Introduction

Welcome and congratulations!

You are on your way to becoming a Registered Dental Hygienist (RDH). As a newcomer in the field of dentistry you may have some interest and questions about what to expect in the working arena.

This website contains informational components that may not have been covered during your schooling. Such as the following:

- Statute/Rule Chapter
- Association Membership
- Job Search
- CDT Codes
- Trends in Dentistry
Student to Professional Transition
An Online Source for Prospective Dental Hygiene Practitioners

Statute/Rule Chapter

CHAPTER 447, HRS
DENTAL HYGIENISTS

SECTION

447-1 Who may become dental hygienists; fees
447-1.5 Community service license
447-2 Temporary license
447-3 Employment of and practice by dental hygienists
447-3.5 Educational requirements for intra-oral block anesthesia
447-4 Revocation of dentist's license
447-5 Dental hygiene school
447-6 Prohibited acts; discipline; penalty
447-7 Filing of false information; revocation of license
447-8 Remedies or penalties cumulative

Historical Note:

Pursuant to section 2, Act 97, SLH 1999, the Board shall adopt a program of continuing education for dental hygienists. After January 1, 2002, at the time of reregistration of license as a dental hygienist, each license shall present to the Board evidence of compliance with the program of continuing education. Failure to re-register and present evidence of compliance shall constitute a forfeiture of license, which may be restored only upon written application and payment to the Board of a restoration fee.

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[§447-1.5] **Community service license.** (a) The board of dental examiners may issue, without examination, a community service license to practice dental hygiene in the employment of a federally qualified health center, Native Hawaiian health care system, or post-secondary dental auxiliary training program accredited by the American Dental Association Commission on Dental Accreditation. Community service licensees under this section shall abide by the requirements and conditions placed upon those fully licensed under this chapter.

Eligible candidates shall:

1. Provide copies of documentation and credentials that include but are not limited to:
   
   A diploma or certificate of graduation from a dental hygiene college accredited by the American Dental Association Commission on Dental Accreditation, recognized and approved by the board; an
   
   (B) Either of the following:
   
   (i) A certificate or other evidence satisfactory to the board of having passed the examination of the National Board Dental Hygiene Examination, within five years of the date of request; or
   
   (ii) Evidence of active clinical dental hygiene practice of not less than one thousand hours per year for the three years immediately prior to the date of request;

2. Provide a copy of an active, unrestricted dental hygiene practice license from another state;

3. Disclose to the board of dental examiners all previous and pending legal or regulatory action relating to claims of malpractice, personal, or professional misconduct; and

4. Pay applicable registration fees, which shall be one half of the prevailing biennial registration fee for dental hygienists.

No person who after July 2, 2004, has failed to pass the license examination administered under this chapter may be issued a community service dental hygiene license.

(b) Community service licensees shall actively participate in a formal and ongoing program of clinical quality assurance.

(c) A license may be renewed annually, pending review and reauthorization of the board of dental examiners.

(d) A community service license authorizes the licensee to practice dental hygiene only within the employment of an eligible organization and shall be in force until the earliest of the following occurs:

1. The date the person leaves the employment authorized under the community service license;

2. The date on which the results of the license examination taken by the person under this chapter are posted by the board;

3. The date the community service license expires; or

4. The date on which the board revokes the community service license; provided that the board may revoke the community service license at any time for cause.

(e) Commissioned officers of the United States Army, the United States Navy, the United States Air Force, the United States Public Health Service, or the United States Veterans Administration practicing in a federally qualified health center or Native Hawaiian health systems center, shall qualify for a community service license to practice dental hygiene, which may be issued for the term of the dental hygienists federal duty assignment.

Officers shall provide to the board of dental examiners:

1. A copy of an active, unrestricted dental hygiene license from another state; and

2. A copy of documentation reflecting official duty assignment to a qualifying community.
service dental hygiene license site.

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Dental Hygiene School

§447-5 Dental hygiene school. Any legally incorporated eleemosynary dental dispensary or infirmary, maintaining proper standards and equipment, may establish for students a school of dental hygiene, providing courses of study in oral hygiene. All such students, upon entrance, shall be required to present satisfactory evidence of graduation from a high school or its equivalent in education. They may be graduated in not less than two years as dental hygienists, but shall not practice until licensed as provided in this chapter.
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Employment & Practice

§447-3 Employment of and practice by dental hygienists. (a) Any licensed dentist, legally incorporated eleemosynary dental dispensary or infirmary, private school, welfare center, hospital, nursing home, adult day care center or assisted living facility, mental institution, nonprofit health clinic, or the State or any county, may employ licensed dental hygienists.

(b) Clinical dental hygiene may be practiced by a licensed dental hygienist. The practice of clinical dental hygiene is defined as the removal of hard and soft deposits and stains from the portion of the crown and root surfaces to the depth of the gingival sulcus, polishing natural and restored surfaces of teeth, the application of preventive chemical agents to the coronal surfaces of teeth, which chemical agents have been approved by the board of dental examiners, and the use of mouth washes approved by the board, but shall not include the performing of any repair work or the preparation thereof, or any other operation on the teeth or tissues of the mouth; provided that nothing in this subsection shall prohibit a dental hygienist from using or applying topically any chemical agent which has been approved in writing by the department of health for any of the purposes set forth in part V of chapter 321, and other procedures delegated by a dentist in accordance with the rules of the board of dental examiners.

In addition, a licensed dental hygienist may administer intra-oral infiltration local anesthesia and intra-oral block anesthesia under the direct supervision of a dentist after being certified by the board, and for those categories of intra-oral infiltration local anesthesia and intra-oral block anesthesia for which the licensed dental hygienist has been certified through a course of study meeting the requirements of this chapter.

(c) A licensed dental hygienist may operate in the office of any licensed dentist, or legally incorporated eleemosynary dental dispensary or infirmary, private school, welfare center, hospital, nursing home, adult day care center or assisted living facility, mental institution, nonprofit health clinic, or in any building owned or occupied by the State or any county, but only under the aforesaid employment and under the direct or general supervision of a licensed dentist; provided that in the private practice of dentistry, the hygienist shall be under the direct supervision of a licensed dentist. No dental hygienist may establish or operate any separate care facility which exclusively renders dental hygiene services.

(d) A licensed dental hygienist may operate under the general or direct supervision of any licensed dentist providing dental services in a public health setting. As used in this subsection, “public health setting” includes dental services in a legally incorporated eleemosynary dental dispensary or infirmary, private school, welfare center, hospital, nursing home, adult day care center or assisted living facility, mental institution, nonprofit health clinic, or the State or any county. A licensed dental hygienist employed in a public health setting may perform dental education, dental screenings, and fluoride applications. Other permissible duties shall be pre-screened and authorized by a supervising licensed dentist, subject to the dentist’s determination that the equipment and facilities are appropriate and satisfactory to carry out the recommended treatment plan. No direct reimbursements shall be provided to licensed dental hygienists.

