

North Dakota Board of Dental Examiners  
Minutes  
September 23, 2016, 5:30 PM & September 24, 2016, 8:03 AM  
Holiday Inn, Fargo ND

1. **Call to Order:** Dr. Petersen, President of the NDBDE, called the 9/23/16 meeting to order at 5:30 PM.

**Board Members and Administrative Staff Attendance**

Troy Petersen, DMD, MD, President	Greg Evanoff, DDS
Otto Dohm, DDS, President-Elect	Tim Mehlhoff, CPA
Mike Goebel, DDS	Rita Sommers, Executive Director
Bev Marsh, RDH	John Tyler, Esq., AAG
Michael Keim, DDS	

2. **Review Minutes:** Moved and seconded to adopt the June 04, 2016 minutes and the August 23, 2016 minutes as amended. All voted in favor of the motion. Motion carried 7-0.

### Committee Reports

#### A. **Complaint Committee | Legal Matters:**

- 1) Iravani, DDS: Dr. Evanoff moved and Ms. Marsh seconded to send a letter of concern to Dr. Iravani. Grounds for disciplinary action do not exist. The complaint exposed several issues of concern. However, these concerns did not warrant disciplinary action or reprimand. The Board determined that although fee disputes cannot be settled by the Board, there was an element with regard to the Code of Ethics principle of fairness. Dr. Evanoff will communicate the Board's findings to both parties. RCV; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Dohm, yes; Motion carried 7-0.
- 2) Tanabe, DDS: Dr. Evanoff moved to send a letter of concern. Grounds for disciplinary action do not exist. Dr. Dohm seconded the motion. Discussion; Mr. Mehlhoff and Dr. Petersen recused themselves; possible pecuniary interests. RCV; Dohm, yes; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes. Motion carried 5-0-2.
- 3) Duchscherer, DDS: Dr. Evanoff moved to dismiss the complaint; Dr. Goebel seconded. Grounds for disciplinary action do not exist. Dr. Evanoff will communicate the Board's findings to both parties. RCV; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Dohm, yes; Motion carried 7-0.
- 4) Johnson, DDS: Dr. Evanoff moved and Dr. Petersen seconded to dismiss the complaint. Discussion; the Board determined that grounds for disciplinary action do not exist. RCV; Dohm, yes; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Motion carried 7-0.
- 5) Gandhi, DDS – Dr. Evanoff moved to proceed with re-offering the original settlement agreement and if Dr. Gandhi chooses not to accept the offer, proceed with disciplinary action. Discussion; Dr. Goebel seconded the motion. Discussion; Dr. Gandhi requested the Board consider Dr. Brown to conduct remediation. The Board determined that this would be a conflict of interest; Dr. Brown was an instructor of Dr. Gandhi during her DDS program. Additionally, a written confirmation of the competency of Dr. Gandhi's clinical skills had been previously submitted by Dr. Brown to the Board as part of Dr. Gandhi's response against the complaint. Said letter from Dr. Brown suggesting clinical competency was inconsistent with findings in the Board's review of records of patients treated by DR.

Gandhi. The Board requires an objective third party evaluation. D-Prep serves this purpose by providing the evaluation and the remediation if necessary. RCV; Dohm, yes; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Motion carried 7-0. Mr Mehlhoff moved and Dr. Dohm seconded a motion to give authority to Mr. Tyler to offer:

a) Dr. Gandhi must show evidence of moving forward with D-Prep by October 10th by providing proof of evidence of payment to AADB (administers D-Prep) showing that she is in the que for D-Prep, or;

b) Dr. Gandhi may voluntarily surrender her license until such time that she has completed the D-Prep or another acceptable alternative for clinical remediation, approved by the Board. RCV; Dohm, yes; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Motion carried 7-0.

- 6) Hampton, DDS: Moved by Dr. Evanoff and seconded by Dr. Petersen to grant the full license contingent upon acceptance of a settlement agreement to include a letter of reprimand and 10 hours of board approved continuing education with the subject matter of restorative and prosthodontic dentistry within three months. Failure to enter into the agreement would be grounds for the Board to take action against the original conduct. RCV; Dohm, yes; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Motion carried 7-0.
- 7) Dube, DDS: Moved by Dr. Evanoff and seconded by Dr. Keim to authorize Mr. Tyler to offer a settlement agreement to include a letter of reprimand and 10 hours of board approved continuing education with the subject matter of restorative and prosthodontic dentistry within three months. Failure to enter into the agreement would be grounds for the Board to take action against the original conduct. RCV; Dohm, yes; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Motion carried 7-0.
- 8) O'Connell, DDS: An anonymous complaint alleged use of endo files that were not sterilized and improper use of dental auxiliary. While the Board acknowledges anonymous complaints, it is difficult to verify information without a complainant's name and enough evidence to take action. Moved by Dr. Evanoff to dismiss the complaint and Dr. Petersen seconded. RCV; Dohm, yes; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Motion carried 7-0.
- 9) Marketing: Trinity Hospital is collaborating with a marketing firm to offer employees dental insurance at a reduced rate; dentists pay the marketing firm, PERKS, and Trinity Hospital refers the employees to the subscribing dentist. No action.
- 10) B. Bulik, DDS: The ND Board of Pharmacy contacted the Board regarding prescribing practices of Dr. Bulik. The Pharmacy Board is concerned with prescribing outside of the scope of practice. Moved by Dr. Goebel to further investigate concerns with regard to Dr. Bulik's prescribing practices. Dr. Keim seconded the motion. RCV; Dohm, yes; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Motion carried 7-0.

B. **Anesthesia Committee:** Dr. Petersen reviewed successful site evaluation correspondence from Dr. Weisner and Dr. Bulik. Determinations for the requirements for site evaluation rests with the types of drugs employed by the CRNA. Both dentists utilize the services of a Certified Registered Nurse Anesthetist.

C. **Continuing Education Committee:** No report.

D. **Application Review Committee:** No report.

**E. Legislative Committee:** The Board further amended the following sections:

- Dr. Evanoff moved and Dr. Dohm seconded a motion to amend Section 20-03-01-05.1 and 20-04-01-03.1. Duties of the dental hygienist requiring a permit and, Additional expanded duties of registered dental assistants, by adding a section (c.) which was inadvertently left out of both the dental assistant section and the dental hygiene section;

"c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support."

RCV; Dohm, yes; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Motion carried 7-0.

- Dr. Petersen moved to amend 20-02-01-06 subsection 3 (and RDH, RDA CE sections), seconded by Dr. Goebel as follows:

"20-02-01-06 Continuing dental education for dentists.

Each dentist shall provide evidence on forms supplied by the board that the dentist has attended or participated in continuing dental education in accordance with the following conditions:

3. The minimum number of hours required within a two-year cycle for dentists is thirty-two. Of these hours, a dentist may earn no more than sixteen hours from self-study. Self-study is an education process designed to permit a participant to learn a given subject without involvement of a proctor. Cardiopulmonary resuscitation courses must provide hands-on training. All other continuing education requirements may be satisfied from publications and online education. The continuing education must include....."

Discussion; Mr Mehlhoff provided a modified version of the AICPA definition of self-study to suit the Board's intent. RCV; Dohm, yes; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Motion carried 7-0.

- Dr. Goebel moved to correct typos in the document. Motion seconded by Dr. Petersen. All voted in favor of the administrative amendment.
- Ms. Marsh moved to amend Section 20-01-02-10 (29) to include the highlighted language: "Registered dental assistant" means a dental assistant who is a graduate of a dental assistant program accredited by the commission on dental accreditation of the American dental association or a dental assistant program with a substantially equivalent curriculum approved by the board or has been certified by the dental assistant national board, and has applied to the board and paid the registration fee and met any other requirements of section 20-03-01-05"

Dr. Evanoff seconded the motion. RCV; Dohm, yes; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Motion carried 7-0.

