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File Date: 6/21/2023

Effective Date: 9/19/2023

Rulemaking Hearing Rule(s) Filing Form

Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing (Tenn. Code Ann. § 4-5-205).

Pursuant to Tenn. Code Ann. § 4-5-229, any new fee or fee increase promulgated by state agency rule shall take effect on July 1, following the expiration of the ninety (90) day period as provided in § 4-5-207. This section shall not apply to rules that implement new fees or fee increases that are promulgated as emergency rules pursuant to § 4-5-208(a) and to subsequent rules that make permanent such emergency rules, as amended during the rulemaking process. In addition, this section shall not apply to state agencies that did not, during the preceding two (2) fiscal years, collect fees in an amount sufficient to pay the cost of operating the board, commission or entity in accordance with § 4-29-121(b).

Agency/Board/Commission: Board of Dentistry

Division:

Contact Person: Paetria P. Morgan, Senior Associate Counsel

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Revision Type (check all that apply):

☒ Amendment

☐ New

☐ Repeal

☐ Content based on previous emergency rule filed on _____

☐ Content is identical to the emergency rule

Rule(s) (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please make sure that ALL new rule and repealed rule numbers are listed in the chart below. Please enter only ONE Rule Number/Rule Title per row)

Chapter Number	Chapter Title
0460-01	General Rules
Rule Number	Rule Title
0460-01-.01	Definitions

Chapter Number	Chapter Title
0460-02	Rules Governing the Practice of Dentistry
Rule Number	Rule Title
0460-02-.06	Specialty Certification

Place substance of rules and other info here. Please be sure to include a detailed explanation of the changes being made to the listed rule(s). Statutory authority must be given for each rule change. For information on formatting rules go to <https://sos.tn.gov/products/division-publications/rulemaking-guidelines>.

Chapter 0460-01
General Rules

Amendments

Rule 0460-01-.01 Definitions is amended by adding new paragraphs (18) and (19) and renumbering the remaining paragraphs accordingly, so that as amended, the new paragraphs shall read:

- (18) Oral Medicine - Oral Medicine is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.
- (19) Orofacial Pain - Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.

Authority: T.C.A. §§ 63-5-105, 63-5-107, 63-5-108, 63-5-111 through 63-5-115, and 63-5-117.

Chapter 0460-02
Rules Governing the Practice of Dentistry

Amendments

Rule 0460-02-.06 Specialty Certification is amended by adding new subparagraphs (1)(g) and (1)(h) and re-lettering the remaining subparagraphs accordingly, and is further amended by adding new paragraphs (10) and (11) and renumbering the remaining paragraphs accordingly, so that as amended, the new subparagraphs and paragraphs shall read:

- (1) (g) Oral Medicine
- (h) Orofacial Pain
- (10) Oral Medicine - An applicant must submit certification of successful completion of graduate study in Oral Medicine of at least two (2) years in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Oral Medicine or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
- (11) Orofacial Pain - An applicant must submit certification of successful completion of graduate study in Orofacial Pain of at least two (2) years in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Orofacial Pain or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.

Authority: T.C.A. §§ 63-5-105, 63-5-107, 63-5-108, 63-5-110, 63-5-112, 63-5-113, and 63-5-122.

* If a roll-call vote was necessary, the vote by the Agency on these rulemaking hearing rules was as follows:

Board Member	Aye	No	Abstain	Absent	Signature (if required)
Dr. Greg Kemp	X				
Dr. Steven Zambrano				X	
Dr. Jayson Tabor	X				
Dr. Robert Caldwell	X				
Dr. Marciela Rodriguez	X				
Ms. Airicia Puckett				X	
Ms. Naomi Martin	X				
Dr. Edward Moody	X				
Dr. Phillip Kemp	X				
Ms. Thao Kinsey				X	
Ms. Bettye Richert				X	

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Board of Dentistry on 04/13/2023, and is in compliance with the provisions of T.C.A. § 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: 12/08/2022

