

Iowa Dental Board

Review of Out-of-State Level 1 Expanded Function Training



Name: _____

Name of Supervising Dentist: _____

Work Address: _____

Expanded Functions Training Provider: _____

In order to qualify to train in expanded functions, you must meet one of the following requirements:

- * Minimum of one year of clinical practice as a registered dental assistant, or one year of clinical practice in another state that does not require registration;
- * Certified by the Dental Assisting National Board (DANB);
- * Graduated from a CODA-accredited dental assisting program and hold a current registration; or
- * Hold an active dental hygiene license.

Do you meet one of the requirements listed above to train in and perform expanded functions: **Yes** _____ **No** _____

Level 1 Procedure	Didactic Training	Lab Training (if applicable)	Clinical Training	Clinical Training	Clinical Training	Clinical Training	Clinical Training	Clinical Training	Post-Course Test	Date Training Completed	Signature of RDA/RDH	Signature of DDS or Trainer
Taking Occlusal Registrations	Min. 1 hr.	N/A	Min. 5 patient experiences	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date:			
	Date:			Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:				
Placement & Removal Gingival Retraction Material	Min. 2 hrs.	Min. 1 hour, including 3 experiences	Min. 5 patient experiences	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date:			
	Date:	Date:		Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:				
Fabrication, Temporary Cementation, and Removal of Provisional Restorations	Min. 4 hrs.	Min. 4 hours, including 5 experiences	Min. 10 patient experiences	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date:			
	Date:	Date:		Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:				

Level 1 Procedure	Didactic Training	Lab Training (if applicable)	Clinical Training	Clinical Training	Clinical Training	Clinical Training	Clinical Training	Clinical Training	Post-Course Test	Date Training Completed	Signature of RDA/RDH	Signature of DDS or Trainer
Applying Cavity Liners and Bases, Desensitizing Agents and Bonding Systems	<i>Min. 2 hrs.</i>	<i>Min. 1 hour, including 2 experiences</i>	<i>Min. 5 patient experiences ea (15 total)</i>	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date:			
				Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:				
	Date:	Date:		Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:				
Monitoring of Patients Receiving Nitrous Oxide Inhalation Analgesia (Expanded Function for RDAs)	<i>Min. 2 hrs.</i>	<i>1 hour in-office</i>	<i>Min. 5 patient experiences</i>	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date:			
				Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:				
	Date:	Date:		Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:				
Taking Final Impressions	<i>Min. 3 hrs.</i>	N/A	<i>Min. 6 patient experiences</i>	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date:			
				Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:				
	Date:			Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:				
Removal of Adhesives Using Nonmotorized Hand Instrumentation (Expanded function for RDAs. Scope of practice for RDHs.)	<i>Min. 1 hr.</i>	N/A	<i>Min. 5 patient experiences</i>	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date:			
				Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:				
	Date:			Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:				
Placement of Class 1 Temporary Filling Materials	<i>Min. 1 hr.</i>	N/A	<i>Min. 5 patient experiences</i>	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date:			
				Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:				
	Date:			Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:				
Recementation of Provisional Restorations*	<i>Min 1. hr</i>		<i>Min. 5 patient experiences</i>	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date:			
				Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:				
	Date:			Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:	Date/Initials:				

*Training can be included with fabrication, temporary cementation and removal of provisional restorations.

Certificate(s) of Completion of Board-approved expanded functions training must be maintained on file by the dental assistant/dental hygienist and the supervising dentist where the services are provided. The documentation of training must be provided upon request. If you are unable to document completion of Board-approved expanded functions training, you are ineligible to perform expanded functions in Iowa. For further information concerning expanded functions, please refer to Iowa Administrative Code 650—Chapter 23.