### 3. Old Business

A. Executive Director annual contract review: Dr. Evanoff moved to increase the ED's base salary 5% and increase home office and internet reimbursement. Discussion; the Executive Director's contract, subject to annual review by the Board was revised based on merit and cost of living increases. Members reviewed the job description and terms of the 2015 contract. Dr. Petersen seconded the motion. RCV; Dohm, yes; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Motion carried 7-0.

### 4. New Business

A. APT communications; Dr. Dohm moved and seconded by Dr. Petersen to send a letter to APT expressing the concern related to phone messages. Discussion; board members do not believe the previous phone issue has been resolved. Members of the Board have received calls from consumers who criticize the Board's office for lack of timely communications. RCV; Dohm, yes; Goebel, yes; Marsh, yes;

Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Motion carried 7-0.

B. In-office-prepayment plan: The Board had a request for guidance or information regarding an prepaid dental plan. Legal counsel advised seek their own legal counsel which would cover their interests and potential liabilities.

Moved and seconded to adjourn and reconvene 9/24/2016 at 8:00 AM. The meeting adjourned at 8:45 PM.

Respectfully Submitted, Rita Sommers, Executive Director, \_\_\_\_\_

Tim Mehlhoff, CPA, Secretary-Treasurer, \_\_\_\_\_

**September 24, 2016, 8:03 AM  
Holiday Inn, Fargo ND**

**1. Call to Order:** Dr. Petersen, President of the NDBDE, called the 9/24/16 meeting to order at 8:03 AM.

**Board Members and Administrative Staff Attendance**

Troy Petersen, DMD, MD, President	Greg Evanoff, DDS
Otto Dohm, DDS, President-Elect	Tim Mehlhoff, CPA
Mike Goebel, DDS	Bev Marsh, RDH
Rita Sommers, Executive Director	Michael Keim, DDS

**2. Treasurer's report:** Moved by Dr. Goebel and seconded by Dr. Petersen to adopt the 2<sup>nd</sup> quarter reports. 6/30/2016. Discussion; Mr. Mehlhoff recommended standardized quarterly reports and answered questions regarding balance sheet, balance sheet w/ previous year comparison profit and loss statement ending 6/30/2016, an update on the license renewal totals and a snap shot of the profit and loss budget performance. RCV; Dohm, yes; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Motion carried 7-0.

<u>8/31/2016 Balances</u>	<u>Certificates</u>	CC Union	\$71,444.27
Checking	\$246,967.39	Acct 3120/1	\$119,145.71
Muni Investor	\$2,830.94	Bremer (3)	\$162,373.53
<u>Preferred Bus</u>	<u>\$2,791.04</u>	<u>1<sup>st</sup> Community</u>	<u>\$5.00</u>
Total	\$245,774.23	Total	\$352,963.51

**3. Review license applications and credentials:** Dr. Keim moved and Ms. Marsh seconded the motion to grant license to the applicants who have completed requirements and grant remaining applicants licensure once background check has been reviewed and other requirements have been satisfied. RCV; Dohm, yes; Goebel, yes; Marsh, yes; Keim, yes; Evanoff, yes; Mehlhoff, yes; Petersen, yes. Motion carried 7-0.

CANDIDATES	LICENSE #	SCHOOL/YEAR GRADUATED
Emily Miller, DMD	2305	Nova Southeastern College of Dent '16
Peter Hayes, DDS	2301	U of Manitoba '83
David Barclay Dowling	2302	U of TN '71
Jennifer Nicole Laurence, DDS	2303	U of TX '16
Komal, Sharma, DMD [WITHDRAWN]		Boston U '10
Joshua Bly Day, DDS	2158	Reinstatement
Lacey Michelle Merkel, RDH	1670	U of NE '03
Shelby Marie Lienemann, RDH	1671	U of NE Medical Center '16
Joseph Marion Allred, DDS	2299	
Alan Napoles, DDS	2290	5/31/2016 - 9/24/2016
Joseph Marion Allred, DDS	2299	5/30/2016 -12/31/2016
<b>TEMP Licenses</b>		
Claude-Jean Langevin, DMD	T2300	8-23-2016 to 1/31/2017
Joseph Marion Allred, DDS	T2299	5/30/2016 -12/31/2016

#### 4. Old Business

B. JCNDE letter - The Joint Commission on National Dental Examinations provided information concerning efforts to introduce the Integrated National Board Dental Examination (INDBE) and when the implementation would take place. Boards whose laws and rules include language referring to the National Dental Examining Board, shall need to plan to amend legislative action accordingly.

C. ADEX letter – A letter from the President of the American Board of Dental Examiners addressed letters written to state boards by the ADA and ADEA ascertaining that all clinical exams are “conceptually comparable” and therefore state boards should accept them all or would be deemed to be acting arbitrarily. Several factors at play including that the ADA intends to enter the clinical examination arena; ADEA continues to argue in favor of non-patient based exams; a presumption that all exams are alike. The general consensus of the Board was the above factors are based on tainted arguments from organizations with a conflict of interest. Further, determination of clinical boards should remain a states right.

D. NDBDE Newsletter - Ms. Sommers will post the 2016 newsletter to the web.

#### 5. New Business:

A. Board of Pharmacy; registration process – January agenda item.

B. Teledentistry – Kim Yineman presented information on how teledentistry, technology of linking a collaborative dentist to an outreach clinical site through electronic submission of diagnostic information such as photos or x-rays, could improve oral health if applied to the outreach setting or the virtual dental home-setting. Other issues surrounding the ability for practitioners to utilize and become reimbursed for teledentistry/telehealth technology may be legal and regulatory affecting reimbursement of services and whether or not the interaction is “face to face” or “store and forward”. Several issues have yet to be worked out. California and Colorado currently use teledentistry. The most predominantly reimbursed form of telehealth is currently live video. The Board reviewed the NDBOMEX proposed rules regarding telemedicine. Ms. Yineman also spoke in favor of auxiliary providing Interim Therapeutic Restorations (ITR). Ms. Yineman will provide more information for the January 2017 meeting and in the meantime provide scanned information to members of the Board regarding the ITR.

C. Sept 21, 2016 Health Services Committee meeting – Ms. Sommers was requested to provided comments to the Health Services Committee. Ms. Sommers shared feedback provided by Committee Chair, Senator Lee.

#### 6. National, Clinical Board & Other Meetings:

A. CRDTS – Review resume J. O’Grady – January agenda item.

B. WREB – No report.

C. AADB October 18-19, 2016 Annual Meeting will be held in Denver, CO. J. Tyler will be attending the AADB’s Attorney Roundtable; Ms. Sommers shall attend the meetings of the AADB and the American Association of Dental Administrators.

#### 7. Remuneration

**8. Date, Venue of Next Meetings:** January 13, 2017, 1:00 PM and January 14, 2017, 8:00 AM, Hampton Inn, Grand Forks

**9. Adjournment:** 11:15 AM

Respectfully Submitted, Rita Sommers, Executive Director, \_\_\_\_\_

Tim Mehlhoff, CPA, Secretary-Treasurer, \_\_\_\_\_



**CHAPTER 20-01-02**  
**DEFINITIONS**

**20-01-02-01. Definitions.** Unless specifically stated otherwise, the following definitions are applicable throughout this title:

