

**COMMUNITY HEALTH AIDE PROGRAM
CERTIFICATION BOARD
STANDARDS AND PROCEDURES**

AMENDED JANUARY 31, 2005

TABLE OF CONTENTS

Chapter 1. General Provisions	1
Article 10. Authority	1
Section 1.10.010. Authority	1
Article 20. Definitions	1
Section 1.20.010. Definitions	1
Article 30. Designation and Citation	2
Section 1.30.010. Designation and Citation	2
Article 40. Findings	2
Section 1.40.010	2
Chapter 2. Certification of Community Health Aides, Community Health Practitioners and Dental Health Aides ...	4
Article 10. Initial Qualifications	4
Section 2.10.010. Initial Qualifications	4
(a) General Requirements	4
(b) Special Conditions	5
(1) Pre-Certification Board CHA/Ps.	5
(2) Delayed Application	5
Section 2.10.015. Certifications as CHA/P and DHA	5
Section 2.10.020. Surrender of a Certificate	5
Article 20. Standards for Community Health Aides and Community Health Practitioners	6
Section 2.20.100. Community Health Aide I Training and Education Requirements	6
Section 2.20.110. Community Health Aide I Competencies	6
Section 2.20.120. Scope of Practice Prior to Certification as Community Health Aide I	9
Section 2.20.200. Community Health Aide II Training and Education Requirements	9
Section 2.20.210. Community Health Aide II Competencies	9
Section 2.20.300. Community Health Aide III Training and Education Requirements	11
Section 2.20.310. Community Health Aide III Competencies	11
Section 2.20.400. Community Health Aide IV Training and Education Requirements	12
Section 2.20.410. Community Health Aide IV Competencies	13
Section 2.20.500. Community Health Practitioner Training and Education Requirements	13
Section 2.20.510. Community Health Practitioner Competencies	14
Section 2.20.600. Certification by Credentials	14
Article 30. Standards for Dental Health Aides	14
Section 2.30.010. Supervision of Dental Health Aides	14
(a) Generally	14
(b) Definitions of Levels of Supervision	14
(c) Village-Based Practice	15
Section 2.30.020. Scope of Practice Prior to Certification as a Dental Health Aide	15
(a) Minimum Requirements	15
(b) Employment	15
Section 2.30.030. Multiple Certification	15
Section 2.30.050. Certification by Credentials	15
Section 2.30.100. Primary Dental Health Aide I Training and Education Requirements	15
(a) Training	15
(b) Preceptorship	16

(c) Waiver	16
Section 2.30.110. Primary Dental Health Aide I Supervision and Competencies	16
(a) Dental Supervision	16
(b) Competencies	16
Section 2.30.150. [RESERVED]	17
Section 2.30.160. [RESERVED]	17
Section 2.30.200. Primary Dental Health Aide II Training and Education Requirements	17
Section 2.30.210. Primary Dental Health Aide II Supervision and Competencies	17
(a) Dental Supervision	17
(b) Competencies	17
Section 2.30.220. Sealant Requirements	18
(a) Prerequisites	18
(b) Dental Supervision	18
(c) Training, Education and Preceptorship	18
(d) Competencies	19
Section 2.30.230. Dental Prophylaxis Requirements	19
(a) Prerequisites	19
(b) Dental Supervision	19
(c) Training and Education	20
(d) Preceptorship	20
(e) Competencies	20
Section 2.30.240. Dental Radiology Requirements	20
(a) Prerequisites	20
(b) Dental Supervision	20
(c) Training, Education and Preceptorship	21
(d) Competencies	21
(e) Radiology Recertification	22
Section 2.30.250. Dental Assistant Function Requirements	22
(a) Dental Supervision	22
(b) Training and Education	22
(c) Competencies	23
Section 2.30.260. Atraumatic Restorative Treatment (ART) Requirements	23
(a) Prerequisites	23
(b) Dental Supervision	23
(c) Training and Education	23
(d) Preceptorship	24
(e) Competencies	24
Section 2.30.300. Dental Health Aide Hygienist Training and Education Requirements	24
Section 2.30.310. Dental Health Aide Hygienist Supervision and Competencies	24
(a) Dental Supervision	24
(b) Competencies	25
Section 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements	25
(a) Training and Education	25
(b) Preceptorship	25
Section 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies	26
(a) Dental Supervision	26
(b) Competencies	26
Section 2.30.500. Expanded Function Dental Health Aide II Training and Education Requirements	26
(a) Training and Education	26
(b) Preceptorship	27
Section 2.30.510. Expanded Function Dental Health Aide II Supervision and Competencies	27
(a) Dental Supervision	27
(b) Competencies	27
Section 2.30.550. Stainless Steel Crown Placement Requirements	28

(a) Prerequisites	28
(b) Dental Supervision	28
(c) Training and Education	28
(d) Preceptorship	28
(e) Competencies	29
Section 2.30.600. Dental Health Aide Therapist Training and Education Requirements	29
Section 2.30.610. Dental Health Aide Therapist Supervision and Competencies	29
(a) Dental Supervision	29
(b) Competencies	29
Article 40. Term of Certificate	30
Section 2.40.010. Effective Date	30
Section 2.40.020. Date of Issuance	30
Section 2.40.100. Expiration	30
Section 2.40.200. Requirements for Renewal	30
Section 2.40.300. Reinstatement or Renewal of a Lapsed Certificate	31
Chapter 3. Continuing Education	31
Section 3.10.010. CHA/P Continuing Education Requirements	31
(a) CHA/P Only Certification	31
(1) Unlapsed Certificate	31
(2) Lapsed Certificate	31
(b) CHA/P and DHA Dual Certification	31
Section 3.10.050. DHA Continuing Education Requirements	32
(a) Unlapsed Certificate	32
(b) Lapsed Certificate	32
Section 3.10.100. Approved Continuing Education Programs for CHA/P	32
(a) Competencies	32
(b) Sponsorship	32
(c) Tribal Continuing Education Programs	33
(d) Self-Study Programs	33
(e) Other	33
Section 3.10.200. Approved Continuing Education Programs for DHA	33
(a) Competencies	33
(b) Sponsorship	33
(c) Tribal Continuing Education Programs	33
(d) Self-Study Programs	34
(e) Other	34
Chapter 4. Discipline, Suspension or Revocation of a Community Health Aide, Community Health Practitioner or Dental Health Aide Certificate	34
Section 4.10.010. Grounds for Discipline	34
Section 4.10.100. Community Health Aide/Practitioner and Dental Health Aide Sanctions	36
Section 4.10.110. Withdrawing Probation	36
Section 4.10.120. Summary Suspension	36
Section 4.10.130. Consistency	36
Chapter 5. CHA/P Training Centers	36
Article 10. Requirements for Certification	36
Section 5.10.010. Certification	36
Section 5.10.015. Educational Program Philosophy	36
Section 5.10.020. Training Facilities	37
Section 5.10.025. Training Staff	37
(a) Qualifications and Roles	37
(1) Director/Instructor of Record	37
(2) Instructor	37
(3) Clinical Instructor	37

(4) Medical Advisor	37
(b) Job Descriptions	37
(c) Orientation of New Staff	38
(d) Faculty Turnover	38
Section 5.10.030. Hospital/clinic Affiliation	38
(a) Accreditation	38
(b) Hospital/Clinic Commitment	38
Section 5.10.035. Volume, Hours and Distribution fo Patient Encounters	38
(a) Encounters	38
(1) Session I	38
(2) Session II	38
(3) Session III	38
(4) Session IV	38
(b) (1) Primary Provider	39
(2) Active Participant	39
(c) Distribution of Clinical Hours	39
(1) Session I	39
(2) Session II	39
(3) Session III	39
(4) Session IV	40
Section 5.10.040. Trainees Selection Process	40
(a) Qualifications for Trainees and Application Process	40
(b) Statewide Priorities	40
(c) Exceptions	40
Section 5.10.045. Trainee Services	41
(a) Counseling and Health Services	41
(b) Academic Advising	41
(c) Attrition	41
(d) Housing, Meals, and Transportation	41
Section 5.10.050. Community Health Aide Curriculum and Teaching Guidelines	41
(a) Duration of Training and Attendance	41
(b) Class Size	41
(c) Faculty/Trainee Ratio	41
(1) Sessions I and II	41
(2) Sessions III and IV	41
(d) Classroom and Clinical Instruction	41
Section 5.10.055. Field Training	42
Section 5.10.060. CHA/P Training Center Administration and Records	42
(a) Commitment of Administration	42
(b) Secretarial Support	42
(c) CHA/P Training Center Files	42
(d) CHA/P Training Center Office Space	42
Section 5.10.065. CHA/P Training Center Self-Evaluation	42
Section 5.10.070. Faculty Continuing Education	43
Article 20. Types of CHA/P Training Center Certification and Recertification	43
Section 5.20.010. Start-up Certification	43
Section 5.20.020. Full Certification	43
Section 5.20.030. Provisional Certification	43
Article 30. Continuing Requirements	43
Section 5.30.010. Periodic Submissions and Reviews	43
Section 5.30.020. Monitoring	44
Article 40. CHA/P Training Center Sanctions	44
Section 5.40.010. Probation or Termination	44
Section 5.40.020. Conditions of Probation	44
Chapter 6. Certification of CHA/P Training Curriculum	44

Section 6.10.010. Continuous Review	44
Section 6.10.900. Transition	44
Chapter 7. Certification of DHA Training and Curriculum	45
Article 10. Training Programs, Facilities and Training Staff	45
Section 7.10.010. Facilities	45
Section 7.10.020. Training Staff	45
(a) Qualification and Roles	45
(b) Dental Advisor	45
Section 7.10.030. DHA Training Administration and Records	45
(a) Commitment of Administration	45
(b) Secretarial Support	45
(c) DHA Training Program Files	46
Article 20. Dental Health Aide Curricula	46
Section 7.20.010. DHA Core Curriculum	46
(a) Subject Matter	46
(b) CHA/P Equivalency	46
(c) Training	46
Section 7.20.020. Primary Oral Health Promotion and Disease Prevention	47
(a) Subject Matter	47
(b) Hours of Training	47
Section 7.20.030. Basic Dental Procedures	47
(a) Subject Matter	47
(b) Hours of Training	47
Section 7.20.040. DHA Advanced Dental Procedures	47
(a) Subject Matter	47
(b) Hours of Training	48
Section 7.20.050. Village-Based Dental Practice	48
(a) Subject Matter	48
(b) Hours of Training	48
Section 7.20.100. Sealants	48
(a) Subject Matter	48
(b) Hours of Training	48
Section 7.20.110. Dental Prophylaxis	48
(a) Subject Matter	48
(b) Hours of Training	49
Section 7.20.120. Dental Radiology	49
(a) Subject Matter	49
(b) Hours of Training	50
Section 7.20.130. Dental Assisting	50
(a) Subject Matter	50
(b) Hours of Training	50
Section 7.20.140. Atraumatic Restorative Treatment (ART)	50
(a) Subject Matter	50
(b) Hours of Training	50
Section 7.20.200. Basic Restorative Functions	51
(a) Subject Matter	51
(b) Hours of Training	51
Section 7.20.210. Advanced Restorative Functions	51
(a) Subject Matter	51
(b) Hours of Training	51
Section 7.20.220. Stainless Steel Crowns	51
(a) Subject Matter	51
(b) Hours of Training	51
Section 7.20.300. Dental Health Aide Hygienist Training Program	52
Section 7.20.400. Local Anesthetic Administration	52

(a) Subject Matter	52
(b) Hours of Training	52
Section 7.20.500. Dental Health Aide Therapist Training Program	52
Article 30. Certification of DHA Training Curriculum	53
Section 7.30.010. Curriculum Approval	53
Section 7.30.100. Dental Academic Review Committee (DARC)	53
(a) Membership	53
(b) Quorum	53
Section 7.30.200. Development and Transition	53
(a) Development	53
(b) Transition	53
Chapter 8. Hearings, Requests for Reconsideration, and Appeals	54
Article 10. Hearings	54
Section 8.10.010. Hearings	54
Section 8.10.020. Scheduling and Telephonic Participation	54
(a) Convenience of the Parties	54
(b) Delay	54
Section 8.10.030. Request for Hearing	54
(a) Written Request	54
(b) Notice of Proceeding	54
Section 8.10.040. Information regarding Hearing	55
Section 8.10.050. Written Presentation	55
Section 8.10.060. Conduct of Hearing	55
Section 8.10.070. Evidence	55
(a) Presentation	55
(b) Subpoena	55
(c) Telephonic Participation	55
Section 8.10.080. Recommendation	55
Section 8.10.090. Decision	56
(a) Action by Board	56
(b) Notice of Decision	56
Article 20. Reconsideration	56
Section 8.20.010. Requests for Reconsideration	56
(a) Generally	56
(b) Timing of Request	56
(c) Additional Argument and Evidence	56
(d) Mitigating Circumstances	56
(e) Deadline for Action	56
Article 30. Appeals	57
Section 8.30.010. Notice of Right of Appeal by Community Health Aides, Community Health Practitioners, Dental Health Aides, CHA/P Training Centers, and DHA Course Providers and Training Programs	57
Section 8.30.020. Notice of Appeal to the Board	57
Chapter 9. Transitional and Temporary Certification	57
Section 9.10.015. Practice Pending Certification	57
Section 9.10.020. Between Board Meetings	57
Chapter 10. Board Procedure	57
Section 10.10.010. Officers	57
Section 10.10.020. Quorum	58
Section 10.10.030. Meetings	58
(a) Regular and Special	58
(b) Public and Executive Sessions	58
Section 10.10.040. Committees	58

COMMUNITY HEALTH AIDE PROGRAM CERTIFICATION BOARD – STANDARDS AND PROCEDURES
AMENDED JANUARY 31, 2005

(a) Executive Committee	58
(b) Other Committees	58
Chapter 11. Amendments	58
Section 11.10.010. Effective Date	58
Section 11.10.020. Consideration at More Than One Meeting	59
Detailed History of CHA/P Certification Board <i>Standards and Procedures</i> by Date of Action	60

**COMMUNITY HEALTH AIDE PROGRAM
CERTIFICATION BOARD
STANDARDS AND PROCEDURES**

AMENDED JANUARY 31, 2005

Chapter 1. General Provisions

Article 10. Authority

Sec. 1.10.010. Authority. The Community Health Aide Program Certification Board is established under the authority of the Act of November 2, 1921 (25 U.S.C. § 13, popularly known as the Snyder Act) pursuant to 25 U.S.C. § 1616l (Section 121 of Publ. L. 94-437, the Indian Health Care Improvement Act, as amended) and directives and circulars of the United States Department of Health and Human Services, Public Health Service, Indian Health Service, Alaska Area Native Health Service.

History: November 26, 2002, Section 1.10.010 was amended.

Article 20. Definitions

Sec. 1.20.010. Definitions. In these *Standards and Procedures*

- (1) “ART” mean atraumatic restorative treatment;
- (2) “Atraumatic restorative treatment” means a maximally preventive and minimally invasive approach to stop further progression of dental caries. It involves the removal of soft, completely demineralized carious tooth tissues with hand instruments, and is followed by restoration of the cavity with an adhesive dental material that simultaneously seals the remaining tooth structure that remains at risk;
- (3) “BLS” means Basic Life Support certification, which must include certification in cardiopulmonary resuscitation (“CPR”) techniques based upon training equivalent to that required for completion of a CPR course certified by the American Heart Association or American Red Cross;
- (4) “Board” means the Community Health Aide Program Certification Board;
- (5) “CHAM” means the *Alaska Community Health Aide/Practitioner Manual*, 1998 Revised Edition, or its successor if approved by this Board
- (6) “CHA/P” means community health aide or community health practitioner;
- (7) “CHA/P Curriculum” means the *Community Health Aide Basic Training Curriculum*, 1993, revised as of May, 1997, unless other revisions are adopted in which case “CHA/P Curriculum” will incorporate those revisions;
- (8) “Dental hygienist” means a person licensed as a dental hygienist in Alaska under AS 08.32.010 or a dental hygienist in the employ of the federal government in the discharge of official duties who is a dental hygienist licensed in one of the 50 states or territories of the United States.
- (9) “Dentist” means a person licensed as a dentist in Alaska or a dentist in the employ of the federal government in the discharge of official duties who is licensed in one of the 50 states or territories of the United States.

(10) “DHA” means Dental Health Aide and, except as used in Article 30 of Chapter 2 regarding requirements for special classes of dental health aides, shall include primary dental health aides I and II, dental health aide hygienists, expanded function dental health aides I and II and dental health aide therapists;

(11) “DHA Core Curriculum” means the curriculum set forth in section 7.20.010;

(12) “DHA Advanced Dental Procedures” means the curriculum set forth in section 7.20.040.

(13) “DHA Curriculum” means a curriculum for training dental health aides approved by the Board pursuant to Article 20 of Chapter 7;

(14) “DHAH” means dental health aide hygienist;

(15) “DHAT” means dental health aide therapist;

(16) “EFDHA” means expanded function dental health aide;

(17) “EMT” means Emergency Medical Technician;

(18) “ETT” means Emergency Trauma Technician;

(19) “PDHA” means primary dental health aide;

(20) “Satisfactory performance” means the community health aide, community health practitioner or dental health aide can do the skill without assistance using the CHAM or other materials for reference. “Satisfactory performance” is measured by having the community health aide or practitioner or dental health aide demonstrate the skill with sufficient expertise to meet the standard of care in a daily work situation.

(21) “Session” means a course offered by a CHA/P Training Center providing a curriculum approved by the Board; and

(22) “VMR” means *Village Medicine Reference*, revised April, 1997, or its successor if approved by this Board.

History: October 8, 2003, Section 1.20.010(10) was amended. *See History of Sections 2.30.150 and 2.30.160.* November 26, 2002, Section 1.20.010 was amended by adding new subsections (1)-(3), (8)-(16) and 19; amending subsections (5), (7), (20) and (22); and renumbering all subsections.

Article 30. Designation and Citation

Sec. 1.30.010. Designation and Citation. The Standards and Procedures of the Board may be cited as “CB” followed by the number of the chapter, article, and section, separated by periods. For example, this chapter may be cited as “CB 1” or “chapter 1”; this article may be cited as “CB 1.30” or “article .30 of this chapter”; this section may be cited as “CB 1.30.010” or “section 1.30.010”. Except as otherwise indicated by the context, citations in accordance with this section include amendments and reenactments of the provisions cited.

