

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

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

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- 1. What is required to be included in an electronically transmitted prescription?**
 - A. Recipient's address**
 - B. Quantity of the drug in verbal format**
 - C. Name of the prescribing practitioner**
 - D. Signature in paper format**
- 2. What is the maximum number of hours that may be earned for providing dental hygiene services to underserved populations in Florida?**
 - A. 5 hours**
 - B. 7 hours**
 - C. 10 hours**
 - D. 12 hours**
- 3. What is required when preparing a tooth's surface with conditioning agents for orthodontics?**
 - A. Placing brackets and sealants**
 - B. Supervision by a licensed dentist**
 - C. Patient's verbal consent**
 - D. Direct supervision and training**
- 4. What does the term 'disinfection' specifically aim to achieve?**
 - A. Eliminating all bacterial forms**
 - B. Inhibiting most pathogens during their active growth phase**
 - C. Removing tartar from teeth surfaces**
 - D. Ensuring total microbial presence is absent**
- 5. What is the primary oversight requirement for dental hygienists while ensuring patient safety during procedures?**
 - A. Independent practice**
 - B. General supervision**
 - C. Direct supervision**
 - D. Remote supervision**

6. What is the first step in handling oral prosthetic appliances received from a dental laboratory?

- A. Disinfecting them immediately**
- B. Washing with soap and water**
- C. Placing them in the patient's mouth**
- D. Inspecting for damage**

7. What is the notification deadline for dentists or dental hygienists infected with the Hepatitis B virus?

- A. 7 days**
- B. 10 days**
- C. 14 days**
- D. 21 days**

8. Which task is NOT allowed to be delegated to a dental hygienist by a dentist?

- A. Performing root planing**
- B. Taking dental x-rays**
- C. Conducting extractions**
- D. Applying topical preventive agents**

9. What is the definition of an “Emergency Remediable Task”?

- A. Tasks that create permanent modifications to dental structures.**
- B. Tasks that address an emergency situation affecting the patient’s comfort.**
- C. Routine dental tasks that do not require immediate attention.**
- D. Any procedure that requires the dentist’s immediate presence.**

10. What is the time frame for telephonic notification to the patient if a barrier technique is broken?

- A. 12 hours**
- B. 24 hours**
- C. 48 hours**
- D. 72 hours**

Answers

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

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Explanations

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1. What is required to be included in an electronically transmitted prescription?

- A. Recipient's address**
- B. Quantity of the drug in verbal format**
- C. Name of the prescribing practitioner**
- D. Signature in paper format**

For an electronically transmitted prescription, including the name of the prescribing practitioner is essential as it establishes accountability and ensures that the prescription is valid and can be accurately attributed to the correct healthcare provider. This identification is critical for the pharmacy to verify the legitimacy of the prescription before dispensing medication to the patient. In contrast, the recipient's address is not a standard requirement for all electronically transmitted prescriptions, as the focus more prominently lies on identifying the practitioner and the medication details. The quantity of the drug should be clearly stated in numerical form, and not in verbal format, to avoid any misinterpretation. Lastly, a paper signature is generally not applicable for electronic prescriptions, since the electronic process itself must include a secure method of validation that serves the purpose of a signature, such as an electronic signature or authentication that complies with regulatory standards.

2. What is the maximum number of hours that may be earned for providing dental hygiene services to underserved populations in Florida?

- A. 5 hours**
- B. 7 hours**
- C. 10 hours**
- D. 12 hours**

The correct answer, which indicates 7 hours, aligns with the provisions established by Florida's dental hygiene regulations concerning service to underserved populations.

Florida law recognizes the importance of dental hygiene services in improving access to care for those who are disadvantaged or in need, and therefore offers continuing education credits for hygienists who contribute their services in these settings.

Specifically, providing dental hygiene care to underserved populations is encouraged, and the regulations stipulate that hygienists can earn a maximum of 7 hours of continuing education credits for these activities. This sets a clear standard for practicing hygienists, ensuring they understand the potential benefits and their professional responsibilities towards serving communities with limited access to dental care. This framework not only supports the professional development of dental hygienists but also emphasizes the role of dental health professionals in addressing public health needs.

