



# 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 Renewal Application for Registration of Dental Assistant

(Renewed Registration of Qualified Dental Assistant or Registered Dental Assistant)

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

North Dakota Administrative Rule 20-03-01-03 requires that any individual engaged in performing expanded duties in the practice of dental assisting must register with the Board of Dental Examiners by submitting application accompanied by a fee determined by the Board.

### TYPE OR PRINT LEGIBLY

Full Name (First, Middle, Last)		Maiden	Current Registration Number
Social Security Number			Date of Birth
<b>You must answer these questions or the form will be returned!</b> Are you currently employed as a Dental Assistant? 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
Email address			

1. Graduates from an ADA accredited dental assisting program are eligible to apply pit and fissure sealants. Dental assistants who have passed a Board authorized training course or are office trained and have successfully challenged the DANB exam, must submit documentation of this coursework. Documentation may include class syllabus, course outline or certificate of training from course sponsors or instructors. Attach any supporting documentation. If you have already submitted this, you do not need to submit it again.

\_\_\_\_\_  
Name and location of course

\_\_\_\_\_  
Month/Year

2. Before monitoring nitrous oxide inhalation analgesia, office trained dental assistants who have successfully taken the DANB exam or dental assistants who have passed a Board authorized training course must show proof of nitrous oxide training. Documentation may include class syllabus, course outline or certificate of training from course sponsors or instructors. Attach any supporting documentation. If you have already submitted this, you do not need to submit it again.

\_\_\_\_\_  
Name and location of course

\_\_\_\_\_  
Month/Year

**TURN OVER TO COMPLETE AND SIGN THE FORM!**

3. Date of your last infection control course. (Must be within 24 months) \_\_\_\_\_  
Month/Year

4. Date of your last CPR course. (Must be within the last 24 months)  
Online CPR coursework is not acceptable for this requirement. \_\_\_\_\_  
Month/Year

**ALL ASSISTANTS MUST ANSWER THE FOLLOWING QUESTIONS OR THE FORM WILL BE RETURNED.**

5. Have you been named as a defendant or respondent in any malpractice proceeding within the last 12 months?  
Yes \_\_\_\_\_ (Attach explanation) No \_\_\_\_\_

6. Have you been charged with or convicted of any crime, felony or misdemeanor within the last 12 months?  
Yes \_\_\_\_\_ (Attach explanation) No \_\_\_\_\_

7. Have you been cited for operating a motor vehicle while under the influence of drugs or alcohol within the past 12 months?  
Yes \_\_\_\_\_ (Attach explanation) No \_\_\_\_\_

**I certify that the information provided is true and correct. I understand that it is a violation of NDCC 43-28-17 to make any false or untrue statement in the application. Making false or untrue statements may lead to loss of registration.**

Signature of Assistant: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Fee: \$50.00 (The renewal fee is non-refundable.)**

**Make check payable to NDSBDE.**

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

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

**Additional \$50.00 late fee will be assessed for renewals postmarked after December 31<sup>st</sup>, 2009.**