1. "Advertising" means any public communication, made in any form or manner, about a licensee's professional service or qualifications, for the purpose of soliciting business.
2. "Anxiolysis" means diminution or elimination of anxiety.
3. "Basic full upper and lower denture" means replacement of all natural dentition with artificial teeth. This replacement includes satisfactory tissue adaptation, satisfactory function, and satisfactory aesthetics. Materials used in these replacements must be nonirritating in character and meet all the standards set by the national institute of health and the bureau of standards and testing agencies of the American dental association for materials to be used in or in contact with the human body.
4. "Board certified" means the dentist has been certified in a specialty area in which there is a certifying body approved by the commission on dental accreditation of the American dental association.
5. "Board eligible" means the dentist has successfully completed a duly accredited training program or in the case of a dentist in practice at the time of the adoption of these rules has experience equivalent to such a training program in an area of dental practice in which there is a certifying body approved by the commission on dental accreditation of the American dental association.
6. "Bona fide specialties" means the specialties of dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics.
7. "Cardiopulmonary resuscitation course" means the American heart association's health care provider course, the American red cross professional rescuer course, or an equivalent course.
8. "Certified dental assistant" means a dental assistant who meets the education or experience prerequisites, or both, established by the dental assisting national board and passes the dental assisting national board's certified dental assistant examination (~~including radiation health and safety, infection control, and general chairside components~~), is currently cardiopulmonary resuscitation-certified, and continues to maintain the credential by meeting the dental assisting national board requirements. A certified dental assistant must be registered by the board as a qualified dental assistant or registered dental assistant to provide any expanded duties.
9. "Code of ethics" means the January 2009 version of the American dental association's principles of ethics and code of professional conduct.
10. "Combination inhalation - enteral conscious sedation" (combined conscious sedation) means conscious sedation using inhalation and enteral agents. When the intent is anxiolysis only, and the appropriate dosage of agents is administered, then the definition of enteral or combined inhalation-enteral conscious sedation (combined conscious sedation), or both, does not apply. Nitrous oxide/oxygen when used in combination or with sedative agents may produce anxiolysis, conscious or deep sedation, or general anesthesia.
11. "Complete evaluation" means an examination, review of medical and dental history, the formulation of a diagnosis, and the establishment of a written treatment plan, documented in a written record to be maintained in the dentist's office or other treatment facility or institution.



12. "Conscious sedation" means depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or nonpharmacological method or a combination thereof. The drugs or technique, or both, should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of conscious sedation.
13. "Contiguous supervision" means that the ~~supervising oral and maxillofacial surgeon~~ dentist whose patient is being treated and has personally authorized the procedures to be performed. The supervising ~~oral surgeon~~ dentist is continuously onsite and physically present in the treatment facility while the procedures are performed by the dental anesthesia auxiliary and capable of responding immediately in the event of an emergency. The term does not require a supervising dentist to be physically present in the operator.
14. "Coronal polishing" is the mechanical polishing of clinical crowns using a rubber cup or brush only and not to include any instrumentation.
15. "Deep sedation" is an induced state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently or to respond purposefully to physical stimulation or verbal command, and is produced by pharmacological or nonpharmacological method, or combination thereof.
- ~~16. "Dental technician" means any individual who offers or undertakes to perform the fabrication or repair of corrective or prosthetic dental devices according to the written instructions of a licensed dentist. A certified dental technician is an individual who is specifically qualified through education and experience and who has successfully completed the written and practical certification examinations administered by the national board for certification, and who further maintains certification through compliance with continuing education requirements as stipulated by the national board for certification.~~
16. "Direct supervision" means the dentist is in the dental office or treatment facility, personally diagnoses the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the dental hygienist or dental assistant, and before dismissal of the patient, evaluates the performance of the dental hygienist or dental assistant.
- ~~18.~~17. "Direct visual supervision" means supervision by ~~an oral and maxillofacial surgeon~~ a dentist by verbal command and under direct line of sight.
- ~~19.~~18. "Evaluation" means the act or process by a dentist of assessing and determining the ~~significance, quality or work of something such as~~ the patient's oral health status, the progress of dental therapy, or the performance of the dental hygienist or dental assistant.
- ~~20.~~19. "General anesthesia" means an induced state of ~~unconsciousness~~ unconsciousness accompanied by a partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or nonpharmacological method, or a combination thereof.
- ~~21.~~20. "General supervision" means the dentist has authorized the procedures and they are carried out in accordance with the dentist's diagnosis, if necessary, and treatment plan. The dentist is not required to be in the treatment facility. Limitations are contained in North Dakota Century Code section 43-20-03.
- ~~22.~~21. "Inactive status" means the licensee shall not engage in the practice of dentistry or dental hygiene in the state of North Dakota. The license that is placed on inactive status remains on

that status until such time as the license is reinstated.

- ~~23-22.~~ "Indirect supervision" means that a dentist is in the dental office or treatment facility, has personally diagnosed the condition to be treated, authorizes the procedures, and remains in the dental office or treatment facility while the procedures are being performed by the dental hygienist or dental assistant.
- ~~24-23.~~ "Local anesthesia" means the elimination of sensations in one part of the body by regional injection of drugs without causing the loss of consciousness.
- ~~25-24.~~ "Oral assessment" means the evaluation of data pertaining to the patient's condition to help identify dental problems leading to a professional treatment plan. The final diagnosis of disease or treatment plan is the sole responsibility of the supervising or collaborative dentist.
- ~~26-25.~~ "Oral hygiene treatment planning" is a component of a comprehensive treatment plan developed by the hygienist or dentist to provide the hygienist a framework for addressing the preventative, educational, and clinical treatment needs of the patient.
- ~~27-26.~~ "Patient of record" means a patient who has undergone a complete dental evaluation performed by a licensed dentist.
- ~~28-27.~~ "Primary practice site" means the office location that is to be considered the main location of the dental practice. This office location would be listed first on the biennial registration.
28. "Qualified dental assistant" means a dental assistant who has been employed and trained as a dental assistant and has received at least six hundred fifty hours of on-the-job training, has completed a board-approved infection control seminar and passed the x-ray and infection control portions of the dental assisting national board examination, and has applied to the board and paid the certificate fee and met any other requirements of section 20-03-01-05.
29. Registered dental assistant" means a dental assistant who is a graduate of a dental assistant program accredited by the commission on dental accreditation of the American dental association or a substantially equivalent curriculum approved by the board or has been certified by the dental assistant national board, and has applied to the board and paid the registration fee and met any other requirements of section 20-03-01-05.
30. "Satellite office" means an office, building, or location used at any time by a dentist for the practice of dentistry other than the office listed on the dentist's biennial registration certificate.

**History:** Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; June 1, 2002; July 1, 2004; April 1, 2006; October 1, 2007; January 1, 2011; April 1, 2015; \_\_\_\_\_.

**General Authority:** NDCC 43-20-10; 43-28-06

**Law Implemented:** NDCC 43-20, 43-28

## ARTICLE 20-02 DENTISTS

**CHAPTER 20-02-01  
GENERAL REQUIREMENTS**

Section	
20-02-01-01	Advertising
20-02-01-02	Office Emergency
20-02-01-03	Nitrous Oxide
20-02-01-03.1	Additional Requirements for Licensure by Examination
20-02-01-03.2	Additional Requirements for Licensure by Credential Review
20-02-01-03.3	Additional Requirements for Applications
20-02-01-03.4	Clinical Competency Examination Retakes
20-02-01-04	Temporary License to Practice Dentistry
20-02-01-04.1	Restricted License to Practice Dentistry [Repealed]
20-02-01-04.2	Volunteer License to Practice Dentistry
20-02-01-04.3	Inactive Status – License Reinstatement
20-02-01-05	Permit for Anesthesia Use
20-02-01-06	Continuing Dental Education for Dentists
20-02-01-07	Removable Dental Prostheses Owner Identification
20-02-01-08	Discontinuance of Practice - Retirement - Discontinuance of Treatment
20-02-01-09	Retention of Records
20-02-01-10	Authorization of Laboratory Services
20-02-01-11	Permit for the Use of Dermal Fillers and Botulinum Toxin for Dental Use

