



North Dakota State Board of Dental Examiners

Post Office Box 7246 - Bismarck, North Dakota 58507-7246 - 701-258-8600

ndsbd@aptnd.com

2006-2007

www.nddentalboard.org

Application for Registration Renewal of License to Practice Dentistry

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

Name (Please print or type)		License Number	Specialty
Date of Birth		Email	
Office Address		Office Phone ()	
City	State	Zip + 4	County
Home Address		Home Phone ()	
City	State	Zip + 4	

Please answer the following questions:

1. Date of your last two hour infection control course. (Must be within the last 24 months)	_____
	Month / Year
2. Date of your last CPR course. (Must be within the last 24 months. Online courses not accepted for CPR.)	_____
	Month / Year
3. Do you perform dentistry utilizing nitrous oxide?	YES NO
4. Do you perform dentistry utilizing I.V. Conscious sedation? (Personally Administered?)	YES NO Complete No. 4-7 Skip to No. 8
5. Do you perform dentistry utilizing general anesthesia or deep anesthesia? (Personally Administered?)	YES NO
6. Name of your Liability insurance carrier and expiration date of the policy. Insurance Carrier _____	_____
	Expiration Date
7. Is your general anesthesia delivery system failsafe?	YES NO
8. Have you been named as a defendant or respondent in any malpractice proceeding within the past 24 months?	YES NO Attach explanation
9. Have you been charged with or convicted of any crime, felony, or misdemeanor within the past 24 months?	YES NO Attach explanation
10. Have you been cited for operating a motor vehicle while under the influence of drugs or alcohol within the past 24 months?	YES NO Attach explanation

I certify that the information provided is true and correct. I understand that filing of false information is a violation of North Dakota state law and may lead to loss of license.

Signature of Dentist

Date

Please answer all questions on this form. Your application for renewal will not be processed unless you provide all information.

1-1-2006 to 12-31-2007

Application Fees: License Renewal Fee \$220.00
IV Conscious Sedation or
General Anesthesia Permit Fee \$100.00
Late Renewal Fee in
Addition to Renewal Fee \$220.00

MAKE CHECK PAYABLE TO: ND Board of Dental Examiners

MAIL TO: ND Board of Dental Examiners
P.O. Box 7246
Bismarck, ND 58507-7246

(Must be U.S. Postmarked no later than 12-31-05)