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Education Requirements for intra-oral block anesthesia. (a) The applicant for certification to administer intra-oral block anesthesia shall show proof that the applicant successfully completed a course of study that shall include the following categories of intra-oral infiltration local anesthesia and intra-oral block anesthesia:

1. Maxillary mandibular infiltration anesthesia;
2. Long buccal nerve block anesthesia;
3. Mental nerve block;
4. Inferior alveolar/lingual nerve block;
5. Incisive nerve block;
6. Posterior superior alveolar nerve block;
7. Middle superior alveolar nerve block;
8. Anterior superior alveolar nerve block;
9. Nasopalatine (incisive canal) nerve block; and
10. Greater (anterior) palatine nerve block.

(b) A course of study shall also include didactic studies and clinical experience, and for intra-oral block anesthesia categories in subsection (a)(1) to (10), at least thirty-nine hours, and a minimum of fifty successful injections of which ten shall be in intra-oral block in subsection (a)(4) and five in intra-oral block in subsection (a)(6).

(c) The curriculum of the course of study shall include as follows:
1. Cardiopulmonary resuscitation certification;
2. Medical history evaluation procedures;
3. Physical evaluation procedures;
4. Anatomy of head, neck, and oral cavity as it relates to administering local anesthetic agents;
5. Pharmacology of local anesthetics and vasoconstrictors;
6. Indications and contraindications for administration of local anesthetics;
7. Prevention, diagnosis, and management of medical emergency;
8. Recognition and management of post-injection complications and management of reactions to injections;
9. Medical and legal management complications;
10. Selection and preparation of the armamentaria and recordkeeping for administering various local anesthetics;
11. Methods of administering local anesthetics with emphasis on technique, which includes aspiration and slow injection, in addition to minimum effective dosage; and
12. Proper infection control techniques with regard to local anesthesia and the proper disposal of sharps.

(d) As part of the course of study, the applicant or licensed dental hygienist shall be required to pass an examination to determine if the applicant or licensed dental hygienist has acquired the necessary knowledge and clinical proficiency to administer intra-oral block anesthesia.

(e) The board of dental examiners may adopt rules pursuant to chapter 91, relating to the education and certification of dental hygienists to administer intra-oral block anesthesia.
Part 6 Prohibited Acts; discipline; penalty. (a) In addition to any other actions authorized by law, the board of dental examiners may suspend or revoke any license issued under this chapter or fine a licensee for any cause authorized by law, including but not limited to the following:

(1) Professional misbehavior; or
(2) Any other violation of this chapter or rules adopted pursuant thereto.

(b) Any person who violates any of the provisions of this chapter or any other law, or who fails to comply with any of the requirements or provisions of this chapter or any other law, a penalty for which is not otherwise provided, shall be fined not less than $50, nor more than $250, and each day's violation or failure to comply shall be deemed a separate violation and shall result in a separate fine.
[§447-8] Remedies or penalties cumulative. Unless otherwise expressly provided, the remedies or penalties provided by this chapter are cumulative to each other and to the remedies or penalties available under all other laws of this State.
Revocation of Dentist's License

§447-4 Revocation of dentist's license. The board of dental examiners may revoke the license of any dentist who permits any dental hygienist employed by or working under the dentist's supervision to perform any dental operation other than that permitted under this chapter.
Revocation of License

§447-7 Filing of false information; revocation of license. The board of dental examiners shall refuse to grant a license to any applicant or shall revoke the license of any person who knowingly records, registers, or files, or offers for recordation, registration, or filing with the department of commerce and consumer affairs any written statement which has been falsely made, completed, or altered, or in which a false entry has been made, or which contains a false statement or false information.
Temporary License

§447-2 Temporary license. The board of dental examiners may issue, without examination, to any person qualified to be examined, a temporary license to practice as a dental hygienist in the employment of the State or any county or any legally incorporated eleemosynary dispensary or infirmary, private school, or welfare center. The temporary license shall authorize the person to whom the license is issued to practice clinical dental hygiene exclusively while engaged in that employment and shall be in force until:

1. The date the person leaves the employment authorized under the temporary license;
2. The three hundred sixty-fifth calendar day following the date of issuance of the temporary license;
3. The date on which the person takes the licensure examination under this chapter; or
4. The date on which the board revokes the temporary license; whichever occurs first; provided that the board may revoke the temporary license at any time for cause.
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Who May Become Dental Hygienists

§447-1 Who may become dental hygienists; fees. (a) Any person:

(1) Eighteen years of age or over;
(2) Who has a diploma or proper certificate of graduation from a dental hygiene school accredited by the American Dental Association Commission on Dental Accreditation that requires at least a two year course and is recognized by the board of dental examiners;
(3) Who has been officially certified in the administration of intra-oral infiltration local anesthesia and intra-oral block anesthesia by an accredited dental hygiene school or by a certification program previously approved by the board; and
(4) Who has passed the National Board Dental Hygiene Examination; upon written application made to and filed with the board may be examined for qualification as a dental hygienist.

An application shall be accompanied by the applicant's certificate of graduation from an accredited dental hygiene school, documentary proof of the applicant's certification in the administration of intra-oral infiltration local anesthesia and intra-oral block anesthesia, and documentary proof of the applicant's passage of the National Board Dental Hygiene Examination.

At the time of filing the application, the applicant shall pay to the board an application fee, which together with all other fees or charges in this chapter, shall be as provided in rules adopted by the director of commerce and consumer affairs pursuant to chapter 91, and shall be deposited to the credit of the compliance resolution fund established pursuant to section 26-9(o).

(b) The board shall require an applicant to take and pass the State's examination or one of the following four regional clinical examinations given after February 1, 2005, by the:

(1) Western Regional Examining Board;
(2) Central Regional Dental Testing Service, Inc.;
(3) Southern Regional Testing Agency, Inc.; or
(4) North East Regional Board of Dental Examiners, Inc.

(c) In addition to the requirements of subsection (a), an applicant shall take and pass a national clinical examination once a national clinical examination becomes available and neither the state examination nor any regional examination shall be accepted; provided that an applicant who has taken and passed the state or a regional examination after February 1, 2005, but prior to the availability of a national examination shall be deemed to have met the board's examination requirement.

(d) If an applicant successfully passes the examination required by subsections (b) and (c), the applicant shall be licensed to practice as a dental hygienist in the State. Every licensed dental hygienist, before entering practice, shall pay the board a license fee. On or before December 31 of each odd-numbered year, every licensed dental hygienist beginning or continuing to practice in the State shall pay to the board a fee for biennial licensure. The failure, neglect, or refusal of any duly licensed dental hygienist to pay the biennial licensure fee shall constitute a forfeiture of the license; provided that the license may be restored upon written application and payment to the board of a restoration fee.