Article 40. Findings

Sec. 1.40.010. Findings. The Community Health Aide Certification Board finds:

(1) The community health aide program was established to provide for training of health aides and practitioners and to maintain a system in which the health aides can relate to

other health professionals while providing health care, health promotion and disease prevention services in rural Alaska;

(2) The community health aide program was authorized by Congress to promote the achievement of the health status objectives in the Indian Health Care Improvement Act in rural Alaska;

(3) The need for the community health aide has not diminished – most villages in Alaska still have no health provider in the community other than a community health aide or community health practitioner. Although the infant mortality rate has diminished over the past 20 years, diabetes mellitus has increased by 110%, compared to 23% for the United States all races; the unintentional injury death rate of Alaska Natives is 4.5 times the rate for the United States; health status of rural Alaska Natives is closely related to low socio-economic status and 24% of Alaska Natives live below the poverty level compared to 13.1% for United States all races;

(4) The community health aide program has become a model for efficient and high quality health care delivery in rural Alaska providing approximately 300,000 patient encounters per year and responding to emergencies twenty-four hours a day, seven days a week;

(5) The existing community health aide program is over-taxed with persistent high rates of turnover among community health aides and practitioners;

(6) The curriculum for training community health aides and practitioners and the *CHAM* have always included dental care, however other demands on community health aides and practitioners have resulted largely in only emergency dental services to relieve immediate pain being available;

(7) Only 29% of Alaska Native children and even fewer adults have had access to dental care resulting in epidemic caries among children and loss of teeth among adults and elders;

(8) The Alaska Area Native Health Service, the Department of Health and Human Services, and tribal health organizations recognize the strong connection between dental health and physical health, including that caries is an infectious and contagious disease, which can result in pain, infection and diminishment of nutritional and digestive health;

(9) Shortages in the number of dentists nationally and in Alaska have resulted in high turnover among rural dentists (about 30%) and nearly a quarter of the dental positions in rural Alaska being unfilled resulting in available dental care in rural Alaska to being limited principally to only emergency services;

(10) This Board and the Alaska Area Native Health Service, together with Alaska tribal health organizations, have agreed that improvements in dental health among Alaska Natives requires health providers dedicated to dental preventive and acute care and that specialized training under the community health aide program of community health aides, who will be called dental health aides and who will limit their practice to dental care, is required to improve dental health status in rural Alaska

History: November 26, 2002, Article 40 was added.

Chapter 2.
Certification of Community Health Aides,
Community Health Practitioners
and Dental Health Aides

History: November 26, 2002, the Title of Chapter 2 was amended.

Article 10. Initial Qualifications

Sec. 2.10.010. Initial Qualifications.

(a) General Requirements. The Board shall issue a community health aide, community health practitioner or dental health aide certificate to a person who

- (1) applies on forms provided by the Board;
- (2) pays the application fees required;
- (3) furnishes evidence satisfactory to the Board that the person has not engaged in conduct that is a ground for imposing disciplinary sanctions under Chapter 4;
- (4) *[Repealed October 23, 1998]*
- (5) furnishes evidence satisfactory to the Board that the person has completed the training and education requirements for the highest level of certification being sought, as follows:

(A) for a community health aide or practitioner the requirements are those under section 2.20.100, 2.20.200, 2.20.300, 2.20.400 or 2.20.500,

(B) for a dental health aide the requirements are those under section 2.30.100, 2.30.200, 2.30.220(c), 2.30.230(c) and (d), 2.30.240(c), 2.30.250(c), 2.30.260(c) and (d), 2.30.300, 2.30.400, 2.30.500, 2.30.550(c) and (d) and 2.30.600;

(6) furnishes evidence satisfactory to the Board that at the time of consideration of the application the person is employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Alaska under the Indian Self-Determination and Education Assistance Act [P.L. 93-638, 25 U.S.C. § 450 et seq.];

(7) furnishes evidence satisfactory to the Board that the person will practice as a community health aide, community health practitioner or dental health aide only when employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Alaska under the Indian Self-Determination and Education Assistance Act [P.L. 93-638, 25 U.S.C. § 450 et seq.];

(8) furnishes evidence satisfactory to the Board that the person will practice as a community health aide, community health practitioner or dental health aide only within the scope of practice, certifications granted to the person as specified in paragraphs (A) and (B), except as required to satisfy the conditions for achieving the next level of certification or when practice would be permitted under section 4.10.010(i)(2);

(A) for a community health aide or community health practitioner the scopes of practice are defined in sections 2.20.110, 2.20.210, 2.20.310, 2.20.410 and 2.20.510,

(B) for a dental health aide the scopes of practice are defined in sections 2.30.110(b), 2.30.210(b), 2.30.220(d), 2.30.230(e), 2.30.240(d), 2.30.250(c), 2.30.260(e), 2.30.310(b), 2.30.410(b), 2.30.510(b), 2.30.550(e), and 2.30.610(b), and

(9) furnishes evidence satisfactory to the Board that the person will practice

(A) as a dental health aide under the direct, indirect or general supervision required under article 30 of this Chapter provided that the person providing the required supervision must be familiar with the CHA/P program, CHAM, and these *Standards*; or

(B) as a community health aide, or community health practitioner only under the medical supervision of a licensed physician, who is familiar with the CHA/P program and CHAM and is employed by the federal government or licensed in the State of Alaska. This requirement does not preclude other physicians, dentists, and mid-level providers directing the day-to-day activities of a community health aide or community health practitioner under the direction of the physician providing medical supervision.

(10) effective January 1, 2003, furnishes evidence satisfactory to the Board that the person meets continuing education requirements as defined in Chapter 3, as applicable.

(b) Special Conditions.

(1) Pre-Certification Board CHA/Ps. An applicant who was a community health aide or community health practitioner prior to the formation of the CHAP Certification Board who seeks initial certification by the Certification Board after January 1, 2003, must provide evidence satisfactory to the Board that he or she

(A) meets all the requirements for initial certification by this Board and

(B) in the two year period preceding the application for initial certification by this Board has met the requirements for continuing education set forth in section 3.10.010.

(2) Delayed Application. An applicant for certification as a community health aide, community health practitioner or dental health aide who obtained the required training more than two years prior to submitting an application for certification, must provide evidence satisfactory to the Board that he or she:

(A) meets all the requirements for initial certification by this Board, and

(B) in the two year period preceding the application for initial certification by this Board has met the requirements for continuing education set forth in section.

History: October 8, 2003, Sections 2.10.010(a)(5)(B) and (a)(8)(B) were amended. November 26, 2002, Section 2.10.010(a), (a)(5), (a)(7), (a)(8), (a)(9) and (a)(10) were amended and subparagraphs (a)(5)(A) and (B) and (a)(8)(A) and (B), and subsection (b) were added.

Sec. 2.10.015. Certifications as CHA/P and DHA. A person who meets all of the applicable requirements of these *Standards* may be certified as a community health aide or community health practitioner and as a dental health aide. *Also see* section 2.30.030.

History: November 26, 2002, Section 2.10.015 was added.

Sec. 2.10.020. Surrender of a Certificate. A person certified under articles 20 or 30 of these standards shall surrender the certificate to his or her employer or send the certificate to the Board if, at any time during the period in which it would otherwise be in effect, the person no longer meets any requirement of initial certification under section 2.10.010 except subsection 2.10.010(6).

History: November 26, 2002, Section 2.10.020 was amended.

Article 20.
**Standards for Community Health Aides
and Community Health Practitioners.**

History: November 26, 2002, the title of Article 20 of Chapter 2 was amended.

Sec. 2.20.100. Community Health Aide I Training and Education Requirements. A person meets the training and education requirements to be a certified community health aide I upon successful completion of

- (a) Pre-session, or its equivalent, unless waived under section 5.10.040 by the CHA/P Training Center prior to admission to the Session I training course required under section 2.20.100(c);
- (b) an EMT or ETT training course approved by the State of Alaska, or its equivalent;
- (c) Session I training course provided by a CHA/P Training Center; and
- (d) approved field work after completion of Session I, including
 - (1) a minimum of 20 patient encounters;
 - (2) Post Session Learning Needs (PSLN), which identifies individual learning needs in performing essential skills; and
 - (3) Post Session Practice Checklist, which identifies the skills to be taught.

Sec. 2.20.110. Community Health Aide I Competencies. A certified community health aide I must successfully demonstrate and maintain:

(a) understanding of the topics addressed in the CHA/P Curriculum for Session I, which generally include problem-specific complaints (acute care) for adults and children of the following body systems:

- (1) eye;
- (2) ear;
- (3) respiratory;
- (4) digestive;
- (5) skin;

(b) competency in the following subjects to the level of performance required after meeting the requirements of section 2.20.100:

- (1) role of the community health aide in the village;
- (2) community health aide's general scope of work;
- (3) medical ethics, including patient confidentiality and patient rights;
- (4) community health aide's medical-legal coverage;
- (5) State of Alaska reporting requirements;
- (6) consent for treatment issues;
- (7) introductory interviewing skills;
- (8) general health/wellness and disease processes;
- (9) infection and communicable diseases;
- (10) introductory anatomy and function of the human body;
- (11) introductory medical vocabulary/abbreviations;
- (12) importance of thorough documentation of patient encounter;
- (13) introductory mental health issues, including suicide and other emergencies;

- (14) introductory pharmacology, including identification and treatment of severe allergic reactions; and
 - (15) [RESERVED]
 - (16) emergency care (to supplement ETT or EMT training), including facial trauma, altered level of consciousness, potentially serious chest pain, acute orthopedic injuries, burns, hypothermia, poisoning, and uncomplicated emergency delivery;
- (c) satisfactory performance of the following skills:
- (1) use of the CHAM;
 - (2) problem-specific history taking;
 - (3) physical examinations of:
 - (A) vital signs of infant:
 - (i) pulse;
 - (ii) respiration;
 - (iii) rectal temperature;
 - (iv) length;
 - (v) weight;
 - (vi) head circumference;
 - (B) vital signs of child and adult:
 - (i) radial pulse;
 - (ii) apical pulse;
 - (iii) respirations;
 - (iv) oral temperature;
 - (v) blood pressure;
 - (vi) height;
 - (vii) weight;(viii)orthostatic vital signs;
 - (C) systems:
 - (i) general appearance;
 - (ii) ear;
 - (iii) eye, including Snellen;
 - (iv) nose;
 - (v) throat;
 - (vi) neck, including nodes;
 - (vii) lungs;
 - (viii)heart;
 - (ix) abdomen;
 - (x) skin; and
 - (D) sick child;
 - (4) performance and interpretation of the following lab tests:
 - (A) blood glucose;
 - (B) hemoglobin;
 - (C) rapid strep;
 - (D) urine dipstick;
 - (5) performance only of the following lab tests:
 - (A) finger stick;
 - (B) centrifuge/separate blood;
 - (C) adult clean catch urine specimen;
 - (D) throat culture;

- (6) assessment, including:
 - (A) use of the CHAM;
 - (B) use of assessment lists;
 - (C) use of assessment charts;
 - (D) listing multiple assessments;
 - (E) plan for each assessment;
- (7) medicines:
 - (A) dose calculations;
 - (B) reconstitution: oral;
 - (C) parenteral;
 - (D) label reading and making;
 - (E) drops for eye and ear;
 - (F) injections:
 - (i) intramuscular hip;
 - (ii) intramuscular infant thigh;
 - (iii) subcutaneous;
 - (G) inhaler/spacer;
 - (H) nebulizer;
 - (I) rectal suppositories;
 - (J) transdermal;
- (8) patient education, including:
 - (A) explaining assessment;
 - (B) use of patient education sections;
 - (C) use of patient education handouts;
 - (D) VMR for medicine instructions;
- (9) the following treatments and procedures:
 - (A) ear:
 - (i) irrigation;
 - (ii) suction;
 - (iii) remove foreign body;
 - (iv) curette outer canal;
 - (B) eye:
 - (i) irrigation;
 - (ii) flourescein stain;
 - (iii) eyelid eversion;
 - (iv) small foreign body removal;
 - (v) eye patches;
 - (C) orthopedics:
 - (i) elastic bandage;
 - (ii) hot/cold packs;
 - (iii) splinting;
 - (D) other:
 - (i) oxygen;
 - (ii) oral suction;
 - (E) prevention:
 - (i) handwashing;
 - (ii) clean/sterile technique ;
 - (iii) universal or standard precautions ;

- (iv) mailing hazardous substances;
- (F) reporting; and
- (G) recording.

History: October 8, 2003, the numbering of Section 2.20.110(c)(9)(D)(ii) was corrected. November 26, 2002, Section 2.10.110(a), (c)(1), and (c)(6)(A) were amended. June 24, 2004, Section 2.20.110(b)(15) was deleted.

Sec. 2.20.120. Scope of Practice Prior to Certification as Community Health Aide I.

(a) A person who satisfies the requirements of subsection 2.20.120(b) may perform services of a certified community health aide I prior to being certified under section 2.10.010 and 2.20.100, provided the person is actively engaged in the process of meeting the requirements under section 2.20.100 through 2.20.110 to become certified as a community health aide I.

(b) To be eligible to perform services under subsection 2.20.120(a), the person must

(1) be employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Alaska under the Indian Self-Determination and Education Assistance Act;

(2) provide only those services for which the person has been trained and has demonstrated successful performance; and

(3) practice as a community health aide only under the medical supervision of a licensed physician, who is familiar with the CHA/P Program and CHAM and is employed by the federal government or a physician licensed in the State of Alaska. This requirement does not preclude other physicians, dentists, and mid-level providers direct the day-to-day activities of a community health aide or community health practitioner under the direction of the physician providing medical supervision.

(c) A person who satisfies the requirements of subsection 2.20.120(b) who has submitted an application for certification as a community health aide I may begin training to become certified as a community health aide II and perform services necessary to satisfy the requirements of subsection 2.20.200(4) pending action on the community health aide I application.

History: November 26, 2002, Section 2.20.120(b)(3) was amended.

Sec. 2.20.200. Community Health Aide II Training and Education Requirements. A person meets the training and education requirements to be a certified community health aide II upon successful completion of

(1) all requirements under sections 2.20.100 through 2.20.110;

(2) current ETT or EMT certification;

(3) Session II training course provided by a CHA/P Training Center; and

(4) 200 hours of approved field work after completion of Session II, including:

(A) a minimum of 60 patient encounters;

(B) Post Session Learning Needs (PSLN), which identifies individual learning needs in performing essential skills; and

(C) Post Session Practice Checklist, which identifies the skills to be taught.

Sec. 2.20.210. Community Health Aide II Competencies. In addition to meeting the requirements of section 2.20.110, a certified community health aide II must successfully demonstrate and maintain:

(a) understanding of the topics addressed in the CHA/P Curriculum for Session II, which generally includes problem-specific complaints (acute care) for adults and children of the following body systems:

(1) dental;

(2) ear;

(3) respiratory;

- (4) circulatory;
- (5) digestive;
- (6) urinary;
- (7) male reproductive;
- (8) female reproductive;
- (9) musculoskeletal;
- (10) nervous;
- (11) endocrine;
- (12) skin;

(b) competency in the following subjects to the level of performance required after meeting the requirements of section 2.20.200:

- (1) dental health and prevention;
- (2) mental health issues, including self-help, mental illness and mental health emergencies, mental health promotion for patients and families, substance abuse and dependency, and grief, loss, dying and death;
- (3) management of medicines in the village;
- (4) introduction to Tuberculosis disease;
- (5) introduction to sexually transmitted diseases and sexually transmitted disease issues;

- (6) HIV disease and issues;
- (7) emergency care review, including medical evacuation;

(c) satisfactory performance of the following skills:

- (1) physical examinations of:
 - (A) the following systems:
 - (i) heart;
 - (ii) back/costal vertebral angle (CVA);
 - (iii) genitals:
 - (I) male;
 - (II) female: external/cervical motion;
 - (iv) external anus;
 - (v) extremities;
 - (vi) musculoskeletal;
 - (vii) nervous system;
 - (viii) mental status;
 - (B) adults;
- (2) performance and interpretation of the following lab tests:
 - (A) purified protein derivative (PPD);
 - (B) fecal occult blood;
- (3) perform the following lab tests:
 - (A) venipuncture for blood tests;
 - (B) clean catch urine specimen;
 - (C) infant (bag);
 - (D) urine culture;
 - (E) stool for ova and parasites;
- (4) topical medicines;
- (5) the following treatments and procedures:
 - (A) wound:
 - (i) irrigation;

- (ii) closure strips;
- (iii) suture;
- (iv) suture removal;
- (B) orthopedics:
 - (i) crutch fit/walk;
 - (ii) plaster splinting;
- (C) intravenous therapy;
- (D) dental prevention:
 - (i) tooth brushing;
 - (ii) flossing;
 - (iii) disclosing tablets;
 - (iv) fluoride rinse;
- (v) fluoride gel.

History: November 26, 2002, Section 2.20.210(a) and (c)(2) were amended.

Sec. 2.20.300. Community Health Aide III Training and Education Requirements. A person meets the training and education requirements to be a certified community health aide III upon successful completion of

- (1) all requirements under sections 2.20.100 through 2.20.210;
- (2) Session III training course provided by a CHA/P Training Center; and
- (3) 200 hours of approved field work after completion of Session III, including:
 - (A) a minimum of 60 patient encounters;
 - (B) Post Session Learning Needs (PSLN) which identifies individual learning needs in performing essential skills; and
 - (C) Post Session Practice Checklist which identifies the skills to be taught.

Sec. 2.20.310. Community Health Aide III Competencies. In addition to meeting the requirements of sections 2.20.110 and 2.20.210, a certified community health aide III must successfully demonstrate and maintain:

(a) understanding of the topics addressed in the CHA/P Curriculum for Session III, which generally include:

- (1) male reproductive health;
- (2) female reproductive health;
- (3) adolescent health;
- (4) well child care;
- (5) sick child care;
- (6) newborn care; and
- (7) problem-specific complaints (acute care) of the following body systems:
 - (A) male reproductive;
 - (B) female reproductive;
 - (C) breast;

(b) competency in the following subjects to the level of performance required after meeting the requirements of section 2.20.300:

- (1) women's reproductive health issues;
- (2) men's reproductive health issues;
- (3) family planning issues;

- (4) prenatal care;
 - (5) mental health issues, including substance abuse during pregnancy, family problems, domestic violence, sexual abuse and rape;
 - (6) fetal alcohol syndrome;
 - (7) labor and delivery, including the importance of avoiding village deliveries;
 - (8) post-partum issues;
 - (9) newborn care issues;
 - (10) well child care issues;
 - (11) adolescent health care issues;
 - (12) immunization issues;
 - (13) [RESERVED]
 - (14) nutrition;
 - (15) [RESERVED]
 - (16) emergency care review, emphasizing infants, children, and special considerations for pregnant patients;
- (c) satisfactory performance of the following skills:
- (1) history taking:
 - (A) initial prenatal visit;
 - (B) prenatal revisit;
 - (C) well child;
 - (2) physical examination of:
 - (A) breast system;
 - (B) prenatal revisit;
 - (C) well child;
 - (3) performance and interpretation of urine pregnancy lab test;
 - (4) performance only of the following lab tests:
 - (A) phenylketonuria (PKU);
 - (B) urethral swab;
 - (5) medicines:
 - (A) vaginal suppository/creams; and
 - (B) immunizations.

History: November 26, 2002, Section 2.20.310(a) was amended. June 24, 2004, Section 2.20.310(b)(13) and (b)(15) were deleted. October 14, 2004, Section 2.20.310(a) was amended.

Sec. 2.20.400. Community Health Aide IV Training and Education Requirements. A person meets the training and education requirements to be a certified community health aide IV upon successful completion of

- (1) all requirements under sections 2.20.100 through .310;
- (2) Session IV training course provided by a CHA/P Training Center; and
- (3) 200 hours of approved field work after completion of Session IV, including
 - (A) a minimum of 60 patient encounters;
 - (B) Post Session Learning Needs, which identifies individual learning needs in performing essential skills; and
 - (C) Post Session Practice Checklist, which identifies the skills to be taught.