Rulemaking Hearing(s) Conducted on: (add more dates). 04/13/2023

Date: April 18, 2023

Signature:

Paetria P. Morgan

Name of Officer: Paetria P. Morgan

Title of Officer: Senior Associate Counsel, Department of Health

Agency/Board/Commission: Board of Dentistry

Rule Chapter Number(s): 0460-01 and 0460-02

All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

Jonathan Skrametti
Jonathan Skrametti
Attorney General and Reporter

6-8-23

Date

Department of State Use Only

Filed with the Department of State on: 6/21/2023

Effective on: 9/19/2023


Tre Hargett
Secretary of State

RECEIVED

Jun 21 2023, 11:34 am

Secretary of State
Division of Publications

Public Hearing Comments

One copy of a document that satisfies T.C.A. § 4-5-222 must accompany the filing.

There were no public comments received, either written or oral.

Regulatory Flexibility Addendum

Pursuant to T.C.A. §§ 4-5-401 through 4-5-404, prior to initiating the rule making process, all agencies shall conduct a review of whether a proposed rule or rule affects small business.

(1) The extent to which the rule or rules may overlap, duplicate, or conflict with other federal, state, and local governmental rules.

These proposed rule amendments do not overlap, duplicate, or conflict with other state or local governmental rules.

(2) Clarity, conciseness, and lack of ambiguity in the rule or rules.

These proposed rule amendments exhibit clarity, conciseness, and lack of ambiguity.

(3) The establishment of flexible compliance and/or reporting requirements for small businesses.

These proposed rule amendments do not establish new reporting requirements.

(4) The establishment of friendly schedules or deadlines for compliance and/or reporting requirements for small businesses.

These proposed rule amendments do not establish new compliance or reporting requirements.

(5) The consolidation or simplification of compliance or reporting requirements for small businesses.

These proposed rule amendments do not create any reporting requirements.

(6) The establishment of performance standards for small businesses as opposed to design or operational standards required in the proposed rule.

These proposed rule amendments do not establish performance, design, or operational standards.

(7) The unnecessary creation of entry barriers or other effects that stifle entrepreneurial activity, curb innovation, or increase costs.

These proposed rule amendments do not create unnecessary barriers or stifle entrepreneurial activity or innovation.

Impact on Local Governments

Pursuant to T.C.A. §§ 4-5-220 and 4-5-228, "On any rule and regulation proposed to be promulgated, the proposing agency shall state in a simple declarative sentence, without additional comments on the merits or the policy of the rule or regulation, whether the rule or regulation may have a projected financial impact on local governments. The statement shall describe the financial impact in terms of increase in expenditures or decrease in revenues."

The proposed rule amendments should not have an impact on local governments.

Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to T.C.A. § 4-5-226(i)(1).

A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

In September 2020, oral medicine and orofacial pain became recognized specialties by the American Dental Association. The proposed rule amendments define oral medicine and orofacial pain and recognize them as specialty branches of dentistry. The proposed rule amendments also outline the requirements for a certification as a specialist in oral medicine and orofacial pain.

A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

T.C.A. § 63-5-112 provides the Board the authority to establish requirements to certify specialists in a branch of dentistry recognized as a specialty by the American Dental Association.

Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

This rule would affect licensed dentists seeking to obtain certification as a specialist in oral medicine and orofacial pain.

Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule or the necessity to promulgate the rule;

None.

An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars (\$500,000), whichever is less;

None.

Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

Paetria P. Morgan, Senior Associate Counsel, Department of Health.

Identification of the appropriate agency representative or representatives who will explain the rule at scheduled meeting of the committees;

Paetria P. Morgan, Senior Associate Counsel, Department of Health.

Office address, telephone number, and email address of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

Department of Health, Office of General Counsel, 665 Mainstream Drive, 2nd Floor, Nashville, TN 37243, 615-741-1611, Paetria.Morgan@tn.gov.