**20-02-01-01. Advertising.**

1. Advertising by dentists is permitted to disseminate information for the purpose of providing the public a sufficient basis upon which to make an informed selection of dentists. In the interest of protecting the public health, safety, and welfare, advertising which is false, deceptive, or misleading is prohibited.
2. All advertising must contain the legal name of the dentist, or a reasonable variation thereof. In the case of a partnership or corporation, the name used in the advertisement may be the true name of the partnership or corporation. The advertisement must also contain the location, or locations, of the dentist, partnership, or corporation.
3. A dentist engaged in general practice who wishes to announce the services available in the dentist's practice is permitted to announce the availability of those services as long as the dentist avoids using language that expresses or implies that the dentist is a specialist. If a dentist, other than a specialist, wishes to advertise a limitation of practice, such advertisement must state that the limited practice is being conducted by a general dentist. A dentist who is a specialist may announce the dentist's bona fide specialty provided that the dentist has successfully completed an educational program accredited by the commission on accreditation of dental and dental auxiliary educational programs, two or more years in length, as specified by the commission on dental accreditation of the American dental association or be a diplomate of a nationally recognized certifying board. Such a dentist may announce that the dentist's practice is limited to the special area of dental practice in which the dentist has or wishes to announce.
4. A dentist who advertises on radio or television must retain a recorded copy of such advertising for a period of one year following the termination of the use of such advertising, and is responsible to make recorded copies of such advertising available to the North Dakota state board of dental examiners within thirty days following a request from the board for such copies.
5. No dentist may advertise the dentist, the dentist's staff, the dentist's services, or the dentist's method or methods of delivery of dental services to be superior to those of any

other licensed dentist, unless such claim or claims can be substantiated by the advertiser, upon whom rests the burden of proof.

6. No advertising by a dentist may contain representations or other information contrary to the provisions of North Dakota Century Code section 43-28-18 or North Dakota Administrative Code title 20.

**History:** Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; April 1, 2015.

**General Authority:** NDCC 43-28-06

**Law Implemented:** NDCC 43-28-06

**20-02-01-02. Office emergency.** Every dentist, dental hygienist, dental assistant, qualified dental assistant, or registered dental assistant practicing in North Dakota must have a current certificate of proficiency in cardiopulmonary resuscitation.

**History:** Effective February 1, 1992; amended effective October 1, 1993; May 1, 1996; August 1, 1998; January 1, 2011.

**General Authority:** NDCC 43-20-10, 43-28-06

**Law Implemented:** NDCC 43-20-01.2, 43-20-01.3, 43-20-10, 43-20-13.2, 43-28-06, 43-28-10.1, 43-28-15

**20-02-01-03. Nitrous oxide.** A duly licensed dentist may use nitrous oxide for treating patients only when the following conditions are met:

1. Documentation has been provided by the dentist to the board that verifies completion of fourteen hours of instruction or continuing professional education dealing specifically with the use of nitrous oxide. In the absence of documentation of classroom training, the dentist must provide proof acceptable to the board that demonstrates three years of practical experience in the use of nitrous oxide.
2. A dentist who induces a patient into a state of psychosedation or relative analgesia using nitrous oxide shall ensure that the patient will be continually and personally monitored by a dentist. A dentist may delegate the monitoring tasks to a licensed dental hygienist or a registered dental assistant utilizing indirect supervision only after the patient has been stabilized at the desired level of conscious sedation or relative analgesia by the action of the dentist. The licensed dental hygienist or registered dental assistant who is assigned the monitoring task shall remain in the treatment room with the patient at all times. A dental hygienist or a dental assistant may not initiate the administration of nitrous oxide to a patient. A dental hygienist or a registered dental assistant may terminate or reduce the amount of nitrous oxide previously administered by the dentist.
3. 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 prior to the registered dental hygienist or registered dental assistant monitoring the patient. Training shall include emergency procedures to be employed if required.

**History:** Effective February 1, 1992; amended effective May 1, 1996; April 1, 2000; October 1, 2007; January 1, 2011; April 1, 2015.

**General Authority:** NDCC 43-20-10, 43-28-06

**Law Implemented:** NDCC 43-20-03, 43-20-10, 43-20-12, 43-20-13, 43-28-06

**20-02-01-03.1. Additional requirements for licensure by examination.** The board may grant a license to practice dentistry to an applicant who has met the requirements of North Dakota Century Code section 43-28-10.1 and all the following requirements:

1. The applicant has passed the examination administered by the joint commission on national dental examinations or the national dental examining board of Canada within five years of application.
2. The applicant has passed, within five years of application, a clinical competency examination approved by the board. Required ~~component~~ components shall include a patient-based periodontal component, a patient-based restorative component, and an endodontic component, ~~administered by one or more of the following:~~
  - a. ~~Central regional dental testing service.~~
  - b. ~~Council of interstate testing agencies.~~
  - c. ~~Northeast regional examining board.~~
  - d. ~~Southern regional testing agency.~~
  - e. ~~Western regional examining board.~~
3. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.
4. The applicant has the physical health and visual acuity to enable the applicant to meet the minimum standards of professional competence.

**History:** Effective January 1, 2011; amended effective April 1, 2015;

**General Authority:** NDCC 43-28-06

**Law Implemented:** NDCC 43-28-10.1

**20-02-01-03.2. Additional requirements for licensure by credential review.** The board may grant a license to practice dentistry to an applicant who has met the requirements of North Dakota Century Code section 43-28-15 and all the following requirements:

1. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.
2. The applicant has the physical health and visual acuity to enable the applicant to meet the minimum standards of professional competence.
3. The applicant has completed thirty-two hours of continuing education in accordance with section 20-02-01-06 within two years of application.

**History:** Effective January 1, 2011.

**General Authority:** NDCC 43-28-06

**Law Implemented:** NDCC 43-28-15

**20-02-01-03.3. Additional requirements for applications.** Applications must be completed within six months of filing. The board may require an interview with the applicant. In addition to the application requirements of North Dakota Century Code sections 43-28-11 and 43-28-17, the board may require an application to include:

1. Proof of identity, including any name change.
2. An official transcript sent by an accredited dental school directly to the board.

3. Evidence demonstrating the applicant passed the examination administered by the joint commission on national dental examinations within five years of application.
4. Evidence demonstrating the applicant passed a clinical competency examination, approved by the board, within five years of application.
5. Anything necessary for a criminal history record check pursuant to North Dakota Century Code section 43-28-11.2.
6. A certification, from the licensing board of every jurisdiction in which the applicant is licensed, that the applicant is licensed in good standing.
7. Certification that the applicant has completed a cardiopulmonary resuscitation course within two years of application.
8. Verification of physical health and visual acuity.
9. For applications for licensure by credential review, the law and rules stating the requirements for licensure, when the applicant was licensed, of the jurisdiction in which the applicant is licensed.
10. For applications for licensure by credential review and reinstatement from inactive status, proof of completion of thirty-two hours of continuing education in accordance with section 20-02-01-06 within two years of application.
11. Any information required by the application forms prescribed by the board.

**History:** Effective January 1, 2011; amended effective April 1, 2015.

**General Authority:** NDCC 43-28-06

**Law Implemented:** NDCC 43-28-10.1, 43-28-11, 43-28-11.2, 43-28-15, 43-28-17

**20-02-01-03.4. Clinical competency examination retakes.** If an applicant taking the clinical competency examination in the integrated format is unsuccessful after having exhausted all allowable retake opportunities for the failed parts, one failure is recorded. The applicant must then retake all five parts of the examination in the traditional format. If the applicant is unsuccessful in one or more parts, a second failure is recorded. If the failed parts are retaken and failed again, a third failure will be recorded. A dental applicant may take a clinical examination three times before remedial training is required. After failing the examination for a third time, and prior to the fourth attempt of the examination, an applicant shall:

1. Submit to the board a detailed plan for remedial training by an accredited dental school. The board must approve the proposed remedial training.
2. Submit proof to the board of passing the remedial training within twenty-four months of its approval by the board.

The board may grant or deny a fourth attempt of the clinical examination. A fourth attempt must occur within twelve months of the date of the board's decision. If an applicant fails any part of the examination after remedial training, the board must approve additional retakes.

**History:** Effective January 1, 2011.

**General Authority:** NDCC 43-28-06

**Law Implemented:** NDCC 43-28-06, 43-28-10.1, 43-28-17

**20-02-01-04. Temporary license to practice dentistry.** The board may grant a nonrenewable temporary license to practice dentistry in the state of North Dakota for a period not to exceed one year. Between meetings of the board, the executive director of the board may review the temporary license application and grant a provisional license if all requirements are met.

