContin), or similar medications.

(4) For the purpose of preventing controlled substance diversion, abuse, misuse, addiction, and doctor-shopping, the prescribing dentist shall utilize Alabama's Prescription Drug Monitoring Program (PDMP) to review the patient's prescription history and shall document the use of risk and mitigation strategies under the following circumstances:

(a) For the continuation of controlled substance therapy greater than seven (7) days for any patient;

(b) Prior to prescribing any controlled substance of more than 50 MME/day;

(c) For any patient that is prescribed three (3) or more acute pain medicine prescriptions by the dentist in any ninety (90) day period; or

(d) For any patient who gives a history of chronic pain medicines and/or benzodiazepines, so that the dentist may coordinate therapy with the patient's other prescribing medical providers and verify the specifics of the chronic medications. Due to the heightened risk of adverse events associated with the concurrent use of opioids and benzodiazepines, dentists should consider alternative forms of treatment.

(5) A violation of this rule is grounds for the suspension, restriction, or revocation of a dentist's Controlled Substances Permit or license to practice dentistry.

Author: J. Matthew Hart
Statutory Authority: Code of Ala. 1975, §§ 20-2-54.1, 20-2-214(b), 34-9-43(a)(10).
History: **New Rule:** Filed July 26, 2018; effective September 9, 2018.

270-X-2-.24 Anesthesia Inspection Teams.

(1) Inspection Teams for General Anesthesia. Preliminary inspections of the facilities, equipment, and personnel of an applicant for a permit to perform general anesthesia, as described in Rule 270-X-2-.17(1)(m), may be performed by such individuals as prescribed by the board. Anesthesia evaluations for general anesthesia permits pursuant to Ala. Code §34—9—60(2)b. shall be performed by three individuals consisting of at least one licensed dentist who holds an active general anesthesia permit who shall be selected by the Chair of the Anesthesia Committee, a previously approved evaluator who has possessed a general anesthesia permit within the last (5) years and selected by the Chair of the Anesthesia Committee, and may include the board's investigator. The Chair of the Anesthesia Committee may delegate his or her authority to make the selections under this Rule to the Executive Director.

(2) Inspection Teams for Parenteral Sedation. Preliminary inspections of the facilities, equipment, and personnel of an applicant for a permit to perform parenteral sedation, as described in Rule 270-X-2-.17(1)(m), may be performed by such individual as prescribed by the board. Anesthesia evaluations for parenteral sedation permits pursuant to Ala. Code §34-9-63(c)(2) shall be performed by three individuals consisting of: at least one licensed dentist who holds an active parenteral sedation or general anesthesia permit who shall be selected by the Chair of Anesthesia Committee, a previously approved evaluator who has possessed a parenteral sedation or general anesthesia permit within the last five (5) years and is selected by the Chair of the Anesthesia Committee, and may include the board's investigator. The Chair of the Anesthesia Committee may delegate his or her authority to make the selections under this Rule to the Executive Director.

(3) Inspection Teams for Oral Conscious Sedation. Inspections for oral conscious sedation permits pursuant to Ala. Code §34—9—86 shall be performed by the board's investigator.
Author: Board of Dental Examiners of Alabama
Statutory Authority: Code of Ala. 1975, §§34-9-43, 34-9-60, 34-9-63, 34-9-86.
History: **New Rule:** Published September 29, 2023; effective November 13, 2023. **Amended:** Published April 30, 2024; effective June 14, 2024. **Amended:** Published August 31, 2026; effective October 15, 2026.

270-X-2-.25 Administration Of Botulinum Toxin And Similar Treatments By Dentists.

(1) General. This Rule defines and regulates the scope of dentistry as applied to the administration of botulinum toxin, dermal fillers, and similar agents by dentists in Alabama for therapeutic and/or esthetic purposes. This Rule displaces and supersedes all previous formal or informal guidance, or opinions expressed by the Board on the subject matter covered by this Rule, including but not limited to informal opinions issued by the Board in the absence of public notice and comment procedures on February 10, 2023, January 13, 2023, January 13, 2022, December 2, 2021, February 13-14, 2020, and July 2010.

(2) Definitions. As used in this Rule:

(a) "Human mouth, teeth, gums, jaws, and adjacent structures" includes the oral cavity, teeth, gingiva, cheeks, jaws, temporomandibular joint, lips, head, and neck. In the case of covered therapeutic procedures only, "human mouth, teeth, gums, jaws, and adjacent structures" also includes the points of origin of muscle and fascia which insert into the head and neck.