(e) An applicant's or licensed dental hygienist's competence to administer intra-oral infiltration local anesthesia shall be demonstrated by certification in the administration of intra-oral infiltration local anesthesia by an accredited dental hygiene school or by a certification program previously approved by the board. An applicant's or licensed dental hygienist's competence to administer intra-oral block anesthesia shall be demonstrated by proof of successful completion of a course of study in accordance with standards provided for in this chapter and the issuance of a certificate or other program documentation listing the intra-oral block anesthesia categories in which the applicant or licensed dental hygienist has acquired knowledge and proficiency.

The applicant or licensed dental hygienist shall submit documentation of course content when submitting certification in the administration of intra-oral infiltration local anesthesia and
intra-oral block anesthesia as required by subsection (a). The board shall certify that the applicant or licensed dental hygienist has met the requirements of this chapter.

(f) No person shall practice dental hygiene, either gratuitously or for pay, or shall offer or attempt so to practice, or shall advertise or announce publicly or privately as being prepared or qualified so to practice without having a license as provided in this section. The original or a copy of the certificate of licensure shall be prominently displayed at all times in the workplace where the dental hygienist is employed or practices. A dental hygienist’s pocket identification card shall be readily available for viewing upon request to ensure the license is current. A licensed dental hygienist shall practice only under the supervision of a licensed dentist as provided in this chapter; provided that a licensed dental hygienist shall administer under the direct supervision of a licensed dentist only those categories of intra-oral block anesthesia listed in the course content submitted to the board pursuant to subsection (a).
Association Membership

The American Dental Hygienists’ Association is the only professional organization representing the interests of dental hygienists. As a registered dental hygienist you will have to decide on whether to transition your Student Membership to Professional Membership.

Below are some helpful links to help you decide:

- About ADHA
- Membership | ADHA
- Join | ADHA
- Hawaii Dental Hygienists' Association (HDHA)
About ADHA

About ADHA

Founded in 1923, the American Dental Hygienists’ Association (ADHA) is the largest national organization representing the professional interests of the more than 185,000 registered dental hygienists (RDHs) across the country.

We believe dental hygienists should be valued and integrated into the broader health care delivery system in order to improve the public’s oral and overall health.

Our Mission

Leading the way as a unified force, the ADHA works to support dental hygienists throughout their career lifecycle and advance the dental hygiene profession by developing new career paths, expanding opportunities for care, and providing the latest training and information.

A community of your peers.

At every stage of your career, ADHA helps you be your best for the people who count on you most – your patients. We support your goals by helping to ensure access to quality oral health care; promoting dental hygiene education, licensure, practice and research; and representing your legislative interests at the local, state and federal levels. Our members have access to the latest news and research through our industry publications, Access Magazine and the Journal of Dental Hygiene, hundreds of continuing education courses, and dozens of scholarships, grants and events.

We invite you to join our vibrant community of dental hygienists – partnering to share the knowledge, insights, research and opportunities you need to advance your career!

Questions?
Please contact the Member Services Division (mailto:member.services@adha.net) with any questions or information requests at 312-440-8900.
ADHA: Helping you be your best...for your patients!

ADHA connects you to the collective power of more than 32,000 proud dental hygienists across the country. Partnered together, we’re working to build new career paths, expand opportunities for care, and give you the latest training and information – so you can do your best.

ADHA membership includes subscriptions to access to major industry publications, access to hundreds of hours of continuing education, and dozens of scholarships, grants and events.

At the National, State and Local levels. At every stage of your career. ADHA helps you be the best you can be...for the ones who count on you most.

Questions?

Contact the Membership Division (mailto:member.services@adha.net) with any questions or information requests at 312-440-8900.

Learn More

Scholarships & Grants (/scholarships-and-grants)
Student Resources (/student-resources)
National Dental Hygiene Board Exam Review (/national-exam)
State & Local Resources (/resources)

Join now. (https://mymembership.adha.org/Members/OnlineJoin/MembershipBenefits.aspx)
Get REWARDED for the everyday purchases you make.

Learn More

(http://www.adha.org/amp/click.php?z=33&img=1427127132)
Whether you’re a student, a new professional, or a well-established dental hygienist, your membership in ADHA helps you be your best – for your career and for your patients!

Student Membership
If you are currently enrolled in an accredited dental hygiene program or pursuing a baccalaureate or graduate degree from an accredited college or institution of higher education, apply for or renew your student membership - and enjoy great member benefits at a discounted rate!

If you are a student member who has graduated and obtained your dental hygiene license, you can become a professional member today for free! Just log in and enter your license number and we’ll take care of the rest.

Professional Membership
If you are a licensed dental hygienist, apply for or renew professional membership for access to more benefits, discounts, support, access to information, and opportunities for career development.

Join now!
Begin your member experience now! Click "Create an Account" below to join as a new member. Already have an account? Log in, and click the 'Join Now' button on the top of your profile to start the application process.

Create An Account »
Already a Member? Renew Today!

Log in and click the “Renew your Membership” button on the left side of your member profile.

Username

Password

Remember me

Sign In

Forgot my password or my username
Professional Benefits

Whether you're a student, teacher, well-established dental hygienist or just embarking on your career, a legislator or political advocate, the benefits of membership are numerous and varied. The key to getting the most value from your ADHA membership is to use it. Your membership enables ADHA to bring you the resources and shared knowledge to expand your professional potential and further your success.

Online Career Center (/career-center)

Having access to the right tools and support can make all the difference. The ADHA Career Center (/career-center) provides connections to career opportunities across the country. Find sample resumes and contract templates in our Employment Reference Guide and post your resume online. Plus, find continuously updated information about state licensing authorities, accredited programs and networking contacts to help you navigate everything from local regulation to advanced educational opportunities.

Professional and Personal Savings

Thanks to our ADHA sponsors, members receive discounts on professional and personal services nationwide. (/resources-docs/74110_Membership_Affinity_Programs.pdf). The consolidated buying power of dental hygienists nationwide allows us to give you access to special programs that give you more for your money.

Standards for Clinical Dental Hygiene Practice (/resources-docs/7261_Standards_Clinical_Practice.pdf)

Based on current and relevant scientific evidence, the Standards (/resources-docs/2016-Revised-Standards-for-Clinical-Dental-Hygiene-Practice.pdf) promote the knowledge, attitudes, beliefs, practices and behaviors that support and enhance oral health with the ultimate goal of improving overall health. All to help you address practice issues and ethics questions in your day-to-day work.
Annual Conference (/annual-session)

ADHA’s Annual Conference (/annual-conference) offers a wide variety of hands-on, evidence-based continuing education programming. With three days of courses in more than ten tracks ADHA's Annual Conference (/annual-conference) offers support and inspiration to help you develop as an individual and a leader.