1. A temporary license to practice dentistry in North Dakota may be granted to a dentist when the dentist:
  - a. Has applied to the board as prescribed in North Dakota Century Code section 43-28-11.
  - b. Has paid the nonrefundable application and license fee that may be prescribed by the board.
  - c. Holds an active dental license in another jurisdiction, has been a full-time student or resident of a dental program accredited by the American dental association's commission on dental accreditation within the last six months and provides evidence of a diploma from a program accredited by the commission on dental accreditation of the American dental association and meets any other requirements to receive a license to practice dentistry under section 20-02-01-03.1, and 20-02-01-03.2, or has held a North Dakota dental license within the previous five years.
  - d. Has provided a statement from the licensing authority of all the states in which the dentist is licensed that the dentist's license is unencumbered, unrestricted, and that the dentist's professional record is free of blemish for professional misconduct, substandard care, or violations of the state's practice act.
  - e. Has certified that no disciplinary actions are pending in other states or jurisdictions.
  - f. Has authorized the board to seek information concerning the dentist's professional and personal background and agrees to hold harmless those individuals who may provide such information to the board.
  - g. The applicant has completed thirty-two hours of continuing education in accordance with section 20-02-01-06.
  - h. The board shall require a criminal background check if the licensee anticipates practicing for a period greater than 10 days.
2. The board may apply such restrictions as it deems appropriate to limit the scope of the practice of dentistry under the authority of the temporary license.
3. The board may restrict the licensee to engage in dental practice, as may be limited above, only at certain and specifically defined practice locations.
4. The board may require the North Dakota jurisprudence examination.

**History:** Effective February 1, 1992; amended effective October 1, 2007; January 1, 2011; April 1, 2015; \_\_\_\_\_.

**General Authority:** NDCC 43-28-06

**Law Implemented:** NDCC 43-28-06

**20-02-01-04.1. Restricted license to practice dentistry.** Repealed effective October 1, 2007.

**20-02-01-04.2. Volunteer license to practice dentistry.** A patient who is seen by a dentist who holds a volunteer license to practice dentistry shall not be considered a patient of record of the volunteer dentist. The dentist is not obligated to treat the patient outside of the volunteer practice setting. Between meetings of the board, the executive director of the board may review the volunteer license application and grant a provisional license if all the requirements are met. A volunteer license to practice dentistry in North Dakota, renewable annually by application to the board, may be granted when the following conditions are met:

1. The applicant was formerly licensed and actively practicing in the state of North Dakota or another jurisdiction for at least three of the five years immediately preceding application, where the requirements are at least substantially equivalent to those of this state; or
  - a. The applicant is the resident of a board-approved ~~speciality~~ specialty program; or
  - b. The board determines that the applicant is qualified and satisfies the criteria specified under North Dakota Century Code section 43- 28-10.1.
2. The applicant agrees to provide primary health services without remuneration in a board-approved setting.
3. The applicant holds a current cardiopulmonary resuscitation course certification.
4. The applicant has completed continuing education requirements of the board.
5. The applicant has made application for a volunteer dental license in a manner prescribed by the board.
6. The board may collect from the applicant the nonrefundable application and license fee prescribed by the board.
7. The board may apply such restrictions as it deems appropriate to limit the scope of the practice of dentistry under the authority of the volunteer license.

**History:** Effective April 1, 2000; amended effective January 1, 2011; April 1, 2015.

**General Authority:** NDCC 43-28-06

**Law Implemented:** NDCC 43-28-06

**20-02-01-04.3. Inactive status - License reinstatement.** A dentist may, upon payment of the fee determined by the board, place the dentist's license on inactive status. A dentist on inactive status shall be excused from the payment of renewal fees, except inactive status renewal fees, and continuing education. A dentist on inactive status shall not practice in North Dakota. To reinstate a license on inactive status, the dentist shall apply on the form a as prescribed by the board, pay a reinstatement fee, and meet all of the following requirements:

1. The applicant has passed a clinical competency examination administered by a regional dental testing service, approved by the board in section 20- 02-01-03.1, within five years application. The board may, within the board's discretion, waive this requirement.
2. The applicant passes a written examination on the laws and rules governing the practice of dentistry in this state administered by the board at a meeting.
3. The applicant has completed thirty-two hours of continuing education in accordance with section 20-02-01-06 within two years of application.
4. The applicant has successfully completed a cardiopulmonary resuscitation course within



two years of application.

5. Grounds for denial of the application under North Dakota Century Code section 43-28-18 do not exist.

**History:** Effective April 1, 2006; amended effective January 1, 2011.

**General Authority:** NDCC 43-28-06

**Law Implemented:** NDCC 43-28-17

**20-02-01-05. Permit for anesthesia use.**

1. The rules in this chapter are adopted for the purpose of defining standards for the administration of anesthesia by dentists or a dentist who collaborates with a qualified and licensed anesthesia or sedation provider. The standards specified in this chapter shall apply equally to general anesthesia, deep sedation, moderate (conscious) sedation, or a combination of any of these with inhalation, but do not apply to sedation administered through inhalation alone. A dentist licensed under North Dakota Century Code chapter 43-28 and practicing in North Dakota may not use any form of sedation if the intent is beyond anxiolysis on any patient unless such dentist has a permit, currently in effect, issued by the board, and renewable biennially thereafter, authorizing the use of such general anesthesia, deep sedation, moderate (conscious) sedation, or minimal sedation when used in combination with inhalation.
2. An applicant may not be issued a permit initially as required in subsection 1 unless:
  - a. The board of dental examiners approves the applicant's facility and any other facility, clinic, or mobile dental clinic where anesthesia services are provided after an inspection conducted by an individual or individuals designated by the dental examiners;
  - b. The board of dental examiners is satisfied that the applicant is in compliance with the American dental association's most recent policy statement: the use of sedation and general anesthesia by dentists;
  - c. The initial application includes payment of a fee in the amount determined by the dental examiners; and
  - d. If the application appears to be in order, the board may issue a temporary permit prior to the site evaluation. The temporary permit may be revoked if the applicant fails the site inspection or if the applicant fails to cooperate with the timely scheduling of the site inspection.
3. The board of dental examiners may renew such permit biennially, provided:
  - a. Requirements of the permit application have been met;
  - b. Application for renewal and renewal fee is received by the dental examiners before the date of expiration of such permit. If the renewal application and renewal fee have not been received by the expiration of the permit, late fees as determined by the board shall apply; and
  - c. An onsite evaluation of the dentist's facility may be conducted by an individual designated by the board of dental examiners, and the board of dental examiners must approve the results of each such evaluation. Each facility where anesthesia is administered must be evaluated.
4. TheA North Dakota licensed anesthesia or sedation provider authorized by the board shall reevaluate the credentials, facilities, equipment, personnel, and procedures of a permit holder within every five years following a successful initial application or renewal.

**History:** Effective October 1, 1993; amended effective May 1, 1996; June 1, 2002; July 1, 2004; April 1, 2006; October 1, 2007; January 1, 2011; April 1, 2015;

**General Authority:** NDCC 43-28-06

**Law Implemented:** NDCC 43-28-06

**20-02-01-06. Continuing dental education for dentists.** Each dentist shall provide evidence on forms supplied by the board that the dentist has attended or participated in continuing dental education in accordance with the following conditions:

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.
2. The continuing dental education hours will accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry will be accepted by the board without limit.
3. The minimum number of hours required within a two-year cycle for dentists is thirty-two. Of these hours, a dentist may earn no more than sixteen hours from self-study. Self-study is an educational process designed to permit a participant to learn a given subject without involvement of a proctor. Cardiopulmonary resuscitation courses must provide hands-on training. All other continuing education requirements may be satisfied from publications and online education. The continuing education must include:
  - a. Two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.
  - b. Two hours of infection control.
  - c. A cardiopulmonary resuscitation course.
  - d. For anesthesia permit holders, four hours related to sedation or anesthesia.
4. Mere registration at a dental convention without specific attendance at continuing education presentations will not be creditable toward the continuing dental education requirement.
5. All dentists must hold a current cardiopulmonary resuscitation certificate. Anesthesia permit holders are required to maintain current advanced cardiac life support certification or pediatric advanced life support as specified by permit.
6. The board may audit the continuing education credits of a dentist. Each licensee shall maintain certificates or records of continuing education activities from the previous renewal cycle. Upon receiving notice of an audit from the board, a licensee shall provide satisfactory documentation of attendance at, or participation in the continuing education activities listed on the licensee's continuing education form. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the license.
7. A dentist who maintains a license on inactive status is not subject to continuing education requirements.

