

~~¶(i)~~ Only under~~¶~~

~~(1) UNDER the GENERAL supervision of a licensed dentist ~~¶~~who is on the premises and available for personal consultation while the services are being performed~~¶~~; and~~

~~¶(ii)~~~~(2)~~ Only in a:

~~¶1.¶~~ ~~(I)~~ Dental office;

~~¶2.¶~~ ~~(II)~~ Dental clinic;

~~¶3.¶~~ ~~(III)~~ Hospital;

~~¶4.¶~~ ~~(IV)~~ School;

~~¶5.¶~~ ~~(V)~~ Charitable institution; ~~¶or¶~~

~~¶6.¶~~ ~~(VI)~~ Health maintenance organization certified by the State Insurance Commissioner; ~~;~~

~~(VII) FACILITY LICENSED BY THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE;~~

~~(VIII) SHELTER FOR HOMELESS INDIVIDUALS;~~

~~(IX) HOME OF A NONAMBULATORY PATIENT OF RECORD OF A DENTIST WHO HAS ISSUED A PRESCRIPTION FOR THE SERVICES OF A DENTAL HYGIENIST; OR~~

~~(X) SETTING AUTHORIZED BY REGULATIONS ADOPTED BY THE BOARD.~~

~~¶(2) The Board may waive, on a facility by facility CASE BY CASE basis only, the supervision requirements of this subsection for a dental facility owned and operated by the federal, State, or local government if the facility applies to the Board and shows good cause for the waiver.~~

~~(3) The Board shall maintain in its minutes the criteria or basis for granting a waiver to a facility.¶~~

(I) A DENTAL FACILITY OWNED AND OPERATED BY THE FEDERAL, THE STATE, OR A LOCAL GOVERNMENT;

(II) A HEALTH FACILITY LICENSED BY THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE;

(III) A FACILITY PROVIDING MEDICAL CARE TO THE POOR, ELDERLY, OR HANDICAPPED THAT IS OWNED AND OPERATED BY:

1. THE STATE OR A LOCAL GOVERNMENT; OR

2. A BONA FIDE CHARITABLE ORGANIZATION; OR