(b) "Covered esthetic procedure" means the administration of botulinum toxins, any neuromodulator derived from Clostridium botulinum, dermal fillers (including but not limited to collagen and any resorbable substance injected subcutaneously or intracutaneously), hyaluronic acid, platelet-rich plasma, platelet-rich fibrin, calcium hydroxylapatite (CaHA), poly-L-lactic acid, polymethylmethacrylate (PMMA) fillers, and similar medicaments, agents, and/or procedures, the principal purpose of which is to reduce the appearance of lines, wrinkles, or grooves in the skin.

(c) "Covered therapeutic procedures" means any therapeutic use of the agents referenced in subsection (2)(b), including but not limited to the treatment of TMJ disorder, dysfunction, or syndrome and orofacial pain.

(d) "Medical facility" means a clinical setting properly equipped for the performance of dental or medical procedures and where universal infection control precautions can be maintained, including a dental office, medical office, hospital, nursing home, outpatient surgery center, or similar setting, but excluding mobile and portable dental units.

(3) Requirements for Administration of Covered Esthetic or Therapeutic Procedures by Dentists. Within a medical facility, a dentist may administer covered esthetic or therapeutic procedures

in the human mouth, teeth, gums, jaws, and adjacent structures to treat disease, pain, deformity, deficiency, injury, or physical condition in the area of treatment, subject to the following requirements:

(a) Before administration of any covered esthetic or therapeutic procedure, the dentist shall establish a bona fide dentist-patient relationship with the patient, obtain an appropriate medical and dental history, perform an appropriate clinical examination, and make an appropriate record of treatment.

(b) The dentist shall comply with all laws and professional standards governing the dentist-patient relationship, including but not limited to rules governing patient records, standards for infection control (e.g., universal precautions), and rules governing continuity of care and patient abandonment.

(c) The dentist shall personally perform the covered esthetic or therapeutic procedure.

(d) The dentist shall have successfully completed a board-approved training covering at least the following topics:

1. The anatomy of the head and neck;

2. Neurophysiology of the head and neck, including facial tissues, parasympathetic, sympathetic, and peripheral nervous systems, and facial architecture;

3. Patient selection, including indications and contraindications;

4. Pharmacological effects and contraindications, including potential drug interactions;

5. Safety and risk issues particular to the agents to be used, including management of adverse reactions and complications;

6. Preparation and delivery techniques;

7. Patient assessment, consultation, and informed consent; and

8. Live, hands-on training.

Author: Board of Dental Examiners of Alabama
Statutory Authority: Code of Ala. 1975, §§34-9-43 (10), 34-9-43.2.
History: **New Rule:** Published September 30, 2024; effective November 14, 2024.

270-X-2-.26 Patient Records Management.

(1) Definitions. As used in this Rule:

(a) "Active patients" means any patients treated by the dentist at any time during the immediately preceding sixty (60)months.

(b) "Patient notification" means written notification transmitted via U.S. Mail in a form letter mailed to the patient's last known address, or, if the patient has consented to receive electronic communications, an electronic message sent via a HIPAA-compliant electronic health record system that provides a means of electronic communication to the patient and is capable of sending the patient a notification that a message is in the patient's portal. When "patient notification" is required by this Rule, the communication shall include a general statement of the reason for the notification, information about how the patient may obtain a copy of his or her records, and a HIPAA-compliant release by which the patient may direct that his or her records be provided to him or her or to another licensed dentist or group practice.

(c) "Patient record(s)" means the records of patient assessment and treatment made and kept by a dentist and/or his or her auxiliaries pursuant to Rule 270-X-2-.22.

(d) "Promptly" means within thirty calendar days.

(2) Retention of Patient Records. A dentist and/or a group practice, as applicable, shall retain all patient records for a period of not less than five (5) years from the dentist's and/or group practice's last professional contact with the patient, except:

(a) Patient records of minors shall be retained for a period of not less than one (1) year after the minor reaches the age of majority or five (5) years from the date of the dentist's and/or group practice's last professional contact with the patient, whichever is longer.

(b) Notwithstanding any other provision of this Rule, no patient record involving services which are the subject of any legal claim or proceeding, including, but not limited to, a complaint filed with the Board, shall be destroyed until two (2) years after the claim or proceeding is fully and finally resolved.

(c) Laboratory prescriptions must be retained for at least two years, as prescribed in Ala. Code § 34-9-21(b).

(3) Confidentiality of Patient Records. Except with consent of the patient or a patient's legal representative, a dentist or group

practice shall not disclose a patient record to any person other than the patient, the parent or guardian of the patient if the patient is a minor, the patient's legal representative, some other person designated by the patient, the Board of Dental Examiners, or as may be required by a subpoena or other legally compulsory process. Upon receipt of a written request submitted by a patient or a patient's legal representative, a dentist and/or his or her group practice shall provide a copy of the patient record to the patient or to some other person designated by the patient. Dentists may charge patients for the actual and reasonable costs of reproduction of patient records but should give primary consideration to the ethical and professional duties owed to other dentists and their patients and waive duplication charges when appropriate. Any dentist or group practice holding custody of a patient record shall have an affirmative obligation to provide a complete and unmodified copy of the record to the Board of Dental Examiners upon written demand therefor.