Any additional information relevant to the rule proposed for continuation that the committee requests;

None.

0460-01-.01 DEFINITIONS

As used in Chapters 1 through 5 of Rule 0460, the following terms and acronyms shall have the following meanings ascribed to them:

- (1) Associated Structures - Any structures grouped by some common factor. Structures can be associated with the oral cavity and/or maxillofacial area by anatomic and/or functional factors (e.g., the oral cavity and maxillofacial area are associated with the major and minor muscles of mastication and all of their attachments; the oral cavity and maxillofacial area are associated with the oral pharynx, nasal pharynx and the airway including the trachea). All structures adjacent, attached, or contiguous with the oral cavity and/or maxillofacial area are associated structures (e.g., the oral cavity and maxillofacial area are associated with the head and neck, including the face and its components orbital, nasal, aural, etc.).
- (2) Board - The Tennessee Board of Dentistry.
- (3) Board Administrative Office - The office of the Director assigned to the Tennessee Board of Dentistry located at 665 Mainstream Drive, Nashville, TN 37243.
- (4) Certified Dental Assistant - A designation for an individual who has obtained certification from the Dental Assisting National Board, and with such designation, the individual may apply for registration to practice as a registered dental assistant in this State. All certified dental assistants must be registered by the State, pursuant to Rule 0460-04-.02, before they are eligible to practice as registered dental assistants in this State.
- (5) Continuing Education - Continuing education consists of dental educational activities designed to review existing concepts and techniques, to convey information beyond the basic dental education and to update knowledge on advances in scientific, clinical and non-clinical practice related subject matter, including evidence-based dentistry. The objective is to improve the knowledge, skills and ability of the individual to provide the highest quality of service to the public and the profession. All continuing dental education should strengthen the habits of critical inquiry and balanced judgment that denote the truly professional and scientific person and should make it possible for new knowledge to be incorporated into the practice of dentistry as it becomes available.
 - (a) Continuing dental education programs are designed for part-time enrollment and are usually of short duration, although longer programs with structured, sequential curricula may also be included within this definition. Continuing dental education should be a part of a life long continuum of learning.
 - (b) Continuing dental education programs for dentists do not lead to eligibility for ethical announcements or certification in a specialty recognized by the American Dental Association. Accredited advanced dental education programs will be accepted for continuing dental education pursuant to Rule 0460-01-.05(3)(d)2.
- (6) Coronal Polishing - The polishing of the enamel and restorations on the clinical crown of human teeth by utilizing a combination of a polishing agent and a slow speed handpiece, a prophyl angle, a rubber cup, or any home care cleaning device.
- (7) Dental Anesthesiology - The specialty of dentistry and discipline of anesthesiology encompassing the art and science of managing pain, anxiety and overall patient health during dental, oral maxillofacial and adjunctive surgical or diagnostic procedures throughout the entire perioperative period. The specialty is dedicated to promoting patient safety as well as access to care for all dental patients, including the very young and patients with special health care needs.

