Washington State Department of HEALTH

DOH 640-010 September 2025

Practice Plan Requirements

RCW 18.265.060 Supervising dentist—Practice plan contract

- The level of supervision required and circumstances when the prior knowledge and consent of the supervising dentist is required;
- Practice settings where services and procedures may be provided;
- Any limitations on the services or procedures the dental therapist may provide;
- Age- and procedure-specific practice protocols, including case selection criteria, assessment guidelines, and imaging frequency;
- Procedures for creating and maintaining dental records for patients treated by the dental therapist;
- A plan to manage medical emergencies in each practice setting where the dental therapist provides care;
- A quality assurance plan for monitoring care provided by the dental therapist or, including patient care review, referral follow up, and a quality assurance chart review;
- Protocols for administering and dispensing medications, including the specific circumstances under which the medications may be dispensed and administered;
- Criteria relating to the provision of care to patients with specific medical conditions or complex medical histories, including requirements for consultation prior to the initiation of care; and
- Specific written protocols governing situations where the dental therapist encounters a patient requiring treatment that exceeds the dental therapist's scope of practice or capabilities and protocols for referral of patients requiring evaluation and treatment by dentists, denturists, physicians, advanced registered nurse practitioners, or other health care providers.
- The dental therapist shall accept responsibility for all services and procedures provided by the dental therapist or any auxiliary dental providers the dental therapist is supervising pursuant to the practice plan contract.
- A dentist whom enters into a written practice plan contract with a dental therapist shall:
    - Directly provide or arrange for another dentist, denturist, or specialist to provide any necessary advanced procedures or services needed by the patient or any treatment that exceeds the dental therapist's scope of practice or capabilities; and
    - Ensure that he or she or another dentist is available to the dental therapist for timely communication during treatment if needed.
- A dental therapist shall perform only those services authorized by the supervising dentist and written practice plan contract and shall maintain an appropriate level of contact with the supervising dentist.
- A supervising dentist may supervise no more than a total of five dental therapists at any one time.
- Practice plan contracts must be signed and maintained by both the supervising dentist and the dental therapist.
- A dental therapist must submit a signed copy of the practice plan contract to the secretary for approval at the time of licensure renewal, and submit the plan to the department within 30 days of any substantive revision.

Dental Therapist Practice Plan Contract

	Supervising Dentist	Supervising Dentist-Alternate(s)	Dental Therapist
Name			
License Number			
Contact Information			

Authorized Practice Setting(s):

Practice Name:					
Address:					
Phone #:					

Dental Record Maintenance

Attach detailed description of the procedures for creating and maintaining records for patients treated by the dental therapist. If authorized to work in multiple practice locations, procedures must be described for each location.

Quality Assurance Plan

Attach detailed description of the plan for the supervising dentist to monitor care provided by the dental therapist.

Medication Administration and Dispensing

Medication	Allowable Circumstances	Protocol for Dispensing	Protocol for Administering

Patients with Specific Medical Conditions

Describe criteria relating to the provision of care to patients with specific medical conditions and/or complex medical histories.

Patient Risk Factor Description	Consultation Requirements

Exceeding Scope of Practice and Referral Protocols

Describe protocols for handling patients requiring treatment beyond the Dental Therapist's scope, including referral protocols for patients requiring evaluation and/or treatment by other providers.

Referral Criteria	Referral Provider	Referral Protocol

Medical Emergency Management

Attach detailed description of protocols for emergency management at each authorized practice setting. The emergency management plan should include at minimum, training and practice protocols for medical emergency prevention, recognizing patient distress, management of medical emergencies, and available emergency drugs and equipment.

Scope of Practice Limitations and Procedure-Specific Protocols

Levels of Supervision Definitions

General Supervision (GS): the supervising dentist has examined and diagnosed the patient and provided subsequent instructions to be performed by the assistive personnel but does not require that the dentist to be physically present in the treatment facility.
Offsite Supervision (OS): supervision that does not require the dentist to be personally on-site when services are provided or to previously examine or diagnose the patient.
Close Supervision (CS): supervising dentist examined and diagnosed the condition of the patient to be treated and has personally authorized the procedure to be performed and is continuously on site while the procedure in question is being performed, and is capable of responding immediately in the event of an emergency.