Publications (/publications)

Access (/publications) magazine and The Journal of Dental Hygiene (/publications), are produced by ADHA to help you stay on top of changes reshaping the field and support you in making evidence-based treatment decisions.

HYPAC (/hypac)

Through financial contributions and grassroots involvement, you and your fellow ADHA members can support congressional candidates with the American Dental Hygienists’ Association Political Action Committee (HYPAC). Get involved (/advocacy) with the only federal political action committee that represents the interests of dental hygienists.

ADHA Institute for Oral Health (IOH) (/http://www.adha.org/ioh/index.html)

Expand your leadership potential with a foundation created to provide educational scholarships, fellowships, research grants and community service grants to dental hygienists throughout the United States.

Learn More

Frequently asked questions (/q-a)

Membership Affinity Programs (/resources-docs/74110_Membership_Affinity_Programs.pdf)
Student Benefits

As a student member, you receive all the benefits of full membership, plus additional opportunities for personal and professional development. Later, when you make the transition from student to professional, you can count on the continued support of ADHA and your fellow members every step of the way.

Annual Conference

ADHA's Annual Conference provides hands-on, evidence-based continuing education programs. From helping you prepare for the professional licensing exams to providing guidance for advanced bachelor’s and master’s degree programs, the Annual Conference is centered on your success.

Community Involvement

Get involved in a dynamic discussion of ideas and issues facing your profession. Access magazine’s student-focused column "Strive" publishes student research papers and articles of interest. Plus, ADHA's Facebook page and dedicated YouTube channel let you stay connected as you expand your local and nationwide network of fellow students and dental hygienists.

National Board Exam Preparation

ADHA now offers online study courses and discounts on student guides for the National Dental Hygiene Board Exam. Log on and learn by joining our interactive online community for live exam review courses.

Networking Opportunities

http://www.adha.org/student-benefits
Connect with dental hygiene professionals and other students from across the nation at our Annual Conference (/annual-conference). Serving as ADHA’s annual business meeting (/annual-conference), this event provides opportunities to participate in dynamic group discussions and network with fellow ADHA members on a national level.

**Online Career Center (/career-center)**

As you start your professional career, having access to the right tools and support can make all the difference. The ADHA Career Center (/career-center) provides access to career opportunities across the country. Find sample resumes and contract templates in our Employment Reference Guide and post your resume online. Plus, find updated information about state licensing authorities, accredited programs and networking contacts to help you navigate everything from local regulation to advanced educational opportunities.

**Professional and Personal Savings**

Saving money and spending smart are essential as you finish your education and begin your career. Thanks to our ADHA sponsors, students receive significant discounts on professional gear like scrubs, loupes, books and national board exam study guides. The consolidated buying power of dental hygienists nationwide allows us to provide additional savings on professional and personal services and purchases as you move forward in your career.

**Scholarships and Grants (/scholarships-and-grants)**

The ADHA Institute for Oral Health (/scholarships-and-grants) was created to provide educational scholarships, fellowships, research grants and community service grants to dental hygienists throughout the country. As an ADHA member, you can obtain funding for your academic and professional career and expand your leadership potential by applying for a scholarship or grant that meets your specific goals.

**Publications (/publications)**

Keep your knowledge up-to-date with two publications focused on the latest research, professional standards and issues facing the dental hygiene community. Access magazine’s quick-read format covers key topics and features a dedicated section for student research papers and articles. The Journal of Dental Hygiene, is the premier, peer-reviewed scientific research publication in dental hygiene with articles that help dental hygienists make evidence-based treatment decisions; it is available online for ADHA members.

**Awards and Leadership Opportunities**

You don’t have to wait until you graduate to become a champion for oral health. ADHA is proud to offer members-only opportunities for your personal and professional development. Apply today to begin representing your fellow students and sharing your views on current issues facing your profession.

**Student Delegate**
An applicant from each district will represent their colleagues as well as have the opportunity to attend ADHA’s Annual Session, all-expense paid.

Apply now (/resources-docs/7314_Student_Delegate_Application.pdf)

**Student Presentations and Award Program**

Better known as the Table Clinic and Poster Session, student presentations provide a great way for you to grow professionally while contributing to your profession. Show what you know and you could win up to $1,000.

Apply now (/poster-sessions)

**Community Service Award**

Give the gift of oral health to those in need by creating and completing a community service project. Enter your project for a chance to win a $3,000 grant.

Apply now (http://www.adha.org/student-awards)
Soon after becoming a licensed professional, you will encounter many uncertainties as you embark on your journey in the field of dentistry. The initial step in establishing yourself within this field is to find an employment. Sadly, not many dental hygiene programs prepare their students for job searching.

To guide you in your employment preparation, a few carefully chosen articles are provided below to help you construct your resume and prepare you for job interviews.

- 4 job hunting documents every dental hygienist should have
- Looking for a new dental hygiene job?
- Brushing Up for Your Interview
- How to interview for your first position as a dental hygienist
4 job hunting documents every dental hygienist should have

July 8, 2015
By Doug and Tracie Perry

Ask any corporation that engages in a successful marketing campaign: It isn’t usually any one thing that makes a company stand out, it’s an integration or collection of efforts that is truly the difference between a consumer buying or not buying.

This is also true for dental hygienists looking to land a job. Employers don’t hire you because you have an awesome résumé only, or because you answered interview question especially well. Those are important factors, but it’s the entire picture (or even the lack of an entire picture) that leads to the result.

One of the strategies I teach dental hygienists is the concept of creating an entire job-marketing package or suite of materials and information about you that make you impossible to ignore . . . even irresistible.

The standard approach of Googling the words “dental hygiene résumé,” copying what someone else did, then submitting it to an employer just doesn’t cut it anymore. There are far too many unemployed and underemployed hygienists out there who embrace this strategy and it just doesn’t work well. And I believe the primary reason is because it’s not original and it says very little of who you are and what they can expect when hiring you.

I would propose—and it works really well for the dental hygienists I work closely with—that you go a little further than just a standard-looking cover letter and résumé. Take it to the next level by creating a couple more things that help give an employer more depth and breadth of insight into your personal brand.

Then, coordinate those materials so they all appear to be from the same family (in terms of look and feel). Use the same font, color, and design scheme, so that you not only stand out but also look organized and professional.