- (8) Dental Public Health - That specialty branch of dentistry which deals with the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.
- (9) Division - The Tennessee Department of Health, Division of Health Related Boards, from which the Board receives administrative support.
- (10) Endodontics - That specialty branch of dentistry which deals with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.
- (11) Full-Time Employment - A minimum of one thousand and five hundred (1500) employed hours per year.
- (12) Licensed Dental Hygienist - An auxiliary employee of a licensed dentist(s) who has been issued a license to engage in clinical procedures primarily concerned with the performance of preventive dental service which does not constitute the practice of dentistry and is performed in accordance with the statutes and rules of the Board, under the direct and/or general supervision and full responsibility of a licensed dentist, pursuant to T.C.A. §§ 63-5-108 and 63-5-115.
- (13) Licensee - Any person who has been lawfully issued a license to practice dentistry or dental hygiene in Tennessee.
- (14) Mobile Dental Clinic - Any self-contained clinic or unit which may be moved, towed, transported or utilized on a permanent or temporary basis to an out-of-office location in which dentistry is practiced. The out-of-office location may include, but is not limited to, schools, nursing homes, or other institutions.
- (15) Oral and Maxillofacial Radiology - That specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.
- (16) Oral and Maxillofacial Surgery - That specialty branch of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial regions. Oral and Maxillofacial Surgery includes the treatment of the oral cavity and maxillofacial area or adjacent or associated structures and their impact on the human body that includes the performance of the following areas of Oral and Maxillofacial Surgery, as described in the most recent version of the Parameters and Pathways: Clinical Practice Guidelines for Oral and Maxillofacial Surgery of the American Association of Oral and Maxillofacial Surgeons:
 - (a) Patient assessment;
 - (b) Anesthesia in outpatient facilities, as provided in T.C.A. §§ 63-5-105(6) and 63-5-108(g);
 - (c) Dentoalveolar surgery;
 - (d) Oral and craniomaxillofacial implant surgery;

- (e) Surgical correction of maxillofacial skeletal deformities;
 - (f) Cleft and craniofacial surgery;
 - (g) Trauma surgery;
 - (h) Temporomandibular joint surgery;
 - (i) Diagnosis and management of pathologic conditions;
 - (j) Reconstructive surgery including the harvesting of extra oral/distal tissues for grafting to the oral and maxillofacial region; and
 - (k) Cosmetic maxillofacial surgery.
- (17) Oral and Maxillofacial Pathology - Oral and Maxillofacial Pathology is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of Oral and Maxillofacial Pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations. Oral and Maxillofacial Pathology deals with the nature of the diseases affecting the oral cavity and maxillofacial area or adjacent or associated structures, through study of its causes, its processes and its effects, together with the associated alternations of oral structure and function. The practice of oral and maxillofacial pathology shall include development and application of this knowledge through the use of clinical, microscopic, radiographic, biochemical or other such laboratory examinations or procedures as may be required to establish a diagnosis and/or gain other information necessary to maintain the health of the patient, or to correct the result of structural or functional changes produced by alternations from the normal.
- (18) Oral Medicine - Oral Medicine is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically-related diseases, disorders and conditions affecting the oral and maxillofacial region.
- (19) Orofacial Pain - Orofacial Pain is the specialty of dentistry that encompasses the diagnosis, management and treatment of pain disorders of the jaw, mouth, face, head and neck. The specialty of Orofacial Pain is dedicated to the evidenced-based understanding of the underlying pathophysiology, etiology, prevention, and treatment of these disorders and improving access to interdisciplinary patient care.
- (20~~18~~) Orthodontics and Dentofacial Orthopedics - That specialty branch of dentistry concerned with the supervision, guidance, and correction of the growing, or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic and dentofacial orthopedic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusions of the teeth and associated alterations in their surrounding structures; the design, application, and control of functional and corrective appliances, and the guidance of the dentitions and its supporting structures to attain and maintain optimal occlusal relations in physiologic and esthetic harmony among facial and cranial structures.
- (21~~19~~) Pediatric Dentistry (Pedodontics) - That specialty branch of dentistry associated with the practice and teaching of comprehensive preventive and therapeutic oral health care of children from birth through adolescence. It shall be construed to include care for special patients beyond the age of adolescence who demonstrate mental, physical and/or emotional problems.

