



North Dakota State Board of Dental Examiners

PO Box 7246, Bismarck, ND 58507 Phone 701-258-8600 Fax 701-224-9824

Web www.nddentalboard.org Email info@nddentalboard.org

CONTINUING EDUCATION REPORTING FORM

Please list the required hours of continuing education that meet the requirements of the ND Administrative Code. In addition, CE courses must be **directly** related to clinical dentistry. You may obtain one half of the required CE hours from self-study. The Board defines self-study as those in which there is no interaction between an instructor and student, or education in which the student engages in the learning activity without supervision or an instructor. Self-study programs may be pre-recorded audio programs, self-paced digital courses, or self-paced printed material. Self-study is an education process designed to permit a participant to learn a given subject without involvement of a proctor. Payment for a course and the certificate of completion are required in the event of an audit. The Board recommends you retain documentation such as receipts, vouchers or certificates of completion for four (4) years. Continuing education requirements can be found in the ND Administrative Rules as follows:

Dentists: 20-02-01-06 Continuing Dental Education for Dentists. <https://www.ndlegis.gov/information/acdata/pdf/20-02-01.pdf>

Hygienists: 20-04-01-08. Continuing Dental Education for dental hygienists. <https://www.ndlegis.gov/information/acdata/pdf/20-04-01.pdf>

Registered Dental Assistants: 20-03-01-06 Continuing Dental Education for Qualified and Registered Dental Assistants. <https://www.ndlegis.gov/information/acdata/pdf/20-03-01.pdf>

CONTINUING EDUCATION REQUIREMENT		
Professional	Total Hours Required	Maximum <i>self-study</i> hours accepted
Dentist	32	16
Hygienist	16	8
Dental Assistant	16	8

Print name (Last, First, MI)		
License/registration number	License Type	
	DDS	RDH
		RDA
By signing below I certify that the information given on this form is true and correct. I understand that any falsification could result in disciplinary action including denial, suspension, or revocation of my license.		
Signature	Date	

COURSE TITLE and BRIEF DESCRIPTION of Clinical Course Content	METHOD <input type="checkbox"/> Online/Home study <input type="checkbox"/> Attended lecture or Webinar
SPONSOR and SPEAKER	DATE
COURSE CONTENT: <input type="checkbox"/> Infection Control <input type="checkbox"/> Ethics/Jurisprudence <input type="checkbox"/> Anesthesia (Dentists only) <input type="checkbox"/> Other	CE HOURS

COURSE TITLE and BRIEF DESCRIPTION of Clinical Course Content	METHOD ___ Webinar ___ Online/Home study ___ Attended lecture or
SPONSOR and SPEAKER	DATE
COURSE CONTENT: ___ Infection Control ___ Ethics/Jurisprudence ___ Anesthesia (Dentists only) ___ Other	CE HOURS
COURSE TITLE and BRIEF DESCRIPTION of Clinical Course Content	METHOD ___ Webinar ___ Online/Home study Attended lecture
SPONSOR and SPEAKER	DATE
COURSE CONTENT: ___ Infection Control ___ Ethics/Jurisprudence ___ Anesthesia (Dentists only) ___ Other	CE HOURS
COURSE TITLE and BRIEF DESCRIPTION of Clinical Course Content	METHOD ___ Webinar ___ Online/Home study Attended lecture
SPONSOR and SPEAKER	DATE
COURSE CONTENT: ___ Infection Control ___ Ethics/Jurisprudence ___ Anesthesia (Dentists only) ___ Other	CE HOURS
COURSE TITLE and BRIEF DESCRIPTION of Clinical Course Content	METHOD ___ Webinar ___ Online/Home study Attended lecture
SPONSOR and SPEAKER	DATE
COURSE CONTENT: ___ Infection Control ___ Ethics/Jurisprudence ___ Anesthesia (Dentists only) ___ Other	CE HOURS