Sec. 2.20.410. Community Health Aide IV Competencies. In addition to meeting the requirements of sections 2.20.110, 2.20.210, and 2.20.310, a certified community health aide IV must successfully demonstrate and maintain:

(a) understanding of the topics addressed in the CHA/P Curriculum for Session IV, which generally include long-term care complaints (chronic care) of the following body systems:

- (1) eye;
- (2) ear;
- (3) respiratory;
- (4) circulatory;
- (5) digestive;
- (6) musculoskeletal;
- (7) nervous;
- (8) endocrine;
- (9) skin;

(b) competency in the following subjects to the level of performance required after meeting the requirements of section 2.20.400:

- (1) management of Tuberculosis in the village;
- (2) introductory environmental health issues, including food/water borne disease, rabies, and injury prevention;
- (3) chronic disease;
- (4) introductory cancer issues;
- (5) pharmacology;
- (6) clinic management;
- (7) emergency care review;
- (8) adult surveillance;
- (9) introduction to smoking cessation training;

(c) satisfactory performance of the following skills:

- (1) complete history taking;
- (2) the following treatments and procedures:
 - (A) [RESERVED]
 - (B) postural drainage.

History: November 26, 2002, Section 2.20.410(a) was amended. June 24, 2004, Section 2.20.410(b)(8) and (b)(9) were added and (c)(2)(A) was deleted.

Sec. 2.20.500. Community Health Practitioner Training and Education Requirements. A person meets the training and education requirements to be a certified community health practitioner upon successful completion of

- (1) all requirements under sections 2.20.100 through 2.20.410;
- (2) an approved preceptorship, including:
 - (A) at least 30 hours of supervised direct patient care experience;
 - (B) a minimum of 15 patient encounters as primary provider;
 - (C) the Preceptorship Critical Skills List;
- (3) both sections of the statewide written CHA Certification Examination with a combined score of 80 percent or higher;
- (4) the statewide Medical Math Exam with a score of 100 percent; and
- (5) an evaluation of the applicants clinical performance and judgment by the applicant's direct supervisor or other approved evaluator.

History: November 26, 2002, Section 2.20.500(3) was amended.

Sec. 2.20.510. Community Health Practitioner Competencies. A community health practitioner must successfully demonstrate and maintain the ability to meet all of the requirements of sections 2.20.110, 2.20.210, 2.20.310, and 2.20.410.

Sec. 2.20.600. Certification by Credentials. The Board may waive one or more of the requirements of sections 2.20.100 through 2.20.510 for a person who provides evidence satisfactory to the Board that the person has health care training, education and experience at least equivalent in scope, quality, and difficulty to those imposed under these sections, provided the applicant demonstrates to the satisfaction of the Board that the applicant is adequately familiar with the CHA/P program and will limit his or her practice to the scope of practice of a community health aide or community health practitioner operating under the community health aide program.

History: November 26, 2002, Section 2.20.600 was amended.

Article 30. Standards for Dental Health Aides

History: November 26, 2002, Article 30 was added.

Sec. 2.30.010. Supervision of Dental Health Aides.

(a) Generally. The supervision of a dental health aide may be general, indirect or direct, as defined in section 2.30.020(b), provided that

- (1) the person providing the supervision must satisfy the criteria provided under section 2.10.010(9)(A);
- (2) the dental health aide must be supervised at what ever level of supervision is required for the specific care being provided;
- (3) a dentist or dental health aide therapist providing supervision may impose a higher level of supervision on the dental health aide than that provided in this article, and
- (4) when a dental health aide therapist requires supervision the supervision must be provided by a dentist.

(b) Definitions of Levels of Supervision. For the purposes of this article:

- (1) “Direct supervision” means the dentist or dental health aide therapist in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental health aide;
- (2) “General supervision” means the dentist or dental health aide therapist has authorized the procedures and they are being carried out in accordance with standing orders issued to a specific dental health aide; and
- (3) “Indirect supervision” means a dentist or dental health aide therapist is in the facility, authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental health aide;

(c) **Village-Based Practice.** Any dental health aide practicing under general supervision, except a primary dental health aide I, must have successfully completed a Board approved village-based dental practice course that satisfies the requirements of section 7.20.050.

History: October 8, 2003, Section 2.30.010(a) was amended.

Sec. 2.30.020. Scope of Practice Prior to Certification as a Dental Health Aide.

(a) **Minimum Requirements.** A person who satisfies the requirements of subsection 2.30.020(b) may perform services of a certified dental health aide prior to being certified under this article to the extent the services are

(1) being performed as part of a required preceptorship under sections 2.30.100(b), 2.30.220(c)(1)(B) or (c)(2), 2.30.230(d), 2.30.240(c)(1)(D) or (c)(2), 2.30.260(d), 2.30.400(b), 2.30.500(b), 2.30.550(d), 2.30.600(3), or

(2) are performed while certification is pending after successful completion of all required training and preceptorship.

(b) **Employment.** To be eligible to perform services under subsection 2.30.020(a), the person must be employed by the Indian Health Service or a tribe or tribal program operating a community health aide program in Alaska under the Indian Self-Determination and Education Assistance Act.

Sec. 2.30.030. Multiple Certification. Under this article a person may be certified under more than one section.

Sec. 2.30.050. Certification by Credentials. The Board may waive one or more of the requirements of sections or 2.30.100 through 2.30.610 for a person who provides evidence satisfactory to the Board that the person has health care training, education and experience at least equivalent in scope, quality, and difficulty to those imposed under these sections, provided the applicant demonstrates to the satisfaction of the Board that the applicant is adequately familiar with the CHA/P program and will limit his or her practice to the scope of practice of dental health aide under these *Standards*.

Sec. 2.30.100. Primary Dental Health Aide I Training and Education Requirements. A person meets the training and education requirements to be a certified primary dental health aide I upon successful completion of the requirements set forth in subsections (a) and (b) of this section.

(a) **Training.**

(1) (A) a Pre-session or Session I training course provided by a CHA/P Training Center, provided that a Pre-session training course must address at a minimum all of the topics identified in section 7.20.010 (core curriculum course), or

(B) a Board approved DHA core curriculum course that satisfies the requirements of section 7.20.010;

(2) a Board approved primary oral health promotion and disease prevention course that satisfies the requirements of section 7.20.020;

(3) a Board approved basic dental procedure course that satisfies the requirements of section 7.20.030; and

- (4) Basic Life Support certification.

(b) Preceptorship. A dental health aide must after completion of the requirements in subsection (a) of this section, under the direct supervision of a dentist, dental health aide therapist or dental hygienist, satisfactorily complete a preceptorship, which must include satisfactory performance in the:

- (1) delivery of a minimum of 20 fluoride treatments, which must include a minimum of 5 varnish, 5 rinse and 5 foam or gel treatments;
- (2) delivery of a minimum of 40 oral hygiene sessions of which:
 - (A) a minimum of 10 must be with children under 6 years of age,
 - (B) a minimum of 10 must be with patients between ages 6 and 14, and
 - (C) a minimum of 10 must be with patients over age 14;
- (3) delivery of a minimum of 20 diet education sessions, including a minimum of:
 - (A) 10 provided to the primary caregiver of children under age 6 and
 - (B) 5 provided to an adult regarding the adult's own diet; and
- (4) an additional 40 hours of relevant work experience.

(c) Waiver. A person who has equivalent education, training or experience may be deemed by the Board to meet the requirements in subsections (a)(2) and (3) and (b) of this section.

Sec. 2.30.110. Primary Dental Health Aide I Supervision and Competencies.

(a) Dental Supervision. A certified primary dental health aide I may provide services under the general supervision of a dentist or dental health aide therapist.

(b) Competencies. A certified primary dental health aide I must successfully demonstrate and maintain:

- (1) understanding of :
 - (A) basic dental anatomy;
 - (B) caries disease process;
 - (C) periodontal disease process;
 - (D) infection control;
 - (E) health care system access, including access to Medicaid and other third-party resources;
 - (F) scheduling;
 - (G) theory of prevention;
 - (H) fluoride as a drug and related issues;
- (2) competency in the following subjects:
 - (A) fluoride treatments, including gels, foams, varnish and mouth rinse;
 - (B) diet education;
 - (C) oral hygiene instruction;
 - (D) identification of potential dental problems and appropriate referrals;
 - (E) those provided for under sections 2.20.110(b)(1), (3) through (12), (14) and (15);
 - (F) dental health aide's general scope of work;
 - (G) basic life support;

- (3) satisfactory performance of the following skills:
 - (A) use of CHAM;
 - (B) general medical history taking;
 - (C) patient education including:
 - (i) oral hygiene instruction,
 - (ii) diet education,
 - (iii) explanation of prevention strategies, including fluoride and sealants;
 - (D) tooth brush prophylaxis;
 - (E) providing topical fluorides, including gels, foam, varnish and rinses;
 - (F) clean/sterile techniques;
 - (G) universal precautions; and
 - (H) handwashing.

Sec. 2.30.150. [RESERVED]

History: October 8, 2003, Section 2.30.150 was deleted and the section number reserved.

Sec. 2.30.160. [RESERVED.]

History: October 8, 2003, Section 2.30.160 was deleted and the section number reserved.

Sec. 2.30.200. Primary Dental Health Aide II Training and Education Requirements.

A person meets the training and education requirements to be a certified primary dental health aide II upon successful completion of:

- (a) (1) (A) all requirements under sections 2.30.100 through 2.30.110;
 - (B) a Board approved DHA Advanced Dental Procedures training session that satisfies the requirements of section 7.20.040; and
 - (C) one or more certifications under 2.30.220 (sealants), 2.30.230 (prophylaxis), 2.30.240 (dental radiology) or 2.30.260 (ART); or
- (2) the requirements of section 2.30.300(b)(1) and (2); and
- (b) a Board approved DHA village-based dental practice course that satisfies the requirements of section 7.20.050.

History: October 8, 2003, Section 2.30.200 was amended.

Sec. 2.30.210. Primary Dental Health Aide II Supervision and Competencies.

(a) Dental Supervision. A certified primary dental health aide II may provide the services under paragraph (b)(2) under the general supervision of a dentist or dental health aide therapist.

(b) Competencies. In addition to meeting the requirements of section 2.30.110, a certified dental health aide II must successfully demonstrate and maintain:

- (1) (A) understanding and knowledge of dental anatomy,
- (B) understanding and knowledge of caries and the periodontal disease process;

- (C) identification and knowledge of dental instruments and equipment;
- (D) understanding telemedicine technology;
- (E) dental charting;
- (F) problem-specific medical and dental history taking;
- (G) basic management of dental emergencies;
- (H) proper handling and sterilization of instruments;
- (I) disinfection of the operatory; and
- (2) satisfactory performance of the following skills:
 - (A) problem-specific medical and dental history taking;
 - (B) recognition of medical and dental conditions that may require direct dental supervision or services;
 - (C) dental charting and patient record documentation;
 - (D) instrument handling and sterilization procedures;
 - (E) intra- and extra-oral photographs, if equipment is available;
- (3) meeting the requirements of one or more of the following sections:
 - (A) 2.30.220 (sealants);
 - (B) 2.30.230 (prophylaxis);
 - (C) 2.30.240 (dental radiology); or
 - (D) 2.30.260 (ART).

History: October 8, 2003, the title to Section 2.30.210 and subsections (a) and (b) were amended.

Sec. 2.30.220. Sealant Requirements.

(a) Prerequisites. A dental health aide may be certified under this section to perform sealants under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of sections:

- (1) 2.30.200 and 2.30.210 (PDHA II),
- (2) 2.30.400 and 2.30.410 (EFDHA I), or
- (3) 2.30.500 and 2.30.510 (EFDHA II).

(b) Dental Supervision.

(1) The sealant procedure must have been ordered by a dentist prior to the sealant procedure.

(2) Sealants may be performed under this section by a dental health aide under the general supervision of a dentist provided the dental health aide has met the requirements of this section, including successful completion of the requirements of section 2.30.200(b) (village-based dental practice course).

(3) An expanded function dental health aide I or II who has not completed the requirements of section 2.30.200(b) may perform sealants under this section only under the direct or indirect supervision of a dentist.

(c) Training, Education and Preceptorship. The dental health aide must have satisfactorily completed:

- (1) (A) a course in sealants:
 - (i) approved by the Board that satisfies the requirements of section

7.20.100;

- (ii) offered by an accredited school of higher education; or
- (iii) offered by IHS; and
- (B) under the direct supervision of a dentist, dental health aide therapist, licensed dental hygienist, or dental health aide hygienist satisfactory performance of a minimum of 25 sealant procedures including:
 - (i) a minimum of 10 on molars,
 - (ii) a minimum of 5 on children under 7 years of age, and
 - (iii) a minimum of 10 on second molars; or
- (2) under the direct supervision of a dentist, dental health aide therapist or licensed dental hygienist or dental health aide hygienist, satisfactory performance of a minimum of 50 sealant procedures including:
 - (A) a minimum of 20 on molars,
 - (B) a minimum of 10 on children under 7 years of age, and
 - (C) a minimum of 10 on second molars.

(d) Competencies. In addition to meeting all other requirements of this section, the dental health aide must understand and successfully demonstrate and maintain the following competencies and skills:

- (1) understanding and following dental orders;
- (2) reviewing medical history and identifying contraindications for sealant treatment;
- (3) explaining sealant procedure and responding to questions from patient regarding sealants;
- (4) proper patient and provider safety procedures;
 - (A) proper use and safety procedures related to curing light;
 - (B) proper use of etchant material;
- (5) isolating and drying teeth to be sealed;
- (6) identifying and correcting occlusal discrepancies caused by excess sealant;
- (7) ensuring retention of the sealant.

History: October 8, 2003, Section 2.30.220(a) was amended.

Sec. 2.30.230. Dental Prophylaxis Requirements.

(a) Prerequisites. A dental health aide may be certified under this section to perform dental prophylaxis under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of:

- (1) 2.30.200 and 2.30.210 (PDHA II),
- (2) 2.30.400 and 2.30.410 (EFDHA I), or
- (3) 2.30.500 and 2.30.510 (EFDHA II).

(b) Dental Supervision.

(1) The dental prophylaxis procedure must have been ordered by a dentist or dental health aide therapist prior to the performance of the procedure.

(2) Dental prophylaxis performed under this section must be carried out under the direct or indirect supervision of a dentist or dental health aide therapist unless the dental health aide has successfully completed the requirements of section 2.30.200(b) (village-based dental practice course.)

(c) Training and Education. The dental health aide must have satisfactorily completed one of the following:

- (1) a Board approved course in dental prophylaxis that satisfies the requirements of section 7.20.110;
- (2) a course in dental prophylaxis offered by an accredited school of higher education;
- (3) a course in dental prophylaxis offered or approved by IHS, including “Clinical Periodontics for the Dental Assistant.”

(d) Preceptorship. A dental health aide must, after completion of the requirements in subsection (c) of this section, under the direct supervision of a dentist, dental health aide therapist, licensed dental hygienist or dental health aide hygienist, satisfactorily complete a preceptorship during which the dental health aide satisfactorily performs a minimum of 20 dental prophylaxis of which:

- (1) a minimum of 5 must be performed on children under 8 years of age and
- (2) a minimum of 5 must be performed on adults with supra-gingival calculus.

(e) Competencies. In addition to meeting all other requirements of this section, the dental health aide must understand and successfully demonstrate and maintain the following competencies and skills:

- (1) understanding and following dental orders;
- (2) reviewing medical history and identifying contraindications for performing prophylaxis;
- (3) understanding when the patient should be referred to a dentist prior to carrying out prophylaxis;
- (4) explaining prophylaxis procedure and respond to questions from patient regarding prophylaxis;
- (5) proper patient and provider safety procedures;
 - (A) proper use dental instruments for safety of patient and provider;
 - (B) proper use of ultrasonic and piezoelectric scalers;
- (6) scaling and polishing to remove calcereous deposits, accretions, and stains from the coronal or exposed surface of the tooth; and
- (7) consistent with direct orders from the dentist after a dental examination, sulcular irrigation.

History: October 8, 2003, Section 2.30.230(a) was amended.

Sec. 2.30.240. Dental Radiology Requirements.

(a) Prerequisites. A dental health aide may be certified under this section to perform dental radiology under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of:

- (1) 2.30.200 and 2.30.210 (PDHA II),
- (2) 2.30.400 and 2.30.410 (EFDHA I), or
- (3) 2.30.500 and 2.30.510 (EFDHA II).

(b) Dental Supervision. Dental radiology may be performed under this section by a dental health aide under the general supervision of a dentist or dental health aide therapist

provided the dental health aide has met the requirements of all of the requirements of this section.

(c) Training, Education and Preceptorship. The dental health aide must have satisfactorily completed one of the following:

(1) (A) a Board approved course in dental radiology that satisfies the requirements of section 7.20.120;

(B) a course in dental radiology offered by an accredited school of higher education;

(C) a course in dental radiology offered or approved by IHS, including “Basic Radiology for Dental Staff”; or

(D) satisfactory performance in exposing and developing a minimum of 75 dental radiographs under the direct supervision of a dentist or dental health aide therapist including:

(i) a minimum of 10 sets of bitewing radiographs, provided that a minimum of 5 sets of the bitewings must be on children under 7 years of age, and

(ii) a minimum of 20 periapicals and 3 occulsals.

(2) If in the course under (1)(A) through (C) the dental health aide did not satisfactorily expose radiographs on at least 10 patients, then after the completion of the course, the dental health aide must complete, under direct supervision of a dentist or dental health aide therapist, enough additional radiographs to have satisfactorily completed exposures on no less than 10 patients.

(d) Competencies. In addition to meeting all other requirements of this section, a dental health aide may only perform dental radiology, if the dental health aide successfully demonstrates and maintains:

(1) understanding of:

(A) components of an x-ray machine;

(B) kilovoltage (kVp);

(C) density and contrast;

(D) milliamperage (mA);

(E) exposure time;

(F) film type;

(G) automatic processing equipment;

(H) darkroom lighting;

(I) purpose of film mounts;

(2) competency in the following:

(A) radiological protection;

(B) radiographic quality;

(C) radiographic technique;

(D) processing technique;

(E) presentation of radiographs;

(F) radiographic infection control;

(G) special radiograph techniques;

(H) maintenance of processor equipment;

(I) mounting and labeling of radiographs;

(3) satisfactory performance of the following skills:

(A) radiological protection of operator and patient;

- rays;
- (B) use and storage of the lead apron and thyroid collar;
 - (C) review medical history and identify contraindications for performing x-rays;
 - (D) dosimeter (film badge) and radiology reports;
 - (E) recognition and correction of:
 - (i) distortion,
 - (ii) overlap,
 - (iii) cone-cutting
 - (iv) automatic processing problems;
 - (F) use of film holding devices
 - (G) positioning and exposing intra-oral radiographs;
 - (H) troubleshooting
 - (i) technique errors
 - (ii) processing errors;
 - (I) film handling during processing;
 - (J) film labeling;
 - (K) use of landmarks to mount film; and
 - (L) use of daylight loader.