- (22~~20~~) Periodontics - That specialty branch of dentistry which deals with the diagnosis and treatment of disease of the supporting and surrounding tissue of the teeth. The maintenance of the health of these structures and tissues, achieved through periodontal treatment procedures, is also considered to be a responsibility of a periodontist.
- (23~~24~~) Practical Dental Assistant - An auxiliary employee of a licensed dentist(s) who performs supportive chairside procedures under the direct supervision and full responsibility of that licensed dentist or who is a dental assistant student in an educational institution accredited by the Commission on Dental Accreditation of the American Dental Association, as defined by Rule 0460-04-.01.
- (24~~22~~) Prosthetic Function - Dental procedure involving any inlay, crown, bridge, partial denture, or complete denture that restores or replaces loss of tooth structure, teeth, or oral tissues.
- (25~~23~~) Prosthodontics - That specialty branch of dentistry pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or maxillofacial tissues using biocompatible substitutes. The following constitute branches of Prosthodontics:
- (a) Removable Prosthodontics is that branch of prosthodontics concerned with the replacement of teeth and contiguous structures for edentulous or partially edentulous patients by artificial substitutes that are removable from the mouth.
 - (b) Fixed Prosthodontics is that branch of prosthodontics concerned with the replacement and/or restoration of teeth by artificial substitutes that are not removable from the mouth.
 - (c) Maxillofacial Prosthetics is that branch of prosthodontics concerned with the restoration and/or replacement of stomatognathic and associated facial structures by artificial substitutes that may or may not be removable.
- (26~~24~~) Registered Dental Assistant - An auxiliary employee of a licensed dentist(s) who has been issued a registration to practice intraoral dental assisting procedures in accordance with the statutes and rules of the Board, and is eligible to seek certification and training in advanced dental assisting areas, and who practices under the direct supervision and full responsibility of a licensed dentist.
- (27~~25~~) Registrant - Any person who has been lawfully issued a registration from the Board to practice as dental assistants.
- (28~~26~~) Restorative Function - Dental procedure involving the repairing, restoring, or reforming of the shape, form, and function of part or all of a tooth.
- (29~~27~~) Sealant Application - The application of an organic polymer to the enamel surfaces of teeth.
- (30~~28~~) S.R.T.A. - The Southern Regional Testing Agency or its successor organization.
- (31~~29~~) Specialist - A licensee who has satisfactorily completed the requirements as set forth in the Dental Practice Act and these rules to practice one of the specialties recognized by the Board.

Authority: T.C.A. §§ ~~4-5-202, 4-5-204, 63-5-101,~~ 63-5-105, 63-5-107, 63-5-108, 63-5-111 through 63-5-115, and 63-5-117.

0460-02-.06 SPECIALTY CERTIFICATION

- (1) Recognized Specialties - The Board recognizes and will issue specialty certification in the following branches of dentistry:

- (a) Dental Anesthesiology;
- (b) Dental Public Health;
- (c) Endodontics;
- (d) Oral and Maxillofacial Radiology;
- (e) Oral and Maxillofacial Surgery;
- (f) Oral and Maxillofacial Pathology;

(g) Oral Medicine

(h) Orofacial Pain

(i)~~(g)~~ Orthodontics and Dentofacial Orthopedics;

(j)~~(h)~~ Pediatric Dentistry (Pedodontics);

(k)~~(i)~~ Periodontics;

(l)~~(j)~~ Prosthodontics.

- (2) Certification - To become certified as a specialist in a particular branch of dentistry an applicant must be licensed as a dentist in Tennessee except those persons eligible for licensure pursuant to Rule 0460-02-.02, and comply with the following:

- (a) An applicant shall obtain a specialty application form from the Board Administrative Office, respond truthfully and completely to every question or request for information contained in the form and submit it along with all documentation and fees required by the form or this rule to the Board Administrative Office.
- (b) An applicant shall submit the specialty certification application fee as provided in Rule 0460-01-.02(1).
- (c) An applicant shall submit verification of one of the following:
 - 1. Successful completion of the specialty training as provided in the section of this rule for the specific specialty that the applicant is applying for; or
 - 2. Certification as a specialist by the American Board of the particular specialty for which application is made. A letter must be sent directly from the secretary of the American Board of the particular specialty to the Board Administrative Office which indicates that the applicant is certified by the American Board in that specialty and that the applicant is in good standing. All such certificates approved by the Board may be accepted as sufficient for specialty certification in lieu of submitting proof of successful completion of a residency program in a specialty. Acceptance of such certificates is discretionary with the Board.
- (d) An applicant shall submit any other documentation required by the Board after review of the application.