READ MORE | Four steps to move from effectiveness to greatness in dental hygiene

There are lots of marketing materials you can create and use as part of your job-hunting strategy. Don't feel limited by my summary here. But I believe these great core and will likely distinguish you from all the other candidates for any given dental hygiene job opening.
Résumé
This one is obvious. But what isn't obvious is how it should be formatted. The best format for a dental hygiene résumé is called the functional format. This is different than most résumés you see on the Internet, which follow the more traditional reverse chronological format.

Both functional and reverse chronological résumés start out very similarly, with your heading (name) and contact information at the top, then some type of summary section. I like to title it “About me” and artfully create a blend of your personal brand with the two most important things employers want to know you: that you will (1) represent them well to their patients, and (2) blend in well with the existing staff.

After that, the two types of résumés are different.

With a functional format, you include your experience and skills in a section of their own, above your work history. And rather than provide duplicate information for each dental hygiene job you have had, you simply list the employer you worked for, their location, your job title, and the years you worked there. Below that would list your education history, and if you still have room you could include other dental hygiene-related activities (association participation, community service, licensure, etc.).

All of this needs to be kept to one page if you are seeking a clinical dental hygiene position. If you want an academic dental hygiene position, or possibly another type of job, then showcasing more detail about research you have conducted, articles you have written, or presentations you have delivered can be very important. At that point you may even want to consider getting your own website.

Cover letter
I’m amazed how many dental hygienists don’t send out cover letters with their résumé. It’s true that many job announcements don’t ask for one, and so some believe they don’t need to send one (one less thing to worry about, right?).

But you are really missing an opportunity to summarize your understanding of the qualifications for the job and how you meet them. Don’t take a chance on an employer matching up what they want with what you list on your résumé. Be specific and address each qualification listed in the announcement in your cover letter.

It’s also an opportunity for you to share your personal brand, and extend to the employer a call-to-action. You should always include a call-to-action at the end of your cover letter, requesting an opportunity for an interview and including methods for reaching you.

Testimonial sheet
It’s helpful when YOU talk about how great you are, but more influential when OTHERS talk about how great you are.

For that reason, I highly recommend that you create and keep on file a document that provides third-party validation of the claims you make about yourself testimonial sheet; you would submit this document along with your cover letter and résumé to every hygiene position you apply for.

They are fairly simple to create and consist of a series of three to five short (two to three sentence) quotes from employers, coworkers, and even patients you have worked with over the years. Always get permission from those you are quoting; it’s ideal if you can simply pull the quote from an actual letter of reference.

A testimonial sheet gives you a clean and simple way to share what others have to say about you, and provides it in a format that is easy for a potential employer to quickly review.

CAR sheet
There’s a fourth document I recommend that you include with your résumé, cover letter, and testimonial sheet. I call it a CAR sheet. CAR stands for Challenge-Action-Resolution. It’s basically a series of mini case studies.

Employers engage best with you when they can relate to you through examples and stories. When they can see that you face problems just like them, and you find solutions just like them, you make a really convincing argument that you are the type of employee they want.

Think of writing a CAR sheet the same way you would approach thinking about examples and stories you can share at your job interview. Everyone gets job questions about how they would handle certain situations, and the best way to respond to those is with real-life examples of how you have handled those situations.

The CAR sheet is simply a condensed, written form of that. I suggest that each case study or situation you write about be kept to about five sentences. And just as the acronym CAR indicates, break that up into three sections.

Here’s an example:

[Challenge] At All Smiles Dental, I serviced a patient that had an intense fear of dental offices. She had been to several different practices in the last five years and kept changing because she didn’t feel comfortable.

http://www.dentistryiq.com/articles/2015/07/four-job-hunting-documents-every-dental-hygienist-should-have-tracie-doug-parry.html
**[Action]** I could sense her apprehension and decided to give her a little extra attention – more empathy and compassion – and tried to connect on things we had in common to help distract her.

**[Resolution]** It worked! She became one of my best, most consistent patients (and a great friend). She thanked me profusely when we were done and would reschedule on days when I was working.

Your CAR sheet needs to be kept to one page and should include at least three mini case studies, although you may be able to fit as many as five or six on a page.

**Summary**

Sounds like extra work, right? Well, it is a little bit more—but that’s also the point of why it works so well. Very few dental hygienists go to this level, which makes those who do really gain the advantage in their job search. 20 years ago, none of this was necessary, but things have changed.

Fortunately, none of this is all that difficult, especially if you stay on top of it throughout your career. You made a huge investment in your education and the development of your career. It’s really important to protect that and be ready should the time come you need to land a new dental hygiene job.

Doug and Tracie Perry are authors of the book *Landing a Great Dental Hygiene Job* and provide dental hygiene job coaching tips and services to thousands of hygienists. You can get a free copy of their book and free weekly tips at their website at [www.GetHiredRDH.com](http://www.GetHiredRDH.com).
Brushing Up for Your Interview

by Linda Blackiston, RDH, BS

It takes time, patience, preparation, and an enthusiastic attitude to find the right position. Consider the interview process an opportunity to learn and grow.

Finding the perfect employment takes time and patience; the opportunities are limited only by one's imagination, motivation, and preparedness. No matter the setting, the interview is a critical step toward your goal. Your experience, your GPA, or the school you attended matters little if the interview process is not successful. Preparation, professionalism, and attitude are the keys to an interview that will result in the sought-after position.

The hiring process has several phases. The first may begin with a phone interview to screen candidates. More and more companies screen candidates this way. To be prepared, create a positive first impression. Notice how the caller identifies him- or herself and use his or her name during the conversation. Avoid being too casual; it is better to err on the side of formality. Also, check the message on your answering machine or voice mail.

This is not the time for cutesy messages - a professional greeting leaves a better impression. If the first call you receive is
to set up an interview in person, be sure to verify the interview time, date, and location before you hang up. Confirm the name, job title, and phone number of your contact person. The best time to schedule an interview is between 9 a.m. and 11 a.m. People are usually more productive in the mornings, so avoid late afternoons when energy levels fall or schedules run late.

### Preparation

The key to a successful interview is preparation. Arriving for an interview unprepared is the equivalent to treating a dental patient prior to setting up the operatory.

Here are some tips:

- For a nonclinical position, learn about the company or institution. Look at the Web site and be knowledgeable about the place where you are interviewing.

- For a corporate position, prepare a portfolio.

- For a clinical position, ask if the office has a Web site or publishes a periodic newsletter and ask for a copy.

- For a position in academia, prepare a curriculum vitae.

- Know the mission statement of the company, practice, or institution.

- Anticipate typical questions asked in an interview. Rehearse answering these questions with another person and have tangible examples.

- Look for strengths in your work history that display your talents, skills, or personality traits.

Research prior to the interview demonstrates self-motivation.
and initiative.