(e) Radiology Recertification. No less often than once every two years, the dental health aide must expose a minimum of 20 radiographs under the direct supervision of a dentist or dental health aide therapist and those radiographs must be reviewed by a dentist and determined to have been performed satisfactorily.

History: October 8, 2003, Section 2.30.240(a) was amended.

Sec. 2.30.250. Dental Assistant Function Requirements.

(a) Dental Supervision. A dental health aide certified under this article who satisfies the requirements of this section may perform the functions of a dental assistant only under the direct or indirect supervision of a:

- (1) dentist,
- (2) dental health aide therapist,
- (3) licensed dental hygienist,
- (4) dental health aide hygienist, or
- (5) a primary dental health aide II or expanded function dental health aide I or II

who is performing procedures under the general supervision of a dentist.

(b) Training and Education. In addition to performing functions as provided for the level of certification achieved by the dental health aide, a dental health aide may perform the functions of a dental assistant, if the dental health aide has successfully completed one of the following:

- (1) an accredited dental assisting program;
- (2) a Board approved dental assisting program that satisfies the requirements of section 7.20.130; or
- (3) a program provided by a dentist who directly supervised the person carrying out a sufficient number of patient encounters for the person to develop satisfactory skills, as determined by the supervising dentist, in each of the functions identified in 2.30.250(b).

(c) Competencies. In addition to meeting all other requirements of this section, the dental health aide must understand and successfully demonstrate and maintain the ability to satisfactorily perform the following functions:

- (1) taking impressions for study or working casts;
- (2) removing sutures and dressing;
- (3) applying topical anesthetic agents;
- (4) removing excess cement from coronal surfaces;
- (5) placing and removing rubber dams;
- (6) placing and removing matrices;
- (7) knowledge of dental procedures and use of instruments appropriate for the procedures; and
- (8) four-handed instrument transfer.

History: October 8, 2003, Section 2.30.250(a)(5) was amended.

Sec. 2.30.260. Atraumatic Restorative Treatment (ART) Requirements.

(a) Prerequisites. A dental health aide may be certified under this section to perform atraumatic restorative treatment (ART) under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of:

- (1) (A) 2.30.200 and 2.30.210 (PDHA II),
(B) 2.30.300 and 2.30.310 (DHAH),
(C) 2.30.400 and 2.30.410 (EFDHA I), or
(D) 2.30.500 and 2.30.510 (EFDHA II), and
- (2) 2.30.220 (sealants), 2.30.230 (dental prophylaxis), and 2.30.240 (dental radiology).

(b) Dental Supervision.

(1) The dental health aide may perform non-emergency ART only after consultation with a dentist or dental health aide therapist who has reviewed appropriate dental records regarding the patient, which may include radiographs and intra-oral photographs, and

(2) ART may be performed under this section by a dental health aide under the general supervision of a dentist or dental health aide therapist provided the dental health aide has met the requirements of all of the requirements of this section, including successful completion of the requirements of section 2.30.200(b) (village-based dental practice course).

(3) An expanded function dental health aide I or II who has not completed the requirements of section 2.30.200(b) may perform ART under this section only under the direct or indirect supervision of a dentist or dental health aide therapist.

(c) Training and Education. The dental health aide must have satisfactorily completed one of the following:

- (1) a Board approved course in ART that satisfies the requirements of section 7.20.140;
- (2) a course in ART offered by an accredited school of higher education; or
- (3) a course in ART offered or approved by IHS, including the course “Early Childhood Caries (ECC) and Midlevel Providers: an Expanded Role for Hygienists and Therapists.”

(d) Preceptorship. A dental health aide must, after completion of the requirements in subsection (c) of this section, under the direct supervision of a dentist, satisfactorily complete a preceptorship during which the dental health aide satisfactorily performs ART on

- (1) a minimum of 10 patients of whom a minimum of 5 must be children under 4 years of age, and
- (2) a minimum of 50 teeth.

(e) Competencies. In addition to meeting all other requirements of this section, a dental health aide may only perform ART, if the dental health aide successfully demonstrates and maintains:

- (1) understanding and following dental orders;
- (2) reviewing medical history and identifying contraindications for performing ART;
- (3) identify cases appropriate for referral for ART;
- (4) understanding when the patient should be referred to a dentist;
- (5) explaining ART procedure and responding to questions from patient regarding ART;
- (6) proper patient and provider safety procedures, including proper use dental instruments;
- (7) isolating the tooth/teeth;
- (8) removing gross caries with hand instruments;
- (9) mixing, placing and contouring appropriate restorative material; and
- (10) recognizing potential and actual procedural complications and consulting appropriately with the dentist.

History: October 8, 2003, Section 2.30.260(a) was amended.

Sec. 2.30.300. Dental Health Aide Hygienist Training and Education Requirements.

A person meets the training and education requirements to be a certified dental health aide hygienist upon successful completion of

- (a) all requirements under sections 2.30.100(a)(1) and (4) (BLS);
- (b)
 - (1) an accredited school of dental hygiene or
 - (2) a dental hygiene training and education program approved by the Board; and
- (c) if not covered in the training under (b)(1) or (2) of this section or if the training has not been kept up-to-date through practice or continuing education, a course in local anesthetic that is:
 - (1) approved by the Board that satisfies the requirements of section 7.20.400;
 - (2) offered by an accredited school of higher education; or
 - (3) offered or approved by IHS.

Sec. 2.30.310. Dental Health Aide Hygienist Supervision and Competencies.

(a) Dental Supervision. Dental hygiene services may be performed under this section by a dental health aide hygienist under the general supervision of a dentist provided the dental

health aide hygienist has met the requirements of all of the requirements of this section.

History: October 14, 2004, Section 2.30.310(a) was amended.

(b) Competencies. In addition to demonstrating the competencies identified in section 2.30.110(b) (PDHA I), 2.30.210(b) (PDHA II), 2.30.220(d) (sealants), 2.30.230(e) (prophylaxis), 2.30.240(d) (dental radiology), and after satisfying the requirements of 2.30.300 (DHAH), a certified dental health aide hygienist must successfully demonstrate and maintain satisfactory performance of the following skills:

- (1) removing calculus deposits, accretions and stains from the surfaces of teeth by scaling and polishing techniques;
- (2) root planing and periodontal soft tissue curettes;
- (3) placing sulcular medicinal or therapeutic materials;
- (4) periodontal probing; and
- (5) administration of local anesthetics and identification and responding to the side effects of local anesthetics.

History: October 8, 2003, Section 2.30.310(b) was amended.

Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.

(a) Training and Education. A person meets the training and education requirements to be a certified expanded function dental health aide I upon successful completion of

- (1) all requirements under sections 2.30.100(a)(1) and (a)(4) (PDHA I),
- (2) (A) (i) a Board approved course in basic restorative functions that satisfies the requirements of section 7.20.200;
 - (ii) a course in basic restorative functions offered by an accredited school of higher education; or
 - (iii) a course in basic restorative functions offered or approved by IHS, including “Restorative Functions -- Basic”; or
- (B) certification under section 2.30.230 (prophylaxis); and
- (3) a preceptorship that satisfies the requirements in subsection (b) of this section.

(b) Preceptorship.

An expanded function dental health aide I who has satisfied the requirements of subsection (a)(2)(A) must, after completion of the other requirements in subsection (a) of this section, satisfactorily complete a preceptorship, which must:

- (1) be under the direct supervision of a dentist;
- (2) continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours, which ever is longer; and
- (3) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist of a minimum of 50 restorations of which a minimum of 5 must be in each classification of amalgam class I, class II, and class V and composite class I, class III and class V.

History: October 8, 2003, Section 2.30.400(a)(2) and (b) were amended.

Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.

(a) Dental Supervision.

(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c) and 2.30.410(b) (EFDHA I) only under the direct or indirect supervision of a dentist or dental health aide therapist.

(2) An expanded function dental health aide I may perform the services identified in section 2.30.110(b)(1)(B), (C), (F) and (G), (b)(2)(A) through (C), and (b)(3)(D) under general supervision of a dentist or dental health aide therapist upon completion of the requirements of section 2.30.200(b) (village-based dental practice course).

(3) An expanded function dental health aide I may perform services as provided for under sections 2.30.220 (sealants), 2.30.230 (dental prophylaxis), 2.30.240 (dental radiology), and 2.30.260 (ART) under the general supervision of a dentist or dental health aide therapist, upon successful completion of all of the requirements of the applicable section and the requirements of section 2.30.200(b).

(b) Competencies. In addition to satisfying the requirements of 2.30.400 (EFDHA I), a certified expanded function dental health aide must demonstrate and maintain the following:

- (1) the satisfactory performance of the competencies identified in sections
 - (A) 2.30.110(b)(1)(A), (D) and (E), (b)(2)(A), (E) through (G), and (b)(3)(A) and (E) through (H) (PDHA I);
 - (B) 2.30.210(b)(1)(A), (C), (E), (G), (H), and (I) and (b)(2)(C) and (D) (PDHA II); and
 - (C) 2.30.250(c) (dental assistant); and
- (2) (A) for an expanded function dental health aide I who has satisfied the requirements of section 2.30.400(a)(2)(A) and (b),
 - (i) (I) advanced understanding of tooth morphology, structure and function; and
 - (II) an ability to discriminate between acceptable and unacceptable restoration; and
 - (ii) competency in and satisfactory performance of the following skills:
 - (I) placement and finishing of Class I, II and V dental amalgams (simple fillings) after preparation by the dentist or dental health aide therapist; and
 - (II) dental composite placement Class I, III and V (simple fillings) after preparation by a dentist or dental health aide therapist; and
 - (III) provide appropriate post-procedure instructions;
- (B) for an expanded function dental health aide I who has satisfied the requirements of section 2.30.400(a)(2)(B), the requirements of section 2.30.230(e).

History: October 8, 2003, Section 2.30.410(b)(1)(B) and (b)(2) were amended. In the *Standards amended January 31, 2005*, Section 2.30.410(a)(1) a cross-citation was corrected.

Sec. 2.30.500. Expanded Function Dental Health Aide II Training and Education Requirements.

(a) Training and Education. A person meets the training and education requirements to be a certified expanded function dental health aide II upon successful completion of

- (1) all requirements under sections 2.30.100(a)(1) and (a)(4), and 2.30.400(a)(1),(a)(2)(A), (a)(3), and (b), and 2.30.410;
- (2) (A) a Board approved course in advanced restorative functions that satisfies the requirements of section 7.20.210;
(B) a course in advanced restorative functions offered by an accredited school of higher education; or
(C) a course in advanced restorative functions offered or approved by IHS, including “Restorative Functions - Advanced”; and
- (3) a preceptorship that satisfies the requirements in subsection (b) of this section.

(b) Preceptorship. An expanded function dental health aide II must after completion of the requirements in subsection (a) of this section, satisfactorily complete a preceptorship, which must:

- (1) be under the direct supervision of a dentist;
- (2) continue after completion of the training under subsection (a)(2) for a minimum of six months or 800 hours whichever is longer; and
- (3) include satisfactory performance in the dental health aide's clinical setting under direct supervision of a dentist of a minimum of 50 complex restorations.

History: October 8, 2003, Section 2.30.500 (a)(1) was amended.

Sec. 2.30.510. Expanded Function Dental Health Aide II Supervision and Competencies.

(a) Dental Supervision.

- (1) An expanded function dental health aide II may perform the functions identified for a dental assistant under sections 2.30.250(c) and 2.30.510(b) (EFDHA I) only under the direct or indirect supervision of a dentist or dental health aide therapist.
- (2) An expanded function dental health aide II may perform the services identified in section 2.30.110(b)(1)(B), (C), (F) and (G), (b)(2)(A) through (C), and (b)(3)(D) under general supervision of a dentist or dental health aide therapist upon completion of the requirements of section 2.30.200(b) (village-based dental practice course).
- (3) An expanded function dental health aide II may perform services as provided for under sections 2.30.220 (sealants), 2.30.230 (dental prophylaxis), 2.30.240 (dental radiology), and 2.30.260 (ART) under the general supervision of a dentist or dental health aide therapist, upon successful completion of all of the requirements of the applicable section and the requirements of section 2.30.200(b).

(b) Competencies. In addition to satisfying the requirements of 2.30.500 (EFDHA II), a certified expanded function dental health aide must demonstrate and maintain of the following:

- (1) the satisfactory performance of the competencies identified in sections
(A) 2.30.110(b)(1)(A), (D) and (E), (b)(2)(A), (E) through (G), and (b)(3)(A) and (E) through (H) (PDHA I);
(B) 2.30.210(b)(1)(A), (C), (E), (G), (H), and (I) and (b)(2)(C) and (D) (PDHA II);
(C) 2.30.240(d) (dental radiology);
(D) 2.30.250(c) (dental assistant);
(E) 2.30.410(b) (EFDHA II); and

- (2) understanding of
 - (A) the basics of occlusion as they apply to restorative dentistry and
 - (B) current state-of-the-art dentinal bonding agents;
- (3) competency in and satisfactory performance of the following skills:
 - (A) placement and finishing of cusp protected amalgam and complex Class II amalgams (complex fillings);
 - (B) placement and finishing of dental composite Class II and IV (complex fillings); and
 - (C) provide appropriate post-procedure instructions.

History: October 8, 2003, Section 2.30.510(b)(1)(B) and (D) were amended. In the *Standards amended January 31, 2005*, Section 2.30.510(a)(1) a cross-citation was corrected.

Sec. 2.30.550. Stainless Steel Crown Placement Requirements.

(a) Prerequisites. An expanded function dental health aide may be certified under this section to place stainless steel crowns under the conditions set forth in subsections (b) through (e) of this section provided the expanded function dental health aide satisfies the requirements of:

- (1) sections 2.30.400(a)(1),(a)(2)(A), (a)(3), and (b) and 2.30.410 (EFDHA I) or
- (2) sections 2.30.500 and 2.30.510 (EFDHA II).

(b) Dental Supervision. An expanded function dental health aide I or II may perform stainless steel crown placement only under the direct or indirect supervision of a dentist or dental health aide therapist.

(c) Training and Education. A person meets the training and education requirements to place stainless steel crowns upon successful completion of:

- (1) all requirements under sections 2.30.400(a)(1),(a)(2)(A), (a)(3), and (b) and 2.30.410 (EFDHA I) or 2.30.500 and 2.30.510 (EFDHA II);
- (2) (A) a Board approved course in stainless steel crown placement that satisfies the requirements of section 7.20.220;
- (B) a course in stainless steel crown placement offered by an accredited school of higher education; or
- (C) a course in stainless steel crown placement offered or approved by IHS, which includes “Advanced Pediatric Restorative Techniques for Expanded Function Dental Assistants”; and
- (3) a preceptorship that satisfies the requirements of subsection (d) of this section.

(d) Preceptorship. A dental health aide must after completion of the requirements in subsection (a) of this section, satisfactorily complete a preceptorship, which must:

- (1) be under the direct supervision of a dentist;
- (2) include satisfactory performance under the direct supervision of a dentist in the expanded function dental health aide's clinical setting of placing a minimum of 20 stainless steel crowns.

(e) Competencies. In addition to meeting all other requirements of this section, the expanded function dental health aide must understand and successfully demonstrate and maintain the following competencies and skills:

- (1) selecting the appropriate stainless steel crown;
- (2) modifying the crown, as necessary;
- (3) checking and correcting occlusion, contact and margins of stainless steel crown;
- (4) cementing and removing excess cement;
- (5) reverifying the occlusion; and
- (6) providing appropriate post-procedure instructions.

History: October 8, 2003, Section 2.30.550(a)(1) and (2) and (c)(1) were amended.

Sec. 2.30.600. Dental Health Aide Therapist Training and Education Requirements.

A person meets the training and education requirements to be a certified dental health aide therapist upon successful completion of:

- (1) the requirements of section 2.30.100(a)(1) and (a)(4), and
- (2) (A) an accredited school of dental therapy or its equivalent or
(B) a Board approved course of dental therapy that satisfies the requirements of section 7.20.500; and
- (3) a clinical preceptorship under the direct supervision of a dentist for a minimum of three months or 400 hours whichever is longer.

Section 2.30.610. Dental Health Aide Therapist Supervision and Competencies.

(a) Dental Supervision. Dental health aide therapist services may be performed under this section by a dental health aide therapist under the general supervision of a dentist provided the dental health aide therapist has met the requirements of all of the requirements of this section.

(b) Competencies. In addition to meeting the requirements of section 2.30.100(a)(1) and (4) and 2.30.600, a certified dental health aide therapist must successfully demonstrate and maintain:

- (1) understanding of:
 - (A) medical evaluation,
 - (B) dental evaluation,
 - (C) periodontic techniques,
 - (D) clinic management and supervision
 - (E) restorative dentistry,
 - (F) oral surgery and local anaesthesia,
 - (G) infection control,
 - (H) equipment maintenance and repair, and
 - (I) community and preventive dentistry;
- (2) competency in the above subjects to the level of performance required at the time of meeting the requirements of section 2.30.600(2)(A); and
- (3) satisfactory performance under general supervision of a dentist of:
 - (A) all of the skills identified in sections 2.30.110 (PDHA I), 2.30.210 (PDHA II), 2.30.220 (sealants), 2.30.230 (prophylaxis), 2.30.240 (dental radiology), 2.30.260 (ART),

2.30.310 (DHAH), 2.30.410 (EFDHA I), 2.30.510 (EFDHA II), and 2.30.550 (stainless steel crown);

- (B) diagnosis and treatment of caries and performance of pulpotomies on deciduous teeth;
- (C) performance of uncomplicated extractions of primary and permanent teeth;
- (D) response to emergencies to alleviate pain and infection;
- (E) administration of local anesthetic;
- (F) recognition of and referring conditions needing space maintenance;
- (G) maintenance of and repair of dental equipment;
- (H) development of and carrying out community health prevention and education program.

History: October 8, 2003, Section 2.30.610(b)(3) was amended. October 14, 2004, Section 2.30.610(b)(3)(B) was amended.

Article 40. Term of Certificate

History: November 26, 2002, Article 30 was renumbered as Article 40.

Sec. 2.40.010. Effective Date. The effective date is the date of issuance under section 2.40.020.

History: November 26, 2002, Section 2.30.010 was renumbered as Section 2.40.010 and amended.

Sec. 2.40.020. Date of Issuance. The date of issuance of a certificate shall be the date the certificate is provisionally approved by the staff of the Board or final Board approval is granted, whichever is earlier.

History: November 26, 2002, Section 2.30.020 was renumbered as Section 2.40.020.

Sec. 2.40.100. Expiration. A certificate as a community health aide, community health practitioner or dental health aide expires two years from the last day of the month in which the Board took final action to approve the certificate.

History: November 26, 2002, Section 2.30.100 was renumbered as Section 2.40.100.

Sec. 2.40.200. Requirements for Renewal.

(a) A certified community health aide, community health practitioner or dental health aide applying for certificate renewal shall:

- (1) apply on a form provided by the Board;
- (2) pay the application fees required by the Board;
- (3) provide evidence satisfactory to the Board that the applicant has met the continuing education requirements of the Board;

- (4) provide evidence satisfactory to the Board that the applicant continues to demonstrate the practical professional competencies required for the level of certification sought;
- (5) continues to meet the requirements of Chapter 2; and
- (6) if seeking recertification as a community health practitioner, no less often than once every six years, the individual must re-satisfy the requirements of section 2.20.500.