**History:** Effective October 1, 1993; amended effective May 1, 1996; August 1, 1998; June 1, 2002; April 1, 2006; October 1, 2007; January 1, 2011; April 1, 2015.

**General Authority:** NDCC 43-28-06

**Law Implemented:** NDCC 43-28-06, 43-28-16.2

#### **20-02-01-07. Removable dental prostheses owner identification.**

1. Every complete upper and lower denture or removable dental prosthesis fabricated by a dentist or fabricated pursuant to the dentist's work order must be marked with the name of the patient for whom the prosthesis is intended. The markings must be done during the fabrication process and must be permanent, and cosmetically acceptable. The exact location of the markings and methods used to apply or implant them shall be determined by the dentist or dental laboratory fabricating the prosthesis. If in the professional judgment of the dentist or dental laboratory this identification is not practical, identification must be provided as follows:
  - a. The initials of the patient may be used if the entire name is not practical.
  - b. The identification marks may be omitted in their entirety if no form of identification is practical or clinically safe.
2. Failure of any dentist to comply with this section shall be deemed to be a violation of the rules of the board and the dentist may be liable to penalty as permitted under statute.

**History:** Effective October 1, 1993; amended effective April 1, 2006.

**General Authority:** NDCC 43-28-06

**Law Implemented:** NDCC 43-28-06

**20-02-01-08. Discontinuance of practice - Retirement - Discontinuance of treatment.** These rules are adopted for the purpose of avoiding practice abandonment. A licensed dentist shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of the patient or patient's legal guardian, the dentist shall furnish the dental records or copies of the records, including dental radiographs or copies of the radiographs. The dentist may charge a nominal fee for duplication of records as provided by North Dakota Century Code section 23-12-14, but may not refuse to transfer records for nonpayment of any fees.

1. A licensee, upon retirement, or upon discontinuation of the practice of dentistry, or upon moving from a community, shall notify all active patients in writing and by publication once a week for three consecutive weeks in a newspaper of general circulation in the community that the licensee intends to discontinue the practice of dentistry. The licensee shall make reasonable arrangements with active patients for the transfer of patient records, or copies thereof, to the succeeding licensee. In the event of a transfer of patient records to another licensee assuming the practice, written notice must be furnished to all patients as hereinbefore specified. "Active patient" is defined as a person whom the licensee has examined, treated, cared for, or otherwise consulted with during the two-year period prior to the discontinuation of the practice of dentistry by the licensee. In the event of a nontransfer of records, a licensee shall have the ongoing obligation of not less than two years to afford the licensee's prior patients access to those records not previously provided to the patient.
2. In the event of termination of a dentist-patient relationship by a licensee, notice of the termination must be provided to the patient. A dentist-patient relationship exists if a dentist has provided treatment to a patient on at least one occasion within the preceding year. The dentist who is the owner or custodian of the patient's dental records shall mail notice of the termination of the dentist's relationship to the patient, which shall provide the following:
  - a. The date that the termination becomes effective, and the date on which the dentist and patient relationship may resume, if applicable;
  - b. A location at which the patient may receive emergency dental care for at least thirty days following the termination of the dentist and patient relationship;

- c. A statement of further dental treatment required, if any; and
  - d. The dentist shall respond to a written request to examine or copy a patient's record within ten working days after receipt. A dentist shall comply with North Dakota Century Code section 23-12-14 for all patient record requests.
3. If a licensee dies or becomes unable to practice dentistry due to disability, for the purpose of selling or otherwise disposing of the deceased or disabled licensee's dental practice, a person who is not licensed to practice dentistry but who is the personal representative of the estate of a deceased dentist or the personal representative of a disabled dentist may contract with a dentist to manage the dental practice for a period not to exceed twenty-four months.
  4. If a dentist agrees to provide dental care without remuneration to underserved patients in the absence of a public health setting, the patient may not be considered a patient of record of the dentist providing the donated dental service.

**History:** Effective April 1, 2006; amended effective April 1, 2015.

**General Authority:** NDCC 43-28-06

**Law Implemented:** NDCC 43-28-06

**20-02-01-09. Retention of records.** A dentist shall retain a patient's dental record for a minimum of six years after the patient's last examination, prescription, or treatment. Records for minors shall be retained for a minimum of either one year after the patient reaches the age of eighteen or six years after the patient's last examination, prescription, or treatment, whichever is longer. Proper safeguards shall be maintained to ensure safety of records from destructive elements. The requirements of this rule apply to electronic records as well as to records kept by any other means.

**History:** Effective April 1, 2006; amended effective January 1, 2011.

**General Authority:** NDCC 43-28-06

**Law Implemented:** NDCC 43-28-06

**20-02-01-10. Authorization of laboratory services.** A dentist using the services of any person, not licensed to practice dentistry in this state, to construct, alter, repair, or duplicate any orthodontic or prosthetic device, must furnish the unlicensed person a written prescription which shall include all of the following:

1. The name and address of the unlicensed person.
2. The patient's name or patient number.
3. The date on which the prescription was written.
4. The description of the work to be done, with a diagram, if necessary.
5. A specification of the materials to be used if necessary.
6. The signature of the dentist and the number of the dentist's North Dakota license.

The dentist shall retain a duplicate copy of the prescription for inspection by the board or the board's agent for two years.

**History:** Effective January 1, 2011.

**General Authority:** NDCC 43-28-06

**Law Implemented:** NDCC 43-28-02, 43-28-06, 43-28-18, 43-28-25

**20-02-01-11. Permit for the use of dermal fillers and botulinum toxin for dental use.**

1. The rules in this chapter are adopted for the purpose of defining standards for the administration of dermal fillers and botulinum toxin by a dentist if the use is limited to the practice of dentistry as defined in North Dakota Century Code 43-28-01(7). Notwithstanding a dentist who specializes in oral and maxillofacial surgery, the board may issue a permit to a dentist who applies on forms prescribed by the board and pays the initial fee or biennial renewal fee as required by section 20-05-01-01(1) to administer botulinum toxin or dermal fillers for the purpose of functional, therapeutic, and aesthetic dental treatment purposes under the following conditions:
  - a. The dentist provides evidence that demonstrates:
    - (1) The applicant has completed a course and received satisfactory training in a residency or other educational program accredited by the commission on dental accreditation of the American dental association; or
    - (2) The applicant has successfully completed a board-approved continuing education course of instruction within the previous three months of application which includes neurophysiology, including facial tissues, parasympathetic, sympathetic, and peripheral nervous systems relative to the peri-oral tissue, and facial architecture, and:
      - (a) Patient assessment and consultation for botox and dermal fillers;
      - (b) Indications and contraindications for techniques;
      - (c) Proper preparation and delivery techniques for desired outcomes;
      - (d) Enhancing and finishing esthetic dentistry cases with dermal fillers;
      - (e) Botulinum neurotoxin treatment of temporomandibular joint syndrome and bruxism;
      - (f) Knowledge of adverse reactions and management and treatment of possible complications;
      - (g) Patient evaluation for best esthetic and therapeutic outcomes;
      - (h) Integrating botulinum neurotoxin and dermal filler therapy into dental therapeutic and esthetic treatment plans; and
      - (i) Live patient hands-on training, including diagnosis, treatment planning, and proper dosing and delivery of botox and dermal fillers.

