

# Florida Dental Hygiene Laws and Rules Board Practice Exam (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

- 1. How many dental hygienists are appointed to the Council on Dental Hygiene as per the board's guidelines?**
  - A. 1**
  - B. 2**
  - C. 3**
  - D. 4**
- 2. What type of services can a school-based prevention program offer?**
  - A. On-demand surgical procedures**
  - B. Preventive oral health services only**
  - C. Cosmetic treatments**
  - D. Orthodontic evaluations**
- 3. What is the primary difference between general supervision and direct supervision?**
  - A. General supervision does not require the dentist to be on premises.**
  - B. Direct supervision allows dental hygienists to work independently.**
  - C. General supervision requires that the dental hygienist can treat without any authorization.**
  - D. There is no difference; they are synonymous terms.**
- 4. What ratio of instructors to students is mandated for training in expanded duty courses?**
  - A. 1 to 5**
  - B. 1 to 15**
  - C. 1 to 10**
  - D. 1 to 20**
- 5. What does the emergency remediable task of removing loose bands involve?**
  - A. Only bands that are permanently attached to appliances.**
  - B. Loose bands that need immediate reattachment.**
  - C. Removing and re-cementing properly contoured and fitting loose bands.**
  - D. Only removing bands without the need for re-cementing.**

- 6. Which task is classified as an emergency remediable task for dental hygienists?**
- A. Performing a full dental exam**
  - B. Removing and re-cementing loose bands**
  - C. Administering general anesthesia**
  - D. Conducting a root canal**
- 7. What is the consequence for a dental hygienist failing to notify the board within the designated time frame after a change of address?**
- A. A fine and immediate suspension**
  - B. No consequence**
  - C. Revocation of license**
  - D. A potential delay in practice rights**
- 8. Which statement is true regarding the fabrication of temporary crowns and bridges?**
- A. They can be fabricated only in the dental office.**
  - B. They must be done under direct supervision at all times.**
  - C. They are typically fabricated in a laboratory.**
  - D. They can be done without any education or training.**
- 9. Which task requires direct supervision as per Florida dental hygiene regulations?**
- A. Placing radiographic films**
  - B. Applying fluoride varnishes**
  - C. Conducting oral hygiene instructions**
  - D. Removing excess adhesive**
- 10. Which task can a dental assistant perform while under direct supervision?**
- A. Initial access preparation for extractions**
  - B. Applying aerosol topical anesthetics**
  - C. Changing bleach pellets in the internal bleaching process**
  - D. Performing root canals**

## **Answers**

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1. A
2. B
3. A
4. C
5. C
6. B
7. D
8. C
9. D
10. C

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## **Explanations**

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**1. How many dental hygienists are appointed to the Council on Dental Hygiene as per the board's guidelines?**

- A. 1**
- B. 2**
- C. 3**
- D. 4**

The appropriate number of dental hygienists appointed to the Council on Dental Hygiene is one. This is significant because the role of this council, established under Florida law, is to provide insight and recommendations specific to the practice of dental hygiene within the state. Having a single dental hygienist on the council allows for that individual to offer a focused perspective that represents the interests and professional experiences of dental hygienists while maintaining a streamlined and efficient decision-making process on matters that affect the profession. Moreover, this structure ensures that the council can operate effectively, as a smaller number tends to facilitate quicker discussions and resolutions. The guidelines are designed to ensure that this representative can adequately reflect the needs and concerns of the larger community of dental hygienists in Florida while also cooperating with other members of the council, which may include professionals from other dental disciplines.

**2. What type of services can a school-based prevention program offer?**

- A. On-demand surgical procedures**
- B. Preventive oral health services only**
- C. Cosmetic treatments**
- D. Orthodontic evaluations**

A school-based prevention program is primarily designed to promote oral health and prevent dental diseases among students, aligning with educational and preventative goals. The focus of such programs is on preventive oral health services, which may include activities such as dental cleanings, fluoride varnish applications, sealant placements, and educational workshops regarding proper oral hygiene practices. These services aim to reduce the incidence of cavities and other dental issues, ultimately fostering a healthier student population. Preventive services are specifically tailored to address and mitigate oral health issues before they require more invasive and costly treatments. This aspect of the program underscores its role in promoting long-term dental health rather than offering treatments that are intended to correct existing problems, which is outside the scope of a school-based initiative. In contrast, the other options involve services that do not align with the preventative focus of these programs. Surgical procedures, cosmetic treatments, and orthodontic evaluations fall into categories that address existing conditions or aesthetic concerns rather than prevention, which is why they are not suitable offerings within a school-based prevention program.