(b) An applicant who has not been employed as a community health aide, community health practitioner or dental health aide an average of at least 15 hours a week for at least six months of the previous 12 months prior to submission of the application must provide evidence satisfactory to the Board that he or she has or will be monitored in the performance of each required competence until he or she has demonstrated successful performance of each.

History: November 26, 2002, Section 2.30.200 was renumbered as Section 2.40.200 and was amended.

Sec. 2.40.300. Reinstatement or Renewal of a Lapsed Certificate. The Board will, in its discretion, reinstate or renew a certificate that has lapsed if the applicant complies with the certificate renewal requirements under section 2.40.200, provided that the applicant must provide evidence satisfactory to the Board that the applicant has completed the continuing education requirements under chapter 3.

History: November 26, 2002, Section 2.30.300 was renumbered as Section 2.40.300 and was amended.

Chapter 3. Continuing Education

Sec. 3.10.010. CHA/P Continuing Education Requirements.

(a) **CHA/P Only Certification.**

(1) **Unlapsed Certificate.** A community health aide or practitioner whose certification has not lapsed who is an applicant for renewal of a certificate under article 20 of chapter 2

(A) (i) as a community health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification, or

(ii) as a community health practitioner

(B) must provide evidence satisfactory to the Board that he or she has completed a minimum of 48 contact hours of continuing education approved by the Board during the concluding two year certification period. No more than 24 of the required contact hours must be regarding emergency care. A minimum of 24 of the required contact hours must be in the competencies listed in sections 2.20.100 through .510.

(2) **Lapsed Certificate.** An applicant for renewal of a certificate under article 20 of chapter 2 whose certification has lapsed must provide evidence satisfactory to the Board that he or she has met the requirements for continuing education set forth in subsection (a)(2) of this section.

(b) **CHA/P and DHA Dual Certification.** A community health aide or practitioner who is also certified as a dental health aide may use up to 12 hours earned in the preceding two years to satisfy initial or continuing education requirements to be certified as a dental health aide to

satisfy the requirement in subsection (a)(1)(B) of this section that the community health aide or practitioner earn a minimum of 24 contact hours in the competencies listed in sections 2.20.100 through .510.

History: November 26, 2002, Section 3.30.010(a) was amended and (b) was added.

Sec. 3.10.050. DHA Continuing Education Requirements.

(a) Unlapsed Certificate. An applicant for renewal of a certificate under article 30 of chapter 2 whose certificate has not lapsed must meet:

- (1) any specific recertification requirements set forth therein;
- (2) satisfactory performance under the direct supervision of a dentist of a minimum of 8 of each procedure for which the dental health aide is certified; and
- (3) if the dental health aide has not completed the requirements for another level of certification or module during the concluding two year certification period, satisfactory completion of:
 - (A) 24 contact hours of continuing education approved by the Board,
 - (B) an additional 24 hours of patient contact under direct supervision of a dentist; or
 - (C) some combination of (A) and (B) adding up to 24 hours.

(b) Lapsed Certificate. An applicant for renewal of a certificate under article 30 of chapter 2 whose certification has lapsed must provide evidence satisfactory to the Board that in the two years preceding recertification he or she has met the requirements for continuing education set forth in subsection (a) of this section.

History: October 8, 2003, Section 3.10.050(a)(3) was amended. November 26, 2002, Section 3.10.050 was added.

Sec. 3.10.100. Approved Continuing Education Programs for CHA/P.

(a) Competencies. To be approved by the Board, a continuing education program must cover one or more of the course of study subjects or competencies listed in sections 2.20.100 through .510, the CHA/P Curriculum, or the CHAM and directly relate to the clinical practice of a community health aide or community health practitioner.

(b) Sponsorship. A continuing education program that meets the requirements of section 3.10.100(a) and is sponsored by any of the following organizations is considered approved by the Board:

- (1) a certified CHA/P Training Center;
- (2) the American Medical Association;
- (3) the American Nurses' Association;
- (4) an accredited postsecondary educational institution;
- (5) the Indian Health Service; or
- (6) an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.

(c) Tribal Continuing Education Programs. A continuing education program provided by the tribe or tribal organization's health program that meets the requirements of section 3.10.100(a) shall be approved by the Board. Submission of the plan or CHA/P Curriculum for the continuing education program or programs to the Board may be done prior to or after the program has been conducted. Approval may be granted for more than one program at a time. Re-approval need not be obtained for an approved program that is being repeated.

(d) Self-Study Programs. A self-study continuing education program sponsored by one of the organizations listed in subsections 3.10.100(b) or (c) that meets the requirements of section 3.10.100(a) is considered approved by the Board.

(e) Other. A continuing education program not sponsored by one of the organizations listed in subsections 3.10.100(b) or (c) must be individually approved by the Board. Such approval can be provided at the time of application for recertification if the applicant submits evidence sufficient to permit the Board to determine whether the training meets the requirements of this section.

History: November 26, 2002, Section 3.10.100(a), (b) and (c) were amended and titles were added to (d) and (e).

Sec. 3.10.200. Approved Continuing Education Programs for DHA.

(a) Competencies. To be approved by the Board, a continuing education program for a dental health aide must

- (1) cover one or more of the course of study subjects or competencies listed in sections 2.30.100 through .610 and
- (2) directly relate to the clinical practice of a dental health aide.

(b) Sponsorship. A continuing education program that meets the requirements of section 3.10.200(a) and is sponsored by any of the following organizations considered approved by the Board:

- (1) a certified CHA/P Training Center;
- (2) the American Dental Association;
- (3) the Academy of General Dentistry;
- (4) the Alaska Dental Society;
- (5) the Alaska Dental Hygiene Society;
- (6) an accredited postsecondary educational institution;
- (7) the Indian Health Service or other agencies of the Federal government; or
- (8) an emergency care course approved by the State of Alaska, Indian Health Service, American Heart Association, or American Red Cross.

(c) Tribal Continuing Education Programs. A continuing education program provided by the tribe or tribal organization's health program that meets the requirements of section 3.10.200(a) shall be approved by the Board. Submission of the plan or DHA Curriculum for the continuing education program or programs to the Board may be done prior to or after the program has been conducted. Approval may be granted for more than one program at a time. Re-approval need not be obtained for an approved program that is being repeated.

(d) Self-Study. A self-study continuing education program sponsored by one of the organizations listed in subsections 3.10.200(b) or (c) that meets the requirements of section 3.10.200(a) is considered approved by the Board.

(e) Other. A continuing education program not sponsored by one of the organizations listed in subsections 3.10.200(b) or (c) must be individually approved by the Board. Such approval can be provided at the time of application for recertification if the applicant submits evidence sufficient to permit the Board to determine whether the training meets the requirements of this section.

History: November 26, 2002, Section 3.10.200 was added.

Chapter 4.

Discipline, Suspension or Revocation of a Community Health Aide, Community Health Practitioner or Dental Health Aide Certificate

History: November 26, 2002, the title for Chapter 4 was amended.

Sec. 4.10.010. Grounds for Discipline. The Board may impose a disciplinary sanction under this chapter on a person holding a certificate under these standards if the Board finds that the person

- (a) secured a certificate through deceit, fraud, or intentional misrepresentation;
- (b) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities, including holding himself or herself out as another health provider for which he or she has not met applicable licensing or other credentialing requirements;
- (c) failed to surrender the certificate if required to do so under section 2.10.020;
- (d) has been convicted of a felony or other crime that affects the certified community health aide or practitioner's or dental health aide's ability to continue to practice competently and safely;
- (e) intentionally or negligently engaged in or permitted the performance of patient care by persons under the certified community health aide or practitioner's or dental health aide's supervision that does not conform to minimum professional standards regardless of whether actual injury to a patient occurred;
- (f) failed to comply with any requirement or order of the Board applicable to the certified community health aide or practitioner or dental health aide;
- (g) continued to practice after becoming unfit due to
 - (1) professional incompetence;
 - (2) failure to keep informed of current professional practices;
 - (3) addiction or dependency on alcohol or other drugs that impair the ability to practice safely;
 - (4) physical or mental disability;
- (h) engaged in lewd or immoral conduct in connection with the delivery of service to patients;
- (i) engaged in unprofessional conduct, including having:
 - (1) failed to use sufficient knowledge, skills or judgment for the community health aide or practitioner's or dental health aide's level of certification;

- (2) assumed duties and responsibilities
 - (A) without sufficient preparation;
 - (B) for which competency has not been maintained; or
 - (C) for which the community health aide or community health practitioner or dental health aide is not certified, provided that such duties were not assumed as part of meeting the requirements for the next level of certification;
 - (D) for which the community health aide or community health practitioner or dental health aide has not been trained through training described in sections 2.20.100 through .510 or 2.30.100 through .610, as applicable, or continuing education approved under Chapter 3, provided that the community health aide, community health practitioner or dental health aide may provide services under this paragraph only at the direction of his or her employer; or
 - (E) a community health aide or community health practitioner assigned to be available on-call failed to respond to an emergency;
- (3) knowingly delegated a community health aide or practitioner or dental health aide function to another who is not certified to perform that function;
- (4) violated the confidentiality of information or knowledge concerning a patient;
- (5) physically or verbally abused a patient;
- (6) performed duties as a community health aide or practitioner or dental health aide while under the influence of alcohol, illegal drugs or any other substance likely to impair the community health aide or practitioner's or dental health aide's ability to provide competent care;
- (7) violated state or federal laws regulating drugs, including but not limited to forging prescriptions or unlawfully distributing drugs or narcotics;
- (8) failed to maintain a record for each patient which accurately reflects the patient encounter and interventions provided, or falsification of a patient's records or intentionally making an incorrect entry in a patient's record;
- (9) left a clinic assignment without properly notifying the appropriate personnel;
- (10) failed to report, through proper channels, facts known to the community health aide or practitioner or dental health aide regarding incompetent, unprofessional or illegal practice of another health care provider;
- (11) signed a record as a witness attesting to the wastage of controlled substances which the community health aide or practitioner or dental health aide did not actually witness;
- (12) exploited a patient for financial gain or offering, giving, soliciting, or receiving fees for referral of a patient;
- (13) was responsible for untruthful or misleading advertisement of available services;
- (14) knowingly violated laws regulating health insurance or the potential for health insurance reimbursement;
- (15) been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State or Tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons within the meaning of section 408 of the Indian Child Protection and Family Violence Prevention Act, P.L. 101-630, 25 U.S.C. § 3207;
- (16) failed to comply with applicable mandatory reporting laws of the State of Alaska; or
- (17) failed to respond to a request for services where a duty to respond existed.

History: November 26, 2002, Section 4.10.010 introductory paragraph, (b), (d), (e), (f), (h), (i)(1), (i)(2)(C), (D) and (E), (i)(3), (i)(6), (i)(10), (i)(11) were amended. September 25, 1998, Section 4.10.010(i)(15), (16), and (17) were amended.

Sec. 4.10.100. Community Health Aide/Practitioner and Dental Health Aide

Sanctions. When it finds that a person holding a certificate as a community health aide or practitioner or dental health aide has violated one of the conditions of section 4.10.010, the Board may impose the following sanctions singly or in combination:

- (1) permanently revoke a certificate to practice;
- (2) suspend a certificate for a determinate period of time;
- (3) censure a person holding a certificate;
- (4) issue a letter of reprimand;
- (5) place a person holding a certificate on probationary status and require the person

to

- (A) report regularly to the Board upon matters involving the basis of probation;
- (B) limit practice to those areas prescribed;
- (C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the Board to need improvement;
- (6) impose limitations or conditions on the practice of a person holding a certificate.

History: November 26, 2002, Section 4.10.100 title and introductory sentence were amended.

Sec. 4.10.110. Withdrawing Probation. The Board may withdraw probationary status if it finds that the deficiencies that required the sanction have been remedied.

Sec. 4.10.120. Summary Suspension. The Board may summarily suspend a certificate before final hearing or during the appeals process if the Board finds that the person holding a certificate poses a clear and immediate danger to the public health and safety if the person continues to practice. A person whose certificate is suspended under this subsection shall be entitled to a hearing pursuant to section 8.10.010. The person may appeal the suspension after a hearing to the Area Director of the Alaska Area Native Health Service.

Sec. 4.10.130. Consistency. The Board shall seek consistency in the application of disciplinary sanctions, and significant departure from prior decisions involving similar situations shall be explained in findings of fact or orders.

Chapter 5. CHA/P Training Centers

Article 10. Requirements for Certification

Sec. 5.10.010. Certification. The Board shall issue a CHA/P Training Center certificate to a training center which

- (1) applies on a form provided by the Board;
- (2) adopts and adheres to requirements of sections 5.10.015 through 5.10.070.

Sec. 5.10.015. Educational Program Philosophy. A CHA/P Training Center must have on file a mission statement that reflects the statewide nature of the program and the goals and objectives of the program, which must include quality health care, competency based instruction, emphasis on clinical instruction and skills, emphasis on a positive learning environment, and respect for the unique needs of the adult learner must also be on file.

Sec. 5.10.020. Training Facilities. A CHA/P Training Center facility must provide classroom and clinical environments that are conducive to a positive learning experience for faculty and community health aide trainees. This should include appropriate space and privacy. An environmental health review of the facility must be performed and on file. Specific consideration and evaluation in the areas of safety, adequacy of space, air quality, lighting, heating, and storage and disposal of hazardous waste must be documented.

Sec. 5.10.025. Training Staff.

(a) Qualifications and Roles.

(1) Director/Instructor of Record. The following standards apply to the CHA/P Training Center Director/Instructor of Record:

(A) The CHA/P Training Center Director/Instructor of Record should be an individual with a combination of education, research, work, and/or life experience which are relevant to providing leadership in a CHA/P Training Center Program.

(B) In recognition of the diverse role of the CHA/P Training Center Director/Instructor of Record, it is preferred that the Director or Instructor of Record have a background in health and education and be able to administrate, serve in a statewide liaison role, hold the mission of the statewide program, and provide program direction, development, and leadership.

(C) The Instructor of Record must at a minimum be a state licensed mid-level practitioner who will assume responsibilities for course development, evaluation and revision, clinical site development and evaluation, and evaluation of students and instructors.

(2) Instructor. CHA/P Training Center instructors must consist of a majority of full-time equivalent mid-level practitioner or physician instructors who are employees of the federal government or licensed by the State of Alaska. Additional instructors should be certified or licensed and have formal training in the knowledge and skills that they are teaching. These additional instructors will be monitored to assure compliance with the CHA/P Curriculum and competence in subject being taught.

(3) Clinical Instructor. Clinical instructors must be mid-level practitioners or physicians who are employees of the federal government or licensed by the State of Alaska. Certain diagnostic procedures may be taught by other persons who have appropriate experience or certification (e.g. well child examination, prenatal exam by a public health nurse). These encounters must occur under the general review of the mid-level practitioner or physician.

(4) Medical Advisor. The CHA/P Training Center Medical Advisor must be a physician employed by the federal government or licensed by the State of Alaska who is practicing primary care and is currently working with community health aides or practitioners. The Medical Advisor should have prior experience with the CHA/P program. The Medical Advisor's classroom instruction and clinical preceptorship will comply with the CHA/P Curriculum and statewide goals of the Community Health Aide Program. The Medical Advisor will participate in quality assurance/continuing quality improvement efforts, serve as a resource and be available for consultation and regular meetings.

(b) Job Descriptions. Job descriptions for each of the training staff which reflect these roles and responsibilities must be on file.

(c) Orientation of New Staff. Each CHA/P Training Center must have in place a written orientation procedure for new employees which will minimally include the CHA/P Training Center's mission, goals, and objectives; the CHA/P Curriculum; the methods of instruction and function of the statewide Community Health Aide Program; cultural diversity; the role of the CHA/P; and the CHA/P certification process.

(d) Faculty Turnover. In order to maintain the quality of instruction, the Board must be notified if during any three month period 50 percent of the instructor staff of a CHA/P Training Center resigns and whenever a CHA/P Training Center Director resigns. Documentation of new employee orientation, peer review and student evaluation and examination must be available for review for each new instructor.

History: November 26, 2002, Section 5.10.025(a)(2), (3) and (4) and (c) were amended.

Sec. 5.10.030. Hospital/Clinic Affiliation.

(a) Accreditation. A CHA/P Training Center must be affiliated with the Alaska Native Medical Center or a hospital or clinic accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or licensed by the State of Alaska. Exception can be made in a clinic facility for which JCAHO accreditation or state licensing is not available.

(b) Hospital/Clinic Commitment. A CHA/P Training Center must have the support of hospital/clinic and/or corporation administration to provide on-going access to clinical training for CHA/Ps. A letter of support should be updated with each new clinical director and hospital or clinical administrator or corporation Board.

Sec. 5.10.035. Volume, Hours and Distribution of Patient Encounters. Clinical hours will be scheduled in compliance with the CHA/P Curriculum. For each trainee a CHA/P Training Center's documentation of volume, hours and distribution of patient encounters must meet the requirements of this section.

(a) Encounters.

(1) Session I. Ten encounters under the following conditions: the trainee will be the primary provider in at least four patient encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least six additional encounters with the trainee as an active participant.

(2) Session II. Ten encounters under the following conditions: the trainee will be the primary provider in at least six patient encounters with particular emphasis on patient problems delineated in the CHA/P Curriculum, as outlined below and at least four additional encounters with the trainee as active participant.

(3) Session III. Ten encounters under the following conditions: the trainee will be the primary provider in at least six patient encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least four additional encounters with the trainee as active participant.

(4) Session IV. Fourteen encounters under the following conditions: the trainee will be the primary provider in at least ten patient encounters with particular emphasis on the patient

problems delineated in the CHA/P Curriculum, as outlined below, and at least four additional encounters with the trainee as active participant.

(b) (1) Primary Provider. Under subsection (a) of this section, the primary provider must initiate the history and examination, and depending on the complexity of the encounter and the skill and confidence level of the trainee, determine the assessment and plan in conjunction with the instructor.

(2) Active Participant. Under this section, the active participant performs part of the patient encounter with direction or guidance of the instructor.

(c) Distribution of Clinical Hours. The distribution of clinical hours must be available in the following kinds of patient encounters:

(1) Session I.

Encounter Type	Hours
Acute care	12
Lab	1
Respiratory	1
Ear	1
Digestive system	1
Screening exam	1
Sick child	4
Vital signs	3
Approach to child (observe)	2
Total Hours	26

(2) Session II.

Encounter Type	Hours
Acute care	12
Lab	1
Ear	1
Respiratory	1
Circulatory	1
Digestive system	1
Prenatal	2
Mental illness	4
Sick child	4
Screening physical exam	1
Approach to child (observe)	4
Immunizations	1
Total Hours	33

(3) Session III.

Encounter Type	Hours
Prenatal	8
Newborn	1

Sick child	4
Post partum	1
Well child	8
STD	4
Total Hours	26

(4) Session IV.

