



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. Upon renewal, all licensees and registrants must have a minimum of 2 hours of Infection Control CE 2 hours of CPR, and 2 hours of Ethics/Jurisprudence. Please go to the Board's website to complete the online Jurisprudence exam for 2 credits. These requirements are included in the total number of hours required. **Dentists:** If you hold a permit for sedation or anesthesia privileges, your CE requirement must include 4 hours of anesthesia or sedation CE. **RDH/RDA:** If you hold a permit in restorative functions or anesthesia dental assistant you must include 2 hours relative to the permit

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
SPONSOR and SPEAKER	DATE
COURSE CONTENT: <input type="checkbox"/> Infection Control <input type="checkbox"/> Ethics/Jurisprudence <input type="checkbox"/> Anesthesia (Dentists only)	CE HOURS

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SPONSOR and SPEAKER	DATE
COURSE CONTENT: ___Infection Control ___Ethics/Jurisprudence ___Anesthesia (Dentists only)	CE HOURS
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