

# North Dakota State Board of Dental Examiners

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

## In accordance with 20-02-01-03.3 of the North Dakota Administrative Code:

“The dentist must provide and document training for the dental hygienist or registered dental assistant in the proper and safe operation of the analgesia machine being used, including the emergency procedures to be employed if required.” Dental assistants and dental hygienists are prohibited from administering nitrous oxide, regardless of training.

**This documentation may be provided to the NDSBDE with the dental assistants registration application as proof of training for monitoring nitrous oxide inhalation.**

Name of Office or Facility where course was taught:

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Address:

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Name of Instructor (DDS or DMD):

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Date of Course: \_\_\_\_\_ Hours of CE: \_\_\_\_\_

Names of all participants (registered dental assistant or registered dental hygienist):

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Course content: (Board approved DVD used, course outline etc.)

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## ATTESTATION BY INSTRUCTOR

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS FORM IS ACCURATE AND COMPLETE.

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SIGNATURE OF INSTRUCTOR

DATE