Procedure	Allowed/Not Allowed (Y/N)	Supervision Required (GS OS CS)	Instructions and Limitations (example: age restrictions)
Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis			
Radiographs			
Comprehensive charting			
Administration of local anesthetic			Reference WAC 246-817-701 to 790
Administration of Nitrous Oxide			Reference WAC 246-817-701 to 790
Mechanical polishing			
Prophylaxis			
Periodontal scaling and root planing			
Application of topical preventative or prophylactic agents, including fluoride and pit and fissure sealants			
Fabrication of athletic mouth guards			

Fabrication of soft occlusal guards			
Minor adjustments and repairs on removable prostheses			
Tissue conditioning and soft reline			
Cavity preparation			
Restoration of primary and permanent teeth			
Preparation and placement of preformed crowns*			*Limited to patients 18 years of age or older
Atraumatic restorative therapy and interim restorative therapy			
Placement of temporary restorations			
Recementing of permanent crowns			
Emergency palliative treatment of dental pain*			*Allowable procedures include:
Application of desensitizing medication or resin			
Dressing changes			
Pulp vitality testing			
Indirect and direct pulp capping on primary and permanent teeth			
Extractions of primary teeth			
Placement and removal of space maintainers			
Stabilization of reimplanted teeth			
Suture removal			

Brush biopsies			
ASA I Patient Nonsurgical extractions of erupted permanent teeth			
ASA II Patient Nonsurgical extractions of erupted permanent teeth			
ASA III Patient* Nonsurgical extractions of erupted permanent teeth			*Prior approval and consultation from the supervising dentist is required

Supervising Dentist Acknowledgements and Signatures

As the supervising dentist engaged in this practice plan contract, I understand that permitting a dental therapist to provide a service or procedure that is not authorized in the practice plan contract, commits unprofessional conduct for purposes of chapter 18.130 RCW.

I understand that I may supervise no more than a total of five dental therapists at any one time, meaning actively working during the same shift regardless of practice location during the shift.

Additionally, I acknowledge the responsibility to:

- Directly provide or arrange for another dentist, denturist, or specialist to provide any necessary advanced procedures or services needed by the patient or any treatment that exceeds the dental therapist's scope of practice or capabilities and,
- Ensure that I or an alternative supervising dentist is available to the dental therapist for timely communication during treatment if needed.

I understand that if any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the Washington State Department of Health as soon as reasonably possible, but no more than 30 days from the effective date of the change.

By signing, I attest to have thoroughly reviewed and understand the requirements of the applicable rules and regulations pertaining to practice plan contracts for dental therapists, specifically including but not limited to the provisions outlined in RCW 18.265.060, WAC 246-819-080 and WAC 246-819-090 that this written practice plan contract includes at a minimum, all elements required therein.

Supervising Dentist (Print): _____

Supervising Dentist (Sign): _____ Date: _____

Dental Therapist Acknowledgements and Signatures

I understand and accept responsibility for all services and procedures provided as the dental therapist engaged in this contract, and any supervised auxiliary dental providers pursuant to the practice plan contract.

I understand and agree to perform only those services authorized by the supervising dentist and written practice plan contract and shall maintain an appropriate level of contact with the supervising dentist. Providing a service or procedure that is not authorized in the practice plan contract, commits unprofessional conduct for purposes of chapter 18.130 RCW.

I understand that a signed copy of the practice plan contract must be submitted to the secretary at the time of licensure renewal, and submitted to the department within 30 days of any substantive revision.

By signing, I attest to have reviewed and understand the requirements of the applicable rules and regulations pertaining to practice plan contracts for dental therapists, specifically including but not limited to the provisions outlined in RCW 18.265.060, WAC 246-819-080 and WAC 246-819-090

I attest that this written practice plan contract includes at a minimum, all elements required therein, and attest to the requirement to maintain at all times, liability insurance coverage equivalent to that of my supervising dentist's liability coverage.

Dental Therapist (Print): _____

Dental Therapist (Sign): _____ Date: _____

The Dentist and Dental Therapist may include additional pages or information in order to elaborate on or provide special instructions for procedures not addressed in the standard agreement.

Examples may include defining expectations for limited conditions or outlining emergency procedures.