



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 • Email ndsbd@aptnd.com

2010-2011 Renewal Application for Registration of Dental Hygienist

OFFICE USE ONLY - Postmark Date: _____ Date Received _____ Amount _____ Check # _____

TYPE OR PRINT LEGIBLY

Full Name (First, Middle, Last)	Maiden	Current License Number
Date of Birth	Email	
You must answer these questions or the form will be returned! Are you currently employed as a Dental Hygienist? YES NO		If so, who is the <u>Dentist</u> you are employed with?
Office Address		Office Phone
City	State	Zip Code + 4
Home Address		Home Phone
City	State	Zip Code + 4

You must answer the following questions.

1. CPR CERTIFICATION: 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 (must be within the last 24 months)		
2. INFECTION CONTROL: In accordance with Administrative Rule 20-02-01-06 (8), licensees must have two hours of infection control CE biennially. Date of last Infection Control course		
	YES	NO
3. Are you administering local anesthesia?		
4. Have you submitted the required CE for your license renewal? [16 total hours including CPR and Infection Control].		
5. Have you been named as a defendant or respondent in any malpractice proceeding within the past 24 months?		
6. Have you been charged with or convicted of any crime, felony, or misdemeanor within the past 24 months?		
7. 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 5, 6 or 7, please explain the dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.).

Please Note: Before administering local anesthesia, a dental hygienist must successfully complete a didactic and clinical program sponsored by a dental or dental hygiene school accredited by the Commission on Dental Accreditation, resulting in a dental hygienist becoming clinically competent in the administration of local anesthesia. A dental hygienist must apply for a permit to administer local anesthesia. Applications are available at www.nddentalboard.org.

YOU MUST TURN THE PAGE OVER TO SIGN YOUR NAME.

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. This is not a requirement for licensure.

A percentage of license renewal applications may be 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 may be subject to disciplinary action against your license.

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: \$150

Late Renewals Add: \$150

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

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

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