



# Iowa Dental Board

## Application for Level 1 Expanded Functions Training Approval

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Name of Organization or Individual Requesting Approval: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If approved, do you wish to have your contact information listed on the Board’s website?  Yes  No

Are you requesting continuing education credit hours for your course?  Yes  No

There is a \$10 fee for review of a continuing education course. **Please note:** This fee is per course, not per function. Payments should be made payable to the Iowa Dental Board.

The following information must be included with the request for review. Incomplete requests may be returned. Please mark the expanded function(s) for which you are requesting approval.

- Detailed course outline for each function demonstrating compliance with the minimum training standards
- Initial assessment examination (pre-test)\*
- Post-course competency assessment (post-test)\*
- Other information as appropriate

\*Assessment questions should focus on the clinical application of the expanded function(s) being taught.

**Effective October 30, 2019:** Approved expanded function training providers are required to issue a certificate of completion at the conclusion of the training. The certificate of completion will serve as evidence of Board-approved training to provide those services.

### LEVEL 1 EXPANDED FUNCTIONS

1. **Taking occlusal registrations**

Minimum Training Requirements:

- Didactic: 1 hour
- Clinical: 5 patient experiences

Resources for didactic component: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

2. **Placement and removal of gingival retraction material**

Minimum Training Requirements:

- Didactic: 2 hours
- Laboratory: Equivalent to 1 hour that includes 3 patient experiences
- Clinical: 5 patient experiences

Resources for didactic component: \_\_\_\_\_

3. **Fabrication, temporary cementation and removal of provision restorations** (Temporary cementation is new!)

Minimum Training Requirements:

- Didactic: 4 hours
- Laboratory: Equivalent to 4 hours that includes 5 patient experiences
- Clinical: 10 patient experiences

Resources for didactic component: \_\_\_\_\_

4. **Applying cavity liners and bases; desensitizing agents; and bonding systems**, to include the placement of orthodontic brackets, following the determination of placement by the dentist

Minimum Training Requirements:

- Didactic: 2 hours
- Laboratory: Equivalent to 1 hour that includes 2 patient experiences
- Clinical: 5 patient experiences in each area (No less than 15 in total)

Resources for didactic component: \_\_\_\_\_

5. **Monitoring of patients under nitrous oxide**

Minimum Training Requirements:

- Didactic: 2 hours
- Laboratory: Equivalent to 1 hour in the office where the hygienist/assistant is employed
- Clinical: 5 patient experiences

Resources for didactic component: \_\_\_\_\_

6. **Taking final impressions**

Minimum Training Requirements:

- Didactic: 3 hours
- Clinical: 6 patient experiences

Resources for didactic component: \_\_\_\_\_

7. **Removal of adhesives using nonmotorized hand instrumentation**

Minimum Training Requirements:

- Didactic: 1 hour
- Clinical: 5 patient experiences

Resources for didactic component: \_\_\_\_\_

8. **Placement of Class 1 temporary filling materials (New!)**

Minimum Training Requirements:

- Didactic: 1 hours
- Clinical: 5 patient experiences

Resources for didactic component: \_\_\_\_\_

9. **Recementation of provisional restorations (New!)**

Minimum Training Requirements (may be combined with the training for #3. If separate, see below):

- Didactic: 4 hours
- Laboratory: Equivalent to 4 hours that includes 5 patient experiences
- Clinical: 10 patient experiences

Resources for didactic component: \_\_\_\_\_

Name of instructor(s) who will provide training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where do you intend to offer the course? \_\_\_\_\_

What portions of the training, if any, do you intend to offer online? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who will track and verify completion of the minimum training standards?**

- Didactic:     Training Provider     Supervising Dentist     Both  
Laboratory:  Training Provider     Supervising Dentist     Both  
Clinical:     Training Provider     Supervising Dentist     Both

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Materials submitted to the Iowa Dental Board are considered public records. While the Board will not publicly post your materials, they may be subject to inspection and copying under Iowa’s open records law if requested. Contents of examinations are confidential pursuant to Iowa Code 147.21.

Your request will be reviewed by the Continuing Education Advisory Committee and the Iowa Dental Board during regularly-scheduled meetings. You will be contacted within 3 business days following the Board meeting and notified of the Board’s decision regarding approval of your course. Information on Board meeting dates is located under “meetings” on our website.

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