**3. What is the primary difference between general supervision and direct supervision?**

- A. General supervision does not require the dentist to be on premises.**
- B. Direct supervision allows dental hygienists to work independently.**
- C. General supervision requires that the dental hygienist can treat without any authorization.**
- D. There is no difference; they are synonymous terms.**

The primary difference between general supervision and direct supervision lies in the presence and involvement of the dentist during the procedures performed by dental hygienists. Under general supervision, the dentist does not need to be physically present on the premises, allowing the dental hygienist to perform certain tasks independently based on the standing orders or prior authorization given by the dentist. This enables a more flexible working environment, where the hygienist can provide care to patients without immediate oversight, as long as the treatments are within the scope of what has been agreed upon. In contrast, direct supervision requires that a dentist is physically present in the facility and is involved in overseeing the procedures being performed by the dental hygienist. This means that the dentist must be available to provide guidance and intervention if necessary, which is not the case under general supervision. The other options provide incorrect interpretations or misunderstandings of these supervision types. The statement suggesting that direct supervision allows dental hygienists to work independently misrepresents the requirement for dentist oversight. Similarly, claiming that general supervision permits treatment without authorization undermines the need for dental hygienists to have standing orders or prior verbal consent. Lastly, the assertion that the terms are synonymous disregards the significant differences in supervision responsibilities.

**4. What ratio of instructors to students is mandated for training in expanded duty courses?**

- A. 1 to 5**
- B. 1 to 15**
- C. 1 to 10**
- D. 1 to 20**

The required ratio of instructors to students for training in expanded duty courses is set at 1 to 10. This standard is important in ensuring that students receive adequate attention and instruction during their training. A lower instructor-to-student ratio promotes a more interactive learning environment, where instructors can effectively address individual student needs and provide hands-on training, which is crucial in a practical field like dental hygiene. Adequate supervision is essential in expanded duty courses since the skills being taught often involve direct patient care and the application of complex techniques. By maintaining this mandated ratio, educational programs can ensure that students are well-prepared for their responsibilities in the workplace, helping to improve the quality of dental hygiene services provided to the community. In contrast, higher ratios might not provide sufficient oversight or guidance, which could hinder the learning experience and potentially compromise patient safety or care. Therefore, the 1 to 10 ratio is a crucial guideline to ensure both effective teaching and safe practice in dental hygiene education.

**5. What does the emergency remediable task of removing loose bands involve?**

**A. Only bands that are permanently attached to appliances.**

**B. Loose bands that need immediate reattachment.**

**C. Removing and re-cementing properly contoured and fitting loose bands.**

**D. Only removing bands without the need for re-cementing.**

Removing loose bands as an emergency remediable task specifically involves not just the removal of bands but also addressing their proper fitting and re-cementation. When a dental hygienist encounters a loose band, it's crucial to ensure that the band is correctly contoured and fitting before re-cementing. This process is important for maintaining the integrity of the orthodontic appliance and ensuring that the patient's treatment continues effectively. The focus on both removal and re-cementing emphasizes the hygienist's ability to manage not only emergencies but also the ongoing care of orthodontic patients. This dual action helps prevent further complications that could arise from leaving a band loose or improperly fitted for an extended period. In contrast, removing bands without considering the need for re-cementing would leave the patient without essential components that contribute to their orthodontic treatment. Similarly, focusing solely on bands that are permanently attached neglects other relevant scenarios where loose bands might pose an immediate concern. Finally, loose bands that merely require immediate reattachment do not account for the necessary considerations of proper fitting, which is vital to the effectiveness of the orthodontic treatment.

**6. Which task is classified as an emergency remediable task for dental hygienists?**

**A. Performing a full dental exam**

**B. Removing and re-cementing loose bands**

**C. Administering general anesthesia**

**D. Conducting a root canal**

The task of removing and re-cementing loose bands is classified as an emergency remediable task for dental hygienists due to its nature and the need for prompt intervention. When a dental band becomes loose, it can lead to discomfort for the patient, potential misalignment of teeth, or issues with the overall dental treatment plan, particularly in orthodontics. Dental hygienists are trained to handle such situations effectively to provide immediate relief and prevent further complications. This task falls within the scope of practice for dental hygienists, allowing them to address common emergencies that arise during patient care. It requires a level of skill and training that enables hygienists to perform necessary adjustments without the need for a dentist to intervene in every instance. By being able to manage this task, hygienists can contribute to smoother treatment processes and enhance patient satisfaction. Other tasks listed, such as performing a full dental exam, administering general anesthesia, and conducting a root canal, do not qualify as emergency remediable tasks specifically for dental hygienists due to the level of complexity, required training, and scope of practice restrictions. These tasks are typically within the purview of dentists who have the comprehensive training and licensure necessary to perform them safely and effectively.