3. What is required when preparing a tooth's surface with conditioning agents for orthodontics?

- A. Placing brackets and sealants**
- B. Supervision by a licensed dentist**
- C. Patient's verbal consent**
- D. Direct supervision and training**

When preparing a tooth's surface with conditioning agents for orthodontics, direct supervision and training are required to ensure that the procedure is performed safely and effectively. This reflects the level of skill and understanding necessary to adhere to the specific protocols involved in orthodontic procedures. Direct supervision means that a licensed dentist must be physically present during the procedure, ensuring that all techniques used align with current best practices in dental hygiene and orthodontics. Training is crucial, as proper application of conditioning agents is essential for the successful bonding of brackets and other components, highlighting the complexity of the tasks involved in this process. The importance of having a trained professional performing this task lies in the potential consequences of improper application, which could lead to patient discomfort or ineffective treatment outcomes. Therefore, ensuring that dental hygienists are directly supervised and properly trained reinforces the principles of patient safety and professional accountability in dental care.

4. What does the term 'disinfection' specifically aim to achieve?

- A. Eliminating all bacterial forms**
- B. Inhibiting most pathogens during their active growth phase**
- C. Removing tartar from teeth surfaces**
- D. Ensuring total microbial presence is absent**

The term 'disinfection' specifically aims to inhibit most pathogens during their active growth phase, which means it targets a significant number of microorganisms, particularly those that can cause disease, but does not necessarily eliminate all forms of bacteria, as is implied in other options. Disinfection is an essential practice in dental hygiene to ensure that tools and surfaces are sufficiently treated to prevent the spread of infection while recognizing that complete sterility might not be feasible in all situations. Eliminating all bacterial forms would be a definition more aligned with 'sterilization' rather than disinfection, which does not seek to achieve total microbial absence. Removing tartar from teeth surfaces pertains to the cleaning and scaling process rather than disinfection, while ensuring total microbial presence is absent would also suggest sterilization. Thus, the best representation of the goal of disinfection within dental hygiene is to effectively inhibit most pathogenic microorganisms to maintain safety and health.

5. What is the primary oversight requirement for dental hygienists while ensuring patient safety during procedures?

- A. Independent practice**
- B. General supervision**
- C. Direct supervision**
- D. Remote supervision**

The primary oversight requirement for dental hygienists in ensuring patient safety during procedures is general supervision. Under general supervision, the dentist provides a level of oversight necessary for patient safety but does not have to be present in the office while the hygienist carries out the procedure. This allows hygienists to perform certain tasks independently while still being accountable to the dentist. General supervision is important because it strikes a balance between enabling dental hygienists to contribute to patient care effectively and ensuring that a dentist is ultimately responsible for the treatment provided. This arrangement encourages teamwork and allows hygienists to operate within their scope of practice, which promotes efficiency and patient safety. Independent practice, while it implies that dental hygienists can work without the dentist's involvement, may not specifically ensure ongoing oversight necessary for patient safety. Direct supervision would require the dentist to be physically present, which may not always be practical and can limit the hygienist's ability to work independently on patients. Remote supervision is not typically recognized in dental practice as it suggests oversight without physical presence, which does not align with established standards for patient safety in the dental field.

6. What is the first step in handling oral prosthetic appliances received from a dental laboratory?

- A. Disinfecting them immediately**
- B. Washing with soap and water**
- C. Placing them in the patient's mouth**
- D. Inspecting for damage**

The first step in handling oral prosthetic appliances received from a dental laboratory is to wash them with soap and water. This initial cleaning process is essential to remove any residual materials, such as production debris or dust, that may have accumulated during the laboratory process. Proper washing helps ensure that the prosthetic appliance is clean before any further handling, disinfection, or placement in a patient's mouth. Washing with soap and water is also a foundational practice in infection control, reducing the potential transfer of contaminants to both the dental provider and the patient. It sets the stage for any subsequent steps, such as disinfection, which may be necessary to ensure the appliance is safe for patient use. Subsequent actions, such as inspecting for damage or disinfecting, are important but come after the initial cleaning to ensure that any surfaces are ready for safe use and evaluation. This order of operations underscores the importance of maintaining high hygiene standards throughout the entire process.