- (e) An applicant who is certified as a specialist in another state shall have that state's licensing board send proof to the Board Administrative Office which indicates that the applicant is certified in that specialty and that the applicant is in good standing.
 - (f) Application review and decisions required by this rule are governed by Rule 0460-01-.04.
- (3) Examination - All specialty applicants shall submit to an oral examination even if certification from an American Board in a specialty is accepted in lieu of submitting proof of successful completion of a residency program in a specialty.
- (4) Dental Anesthesiology - An applicant must submit certification of successful completion of at least two (2) years of postgraduate training in Dental Anesthesiology at the university level in a program approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Dental Anesthesiology or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
- (5) Dental Public Health - The requirements for certification in this specialty shall be those required by the American Dental Association as regards its regulation of this specialty branch of dentistry.
- (6) Endodontics - An applicant must submit certification of successful completion of at least two (2) years of postgraduate training in Endodontics at the university level in a program approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Endodontics or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
- (7) Oral and Maxillofacial Pathology - An applicant must submit certification of successful completion of two (2) years of postgraduate training in Oral Pathology or Oral and Maxillofacial Pathology at the university level in a program approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Oral Pathology or Oral and Maxillofacial Pathology or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
- (8) Oral and Maxillofacial Radiology - An applicant must submit certification of successful completion of graduate study in Oral and Maxillofacial Radiology of at least two (2) years in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Oral and Maxillofacial Radiology or a certificate of completion letter from the director of the program submitted directly from the school to the Board Administrative Office.
- (9) Oral and Maxillofacial Surgery.
 - (a) An applicant must provide to the Board Administrative Office certification of successful completion of advanced study in Oral and Maxillofacial Surgery of four (4) years or more in a graduate school or hospital accredited by the Commission on Dental Accreditation (CODA) or the American Dental Association and the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Oral and Maxillofacial Surgery or a certificate of completion letter from the director of the program submitted directly from the school to the Board Administrative Office.
 - (b) Oral and Maxillofacial Surgery is the specialty area of the treatment of the oral cavity and maxillofacial area or adjacent or associated structures and their impact on the human body that includes the performance of the following areas of Oral and Maxillofacial Surgery, as

described in the most recent version of the Parameters and Pathways: Clinical Practice Guidelines for Oral and Maxillofacial Surgery of the American Association of Oral and Maxillofacial Surgeons:

1. Patient assessment;
2. Anesthesia in outpatient facilities, as provided in T.C.A. §§ 63-5-105(6) and 63-5-108(g);
3. Dentoalveolar surgery;
4. Oral and craniomaxillofacial implant surgery;
5. Surgical correction of maxillofacial skeletal deformities;
6. Cleft and craniofacial surgery;
7. Trauma surgery;
8. Temporomandibular joint surgery;
9. Diagnosis and management of pathologic conditions;
10. Reconstructive surgery including the harvesting of extra oral/distal tissues for grafting to the oral and maxillofacial region; and
11. Cosmetic maxillofacial surgery.

(c) The Tennessee Board of Dentistry determines that the dental practice of Oral and Maxillofacial Surgery includes the following procedures which the Board finds are included in the curricula of dental schools accredited by the American Dental Association, Commission on Dental Accreditation, post-graduate training programs or continuing education courses:

1. Rhinoplasty;
2. Blepharoplasty;
3. Rytidectomy;
4. Submental liposuction;
5. Laser resurfacing;
6. Browlift, either open or endoscopic technique;
7. Platysmal muscle plication;
8. Dermabrasion;
9. Otoplasty;
10. Lip augmentation; and