Create a portfolio in a three-ring binder. Include your resume, writing samples, awards or recognitions received, examples of leadership, and ideas you have implemented. Place the examples in clear sheet protectors. Highlight any volunteer activities in the community or within dental hygiene associations. Expect to leave this portfolio with the interviewer to review.

Certain opportunities may require a curriculum vitae, also referred to as a CV. When applying for academic, educational, scientific, or research positions, have a CV available. Both a resume and CV provide information about your skills, experiences, and education. A resume is brief and concise, usually one page long. In contrast, a CV is more detailed; it includes a summary of educational and academic backgrounds, as well as teaching and research experience, publications, awards, presentations, and affiliations.

Write out answers to typical interview questions and practice answering them. Here are a few of the most commonly asked questions and comments:

• How would your last employer describe you?
• What is your ideal work environment?
• Tell me about yourself.
• What motivates you?
• Where do you see yourself in five years?
• Do you work better in a group or alone?
• Are you comfortable leading or following?
• How do you handle criticism?
• Tell me about some of your recent goals and what you did to achieve them.
• Have you ever had a conflict with a boss or co-worker? How did you resolve it?
• Why do you want this position?
• What was your worst failure? How did you handle it?
• What are your strengths and weaknesses?
• Why should I hire you?

If you are interested in expanding your dental hygiene career beyond clinical practice, refrain from using phrases like “I want to try something new” when asked about your interest in the position. The word try suggests you are experimenting or searching for something new. Outlining specific career goals gives clarity to the direction you want to take. Corporations and teaching institutions are looking for individuals with concrete goals who are ready to grow in their profession.

Write out your success stories prior to the interview. Have concrete examples of your successes; consider how the organization or practice benefited as a result of your actions. Think of your stories as “tales” with a beginning (the situation), a middle (the action - steps taken and the challenges or obstacles), and the end (how it turned out). If you have trouble thinking of success stories, ask people who know you well for help.

Adequate preparation tremendously increases your chance for a successful interview.

Professional attire

Your appearance imparts a great deal of information to the interviewer. Good grooming indicates attention to detail and a respect for others. Many employers have relaxed the dress code, but interview attire should still follow the conservative standard. It is better to show up dressed too formally. For most interviews, a conservative suit is best. Wear clean, polished, conservative shoes; they are an example of attention to detail. Hair should be conservative; resist the temptation to try the
latest trend in style or color prior to the interview. Limit the amount of jewelry you wear, since the interviewer’s attention should be focused on you. Chandelier earrings are perfect for a dinner date, but not for an interview. Body piercing and tattoos may be the rage, but remember not all interviewers are as hip as you and may be turned off by them. Subtlety is the rule for makeup and perfume. Get rid of chewing gum or candy prior to the interview, and of course, check your teeth!

The interview itself

Plan to arrive 10 to 15 minutes prior to your appointment. Running in at the last minute may cause you not to perform as well as an on-time arrival. Arriving late for an appointment is a sure way to sabotage your chances of getting hired. Upon arrival, politely introduce yourself to the receptionist. Use your time wisely while waiting: Look over your resume and review your notes. Survey your surroundings and make mental notes about the office environment.

When it is time to meet the interviewer, introduce yourself using your first and last name. Be ready to shake his or her hand. Extend yours and grasp the person’s entire hand - not just the fingers - to give a firm handshake. Good eye contact is equally important. Reinforce your verbal message with your body language. Your body language can influence the interview process by either reinforcing or distracting from your verbal message. Turn off your cell phone or, better yet, leave it in the car. Avoid looking at your watch during the interview; it could send the wrong message.

Communicate your skills, knowledge, and accomplishments to showcase yourself. Build rapport with the interviewer. Have a positive attitude - the right attitude can determine a successful outcome. During the interview, jot down key points and other information that you may want to reference later. Try to relax by
remembering this is a two-way process. You are there to ask questions as well. The position needs to be a good fit for you too. Keep the interview in perspective. What is the worst that can happen? If you do not get the job, learn from this experience and use it to prepare for the next interview.

Your questions

Typically near the conclusion of the interview, you will have a chance to ask questions. It is imperative that you be ready when this opportunity arises. These questions will help you gather information about the position and show the interviewer that you are interested in the job. Your questions demonstrate that you are a person who gathers information before making a decision and that you were paying attention during the interview. Here are a few examples of questions to ask following an interview:

• Tell me about an employee in your organization who is considered outstanding. What makes that person special?

• What improvements do you want to make here, and how can I help to make them?

• Can you tell me more about the position and the type of person you are seeking?

• What are the measurements for success within your organization?

• What will be the measurements of my success in this position?

• How often are performance evaluations conducted, and how are the evaluations made?

• How and when will you decide who to hire?
Prepare a few questions before the interview. Ask questions that will help you decide whether you want to work for this employer.

Post interview

A personalized thank you note can make an excellent impression. After the interview, send the interviewer anything he or she requested along with a thank you note. Use email for the note if pressed for time. Ensure proper grammar is used in the email, including capitalization of appropriate words. Use the notes you took during the interview to write your letter. Make your letter clear and concise. Express gratitude for the time the interviewer spent with you. Re-emphasize a strength that shows you are the best qualified candidate for the position. Finally, express your interest in the job and let the interviewer know how you can be reached.

The objective during an interview is to generate a job offer. It takes time, patience, preparation, and an enthusiastic attitude to find the right position. Carefully evaluate all aspects of an offer before making a decision. Try to relax. This is ultimately a process and a wonderful opportunity to learn and grow.

Resources

• Ingoles C, Shapiro M. Your job interview. Copyright 2003 Silver Lining Books, 122 Fifth Ave, N.Y., N.Y.
• Martin C. Boost your interview IQ. McGraw Books, 2 Penn Plaza, N.Y., N.Y.

• www.careerjournal.com
• www.wetfeet.com
• www.rileyguide.com
Linda Blackiston, RDH, BS, received her bachelor of science in dental hygiene from the Baltimore College of Dental Surgery, University of Maryland, after she had been a business owner/operator for nine years. She is currently a professional educator for Philips Oral Healthcare, the makers of Sonicare. Linda presents continuing education courses nationally to dental professionals as well as dental and dental hygiene students. Her professional background includes corporate pharmaceuticals, where she presented courses on the etiology and management of periodontal diseases specifically related to the host response mechanism. Linda’s clinical dental hygiene experience includes general practice, periodontics, and a staff position in pediatric dentistry at the University of Maryland. She provides volunteer oral health care to underprivileged children in Mexico annually. Linda lectures nationally as she continues to work in a general dentistry practice.
How to interview for your first position as a dental hygienist

Editor's Note: The following is an excerpt from the dental hygiene-specific career guide, The Purple Guide: Paper Persona, and offers interviewing tips for the dental hygiene graduate.

