



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

Application for Initial Registration of Dental Assistant

Initial registration fee - \$65.00

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
Office/Employer Name & 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.

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.

Name and location of course Month/Year

3. Date of your last infection control course. (Must be within 24 months)
New assistants - Attach documentation if not on transcript or with DANB exam. 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.
(New assistants - Attach a copy of your CPR card) 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 _____

**ALL ASSISTANTS MUST SIGN THE BOTTOM OF THE FORM.
 NEW REGISTRANTS MUST SUBMIT ALL DOCUMENTATION**

8. Name of Board approved or ADA accredited program you graduated from. New assistants attach copy of the transcript.

_____ Name and location of program _____ Month/Year

OR

9. Are you an office-trained dental assistant? Yes _____ No _____
 Date DANB examination was passed: New assistants attach documentation. _____
 Month/Year

OR

10. For assistants who passed a Board Authorized Training Course, list name and location of the course and the date course was passed. New assistants attach copy of DANB scores.

_____ Name and location of course _____ Month/Year

11. (Attach documentation for both exams):

Date of DANB RHS (Radiation Health and Safety) Exam: _____
 Month/Year

Date of DANB ICE (Infection Control) Exam: _____
 Month/Year

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: \$65.00 (The renewal fee is non-refundable.)
 Make check payable to NDSBDE. Incomplete applications will not be processed.**