**History:** Effective April 1, 2015; amended effective \_\_\_\_\_.

**General Authority:** NDCC 43-28-06

**Law Implemented:** NDCC 43-28-02

**20-02-01-12. Dental Prescribers and Use of the Prescription Drug Monitoring Program.**

Subject to the exceptions described in North Dakota Administrative Code section 20-02-01-13, prior to the initial prescribing of any controlled substance, including samples, a dentist authorized by the drug enforcement administration to prescribe, administer, sign for, dispense, or procure pharmaceuticals shall authorize an employee to review or personally request and review the prescription drug monitoring

program report for all available prescription drug monitoring program data on the patient within the previous twelve months, and shall do all of the following:

1. Assess a patient's drug monitoring program data every twelve months during the patient's treatment with a controlled substance.
2. Review the patient's prescription drug monitoring program data if the patient requests early refills or demonstrates a pattern of taking more than the prescribed dosage.
3. Review the patient's prescription drug monitoring program data if there is a suspicion of or a known drug overuse, diversion or abuse by the patient.
4. Document the assessment of the patient's prescription drug monitoring program data.
5. Discuss the risks and benefits of the use of controlled substances with the patient, the patient's parent if the patient is an unemancipated minor child, or the patient's legal guardian or health care surrogate, including the risk of tolerance and drug dependence.
6. Request and review prescription drug monitoring program data on the patient if the practitioner becomes aware that a patient is receiving controlled substances from multiple prescribers.
7. Request and review the patient's prescription drug monitoring program data if the prescriber has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition.

**History:** Effective 2016.

**General Authority:** NDCC 19-03.5-09; 43-28-01(7); 43-28-06

**Law Implemented:** NDCC 19-03.5-09; 43-28-06

**20-02-01-13. Exceptions to the review requirement.** A practitioner shall not be required to review a patient's prescription drug monitoring program data if any of the following apply:

1. The controlled substance is prescribed or dispensed for a patient who is currently receiving hospice care.
2. The controlled substance is prescribed or dispensed to a patient of record as a non-refillable prescription as part of treatment for a surgical procedure.
3. The dentist prescribes a controlled substance after the performance of oral surgery and no more than a 72 hour supply of the controlled substance is prescribed.
4. The dentist prescribes pre-appointment medication for the treatment of procedure anxiety.
5. The dentist obtains a report through a board-approved risk assessment tool for health care providers that accesses patient prescription information from prescription drug monitoring program databases, analyzes the data, and provides a risk based score that includes prescription drug monitoring program data.

**History:** Effective 2016.

**ARTICLE 20-03**  
**DENTAL ASSISTANTS**

Chapter  
20-03-01 Duties

**CHAPTER 20-03-01**  
**DUTIES**

Section	
20-03-01-01	Duties
20-03-01-01.1	Expanded Duties of Registered Dental Assistants
20-03-01-02	Prohibited Services
20-03-01-03	Annual Registration of Dental Assistants Performing Expanded Duties [Repealed]
20-03-01-04	Criteria for Dental Assistants Placing Sealants [Repealed]
20-03-01-05	Registration of Registered and Qualified Dental Assistants
20-03-01-05.1	Additional Expanded Duties of Registered Dental Assistants
20-03-01-06	Continuing Dental Education for Qualified and Registered Dental Assistants

**20-03-01-01. Duties.** A dental assistant may perform the duties listed in subsections 1 through 5 under direct, indirect, or general supervision of a dentist as follows:

1. A dental assistant who is not registered with the board employed by a dentist may perform the following duties under direct supervision:
  - a. Take and record pulse, blood pressure, and temperature.
  - b. Take and record preliminary dental and medical history for the interpretation by the dentist.
  - c. Apply topical medications and drugs to oral tissues, including topical anesthetic, but not including desensitizing or caustic agents or anticariogenic agents.
  - d. Receive removable dental prosthesis for cleaning or repair.
  - e. Take impressions for study casts.
  - f. Hold impression trays in the mouth (e.g., reversible hydrocolloids, rubber base).
2. A qualified dental assistant may perform the duties set forth in subsection 1 and take dental radiographs under the direct supervision of a dentist.
3. A registered dental assistant may perform the duties set forth in subsection 2 and the following duties under the direct supervision of a dentist:
  - a. Place and remove arch wires or appliances that have been activated by a dentist.
  - b. Acid etch enamel surfaces prior to direct bonding of orthodontic brackets or composite restorations.
  - c. Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a licensed dentist.

- d. Take face bow transfers.
  - e. Place and remove matrix bands and wedges.
  - f. Adjust permanent crowns outside of the mouth.
  - g. Orally transmit a prescription that has been authorized by the supervising dentist.
  - h. Administer emergency medications to a patient in order to assist the dentist in an emergency.
4. A registered dental assistant may perform the following duties under the direct or indirect supervision of a dentist:
- a. Apply anticariogenic agents topically.
  - b. Apply desensitizing solutions to the external surfaces of the teeth.
  - c. Dry root canal with paper points.
  - d. Place and remove rubber dams.
  - e. Take occlusal bite registration for study casts.
  - f. Place retraction cord in the gingival sulcus of a prepared tooth prior to the dentist taking an impression of the tooth.
  - g. Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments only.
  - h. Perform nonsurgical clinical and laboratory diagnosis tests, including pulp testing, for interpretation by the dentist.
  - i. Place and remove periodontal dressings, dry socket medications, and packing.
  - j. Monitor a patient who has been inducted by a dentist into nitrous oxide relative analgesia.
  - k. Take impressions for fixed or removable orthodontic appliances, athletic mouth guards, bleaching trays, bite splints, flippers, and removable prosthetic repairs.
  - l. Preselect and prefit orthodontic bands.
  - m. Place, tie, and remove ligature wires and elastic ties, and place orthodontic separators.
  - n. Take dental radiographs.
5. A registered dental assistant may perform the following duties under the direct, indirect, or general supervision of a dentist:
- a. Take and record pulse, blood pressure, and temperature.
  - b. Take and record preliminary dental and medical history for the interpretation by the dentist.
  - c. Apply topical medications and drugs to oral tissues, including topical anesthetic, but not including desensitizing or caustic agents or anticariogenic agents.



- d. Receive removable dental prosthesis for cleaning or repair.
- e. Take impressions or occlusal bite registrations for study casts.
- f. Fabricate, adjust, place, recement, or remove a temporary crown, bridge, or onlay or temporary restorative material. This applies only to dentitions actively under treatment for which a permanent restoration is being fabricated.
- g. Remove sutures.
- h. Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative treatment.
- i. Provide oral hygiene education and instruction.
- j. Provide an oral assessment for interpretation by the dentist.
- k. Repack dry socket medication and packing for palliative treatment.
- l. Apply pit and fissure sealants if the registered dental assistant has provided documentation of a board-approved sealant course. Adjust sealants with slow-speed handpiece.
- m. Polish the coronal surfaces of the teeth with a rubber cup or brush.
- n. Polish restorations with a slow-speed handpiece.

History: Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; June 1, 2002; July 1, 2004; April 1, 2006; January 1, 2011; April 1, 2015.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.1, 43-20-08, 43-20-10, 43-20-13

**20-03-01-01.1. Expanded duties of registered dental assistants.** A registered dental assistant shall apply for a permit to perform the following duties:

1. A registered dental assistant under the direct supervision of a dentist may perform the following restorative functions:
  - a. Place, carve, and adjust class I, II and class V ~~supragingival~~ amalgam or glass ionomer restorations with hand instruments or a slow-speed handpiece;
  - b. Adapt and cement stainless steel crowns; and
  - c. Place, contour, and adjust class I, II and class V ~~supragingival~~ composite restorations where the margins are entirely within the enamel with hand instruments or a slow-speed handpiece.
2. A registered dental assistant authorized by permit and under the contiguous supervision of ~~an oral and maxillofacial surgeon~~ a dentist authorized by permit to provide parenteral sedation may provide anesthesia duties as follows:
  - a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation or general anesthesia; and
  - b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open.
  - c. Prepare anesthesia equipment and perform patient monitoring.

d. Assist with emergency treatment and protocols.