By Heidi Emmerling, RDH, PhD and Shirley Gutkowski, RDH, BSDH
April 18, 2013

Just as a strong resume wins you an opportunity to interview, strong interview skills will win you consideration for the job. Here are some tips for successful interviewing:

- **Prepare your other materials to bring.** Get your extra resume, photo, presentation portfolio, list of references, and any other necessary documents the day before the interview. Bring the contact information for three to five professional references. Do not forget to get permission to use their names and ask how they prefer to be contacted. Send the references a copy of your resume too.

- **Don't be too early.** Arriving more than 10 minutes early for an interview shows you don't manage time well. Act as if your time is as valuable as the interviewer's.

- **Make sure the receptionist knows when you arrive.** The front office staff may not be expecting you or may think you are waiting on a patient and ignore you. By the way, be super nice to the receptionist; it is the right thing to do, plus frequently s/he is the dentist's spouse.

- **Avoid nervous verbal ticks.** The "umms," "likes," and "you knows" can be kept at bay by pausing for a few seconds to gather your thoughts before each response. It's better to pause and have silence than to say, "Ahhh." Really, the pause is not as long as it seems.

- **Do not talk too much.** A general rule is to speak one-third of the time and definitely no more than half of the time. Keep answers to two to three minutes at the most. When you limit time, you tend to stay more focused. It is very easy to stray off the subject and ramble about things irrelevant to the job. Of course, don't interrupt or argue.

- **Follow the interviewer.** Model the interviewer's style, body language, and rate of speech. Show that you have been listening by asking good questions and making good comments.

- **Use the third person when talking about the job.** ("Does the dental hygienist schedule the recall appointments?" rather than "Will I be scheduling the appointments?") Avoid sounding as though you assume the job is yours.

- **Sell yourself.** Prepare and rehearse sound bites about yourself.

- **Explain why you left.** Needing more hours, wanting to work close to home, or needing to take time off to volunteer at your child's school are legitimate, generic reasons. Keep your tone positive and leave behind the soap-opera drama from your previous job.

- **Ask the world's best interview question.** Great questions to ask early in a job interview are “What are you most hoping to find in the person you hire?” or “What would be first job priorities here?” The earlier you can ask these questions, the sooner you can start tailoring answers to the employer's priorities.
◆ **Be prepared to ask questions** to ask at the end of the interview. Gather data from the practice Web site to really wow the interviewer. Here’s a good line: “Based on what we’ve talked about today, I feel good about the position. Do you have any concerns about my ability to do the job?” Often, this gives you a chance to counter any objections. If the interviewer asks if you have any questions, never say no. They want to know you are interested and that you want to know as much as possible.

◆ **Avoid the topic of salary and benefits until the offer.** Let them bring up the subject of money. If you are asked about salary expectations too early in the process, explain that you’d rather postpone that discussion until you have more information about the position. Certainly know what and how you are paid before starting.

◆ **Be prepared for some off the wall or illegal questions.** Some offices justify throwing a curve ball to see how quickly you can recover and think on your feet. Decide in advance how to respond to illegal questions and just know that sometimes interviews are intentionally odd. Sometimes the interviewer asks staff to act wacky just to see what you will do. Some scenarios include having someone have their fly open, asking you to submit to a handwriting analysis, or presenting you with a personality quiz to take.

### The Thank-You Note

> Dear Dr. Hale,

> Thank you for the opportunity to meet with you yesterday. It was a thrill to meet someone who is as much of a CE junkie as I am. Your approach to using yourself as a restorative agent is fascinating. I look forward to hearing from you.

> Holly Hygienist, BS, RDH

Always, always, always write a thank-you note. This holds true even if it felt like the interview was a disaster. It leaves a classy, gracious impression, and too many people neglect to do this step; it will set you apart from the pack. Even if this interview doesn’t work out, the positive impression you leave may cause the office to be on the lookout for another job for you.

The note should be sent out immediately, preferably the same day, and should be very short and sweet. Thank the interviewer for the time. Include a few specific references to some interview highlights. Some people say it is okay to send an email thank you if this is the way you and the potential employer have been communicating all along. We believe the handwritten note is by far the better way to go. Do not follow the excellent example word for word. Make it your own.
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An Online Source for Prospective Dental Hygiene Practitioners

CDT Codes

"The purpose of the CDT Code is to achieve uniformity, consistency and specificity in accurately documenting dental treatment. One use of the CDT Code is to provide for the efficient processing of dental claims, and another is to populate an Electronic Health Record."
— American Dental Association

The following topics will focus on the CDT Codes frequently used and encountered by seasoned dental hygiene practitioners:

- Diagnostic Services
- Preventive Services
- Restorative
- Periodontics

*Reproduced from Code on Dental Procedures and Nomenclature 2015 version.

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Diagnostic Services

Clinical Oral Evaluations

**D0120 periodic oral evaluation - established patient**
An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes oral cancer evaluation and periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic and/or definitive procedures separately.

**D0140 limited evaluation - problem focused**
An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.

**D0145 oral evaluation for patient under three years of age and counseling with primary caregiver**
Diagnostic services performed for a child under the age of three, preferably within the first six months of eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.

**D0150 comprehensive oral evaluation - new or established patient**
Used by general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.

**D0180 comprehensive periodontal evaluation - new or established patient**
This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient's dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation.

Diagnostic Imaging

**D0210 intraoral - complete series of radiographic images**
A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periodical areas and alveolar bone.

**D0220 intraoral - periapical first radiographic image**

**D0230 intraoral - periodical each additional radiographic image**
D0274  bitewing - four radiographic images

D0277  vertical bitewings - 7 to 8 radiographic images  
This does not constitute a full mouth intramural radiographic series.

D0330  panoramic radiographic image

D0350  2D oral/facial photographic image obtained intra-orally or extra-orally

D0351  3D photographic image  
This procedure is for dental or maxillofacial diagnostic purposes. Not applicable for a CAD-CAM procedure.

D0999  unspecified diagnostic procedure, by report  
Used for procedures that is not adequately described by a code. Describe procedure.
**Periodontics**

*Local anesthesia is usually considered to be part of Periodontal procedures.*

**Non-Surgical Periodontal Services**

**D4321**  **provisional splinting - extracoronal**
This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify the teeth involved.

**D4341**  **periodontal scaling and root planing - four or more teeth per quadrant**
This procedure involves instrumentation the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedure in others.

**D4342**  **periodontal scaling and root planing - one to three teeth per quadrant**
Root Planing
This procedure involves instrumentation the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedure in others.

**D4355**  **full mouth debridement to enable comprehensive evaluation and diagnosis**
The gross removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. This preliminary procedure does not preclude the need for additional procedures.