(4) Destruction of Patient Records. Patient records may be destroyed only in accordance with the following subsections (a) through (e):

(a) Patient records may be destroyed only in the ordinary course of business and in accordance with written office operating procedures. In no circumstance may a dentist or group practice single out or select particular patient records for destruction. Subject to the retention requirements set forth in subsection (2) of this Rule, in any circumstance in which patient notification is provided two times separated by at least 20 days and the patient has not provided instructions regarding his or her patient records, the patient's record may be destroyed.

(b) When a patient record is destroyed, the destruction shall be carried out by burning, shredding, permanently deleting and overwriting (commonly known as "wiping" applicable portions of an electronic storage medium), or other effective methods rendering the information not reasonably capable of being read or reconstructed.

(c) When records are destroyed, the time, date, and method of the destruction shall be recorded and maintained for not less than five (5) years. The record of destruction shall be sufficient to identify which group of destroyed records contained a particular patient's records of treatment.

(d) Alteration of information recorded in a patient record shall constitute destruction of the record, unless the dentist's recordkeeping system or electronic medical record system keeps a fully retrievable copy of the information to be altered, the date and time of alteration, the reason for the alteration, and the identity of the person performing the alteration.

(e) When a dentist or group practice decommissions computer or other electronic equipment, the dentist or group practice shall take reasonable steps to ensure that all patient records or portions thereof stored on the equipment are destroyed in a manner rendering the information not reasonably capable of being read or reconstructed.

(5) Specific Events Requiring Patient Notification and Disposition of Patient Records. Dentists should plan in advance and make provision for the provision of patient notification, and the storage and disposition of patient records, as provided below:

(a) Retirement from Practice: If a dentist intends to retire from the practice of dentistry, including the closure or sale of an active solo practice, patient notification shall be sent to the dentist's active patients at least 60 days before retirement. Provided, however, that if the dentist is a member of a group practice at the time of retirement, patient notification is encouraged but is not required, and the group practice may maintain custody of the patient records of the retired dentist unless otherwise directed by the patient.

(b) Death While Practicing Dentistry: Dentists are strongly encouraged to make advance plans and arrangements for providing patient notification in the event of the dentist's death. If a dentist dies while he or she has active patients, the personal representative of the dentist should provide for the secure storage of all patient records, should provide patient notification to active patients, and should follow the directions received from patients with regard to the disposition of patient records. It is permissible for a dentist to agree in writing with another dentist that, upon the death of one of the dentists, all patient records of the deceased dentist will be transferred to the custody of the surviving dentist, provided that patient notification is promptly provided by the surviving dentist. If the dentist is a member of a group practice at the time of death, patient notification is encouraged but is not required, and the group practice may maintain custody of the patient records of the deceased dentist unless otherwise directed by the patient.

(c) Departure from Group Practice: If a dentist leaves a group practice and continues to practice dentistry, patient notification to the departing dentist's active patients is encouraged but not required promptly upon the dentist's departure from the practice. The written employment agreement, partnership agreement, company agreement, or other written contract between the dentist and group practice may make reasonable arrangements for the provision of patient notification and the allocation of the costs associated with providing patient notification, as long as such provisions do not have the purpose or effect of inhibiting free competition among dentists or the inhibition of free patient choice.

(d) Revocation or Suspension of License: When a dentist's dental license is suspended or revoked, the dentist shall promptly send patient notification of the suspension or revocation to all of the dentist's active patients. The cost of sending the patient notification shall be borne by the dentist whose license is suspended or revoked.

(6) Abandonment of Records Prohibited. It shall be a violation of this Rule and of Ala. Code § 34-9-18(a)(15) for a dentist to intentionally close or abandon his or her practice without making provision for the maintenance, security, transfer, or to otherwise establish a secure method of patient access to their records.

(7) Professional Responsibility. Each individual licensed dentist is professionally responsible for complying with his or her own obligations under this Rule. Where this Rule imposes obligations on a group practice, all licensed dentists who are partners, members, shareholders, or other equity holders in the group practice shall be jointly and severally professionally responsible for ensuring that the group practice complies with this Rule.

(8) Violations. Violation of any provision of this Rule is grounds for disciplinary action pursuant to Ala. Code § 34-9-18(a)(16).
Author: Board of Dental Examiners of Alabama
Statutory Authority: Code of Ala. 1975, §34-9-43.
History: New Rule: Published December 31, 2024; effective February 14, 2025.