7. What is the notification deadline for dentists or dental hygienists infected with the Hepatitis B virus?

- A. 7 days**
- B. 10 days**
- C. 14 days**
- D. 21 days**

The notification deadline for dentists or dental hygienists infected with the Hepatitis B virus is set at 14 days. This timeframe is established in regulations to ensure timely communication within the dental community and public health authorities. The rationale behind this requirement is to enable appropriate measures to be taken to protect patients, staff, and other dental professionals from potential exposure to the virus. By mandating a 14-day notification period, the policy effectively balances the need for urgent reporting with the administrative realities faced by healthcare professionals. This allows sufficient time for individuals to report their status while also ensuring that safety protocols can be initiated promptly. Other timeframes, such as 7, 10, or 21 days, do not align with these regulatory stipulations, which aim to support both the affected individual and the health of the community they serve.

8. Which task is NOT allowed to be delegated to a dental hygienist by a dentist?

- A. Performing root planing**
- B. Taking dental x-rays**
- C. Conducting extractions**
- D. Applying topical preventive agents**

In the context of Florida dental hygiene laws, conducting extractions is a task that is specifically restricted to dentists due to the complexity and potential complications associated with surgical procedures. Extractions require advanced skills and knowledge to manage not only the procedure itself but also the patient's overall health, including anesthesia and post-operative care. This level of expertise is beyond the scope of practice for dental hygienists, who are primarily focused on preventive care and maintenance. On the other hand, tasks such as performing root planing, taking dental x-rays, and applying topical preventive agents fall within the duties that dental hygienists are trained and legally permitted to perform under the supervision of a dentist. These activities are essential for maintaining oral health and disease prevention, which are key responsibilities of a dental hygienist. Therefore, conducting extractions is clearly not a task that can be delegated to a dental hygienist.

9. What is the definition of an "Emergency Remediable Task"?

- A. Tasks that create permanent modifications to dental structures.
- B. Tasks that address an emergency situation affecting the patient's comfort.**
- C. Routine dental tasks that do not require immediate attention.
- D. Any procedure that requires the dentist's immediate presence.

An "Emergency Remediable Task" is defined as tasks that address an emergency situation affecting the patient's comfort. This definition is rooted in the need for rapid intervention in dental scenarios where a patient is experiencing acute discomfort, pain, or other urgent issues that require immediate attention to alleviate suffering. These tasks are designed to stabilize a patient's condition, ensuring that their immediate needs are met while maintaining safety and comfort. In the context of dental practice, this may involve procedures that can temporarily resolve a problem until further treatment can be scheduled and performed, often under a dentist's supervision or direction. The focus of this definition is on the urgency and necessity of addressing the patient's discomfort, which distinguishes it from other types of dental tasks that may not require immediate action or intervention.

10. What is the time frame for telephonic notification to the patient if a barrier technique is broken?

- A. 12 hours
- B. 24 hours**
- C. 48 hours
- D. 72 hours

The correct answer is that the time frame for telephonic notification to the patient if a barrier technique is broken is 24 hours. In the context of dental hygiene practice in Florida, there are strict protocols in place to ensure patient safety and communication in the event of any breaches in infection control practices, such as the barrier technique. When a barrier technique is compromised, it is considered essential to promptly inform the patient to allow them to take any necessary precautions or seek further evaluation if needed. The 24-hour window is established as an appropriate balance between ensuring timely notification to the patient while also allowing the dental provider adequate time to assess the situation and plan the communication appropriately. This requirement underscores the importance of patient education and adherence to safety protocols, thereby fostering trust and transparency in the provider-patient relationship. Being timely about such notifications is crucial in infection control, emphasizing the responsibility dental professionals have in managing potential risks to their patients' health.