Encounter Type	Hours
Acute care	8
Ear	1
Respiratory	1
Circulatory	1
Digestive	1
Female reproductive	4
Prenatal	3
Sick child	4
Well child	3.5
Newborn	1
Chronic disease	2
H & P	2.5
Total Hours	32

History: November 26, 2002, Section 5.10.035(a) was amended.

Sec. 5.10.040. Trainees Selection Process.

(a) Qualifications for Trainees and Application Process. The CHA/P Training Center will have a policy for selection of trainees. The selection process will include requiring applicants for trainee slots to file a completed statewide application form no less than two weeks prior to the start of the training session, unless extraordinary circumstances are present. The policy for selection must include requirements that the training applicants have no less than sixth grade math and reading skills and that they have completed Pre-Session, unless the applicant satisfies one of the exceptions to these requirements adopted under section 5.10.040(c).

(b) Statewide Priorities. The CHA/P Training Center must adhere to statewide placement priorities for training applicants for a limited number of training slots.

(c) Exceptions. The CHA/P Training Center must have exception policies. Policies must be written to incorporate individual hardship cases, including emergency training needs in communities where there are no trained personnel and in situations where community health aides or practitioners have no access to field site courses (pre-session and ETT). Exception policies must also include arrangements for applicants with prior medical training, such as registered nurses, National Guard Corpsman, etc.

History: November 26, 2002, Section 4.10.040(a) was amended.

Sec. 5.10.045. Trainee Services.

(a) **Counseling and Health Services.** The CHA/P Training Center must have a system for initial individual counseling for trainees, which may include assigning faculty members for this purpose. Referral for confidential counseling by mental health professionals must be available to trainees. A system to provide acute care and emergency health services must also be provided.

(b) **Academic Advising.** A CHA/P Training Center must provide a system for trainee academic advising, documentation of formative and summative evaluations, and advising pertinent to the role of the community health aide and practitioner and certification.

(c) **Attrition.** A system of recording trainee attrition data including the causes and timing of attrition during training must be in place.

(d) **Housing, Meals, and Transportation.** Housing, meals and transportation should be available, affordable, and conveniently located to trainees.

Sec. 5.10.050. Community Health Aide Curriculum and Teaching Guidelines.

(a) **Duration of Training and Attendance.** The length of Sessions I, II, III and IV training sessions must meet the minimum standards delineated in the CHA/P Curriculum. The CHA/P Training Center must establish and enforce an attendance policy, which assures that each training participant fully satisfies all conditions of the training.

(b) **Class Size.** The size of classes must allow for faculty/trainee ratios under section 5.10.050(c), and otherwise be determined by the number of exam rooms available for clinical experience, the size of the classroom for didactic instruction, course content, past trends identified in the particular class, and the CHA/P Curriculum requirements for lab skills instruction.

(c) **Faculty/Trainee Ratio.** Due to the short, intensive nature of CHA/P courses, the following faculty/trainee ratios for clinical instruction may not be exceeded:

(1) **Sessions I and II:** one to one;

(2) **Sessions III and IV:** one to two depending on the independence of the trainees.

(d) **Classroom and Clinical Instruction.** The intent in instruction for each session is to integrate the CHA/P Curriculum, including the class and skills guidelines of the 1993 *Curriculum Hours by Session*, revised as of May 1997, the CHAM, and the training and skill of the community health aide/practitioner, with consideration to the “Role of the Community Health Aide/Practitioner.”

(1) The CHA/P Curriculum objectives must be followed as a minimum standard.

(2) The CHAM must be used as a reference book for teaching community health aides and practitioners, as a minimum standard.

(3) The instructional materials for faculty must consist of course objectives with either lesson plans, lecture notes, or student learning notes. Instructional materials must be updated every three years.

(4) For each training session, the percentage of classroom/clinical time must meet the requirements of the CHA/P Curriculum.

(5) Learning objectives and course expectations must be clearly defined for each trainee.

History: November 26, 2002, Section 5.10.050(a), (b), and (d).

Sec. 5.10.055. Field Training.

(a) The CHA/P Training Center staff must evaluate each trainee at the end of each session and prepare a Post Session Learning Needs plan to reinforce training and help the trainee to gain further competency during the 200 hours of village clinical experience between sessions.

(b) CHA/P Training Center staff must review the Post Session Field Follow-up as a component in the application and approval process for selection of trainees. (Ref: Field Component Guidelines.)

Sec. 5.10.060. CHA/P Training Center Administration and Records.

(a) **Commitment of Administration.** A CHA/P Training Center must have a memorandum of agreement updated with each new CHA/P Training Center administrative agency to document on-going support of staffing positions and program needs.

(b) **Secretarial Support.** A CHA/P Training Center should have administrative and secretarial support sufficient to assure timely and smooth functioning of the program.

(c) **CHA/P Training Center Files.** A CHA/P Training Center must have on file for review: CHA/P Curriculum outlines, learning objectives/lesson plans, session quizzes/exams, CHA/P evaluation records, application forms, student training files, quality assurance/continuous quality improvement files and a training plan for employees. A CHA/P Training Center must adopt and enforce policies regarding retention of CHA/P Training Center files and conditions under which transfer of files may occur. The retention schedule policy must be consistent with a schedule approved by the Board. The file transfer policy must require that a record be retained identifying the files that were transferred and to whom.

(d) **CHA/P Training Center Office Space.** A CHA/P Training Center should have offices available for instructors which provide an environment that is conducive to high productivity of its faculty in preparation for instruction.

History: November 26, 2002, Section 5.10.060(c) was amended.

Sec. 5.10.065. CHA/P Training Center Self-Evaluation. A CHA/P Training Center must have a policy on quality assurance/continuous quality improvement. This policy must include documentation of post-session meetings for staff evaluation of training sessions and quarterly program reviews, evaluation tools for CHA/P clinical encounters, patient care component evaluation tool for quality and appropriateness of patient care as delineated by the CHAM, on-

going classroom evaluation of the CHA/P in a learner role, and a summary evaluation of the trainee as well as CHA/P evaluations of training sessions, and faculty peer review of didactic and clinical instruction. The quality assurance/continuous quality improvement process must be in effect, documenting that evaluation tools are in use, trends are identified and the continuous quality improvement process is being implemented to address and modify those identified trends.

History: November 26, 2002, Section 5.10.065 was amended.

Sec. 5.10.070. Faculty Continuing Education. A CHA/P Training Center must have a policy on faculty continuing education both in the educational and medical fields. A plan should be developed annually to meet the policy goals.

Article 20.

Types of CHA/P Training Center Certification and Recertification.

Sec. 5.20.010. Start-up Certification. A CHA/P Training Center may obtain start-up certification prior to conducting its first training session upon submission of evidence satisfactory to the Board that it will meet the requirements of sections 5.10.010 through 5.10.070. Start-up certification shall be valid only until the Board evaluates and acts on the first on-site evaluation, which shall occur during the first training session. At the end of the start-up certification period the Board shall terminate the certification or grant provisional or full certification.

Sec. 5.20.020. Full Certification. The Board shall grant full certification to a CHA/P Training Center that demonstrates substantial compliance with the requirements of sections 5.10.010 through 5.10.070, through evidence satisfactory to the Board. Such evidence shall include submission of required materials, satisfactory performance during the on-site review and satisfactory completion of at least one training session. “Substantial compliance” shall require a minimum of 136 points on the Review and Approval Committee evaluation.

Sec. 5.20.030. Provisional Certification. The Board may grant provisional certification to a CHA/P Training Center with Start-up Certification that is not eligible for full certification under section 5.20.020 provided it meets all the requirements for full certification, except that it is required to score only a minimum of 121 points on the Review and Approval Committee evaluation. Provisional certification shall be effective for only six months and may be renewed only one time for a total of no more than one year.

Article 30. Continuing Requirements.

Sec. 5.30.010. Periodic Submissions and Reviews. A CHA/P Training Center fully certified under section 5.20.020 shall submit a CHA/P Training Center Evaluation Survey no less often than once every two years and shall be subject to on-site reviews, upon reasonable notice, in the discretion of the Board, provided that an on-site review must occur no less often than once every five years. Such a CHA/P Training Center must notify the Board if a change in any of the following occurs:

- (1) the person responsible for coordination of the training within the center;
- (2) 50 percent or more of the staff within a 3 month period;

- (3) Medical Advisor;
- (4) methods of CHA/P Curriculum delivery;
- (5) facilities used for training; or
- (6) administration or finance that affects the viability of the training program.

History: November 26, 2002, Section 5.30.010(4) was amended.

Sec. 5.30.020. Monitoring. A fully or provisionally certified CHA/P Training Center may be required to submit periodic reports of progress regarding its response to any changes reported under section 5.30.010, or problems or deficiencies noted during any review or on-site evaluation.

Article 40. CHA/P Training Center Sanctions

Sec. 5.40.010. Probation or Termination. Upon determining that a provisionally certified CHA/P Training Center has failed to achieve full certification within the required time limit or that a provisionally or fully certified CHA/P Training Center has failed to demonstrate continued performance at the applicable levels required under this section, the Board may place the center's certification in a probationary status or terminate the certification.

Sec. 5.40.020. Conditions of Probation. If the Board grants a probationary status, it must specify the conditions for reinstatement of full or provisional certification, which must be satisfied within the time frame established by the Board, which shall not be longer than six months. The conditions of probation may include, but are not limited to:

- (1) requiring reports to the Board upon matters involving the basis of probation;
- (2) limiting training to those sessions prescribed by the Board;
- (3) terminating training until prescribed conditions are satisfied.

Chapter 6. Certification of CHA/P Training Curriculum.

History: November 26, 2002, Chapter 6, title was amended.

Sec. 6.10.010. Continuous Review. The Board shall develop and follow a schedule for periodic review, amendment, and adoption of all aspects of the CHA/P Curriculum and standards relied upon in the Community Health Aide Program for Alaska. Comments and participation shall be solicited from Association of Community Health Aide Program Directors, field staff, community health aides and practitioners, CHA/P Training Center staff, and health care providers who relate in any way to the Community Health Aide Program.

History: November 26, 2002, Section 6.10.010 was amended.

Sec. 6.10.900. Transition. The Board shall use the CHA/P Curriculum, field work guidelines, and other materials and standards developed by committees of the Community Health Aide Directors Association, including the Academic Review Committee (ARC), Review and Approval Committee (RAC), Community Health Aide Manual/Village Medicine Reference (CHAM/VMR) Committee, until such time as it can review and adopt such materials under this section.

History: November 26, 2002, Section 6.10.900 was amended.

Chapter 7. Certification of DHA Training and Curriculum

History: November 26, 2002, Chapter 7 was renumbered Chapter 8 and this new Chapter 7 was added.

Article 10. Training Programs, Facilities and Training Staff

Sec. 7.10.010. Facilities. Dental health aide training may occur in:

- (1) any certified CHA/P Training Center with facilities appropriate to the training being provided;
- (2) for training not requiring clinical activity, any classroom that generally meets the standards set under section 5.10.020;
- (3) for training requiring clinical activity, any Federal, State, university, or tribal facility with space, equipment and materials appropriate and adequate to provide each student with a sufficient opportunity to observe and participate in the training activities; and
- (4) as necessary, other locations may be used provided they meet the standards set forth in this section.

Sec. 7.10.020. Training Staff.

(a) Qualification and Roles. Dental health aide training may be coordinated and conducted by any person who generally meets the standards of section 5.10.025(a) as applicable to the specific training being conducted.

(b) Dental Advisor. All dental health aide training must be conducted under the general supervision of a dental advisor who must be a dentist, as defined in section 2.30.010, who is familiar with the CHA/P Program. The dental advisor may or may not participate directly in the training, but must be familiar with and have approved the curriculum being taught and the qualifications of the training staff, and be available to consult with training staff during the training session should the need arise. Such consultation may occur telephonically or in person.

Sec. 7.10.030. DHA Training Administration and Records.

(a) Commitment of Administration. The sponsor of Board approved DHA training programs must have an agreement with the Alaska Dental Clinical and Preventive Support Center, operated by the Alaska Native Tribal Health Consortium, under which the Support Center will document on-going support of staffing positions and program needs and accept and retain records regarding training and continuing education carried out by the DHA training program.

(b) Secretarial Support. A DHA training program should have administrative and secretarial support sufficient to assure timely and smooth functioning of the program and transmittal of records to the Support Center.

(c) DHA Training Program Files.

(1) A DHA training program must have on file for review, or transmit to the Support Center for retention, DHA training outlines, learning objectives/lesson plans, session quizzes/exams, dental health aide evaluation records, application forms, student training files, quality assurance/continuous quality improvement files and a training plan for employees.

(2) A DHA training program must promptly after the conclusion of each training session, course or continuing education program transmit to the Support Center a list of each student who attended the program with information about whether the student completed the course and an evaluation of the student's performance.

Article 20. Dental Health Aide Curricula

Sec. 7.20.010. DHA Core Curriculum.

(a) Subject Matter. A DHA Core Curriculum course must address the following topics:

- (1) role of community health aide and dental health aide in a village;
- (2) general scope of work;
- (3) medical ethics;
- (4) legal issues;
- (5) State of Alaska reporting requirements;
- (6) consent for treatment;
- (7) interviewing skills;
- (8) health/disease process;
- (9) infection and communicable disease;
- (10) introductory anatomy and dental anatomy;
- (11) vocabulary and abbreviations;
- (12) documentation, including “HEAP” (history, examination, assessment and plan) and “SOAP” (subjective, objective, assessment and plan) forms of documentation;
- (13) introduction to pharmacology;
- (14) introduction to clinic management;
- (15) health care system access, including Medicaid and third party insurance;
- (16) scheduling;
- (17) use of CHAM; and
- (18) introductory medical history taking.

(b) CHA/P Equivalency. The topics listed in subsection (a) must be addressed in a way comparable to that required under the CHA/P Curriculum for the comparable topics.

(c) Training. The training will include didactic instruction and hands-on practice in a lab setting sufficient to demonstrate competency of the subject matter listed in subsection (a) of this section.

History: January 31, 2005, Section 7.20.010 was amended.

Sec. 7.20.020. Primary Oral Health Promotion and Disease Prevention.

(a) Subject Matter. A primary oral health promotion and disease prevention course must address the following topics:

- (1) introduction to caries disease process;
- (2) introduction to periodontal disease process;
- (3) theory of oral health promotion and disease prevention;
- (4) fluoride as a drug and related issues, including toxicity;
- (5) topical fluoride treatments, including gel, foam, varnish and rinse;
- (6) diet counseling; and
- (7) oral hygiene instruction.

(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed must include a minimum of:

- (1) 12 hours of didactic instruction and
- (2) 6 hours of hands-on practice in a lab setting.

Sec. 7.20.030. Basic Dental Procedures.

(a) Subject Matter. A Basic Dental Procedures course must address the following topics:

- (1) introductory dental anatomy;
- (2) basic infection control principles and practices, including
 - (A) universal precautions and
 - (B) handwashing;
- (3) introductory clean/sterile techniques;
- (4) introductory identification of dental problems, including oral cancer, and referral;
- (5) introductory problem specific history taking; and
- (6) introductory dental charting.

(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed must include a minimum of:

- (1) 14 hours of didactic instruction and
- (2) 6 hours of clinical encounters.

Sec. 7.20.040. DHA Advanced Dental Procedures.

(a) Subject Matter. A DHA Advanced Dental Procedures course must address the following topics:

- (1) dental anatomy;
- (2) caries and periodontal disease process;
- (3) dental instruments and equipment;
- (4) dental charting;
- (5) handling and sterilization of instruments;
- (6) disinfection of operatory; and
- (7) patient record documentation.

(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed must include a minimum of:

- (1) 14 hours of didactic instruction and
- (2) 7 hours of clinical encounters.

Sec. 7.20.050. Village-Based Dental Practice.

(a) Subject Matter. A Village-Based Dental Practice course must address the following topics:

- (1) use of telemedicine technology, including use of intra- and extra-oral cameras;
- (2) problem specific medical and dental history taking; and
- (3) recognition of medical and dental conditions.

(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed must include a minimum of:

- (1) 12 hours of didactic instruction and
- (2) 7 hours of clinical encounters.

Sec. 7.20.100. Sealants.

(a) Subject Matter. A course in sealants must address the following topics:

- (1) understanding and following dental orders;
- (2) reviewing medical history and identifying contraindications for sealant treatment;
- (3) explaining sealant procedure and responding to questions regarding sealant;
- (4) proper patient and provider safety procedures, including:
 - (A) proper use and safety procedures related to curing light and
 - (B) proper use of etchant material;
- (5) isolating and drying teeth to be sealed;
- (6) identifying and correcting occlusal discrepancies caused by excess sealant; and
- (7) ensuring retention of the sealant.

(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed must include a minimum of:

- (1) 7 hours of didactic instruction and
- (2) 7 hours of clinical encounters.

Sec. 7.20.110. Dental Prophylaxis.

(a) Subject Matter. A course in dental prophylaxis must address the following topics:

- (1) understanding and following dental orders, if any;
- (2) reviewing medical history and identify contraindications for performing prophylaxis;
- (3) understanding when the patient should be referred to a dentist prior to carrying out prophylaxis;
- (4) explaining prophylaxis procedure and respond to questions from patient regarding prophylaxis;
- (5) proper patient and provider safety procedures, including:

- (A) proper use dental instruments for safety of patient and provider and
- (B) proper use of ultrasonic and piezoelectric scalers;
- (6) scaling and polishing to remove calcereous deposits, accretions, and stains from the coronal or exposed surface of the tooth; and
- (7) consistent with direct orders from the dentist after a dental examination, sulcular irrigation.

(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed must include a minimum of:

- (1) 4 hours of didactic instruction and
- (2) 14 hours of clinical encounters.

Sec. 7.20.120. Dental Radiology.

(a) Subject Matter. A course in dental radiology must address the following topics:

- (1) components of an x-ray machine;
- (2) kilovoltage (kVp);
- (3) density and contrast;
- (4) milliamperage (mA);
- (5) exposure time;
- (6) film type;
- (7) automatic processing equipment;
- (8) darkroom lighting;
- (9) purpose of film mounts;
- (10) radiological protection;
- (11) radiographic quality;
- (12) radiographic technique;
- (13) processing technique;
- (14) presentation of radiographs;
- (15) radiographic infection control;
- (16) special radiograph techniques;
- (17) maintenance of processor equipment;
- (18) mounting and labeling of radiographs;
- (19) radiological protection of operator and patient;
- (20) use and storage of the lead apron and thyroid collar;
- (21) review medical history and identify contraindications for performing x-rays;
- (22) dosimeter (film badge) and radiology reports;
- (23) recognition and correction of:
 - (A) distortion,
 - (B) overlap,
 - (C) cone-cutting
 - (D) automatic processing problems;
- (24) use of film holding devices;
- (25) positioning and exposing intra-oral radiographs;
- (26) troubleshooting
 - (A) technique errors
 - (B) processing errors;
- (27) film handling during processing;

- (28) film labeling
- (29) use of landmarks to mount film; and
- (30) use of daylight loader.

(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed must include a minimum of:

- (1) 12 hours of didactic instruction and
- (2) 12 hours of clinical encounters.

Sec. 7.20.130. Dental Assisting.