11. Botox injections or future FDA approved neurotoxins.
- (d) Any licensee who lacks the following qualifications and nevertheless performs the procedures and surgery identified in subparagraph (c) shall be subject to discipline by the Board under T.C.A. § 63-5-124, including provisions regarding malpractice, negligence, incompetence or unprofessional conduct:
1. Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA); and
 2. Has successfully completed a clinical fellowship, of at least one (1) continuous year in duration, in esthetic (cosmetic) surgery accredited by the American Association of Oral and Maxillofacial Surgeons or by the American Dental Association Commission on Dental Accreditation; or
 3. Holds privileges issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures.
- (e) The Board, pursuant to its authority under T.C.A. § 63-5-124, determines that performance of the surgery and procedures identified in subparagraph (c) without the qualifications set out above shall be considered unprofessional conduct and subject to discipline by the Board as such.
- (10) Oral Medicine - An applicant must submit certification of successful completion of graduate study in Oral Medicine of at least two (2) years in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Oral Medicine or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
- (11) Orofacial Pain - An applicant must submit certification of successful completion of graduate study in Orofacial Pain of at least two (2) years in a school approved or provisionally approved by the Commission on Dental Accreditation of the American Dental Association. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Orofacial Pain or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
- (12~~40~~) Orthodontics and Dentofacial Orthopedics - An applicant must submit, with the application form, documentation of successful completion of one (1) of the following:
- (a) Certification of successful completion of two (2) academic years of training in Orthodontics and Dentofacial Orthopedics in an approved Postgraduate Department of an accredited dental school, college or university. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Orthodontics and Dentofacial Orthopedics or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.
 - (b) Certification of successful completion of an organized preceptorship training program in Orthodontics and Dentofacial Orthopedics approved by the Council on Dental Education of the American Dental Association and the Board. Such evidence shall include, but not be dispositive of this requirement, a notarized certificate of completion furnished by the Board and issued by the director of the preceptorship training program, to be submitted directly from the school to the Board Administrative Office.

(~~13~~¹⁴) Pediatric Dentistry (Pedodontics) - An applicant must submit to the Board Administrative Office certification of successful completion of at least two (2) years of graduate or post graduate study in Pediatric Dentistry according to the following:

- (a) If such study is completed in whole or in part at a dental school, college or university, the graduate or postgraduate program must be approved by the Council on Dental Education of the American Dental Association.
- (b) The graduate or postgraduate program need not lead to an advanced degree.
- (c) The program of study may be pursued in hospitals or clinics or other similar institutions.
- (d) One (1) academic year of graduate or postgraduate study will be considered as equivalent to one (1) calendar year.
- (e) Such evidence shall include either a transcript which indicates completion of the postgraduate training in Pediatric Dentistry (Pedodontics) or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.

(~~14~~¹⁵) Periodontics - An applicant must submit certification of successful completion of at least two (2) years of postgraduate training in Periodontics at the university level in a program approved by the Commission on Dental Education of the American Dental Association and by the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in Periodontics or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.

(~~15~~¹⁶) Prosthodontics - An applicant must submit certification of successful completion of at least two (2) years of a postdoctoral education in prosthodontics in a program approved by the Commission on Dental Accreditation of the American Dental Association and the Board. Such evidence shall include either a transcript which indicates completion of the postgraduate training in prosthodontics or a certificate of completion letter from the director of the program on letterhead submitted directly from the school to the Board Administrative Office.

(~~16~~¹⁷) General Rules Governing Specialty Practice

- (a) Scope of Practice - Dentists certified in a specialty branch of dentistry must devote and confine a majority of their practice to the certified specialty only. Any specialty certified dentists who do not so confine their practice or who return to general practice must retire specialty certification on forms obtained from and submitted to the Board Administrative Office.
- (b) A current and active dental license issued by the Board is a prerequisite to the continued practice under any specialty certification.

Authority: T.C.A. §§ ~~4-5-202, 4-5-204,~~ 63-5-105, 63-5-107, 63-5-108, 63-5-110, 63-5-112, 63-5-113, and 63-5-122.