**D4381**  **localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth**
FDA approved sub gingival delivery devices containing antimicrobial medication(s) are inserted into periodontal pockets to suppress the pathogenic microbiota. These devices slowly release the pharmacological agents so they can remain at the intended site of action in a therapeutic concentration for a sufficient length of time.

**Other Periodontal Services**

**D4910**  **periodontal maintenance**
This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from the supragingival and sub gingival regions, site specific scaling root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.

**D4921**  **gingival irrigation - per quadrant**
Irrigation of gingival pockets with medicinal agent. Not to be used to report use of mouth rinses or non-invasive chemical debridement.
Preventive Services

Dental Prophylaxis

D1110  prophylaxis - adult
Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors.

D1120  prophylaxis - child
Removal of plaque, calculus and stains from the tooth structures in the primary and transitional dentition. It is intended to control local irritational factors.

Topical Fluoride Treatment (Office Procedure)
Prescription strength fluoride product designed solely for use in the dental office, delivered to the dentition under the direct supervision of a dental professional. Fluoride must be applied separately from prophylaxis paste.

D1206  topical application of fluoride varnish
D1208  topical application of fluoride - excluding varnish

Other Preventive Services

D1310  nutritional counseling for control of dental disease
Counseling of food selection and dietary habits as a part of treatment and control of periodontal disease and caries.

D1320  tobacco counseling for the control and prevention of oral disease
Tobacco prevention and cessation services reduce patient risks of developing tobacco-related diseases and conditions and improves prognosis for certain dental therapies.

D1330  oral hygiene instructions
This may include instructions for home care. Examples include toothbrushing technique, flossing, and use of special oral hygiene aids.

D1351  sealant - per tooth
Mechanically and/or chemically prepared enamel surface sealed to prevent decay

D1353  sealant repair - per tooth

D1352  preventive resin restoration in a moderate to high caries risk patient - permanent tooth
Conservative restoration of an active cavedealed lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.

D1999  unspecified preventive procedure, by report
Restorative

Amalgam Restorations (Including Polishing)
Tooth preparation, all adhesives (including amalgam bonding agents), liners and bases are included as part of the restoration. If pins are used, they should be reported separately.

D2140 amalgam - one surface, primary or permanent
D2150 amalgam - two surfaces, primary or permanent
D2160 amalgam - three surfaces, primary or permanent
D2160 amalgam - four or more surfaces, primary or permanent

Resin-Based Composite Restoration - Direct
Resin-based composite refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases and curing are included as part of the restoration. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, they should be reported separately.

D2330 resin-based composite - one surface, anterior
D2331 resin-based composite - two surfaces, anterior
D2332 resin-based composite - three surface, anterior
D2335 resin-based composite - four or more surfaces or involving incisal angle (anterior)
Incisal angle to be defined as one of the angles formed by the junction of the incisal and the medial or distal surface of an anterior tooth.
D2390 resin-based composite crown, anterior
Full resin-based composite coverage of tooth.
D2391 resin-based composite - one surface, posterior
Used to restore a carious lesion into the dentin or a deeply eroded area into the dentin. Not a preventive procedure.
D2392 resin-based composite - two surfaces, posterior
D2393 resin-based composite - three surfaces, posterior
D2394 resin-based composite - four or more surfaces, posterior

Crown - Single Restorations Only

D2740 crown - porcelain or ceramic substrate (CEREC crown)
D2750 crown - porcelain fused to predominantly base metal (PFM)
D2792  crown - full cast noble metal (FGC)

Other Restorative Services

D2920  re-cement or re-bond crown
Introduction
Statute/Rule Chapter
Association Membership
Job Search
CDT Codes
Trends in Dentistry

Student to Professional Transition
An Online Source for Prospective Dental Hygiene Practitioners

Trends in Dentistry

Comparable to the field of Medicine and other sciences, Dentistry is ever changing. This change is particularly due to advances in clinical dentistry, and innovations in materials and technology. These advances, however, come with higher patient expectations — the more they invest on their oral health the higher their expectations of service. As a licensed dental healthcare provider, you are expected to be knowledgeable with current trends in dentistry. Patients rely on your expertise to provide them with information they can use in their decision-making process to achieve their oral health goals.

"Modern technology allows dentists to create a more patient-friendly atmosphere by being more efficient, comfortable, and attractive. Creating a comfortable environment for patients can go a long way in helping put them at ease, thus assuaging their fears of the dentist and making them more likely to schedule the appointments vital in maintaining proper oral health."

— Adrian LaTrace, 2016

The following are some of the latest trends in dentistry today:

- CEREC
- Implants
- Invisalign
- Oil Pulling

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**CEREC**

CEREC or Cerec (Ceramic REConstruction or Chairside Economical Restoration of Esthetic Ceramics) is a method of CAD/CAM dentistry. This process allows dentists to construct, produce, and insert individual ceramic restorations directly at the point of treatment in a single appointment.

What is CEREC actually?

Here's a brief video about CEREC | Runtime 00:01:26
Implants

According to the American Academy of Periodontology, a dental implant is an artificial tooth root that is placed into your jaw to hold a replacement tooth or bridge. Dental implants may be an option for people who have lost a tooth or teeth due to periodontal disease, an injury, or some other reason.

Types of Dental Implants:

- Endosteal (in the bone): This is the most commonly used type of implant. The various types include screws, cylinders or blades surgically placed into the jawbone. Each implant holds one or more prosthetic teeth. This type of implant is generally used as an alternative for patients with bridges or removable dentures.

- Subperiosteal (on the bone): These are placed on top of the jaw with the metal framework's posts protruding through the gum to hold the prosthesis. These types of implants are used for patients who are unable to wear conventional dentures and who have minimal bone height.

Here's a brief video about Dental Implants | Runtime 00:01:00
Invisalign

Invisalign is a clear alternative to metal braces. It is a custom-made series of clear aligners which you are required to wear and change every two weeks until your treatment is complete.

How does Invisalign work?

Here's a brief video about Invisalign | Runtime 00:02:02

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There has been a recent craze about a holistic avenue to oral health called oil pulling. Oil pulling is an ancient, traditional folk remedy that has been practiced for centuries in India and southern Asia. The practice involves placing a tablespoon of an edible oil (e.g., sesame, olive, sunflower, coconut) inside the mouth, and swishing or “pulling” the oil through the teeth and mouth for anywhere from 1-5 minutes to up to 20 minutes or longer.

Due to the evidence-based nature of our career, it is important to conduct extensive research and find reliable studies prior to recommending any products or routines to our patients, and it is also due to this fact that the American Dental Association (ADA) does not recommend oil pulling as a dental hygiene practice.

Here's a brief video discussion about Oil Pulling | Runtime 00:05:22