(a) Subject Matter. A course in dental assisting must address the following topics:

- (1) taking impressions for study or working casts;
- (2) removing sutures and dressing;
- (3) applying topical anesthetic agents;
- (4) removing excess cement from coronal surfaces;
- (5) placing and removing rubber dams;
- (6) placing and removing matrices;
- (7) knowledge of dental procedures and use of instruments appropriate for the procedures; and
- (8) four-handed instrument transfer.

(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed must include a minimum of:

- (1) 12 hours of didactic instruction and
- (2) 20 hours of clinical encounters.

Sec. 7.20.140. Atraumatic Restorative Treatment (ART).

(a) Subject Matter. A course in atraumatic restorative treatment must address the following topics:

- (1) understanding and following dental orders;
- (2) reviewing medical history and identifying contraindications for performing ART;
- (3) identify cases appropriate for referral for ART;
- (4) understanding when the patient should be referred to a dentist;
- (5) explaining ART procedure and responding to questions from patient regarding ART;
- (6) proper patient and provider safety procedures, including proper use of dental instruments;
- (7) isolating the tooth/teeth;
- (8) removing gross caries with hand instruments;
- (9) mixing, placing and contouring appropriate restorative material; and
- (10) recognizing potential and actual procedural complications and consulting appropriately with the dentist.

(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed must include a minimum of:

- (1) 14 hours of didactic instruction and

- (2) 21 hours of clinical encounters.

Sec. 7.20.200. Basic Restorative Functions.

(a) **Subject Matter.** A course in basic restorative functions must address the following topics:

- (1) advanced tooth morphology, structure and function;
- (2) discrimination between acceptable and unacceptable restoration;
- (3) placement and finishing of Class I, II and V dental amalgams (simple fillings) after preparation by the dentist or dental health aide therapist;
- (4) dental composite placement Class I, III and V (simple fillings) after preparation by a dentist or dental health aide therapist; and
- (5) appropriate post-procedure instructions.

(b) **Hours of Training.** The course in which the topics listed in subsection (a) are addressed must include a minimum of:

- (1) 14 hours of didactic instruction and
- (2) 21 hours of clinical encounters.

Sec. 7.20.210. Advanced Restorative Functions.

(a) **Subject Matter.** A course in advanced restorative functions must address the following topics:

- (1) the basics of occlusion as they apply to restorative dentistry and
 - (2) current state-of-the-art dentinal bonding agents;
 - (3) placement and finishing of cusp protected amalgam and complex Class II amalgams (complex fillings);
 - (4) placement and finishing of dental composite Class II and IV (complex fillings);
- and
- (5) appropriate post-procedure instructions.

(b) **Hours of Training.** The course in which the topics listed in subsection (a) are addressed must include a minimum of:

- (1) 7 hours of didactic instruction and
- (2) 21 hours of clinical encounters.

Sec. 7.20.220. Stainless Steel Crowns.

(a) **Subject Matter.** A course in stainless steel crowns must address the following topics:

- (1) selecting the appropriate stainless steel crown;
- (2) modifying the crown, as necessary;
- (3) checking and correcting occlusion, contact and margins of stainless steel crown;
- (4) cementing and removing excess cement;
- (5) reverifying the occlusion; and
- (6) providing appropriate post-procedure instructions.

(b) **Hours of Training.** The course in which the topics listed in subsection (a) are addressed must include a minimum of:

- (1) 7 hours of didactic instruction and
- (2) 14 hours of clinical encounters.

Sec. 7.20.300. Dental Health Aide Hygienist Training Program. A DHA hygienist training program must provide instruction and clinical training equivalent to that required for accreditation by the Commission on Accreditation of Dental and Dental Auxiliary Education Programs of the American Dental Association.

Sec. 7.20.400. Local Anesthetic Administration.

(a) Subject Matter. A course in local anesthetic administration must address the following topics:

- (1) medical history evaluation procedures;
- (2) anatomy of the head, neck and oral cavity as it relates to administering local anesthetic agents;
- (3) pharmacology of local anesthetic agents, vasoconstrictors and preservatives, including physiologic actions, types of anesthetics, and maximum dose per weight;
- (4) systemic conditions which influence selection and administration of anesthetic agents;
- (5) signs and symptoms of reactions to local anesthetic agents, including monitoring of vital signs;
- (6) management of reactions to, or complications associated with, the administration of local anesthetic agents;
- (7) selection and preparation of the instruments, supplies and equipment for administering various local anesthetic agents; and
- (8) methods of administering local anesthetic agents with emphasis on:
 - (A) technique,
 - (B) aspiration,
 - (C) slow injection, and
 - (D) minimum effective dosage.

(b) Hours of Training. The course in which the topics listed in subsection (a) are addressed must include a minimum of:

- (1) 14 hours of didactic instruction;
- (2) 7 hours of laboratory instruction during which time 3 injections each of the anterior palatine, incisive palatine, anterior and middle superior alveolar, posterior superior alveolar, inferior alveolar, mental, long buccal, and infiltration injections are administered; and
- (3) clinical experience sufficient to establish the dental health aide's ability to adequately anesthetize the entire dentition and supporting structures in a clinical setting, requiring a minimum of 6 hours of clinical encounters under direct supervision of faculty during which time each patient receiving an injection receives a dental service.

Sec. 7.20.500. Dental Health Aide Therapist Training Program. A DHA therapist training program must provide instruction and clinical training equivalent to that established or approved by the Canadian National School of Dental Therapy, the Medical Services Branch of the Canadian Ministry of Health or the New Zealand Board of Dentistry.

Article 30. Certification of DHA Training Curriculum

Sec. 7.30.010. Curriculum Approval. Dental health aide training curriculum may be approved by the Board generally or on a class by class basis provided each course curriculum meets the minimum content requirements set forth in article 20 of this chapter and has been reviewed and is recommended by the Dental Academic Review Committee described under section 7.30.100.

Sec. 7.30.100. Dental Academic Review Committee (DARC).

(a) Membership. The dental academic review committee satisfies these *Standards* if it includes a minimum of:

- (1) 3 dentists, as defined in sec 2.30.010, who are employed by the IHS, a tribe or tribal organization, provided that at least:
 - (A) one must be actively involved in development and implementation of dental health aide training,
 - (B) one must be the chief or deputy chief dentist in a tribal health program, and
 - (C) one must be actively engaged in clinical practice;
- (2) one licensed dental hygienist employed by the IHS, a tribe or tribal organization;
- (3) one representative of the CHA/P Academic Review Committee; and
- (4) one CHA/P Training Center representative; and currently employed by a certified CHA/P Training Center; and
- (5) provided that at least one of the members must have community health aide or dental health aide field supervision experience.

(b) Quorum. Recommendations for approval of curriculum under section 7.30.010 may only be made by the DARC if a quorum was first established. A quorum shall consist of a minimum of four members at least two of whom must be dentists.

Sec. 7.30.200. Development and Transition.

(a) Development. The Board shall use IHS training and work guidelines, standardized materials accepted in the dental practice community, materials developed by DARC, applicable materials and standards developed by committees of the Community Health Aide Directors Association, including ARC, RAC, CHAM, VMR and other appropriate resource material until fully integrated DHA program center and curriculum standards are developed and reviewed and approved by the Board.

(b) Transition. The absence of a fully developed DHA training program and DHA curriculum standards shall not be justification for the Board deferring the review and approval of curriculum recommended by DARC or for denying certification to an individual who has otherwise met the requirements of Chapter 2 Article 30.

Chapter 8. Hearings, Requests for Reconsideration, and Appeals.

History: November 26, 2002, Chapter 7 was renumbered Chapter 8.

Article 10. Hearings

Sec. 8.10.010. Hearings. Upon written request made under section 8.10.030, the Board must conduct a hearing

- (1) prior to the imposition of any sanction, except a summary suspension;
- (2) within 10 working days after a summary suspension; and
- (3) within 30 days after the Board receives a request from a person or training center denied
 - (A) certification;
 - (B) renewal;
 - (C) reinstatement; or
 - (D) a waiver of requirements based on credentials.

History: November 26, 2002, Section 7.10.010 was renumbered as Section 8.10.010 and the introductory paragraph was amended.

Sec. 8.10.020. Scheduling and Telephonic Participation.

(a) Convenience of the Parties. To the extent possible, hearings must be scheduled at a time and place convenient to the parties. Telephonic participation by any participant is permitted.

(b) Delay. At the request of, or with the consent of the person requesting a hearing, the hearing may be delayed to a date mutually agreed upon.

History: November 26, 2002, Section 7.10.020 was renumbered as Section 8.10.020 and titles were added to subsections (a) and (b).

Sec. 8.10.030. Request for Hearing.

(a) Written Request. A party requesting a hearing must notify the Board and other interested parties by submitting a written request for a hearing within 30 days of the date upon which the party received notice of the action being appealed. The request must include a statement identifying the action being appealed, the remedy sought and a statement explaining the facts and points of law that support the requested Board action.

(b) Notice of Proceeding. At least five working days prior to a hearing under section 8.10.010(b) and ten days prior to other hearings, all parties shall receive notice of

- (1) the time and place of the hearing;
- (2) their rights to
 - (A) respond to assertions of facts and law;
 - (B) present evidence, arguments and/or mitigating circumstances; and

(C) be accompanied and/or assisted by an attorney or another person.

History: November 26, 2002, Section 7.10.030 was renumbered as Section 8.10.030, titles were added to (a) and (b) and (b)(2)(C) was amended. September 25, 1998, Section 7.10.030(a) was amended.

Sec. 8.10.040. Information regarding Hearing. Parties subject to disciplinary action also receive notice of

- (1) the nature of the hearing;
- (2) the legal authority and jurisdiction under which the hearing may be held; and
- (3) the matters of fact and law asserted.

History: November 26, 2002, Section 7.10.040 was renumbered as Section 8.10.040.

Sec. 8.10.050. Written Presentation. Parties subject to disciplinary action may submit a written response any time up to and including the date of the hearing.

History: November 26, 2002, Section 7.10.050 was renumbered as Section 8.10.050.

Sec. 8.10.060. Conduct of Hearing. Hearings may be conducted by the Board or a hearing officer or panel selected by the Board. Individuals who have a conflict of interest or who cannot otherwise be fair and impartial must notify the Board of their disqualification.

History: November 26, 2002, Section 7.10.060 was renumbered as Section 8.10.060.

Sec. 8.10.070. Evidence.

(a) **Presentation.** A party may present oral or documentary evidence, submit rebuttal evidence, and conduct cross-examination.

(b) **Subpoena.** Upon request of a party or its own motion, the Board, hearing officer or panel may issue a subpoena to secure testimony or other evidence reasonably necessary for a full and fair determination of the matter in dispute.

(c) **Telephonic Participation.** Telephonic testimony shall be accepted unless there is good cause to doubt the identity of the witness.

History: November 26, 2002, Section 7.10.070 was renumbered as Section 8.10.070 and titles were added to subsections (a), (b) and (c).

Sec. 8.10.080. Recommendation. If the hearing is conducted by a hearing officer or panel, a written recommendation along with all evidence collected will be submitted to the Board for its consideration. The recommendation will include

- (1) proposed findings and conclusions on all material facts and law;
- (2) evidence and other reasons that support the proposal;

(3) a recommendation for Board action specifying the proposed rule, order, sanction, relief, denial or conditions or limitations on certification.

History: November 26, 2002, Section 7.10.080 was renumbered as Section 8.10.080.

Sec. 8.10.090. Decision.

(a) **Action by Board.** Unless the Board adopts the recommendation of the hearing officer or panel *in toto*, it must issue a written decision that contains an explanation of the grounds for the decision.

(b) **Notice of Decision.** In any case, parties must be notified in writing of the decision within a reasonable time.

History: November 26, 2002, Section 7.10.090 was renumbered as Section 8.10.090 and titles were added to subsections (a) and (b).

Article 20. Reconsideration

Sec. 8.20.010. Requests for Reconsideration.

(a) **Generally.** Upon request or upon its own motion, the Board may reconsider all or part of a decision.

(b) **Timing of Request.** A request for reconsideration must be filed with the Board within 15 days of receipt of the decision and must include:

- (1) a statement of the law, facts and/or mitigating circumstances that support the Board action requested;
- (2) notice of any additional argument or evidence the requesting party intends to submit for consideration.

(c) **Additional Argument and Evidence.** The Board may consider additional argument or evidence provided all parties are notified and afforded

- (1) a chance to respond to new argument and/or evidence;
- (2) a chance to submit additional argument and/or evidence.

(d) **Mitigating Circumstances.** The Board may consider mitigating circumstances.

(e) **Deadline for Action.** If the Board does not act on the request for reconsideration within 30 days after receipt, the request is deemed denied.

History: November 26, 2002, Section 7.20.010 was renumbered as Section 8.20.010 and titles were added to subsections (a) - (e).

Article 30. Appeals

Sec. 8.30.010. Notice of Right of Appeal by Community Health Aides, Community Health Practitioners, Dental Health Aides, CHA/P Training Centers, and DHA Course Providers and Training Programs. The Board shall provide notice to each person entitled, under draft AANHS Circular 98-150, to appeal an adverse decision made under Article 20 of this chapter about their right of appeal and the conditions under which it may be exercised.

History: November 26, 2002, Section 7.30.010 was renumbered as Section 8.30.010 and amended.

Sec. 8.30.020. Notice of Appeal to the Board. A person, including a Board member, who appeals a decision of the Board shall provide notice of the appeal to the Board.

History: November 26, 2002, Section 7.30.020 was renumbered as Section 8.30.020.

Chapter 9. Transitional and Temporary Certification.

History: November 26, 2002, Chapter 8 was renumbered Chapter 9 and Section 8.10.010 was repealed.

Sec. 9.10.015. Practice Pending Certification. An individual who has completed the training, education and clinical practice or preceptorship as a community health aide or dental health aide may continue to provide services on the same basis as during his or her training period while final action to approve or deny the application for certification is pending.

History: November 26, 2002, Section 9.10.015 was added.

Sec. 9.10.020. Between Board Meetings. Under rules developed by the Board, staff assigned to the Board may issue temporary certifications between Board meetings provided the staff has fully evaluated the application and has determined that the staff would recommend approval of the application to the Board. Such temporary certification is effective only until formal action is taken by the Board on the application.

History: November 26, 2002, Section 8.10.020 was renumbered as Section 9.10.020.

Chapter 10. Board Procedure

History: November 26, 2002, Chapter 9 was renumbered as Chapter 10.

Sec. 10.10.010. Officers. The Board shall at its first meeting elect a chair, vice-chair and a secretary from among its members to terms of one year. Thereafter, annually the Board shall elect a vice-chair and secretary. At the end of the one year term of the chair, the vice-chair shall succeed to the office of chair.

History: November 26, 2002, Section 9.10.010 was renumbered as Section 10.10.010.

Sec. 10.10.020. Quorum. A quorum shall consist of a majority of the members of the Board.

History: November 26, 2002, Section 9.10.020 was renumbered as Section 10.10.020.

Sec. 10.10.030. Meetings.

(a) Regular and Special. The Board shall meet no less than twice annually and may hold special meetings at the call of the chair or on the written request of five Board members. Special meetings may be held by teleconference.

(b) Public and Executive Sessions. Meetings of the Board shall be public, except when the Board goes into an executive session. Executive sessions may be convened only when necessary to protect the privacy of a person or as otherwise authorized under federal law.

History: November 26, 2002, Section 9.10.030 was renumbered as Section 10.10.030 and titles were added to subsections (a) and (b).

Sec. 10.10.040. Committees.

(a) Executive Committee. The officers shall serve as an Executive Committee. The Executive Committee shall have the authority to take actions between meetings only to the extent authorized by the Board.

(b) Other Committees. The Board may appoint such committees, or rely on committees of the Association of Community Health Aide Program Directors, as may be helpful to the Board in carrying out any of its responsibilities. Such committees may include Board members and non-Board members.

History: November 26, 2002, Section 9.10.040 was renumbered as Section 10.10.040.

Chapter 11. Amendments

History: November 26, 2002, Chapter 10 was renumbered as Chapter 11.

Sec. 11.10.010. Effective Date. Amendments to these Standards and Procedures may be adopted by this Board and shall become effective on the later of the effective date adopted by the Board or thirty days after the date upon which the amendment was adopted by the Board, unless stayed by the AANHS Area Director under draft AANHS Circular 98-150.

History: November 26, 2002, Section 10.10.010 was renumbered as Section 11.10.010 and amended.

Sec. 11.10.020. Consideration at More Than One Meeting. The Board shall not take action on proposed amendments to these Standards and Procedures at the first meeting at which the amendment was proposed unless it first determines that an emergency or other exigent circumstances exist.

History: November 26, 2002, Section 10.10.020 was renumbered as Section 11.10.020.

Detailed History of CHAP Certification Board *Standards and Procedures* by Date of Action:

July 29, 1998, *Standards and Procedures* adopted by the CHAP Certification Board.

September 25, 1998, Section 4.10.010(i)(15) was amended; a new paragraph (16) was added; and paragraph (16) was renumbered as paragraph (17), as follows:

(15) been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State or Tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons within the meaning of section 408 failed to comply with the intent or requirements of the Indian Child Protection and Family Violence Prevention Act, P.L. 101-630, 25 U.S.C. § 3207 ~~3201 et seq.~~, or

(16) failed to comply with applicable mandatory reporting laws of the State of Alaska; or

(17) failed to respond to a request for services where a duty to respond existed.

September 25, 1998, Section 7.10.030(a) was amended, as follows:

(a) A party requesting a hearing must notify the Board and other interested parties by submitting a written request for a hearing within 30 days of the date upon which the party received notice of the action being appealed. The request, which must include, a statement identifying the action being appealed, the remedy sought and a statement explaining the facts and points of law that support the requested Board action.

October 23, 1998, Section 2.10.010 (4) was repealed. The repealed subsection read, as follows:

(4) furnishes evidence satisfactory to the Board that the applicant meets the standards of character required under 25 U.S.C. § 3207 [Section 408 of the Indian Child Protection and Family Violence Prevention Act] and other applicable federal or state law;

February 26, 1999, Section 2.20.600 was amended, as follows:

The Board may waive one or more of the requirements of sections 2.20.100 through 2.20.510 for a person who provides evidence satisfactory to the Board that the person is a ~~licensed~~ health care provider in Alaska or another state with ~~licensing~~ requirements at least equivalent in scope, quality, and difficulty to those imposed under these sections, provided the applicant demonstrates to the satisfaction of the Board that the applicant is adequately familiar with the CHA/P program and will limit his or her practice to the scope of practice of a community health aide or community health practitioner operating under the community health aide program.

June 12, 2002, multiple sections were amended, as described below:

Section 2.10.010 was amended by adding a new paragraph (10), as follows:

(10) effective January 1, 2003, furnishes evidence satisfactory to the Board that the person meets continuing education requirements as defined in sections 3.10.010 and 3.10.100 for the two year period preceding initial certification.