**7. What is the consequence for a dental hygienist failing to notify the board within the designated time frame after a change of address?**

**A. A fine and immediate suspension**

**B. No consequence**

**C. Revocation of license**

**D. A potential delay in practice rights**

When a dental hygienist fails to notify the board of a change of address within the specified time frame, the most relevant consequence is a potential delay in practice rights. Keeping the board informed of an address change is crucial for maintaining effective communication, especially regarding licensure status and renewal processes. If the board is not promptly notified, it may lead to situations where important documents, such as license renewals or continuing education notifications, do not reach the hygienist in a timely manner. This lack of communication can create obstacles that may hinder the hygienist's ability to practice legally. Therefore, the potential delay in practice rights emphasizes the importance of maintaining an up-to-date address with the regulatory board to ensure continuous practice without interruptions. Other consequences, such as a fine, immediate suspension of license, or revocation, are generally reserved for more severe infractions or repeated violations, rather than a simple failure to update an address.

**8. Which statement is true regarding the fabrication of temporary crowns and bridges?**

**A. They can be fabricated only in the dental office.**

**B. They must be done under direct supervision at all times.**

**C. They are typically fabricated in a laboratory.**

**D. They can be done without any education or training.**

The statement that temporary crowns and bridges are typically fabricated in a laboratory is accurate. While dental offices can create temporary restorations using prefabricated materials or chairside techniques, the fabrication of more complex or customized temporary crowns and bridges often occurs in a dental laboratory. These labs are equipped with specialized tools and materials that allow for greater precision and the ability to produce a higher-quality product. In the context of dental hygiene practice, it is essential to recognize that the complexity of these restorations may require the expertise of dental technicians, who are trained in the intricacies of crown and bridge construction. Therefore, while dental hygienists may assist in the process or provide temporary restorations, the typical scenario involves the use of laboratory-fabricated components to ensure they meet the necessary standards of fit and aesthetics. This emphasizes the collaboration that exists within a dental practice, where different professionals contribute their skills to achieve optimal patient care.

**9. Which task requires direct supervision as per Florida dental hygiene regulations?**

- A. Placing radiographic films**
- B. Applying fluoride varnishes**
- C. Conducting oral hygiene instructions**
- D. Removing excess adhesive**

The task of removing excess adhesive requires direct supervision according to Florida dental hygiene regulations because it is considered a procedure that is more invasive and involves a higher level of skill and judgment compared to the other tasks listed. Removing excess adhesive typically occurs after a dental procedure, such as bonding or orthodontic treatment, and has the potential for complications if not done correctly. The dentist's oversight ensures that the hygienist is properly supported, ensuring patient safety and effective practice. In contrast, tasks like placing radiographic films, applying fluoride varnishes, and conducting oral hygiene instructions are generally categorized as tasks that can be performed under general supervision. These activities are viewed as more routine and less likely to pose immediate risks to patient safety, allowing hygienists the autonomy to perform them without the dentist being on-site. This delineation of supervisory needs reflects the varying levels of complexity and risk associated with dental hygiene tasks.

**10. Which task can a dental assistant perform while under direct supervision?**

- A. Initial access preparation for extractions**
- B. Applying aerosol topical anesthetics**
- C. Changing bleach pellets in the internal bleaching process**
- D. Performing root canals**

A dental assistant, while under direct supervision, can change bleach pellets in the internal bleaching process because this task is typically considered to be supportive and non-invasive, allowing the dentist to oversee the procedure closely. Under direct supervision, the dentist must be physically present in the office and ready to offer guidance or intervene if necessary. Tasks like initial access preparation for extractions and performing root canals require a level of expertise and training that goes beyond the scope of what a dental assistant can perform, even under direct supervision. These tasks involve significant clinical judgment, diagnosis, and technical skill that are reserved for licensed dental practitioners. Applying aerosol topical anesthetics also falls outside the permitted duties for a dental assistant, as this procedure involves more complex patient management and consideration of the anesthetic's effects, which typically necessitates the dentist's direct involvement and oversight. In summary, changing bleach pellets is an appropriate task for a dental assistant under direct supervision, as it aligns with the permissible duties while ensuring that the dentist is overseeing the process.