



# North Dakota State Board of Dental Examiners

PO Box 7246, Bismarck, ND 58502 • Phone 701-258-8600 • Fax 701-224-9824

Web [www.nddentalboard.org](http://www.nddentalboard.org) • Email [ndsbd@aptnd.com](mailto:ndsbd@aptnd.com)

## 2010-2011 Renewal Application for Registration of Dentist

OFFICE USE ONLY - Postmark Date: \_\_\_\_\_ Date Received \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_

**TYPE OR PRINT LEGIBLY**

|                                 |        |                             |
|---------------------------------|--------|-----------------------------|
| Full Name (First, Middle, Last) | Maiden | Current Registration Number |
| Date of Birth                   | Email  |                             |
| Office Address                  |        | Office Phone                |
| City                            | State  | Zip Code + 4                |
| Home Address                    |        | Home Phone                  |
| City                            | State  | Zip Code + 4                |

**You must answer the following questions.**

|  |            |           |
|--|------------|-----------|
| <b>1. CPR CERTIFICATION:</b> In accordance with Administrative Rule 20-02-01-06 (9), licensees must maintain current certification in cardiopulmonary resuscitation techniques. On-line CPR courses are not acceptable. Date of your last CPR or BSL course taken within the last 24 months. |            |           |
| <b>2. INFECTION CONTROL:</b> In accordance with Administrative Rule 20-02-01-06 (8), licensees must have two hours of infection control CE biennially. Enter date of last infection control course.  |            |           |
|  | <b>YES</b> | <b>NO</b> |
| <b>3.</b> Have you submitted the required CE for your license renewal?<br>[32 CE's including CPR and Infection Control]  |            |           |
| <b>4.</b> Have you been actively practicing dentistry in North Dakota for the last 5 years?<br>[NDCC§ 43-28-13(2)]   |            |           |
| <b>5.</b> Have you been actively practicing dentistry in North Dakota for the last 2 years?  |            |           |
| <b>6.</b> Are you licensed in any other states other than North Dakota?<br>If so, which states? _____  |            |           |
| <b>7.</b> Do you have a number from the Drug Enforcement Agency? DEA # _____   |            |           |
| <b>8.</b> Have you submitted a copy of your annual corporate report to the Board?<br>[NDCC § 43-28-25 (9)]   |            |           |
| <b>9.</b> Is your practice limited to an ADA recognized specialty? Specialty _____   |            |           |
| <b>10.</b> Do you perform dentistry utilizing nitrous oxide?   |            |           |
| <b>11.</b> Do you perform dentistry utilizing conscious sedation?<br>[Personally administered; separate application for sedation required.]  |            |           |
| <b>12.</b> Do you perform dentistry utilizing moderate anesthesia, deep anesthesia, or general anesthesia?<br>[Personally administered; separate application for sedation required.]   |            |           |

**YOU MUST TURN THE PAGE OVER TO COMPLETE THE APPLICATION AND SIGN YOUR NAME.**

|  |  |  |
|--|--|--|
| 13. Have you been named as a defendant or respondent in any malpractice proceeding within the past 24 months?                  |  |  |
| 14. Have you been charged with or convicted of any crime, felony, or misdemeanor within the past 24 months?                    |  |  |
| 15. Have you been cited for operating a motor vehicle while under the influence of drugs or alcohol within the past 24 months? |  |  |

If you answered "Yes" to questions 13, 14 or 15, please explain the dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.).

## Voluntary Emergency Response System:

Through the renewal process, the North Dakota State Board of Dental Examiners, along with North Dakota Emergency Preparedness and Response System, is seeking dental volunteers for the North Dakota Public Health Emergency Volunteer Medical Reserve Corps (PHEVR/MRC). Dental professionals who register will be credentialed and offered the opportunity to volunteer on behalf of the State of North Dakota during health and medical emergencies within North Dakota and/or across the country. To register, or for additional information, please visit the North Dakota Department of Health PHEVR/MRC website, at [www.ndhealth.org/EPR/volunteer](http://www.ndhealth.org/EPR/volunteer). This is not a requirement for licensure.

A percentage of license renewal applications are randomly selected for audit in accordance with NDDC § 43-28-12.2(2). If selected, you must submit copies of certificates or other acceptable proof that you satisfied the continued competency requirements as you have stated on this application. You are required to save your documents so you can respond to audits. Licensees unable to comply with the audit are subject to disciplinary license action.

I certify that I have "successfully completed" the required hours of continuing education during the concluding licensing period of January 1, 2008 through December 31, 2009. If audited, I agree to provide documentation that verifies I meet this activity as claimed. I certify that the information provided is true and correct. I understand that filing of false information is a violation of North Dakota state laws and may lead to loss of license.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

**Make check payable to NDSBDE.**

**Mail to: NDSBDE  
PO Box 7246  
Bismarck, ND 58507-7246**

**Biennial Renewal Fee: \$400**

**Late Renewals Add: \$400**

**Renewals that are not postmarked by 12/31/2009 will be charged an additional late renewal fee.**

**Incomplete applications will be returned to the licensee. Late fees may apply.**

**MUST BE U.S. POSTMARKED NO LATER THAN DECEMBER 31, 2009.**