Section 3.10.010 was amended, as follows:

Sec. 3.10.010. Requirements. (a) An applicant

(1) for initial or renewal of a certificate as a community health aide who has not completed the requirements for the next level of certification prior to the deadline for recertification or the two years preceding initial certification or

(2) for initial or renewal of a certificate as a community health practitioner

(b) must provide evidence satisfactory to the Board that he or she has completed no fewer than 48 contact hours of continuing education approved by the Board during the

**COMMUNITY HEALTH AIDE PROGRAM CERTIFICATION BOARD – STANDARDS AND PROCEDURES
AMENDED JANUARY 31, 2005**

concluding two year certification period or two years preceding initial certification. No more than 24 contact hours ~~must~~ may be regarding emergency care. No fewer than 24 of the required contact hours ~~must~~ may be in the competencies listed in sections 2.20.100 through .510.

Section 5.10.035(a)(3) was amended, as follows, although the change was not reflected in the *Standards* until the November 26, 2002, amendments were completed:

(3) **Session III.** ~~Ten~~ Twelve encounters under the following conditions: the trainee will be the primary provider in at least ~~six~~ eight patient encounters with particular emphasis on the patient problems delineated in the Curriculum, as outlined below, and at least four additional encounters with the trainee as active participant.

November 26, 2002, the *Standards* were substantially amended to incorporate standards for certification of dental health aides and to make certain other amendments to the *Standards* applicable to community health aides. A copy of the *Standards* showing all of the amendments is available from the CHAP Certification Board. These amendments required many new sections, which then required substantial renumbering. The table below identifies the section number as of the November 26, 2002, amendments, the prior section number (if any), and whether a section found in the June 12, 2002, *Standards* was amended.

Table Comparing 11/26/02 Amendments to 6/12/02 <i>Standards</i>		
11/26/02	6/12/02	Amended
1.10.010	1.10.010	yes
1.20.010(1)-(3)		n/a
1.20.010(4)	1.20.010(1)	no
1.20.010(5)	1.20.010(6)	yes
1.20.010(6)	1.20.010(2)	no
1.20.010(7)	1.20.010(3)	yes
1.20.010(8)-(16)		n/a
1.20.010(17)-(18)	1.20.010(4)-(5)	yes
1.20.010(19)		n/a
1.20.010(20)	1.20.010(7)	yes
1.20.010(21)	1.20.010(8)	no
1.20.010(22)	1.20.010(9)	yes
1.30.010	1.30.010	no
1.40.010		n/a
2.10.010	2.10.010	yes - (a), (a)(5), (7), (8), (9), (10), (b) [new]
2.10.015		n/a
2.20.100	2.20.100	no
2.20.110	2.20.110	yes - (a), (c)(1), (c)(6)(A)
2.20.120	2.20.120	yes - (b)(3)
2.20.200	2.20.200	no
2.20.210	2.20.210	yes - (a), (c)(2),
2.20.300	2.20.300	no
2.20.310	2.20.310	yes - (a)
2.20.400	2.20.400	no
2.20.410	2.20.410	yes - (a)
2.20.500	2.20.500	yes - (3)
2.20.600	2.20.600	yes
2.30.010 - .610		n/a
2.40.010	2.30.010	yes
2.40.020 - .100	2.30.020 - .100	no
2.40.200	2.30.200	yes
2.40.300	2.30.300	yes

**COMMUNITY HEALTH AIDE PROGRAM CERTIFICATION BOARD – STANDARDS AND PROCEDURES
AMENDED JANUARY 31, 2005**

Table Comparing 11/26/02 Amendments to 6/12/02 Standards		
11/26/02	6/12/02	Amended
3.10.010	3.10.010	yes - [(a)(2) and (b) are new]
3.10.050		n/a
3.10.100	3.10.100	yes
3.10.200		n/a
4.10.010	4.10.010	yes - intro, (b), (d)-(f), (h), (i)(1), (i)(2)(C)-(E), (i)(3), (i)(6)-(&), (i)(10)-(11)
4.10.100	4.10.100	yes - intro
4.10.110	4.10.110	no
4.10.120	4.10.120	yes
4.10.130	4.10.130	no
5.10.010 - .020	4.10.010 - .020	no
5.10.025	5.10.025	yes - (a)2)-(4), (c)
5.10.030	5.10.030	no
5.10.035	5.10.035	yes - intro, (a)(1)-(4)
5.10.040	5.10.040	yes - (a)
5.10.045	5.10.045	no
5.10.050	5.10.050	yes - (a), (b), (d)
5.10.055	5.10.055	no
5.10.060	5.10.060	yes - (c)
5.10.065	5.10.065	yes
5.10.070	5.10.070	no
5.20.010 - .030	5.20.010 - .030	no
5.30.010	5.30.010	yes - (4)
5.30.020	5.30.020	no
5.40.010 - .020	5.40.010 - .020	no
6.10.010	6.10.010	yes
6.10.900	6.10.900	yes
7.10-010 - 7.30.200	7.10.010 - 7.30.200	n/a
8.10.010	7.10.010	yes - intro
8.10.020	7.10.020	yes
8.10.030	7.10.030	yes
8.10.040 - .060	7.10.040 - .060	no
8.10.070	7.10.070	yes
8.10.080	7.10.080	no
8.10.090	7.10.090	yes
8.20.010	7.20.010	yes
8.30.010	7.30.010	yes
8.30.020	7.30.020	no
	9.10.010	repealed
9.10.015		n/a
9.10.020	8.10.020	no
10.10.010 - .040	9.10.010 - .040	no
11.10.010 - .010	10.10.010 - .020	no

October 8, 2003, the *Standards* were amended to eliminate the PDHA II, rename PDHA III as PDHA II, add requirements to the EFDHA I, and to make certain other amendments to the *Standards* applicable to community health aides. These amendments are detailed below.

Section 1.20.010(10) was amended, as follows:

(10) “DHA” means Dental Health Aide and, except as used in Article 30 of Chapter 2 regarding requirements for special classes of dental health aides, shall include

primary dental health aides I; and II and III, dental health aide hygienists, expanded function dental health aides I and II and dental health aide therapists;

Section 2.10.010(a)(5)(B) was amended, as follows:

(B) for a dental health aide the requirements are those under section 2.30.100, ~~2.30.150~~, 2.30.200, 2.30.220(c), 2.30.230(c) and (d), 2.30.240(c), 2.30.250(c), 2.30.260(c) and (d), 2.30.300, 2.30.400, 2.30.500, 2.30.550(c) and (d) and 2.30.600;

Section 2.10.010(a)(8)(B) was amended, as follows:

(B) for a dental health aide the scopes of practice are defined in sections 2.30.110(b), ~~2.30.160(b)~~, 2.30.210(b), 2.30.220(d), 2.30.230(e), 2.30.240(d), 2.30.250(c), 2.30.260(e), 2.30.310(b), 2.30.410(b), 2.30.510(b), 2.30.550(e), and 2.30.610(b), and

Section 2.20.110(c)(9)(D)(ii) was amended, as follows:

~~(ii)(H)~~ oral suction;

Section 2.30.010 was amended, as follows:

(a) **Generally.** The supervision of a dental health aide may be general, indirect or direct, as defined in section 2.30.020(b), provided that

Section 2.30.150 was deleted. It read:

Sec. 2.30.150. Primary Dental Health Aide II Training and Education Requirements. A person meets the training and education requirements to be a certified primary dental health aide II upon successful completion of:

- (1) (A) all requirements under sections 2.30.100 through 2.30.110;
- (B) a Board approved DHA Advanced Dental Procedures training session that satisfies the requirements of section 7.20.040; and
- (C) one or more certifications under 2.30.220 (sealants), 2.30.230 (prophylaxis), 2.30.240 (dental radiology) or 2.30.260 (ART); or
- (2) the requirements of section 2.30.300(b)(1) and (2).

Section 2.30.160 was deleted. It read:

Sec. 2.30.160. Primary Dental Health Aide II Supervision and Competencies.

(a) **Dental Supervision.** A certified primary dental health aide II may provide the services under paragraph (b)(2) under the direct or indirect supervision of a dentist or dental health aide therapist.

(b) **Competencies.** In addition to meeting the requirements of section 2.30.110, a certified dental health aide II must successfully demonstrate and maintain:

- (1) (A) understanding and knowledge of dental anatomy,
- (B) understanding and knowledge of caries and the periodontal disease process;
- (C) identification and knowledge of dental instruments and equipment;
- (D) understanding telemedicine technology;
- (E) dental charting;
- (F) problem-specific medical and dental history taking;
- (G) basic management of dental emergencies;
- (H) proper handling and sterilization of instruments;
- (I) disinfection of the operatory; and
- (2) satisfactory performance of the following skills:

- (A) problem-specific medical and dental history taking;
- (B) recognition of medical and dental conditions that may require direct dental supervision or services;
- (C) dental charting and patient record documentation;
- (D) instrument handling and sterilization procedures;
- (E) intra- and extra-oral photographs, if equipment is available;
- (3) meeting the requirements of one or more of the following sections:
 - (A) 2.30.220 (sealants);
 - (B) 2.30.230 (prophylaxis);
 - (C) 2.30.240 (dental radiology); or
 - (D) 2.30.260 (ART).

Section 2.30.200 was amended, as follows:

Sec. 2.30.200. Primary Dental Health Aide II ~~HF~~ Training and Education Requirements. A person meets the training and education requirements to be a certified primary dental health aide II ~~HF~~ upon successful completion of:

- (a) (1) (A) all requirements under sections 2.30.100 through 2.30.110;
 - (B) a Board approved DHA Advanced Dental Procedures training session that satisfies the requirements of section 7.20.040; and
 - (C) one or more certifications under 2.30.220 (sealants), 2.30.230 (prophylaxis), 2.30.240 (dental radiology) or 2.30.260 (ART); or
- (2) ~~the requirements of sections 2.30.150 and 160; or~~
 - ~~(3)~~ the requirements of section 2.30.300(b)(1) and (2); and
- (b) a Board approved DHA village-based dental practice course that satisfies the requirements of section 7.20.050.

Section 2.30.210, Title and subsections (a) and (b) were amended, as follows:

Sec. 2.30.210. Primary Dental Health Aide II ~~HF~~ Supervision and Competencies.

- (a) **Dental Supervision.** A certified primary dental health aide II ~~HF~~ may provide the services under paragraph (b)(2) under the general supervision of a dentist or dental health aide therapist.
- (b) **Competencies.** In addition to meeting the requirements of section 2.30.110, a certified dental health aide II ~~HF~~ must successfully demonstrate and maintain:

Section 2.30.220(a) was amended, as follows:

- (a) **Prerequisites.** A dental health aide may be certified under this section to perform sealants under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of sections:
 - (1) ~~2.30.150 and 2.30.160 (PDHA II),~~
 - ~~(2)~~ 2.30.200 and 2.30.210 (PDHA II ~~HF~~),
 - ~~(2)~~ ~~(3)~~ 2.30.400 and 2.30.410 (EFDHA I), or
 - ~~(3)~~ ~~(4)~~ 2.30.500 and 2.30.510 (EFDHA II).

Section 2.30.230(a) was amended, as follows:

- (a) **Prerequisites.** A dental health aide may be certified under this section to perform dental prophylaxis under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of:
 - (1) ~~2.30.150 and 2.30.160 (PDHA II),~~
 - ~~(2)~~ 2.30.200 and 2.30.210 (PDHA II ~~HF~~),

~~(2)(3)~~ 2.30.400 and 2.30.410 (EFDHA I), or
~~(3)(4)~~ 2.30.500 and 2.30.510 (EFDHA II).

Section 2.30.240(a) was amended, as follows:

(a) **Prerequisites.** A dental health aide may be certified under this section to perform dental radiology under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of:

- (1) ~~2.30.150 and 2.30.160 (PDHA H);~~
~~(2)~~ 2.30.200 and 2.30.210 (PDHA II ~~HH~~),
~~(2)(3)~~ 2.30.400 and 2.30.410 (EFDHA I), or
~~(3)(4)~~ 2.30.500 and 2.30.510 (EFDHA II).

Section 2.30.250(a)(5) was amended, as follows:

(5) a primary dental health aide II ~~or HH~~ or expanded function dental health aide I or II who is performing procedures under the general supervision of a dentist.

Section 2.30.260(a)(1) was amended, as follows:

- (1) (A) ~~2.30.150 and 2.30.160 (PDHA H)~~
~~(B)~~ 2.30.200 and 2.30.210 (PDHA II ~~HH~~),
~~(B)(C)~~ 2.30.300 and 2.30.310 (DHAH),
~~(C)(D)~~ 2.30.400 and 2.30.410 (EFDHA I), or
~~(D)(E)~~ 2.30.500 and 2.30.510 (EFDHA II), and

Section 2.30.300(b) was amended, as follows:

(b) **Competencies.** In addition to demonstrating the competencies identified in section 2.30.110(b) (PDHA I), 2.30.210(b) (PDHA II ~~HH~~), 2.30.220(d) (sealants), 2.30.230(e) (prophylaxis), 2.30.240(d) (dental radiology), and after satisfying the requirements of 2.30.300 (DHAH), a certified dental health aide hygienist must successfully demonstrate and maintain satisfactory performance of the following skills:

Section 2.30.400(a)(2) was amended, as follows:

- (2) (A) (i) a Board approved course in basic restorative functions that satisfies the requirements of section 7.20.200;
(ii) ~~(B)~~ a course in basic restorative functions offered by an accredited school of higher education; or
(iii) ~~(C)~~ a course in basic restorative functions offered or approved by IHS, including “Restorative Functions -- Basic”; or
(B) certification under section 2.30.230 (prophylaxis); and

Section 2.30.400(b) was amended, as follows:

(b) **Preceptorship.** An expanded function dental health aide I who has satisfied the requirements of subsection (a)(2)(A) must, after completion of the other requirements in subsection (a) of this section, satisfactorily complete a preceptorship, which must:

Section 2.30.410(b)(1)(B) and (C) were amended, as follows:

- ~~(B)~~ ~~2.30.160~~ 2.30.210(b)(1)(A), (C), (E), (G), ~~and~~ (H), and (I) and
~~(B)(b)(2)(C)~~ and (D) (PDHA II); and
(C) 2.30.250 ~~(c)~~ ~~(d)~~ (dental assistant); and

Section 2.30.400(b)(2) was amended, as follows:

(2) (A) for an expanded function dental health aide I who has satisfied the requirements of section 2.30.400(a)(2)(A) and (b),

- (i) ~~understanding of~~
(I)(A) advanced understanding of tooth morphology, structure and function; and
- (II)(B) an ability to discriminate between acceptable and unacceptable restoration; and
- (ii)(A) competency in and satisfactory performance of the following skills:
 - (I)(A) placement and finishing of Class I, II and V dental amalgams (simple fillings) after preparation by the dentist or dental health aide therapist; and
 - (II)(B) dental composite placement Class I, III and V (simple fillings) after preparation by a dentist or dental health aide therapist; and
 - (III)(C) provide appropriate post-procedure instructions;

(B) for an expanded function dental health aide I who has satisfied the requirements of section 2.30.400(a)(2)(B), the requirements of section 2.30.230(e).

Section 2.30.500(a)(1) was amended, as follows:

- (1) all requirements under sections 2.30.100(a)(1) and (a)(4), and 2.30.400(a)(1), (a)(2)(A), (a)(3), and (b), and 2.30.410;

Section 2.30.510(b)(1)(B) was amended, as follows:

- (B) 2.30.210 2.30.160(b)(1)(A), (C), (E), (G), ~~and (H), and (I)~~ and ~~(B)~~(b)(2)(C) and (D) (PDHA II H);

Section 2.30.510(b)(1)(D) was amended, as follows:

- (D) 2.30.250(c)~~(A)~~ (dental assistant);

Section 2.30.550(a)(1)and(2) was amended, as follows:

- (1) sections 2.30.400(a)(1), (a)(2)(A), (a)(3), and (b) and 2.30.410 (EFDHA I) or
- (2) sections 2.30.500 and 2.30.510 (EFDHA II).

Section 2.30.550(c)(1) was amended, as follows:

- (1) all requirements under sections 2.30.400(a)(1), (a)(2)(A), (a)(3), and (b) and 2.30.410 (EFDHA I) or 2.30.500 and 2.30.510 (EFDHA II);

Section 2.30.610(b)(3) was amended, as follows:

- (A) all of the skills identified in sections 2.30.110 (PDHA I), 2.30.210 (PDHA II H), 2.30.220 (sealants), 2.30.230 (prophylaxis), 2.30.240 (dental radiology), 2.30.260 (ART), 2.30.310 (DHAH), 2.30.410 (EFDHA I), 2.30.510 (EFDHA II), and 2.30.550 (stainless steel crown);

Section 3.10.050(a)(3)(A) and (C) were amended, as follows:

- (A) 24 contact hours of continuing education approved by the Board,
- or
- ...
- (C) some combination of (A) and (B) adding up to 24 hours.

June 24, 2004, multiple sections were amended, as described below:

Section 2.20.110(b), was amended by deleting paragraph (15), which read:

- (15) introductory clinic management; and

Corresponding technical changes were made to reserve the number (15) rather than renumber paragraph (16) and to move “and” to the end of paragraph (14). Changes to these two paragraphs, thus, are, as follows:

- (14) introductory pharmacology, including identification and treatment of severe allergic reactions; and
- (15) [RESERVED] introductory clinic management; and

Section 2.20.310(b) was amended by deleting paragraphs (13) and (15) and reserving those numbers. These paragraphs read:

- (13) adult health surveillance;
- (15) introduction to smoking cessation training;

Section 2.20.410(b) was amended by adding two new paragraphs, as follows:

- (8) adult health surveillance;
- (9) introduction to smoking cessation training.

Section 2.20.410(c)(2) was amended by deleting subparagraph (A) and reserving that number. Subparagraph (A) read:

- (A) eye: tonometry;

October 14, 2004, multiple sections were amended, as described below:

Section 2.30.310(a) was amended, as follows:

(a) **Dental Supervision.** Dental hygiene services may be performed under this section by a dental health aide hygienist under the general supervision of a dentist ~~or dental health aide therapist~~ provided the dental health aide hygienist has met the requirements of all of the requirements of this section.

Section 2.30.610(b)(3)(B) was amended, as follows:

(B) diagnosis and treatment of caries, ~~including placement of pins and~~ performance of pulpotomies on deciduous teeth;

January 31, 2005, Section 7.20.010(c) was deleted and new language inserted, as follows:

(c) **Training.** The training will include didactic instruction and hands-on practice in a lab setting sufficient to demonstrate competency of the subject matter listed in subsection (a) of this section. ~~Hours of Training. The course in which the topics listed in subsection (a) are addressed must include a minimum of:~~
(1) ~~18 hours of didactic instruction and~~
(2) ~~4 hours of hands-on practice in a lab setting.~~

In the Standards amended January 31, 2005, two sections were amended to correct a cross-citation, as follows:

Section 2.30.410(a)(1) was amended, as follows:

(1) An expanded function dental health aide I may perform the functions identified for a dental assistant under sections 2.30.250(c)(~~d~~) and 2.30.410(b) (EFDHA I) only under the direct or indirect supervision of a dentist or dental health aide therapist.

Section 2.30.510(a)(1) was amended, as follows:

(1) An expanded function dental health aide II may perform the functions identified for a dental assistant under sections 2.30.250(c)(~~d~~) and 2.30.510(b) (EFDHA I) only under the direct or indirect supervision of a dentist or dental health aide therapist.