3. A registered dental assistant authorized by permit and under the direct visual supervision of ~~an oral and maxillofacial surgeon or a dentist authorized by permit to provide parenteral sedation~~ shall provide anesthesia duties as follows:

- a. Draw up and prepare medications;
- b. Follow instructions to deliver medication into an intravenous line upon verbal command of the supervising dentist;
- c. Adjust the rate of intravenous fluids infusion beyond a keep-open rate upon verbal command of the supervising dentist;
- d. Adjust an electronic device to provide medications, such as an infusion pump upon verbal command of the supervising dentist.

**History:** Effective April 1, 2015; amended effective \_\_\_\_\_.

**General Authority:** NDCC 43-20-10

**Law Implemented:** NDCC 43-20-01.1, 43-20-08, 43-20-10, 43-20-13

**20-03-01-02. Prohibited services.** A dental assistant, qualified dental assistant, or registered dental assistant may not perform the following services:

1. Diagnosis and treatment planning.
2. Surgery on hard or soft tissue.
3. Administer local anesthetics, sedation or general anesthesia drugs or titrate local anesthetics, sedation or general anesthesia drugs without a board authorized permit.
4. Any irreversible dental procedure or procedures which require the professional judgment and skill of a licensed dentist.
5. Adjust a crown which has been cemented by a dentist.
6. Activate any type of orthodontic appliance.
7. Cement or bond orthodontic bands or brackets that have not been previously placed by a dentist.
8. Place bases or cavity liners.
9. Scaling, root planing, or gingival curettage.
10. Measure the gingival sulcus with a periodontal probe.
11. Use a high-speed handpiece inside the mouth.

**History:** Effective February 1, 1992; amended effective October 1, 1993; April 1, 2000; June 1, 2002; July 1, 2004; January 1, 2011; April 1, 2015.

**General Authority:** NDCC 43-20-10

**Law Implemented:** NDCC 43-20-01.1, 43-20-08, 43-20-10, 43-20-13

**20-03-01-03. Annual registration of dental assistants performing expanded duties.** Repealed effective January 1, 2011.

**20-03-01-04. Criteria for dental assistants placing sealants.** Repealed effective January 1, 2011.

**20-03-01-05. Registration of registered and qualified dental assistants.** An individual seeking registration as a registered or qualified dental assistant shall apply on forms prescribed by the board. The application must be notarized and include the application fee.

1. The board may grant registration as a registered dental assistant to an applicant meeting all the following requirements:
  - a. The applicant meets any of the following requirements:
    - (1) The applicant successfully completed a dental assisting program, accredited by the commission on dental accreditation of the American dental association or approved by the board, within one year of application.
    - (2) The applicant was certified by the dental assisting national board within one year of application.
    - (3) The applicant successfully completed a dental assisting program, accredited by the commission on dental accreditation of the American dental association or approved by the board, and completed, within two years before application, sixteen hours of continuing education in accordance with section 20-03-01-06.
    - (4) The applicant was certified by the dental assisting national board, and completed, within two years before application, sixteen hours of continuing education in accordance with section 20-03-01-06.
  - b. The applicant passed a written examination on the laws and rules governing the practice of dentistry in North Dakota within one year of application.
  - c. The applicant successfully completed a cardiopulmonary resuscitation course within two years of application.
  - d. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.
2. The board may grant registration as a qualified dental assistant to an applicant meeting all the following requirements:
  - a. The applicant meets any of the following requirements:
    - (1) The applicant passed the infection control and radiation parts of the dental assisting national board examination within one year of application.
    - (2) The applicant passed the infection control and radiation parts of the dental assisting national board examination and completed, within two years before application, sixteen hours of continuing education in accordance with section 20-03-01-06.
  - b. The applicant completed six hundred fifty hours of dental assistance instruction,

including on-the-job training.

- c. The applicant passed a written examination on the laws and rules governing the practice of dentistry in North Dakota within one year of application.
- d. The applicant successfully completed a cardiopulmonary resuscitation course within two years of application.
- e. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.

**History:** Effective January 1, 2011.

**General Authority:** NDCC 43-20-10

**Law Implemented:** NDCC 43-20-13.2

**20-03-01-05.1. Additional expanded duties of registered dental assistants.** The board may grant a permit to a registered dental assistant for the following:

1. The board may issue or renew a class I dental anesthesia assistant permit authorizing a registered dental assistant to provide anesthesia assistance under the supervision of a dentist who specializes in oral and maxillofacial surgery, and meets the following requirements authorized by permit to provide parenteral sedation, upon successful completion of the following:
  - a. The applicant submits evidence ~~on forms prescribed by the board that the applicant meets any of the following requirements:~~
    - (1) ~~The applicant has completed of a board-approved dental anesthesia assistant education and training course within one year of application and has proof of current certification status from a board-approved competency examination.~~
    - (2) ~~The applicant has completed a board-approved dental anesthesia assistant education and training course and has proof of current certification status from a board-approved competency examination.~~
  - b. ~~The applicant has successfully completed training in intravenous access or phlebotomy that includes experience starting and maintaining intravenous lines. Submits proof of current certification status from the American association of oral and maxillofacial surgeons dental anesthesia assistant national certification or a board-approved competency examination.~~
  - c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support.
  - d. The applicant provides a copy of a valid North Dakota general anesthesia permit or parenteral sedation permit of the oral and maxillofacial surgeon dentist where the registered dental assistant will be performing anesthesia assistant services
2. The board may issue or renew a class II dental anesthesia assistant permit authorizing a registered dental assistant to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide parenteral sedation, upon successful completion of the following:

- a. The applicant submits evidence of a board-approved dental anesthesia assistant education and training course and submitting proof of current certification status from the American association of oral and maxillofacial surgeons dental anesthesia assistant national certification or a board-approved competency examination;
  - b. The applicant has successfully completed hands-on training in intravenous access or phlebotomy that includes live experience starting and maintaining intravenous lines;
  - c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support; and
  - d. The applicant provides a copy of a valid North Dakota general anesthesia or parenteral sedation permit of the dentist where the registered dental assistant will be performing anesthesia assistant services.
- 2-3. The board may issue or renew a permit on forms prescribed by the board authorizing a registered dental assistant under the direct supervision of a dentist to provide restorative functions under the following conditions:
- a. The applicant meets any of the following requirements:
    - (1) The applicant has successfully completed a board-approved curriculum from a program accredited by the commission on dental accreditation of the American dental association or other board-approved course and successfully passed the western regional examining board's restorative examination or other equivalent examinations approved by the board within the last five years, ~~and successfully completed.~~ The board may require successful completion of the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination; or
    - (2) The applicant has successfully passed the western regional examining board's restorative examination or other board- approved examination over five years from the date of application and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination or other board-approved examination and provide evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least twenty-five restorative procedures within the immediate five years from the date of application.
  - b. A registered dental assistant may perform the placement and finishing of direct alloy or direct composite restorations, under the direct supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.
  - c. The restorative functions shall only be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental assistant.
  - d. Before the patient is released, the final restorations shall be checked and documented by the supervising dentist.

**History:** Effective April 1, 2015; amended effective \_\_\_\_\_.

**General Authority:** NDCC 43-20-10  
**Law Implemented:** NDCC 43-20-13.2

**20-03-01-06. Continuing dental education for qualified and registered dental assistants.**

Each qualified or registered dental assistant shall provide evidence on forms supplied by the board that the qualified or registered dental assistant has attended or participated in continuing dental education in accordance with the following conditions:

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.
2. The continuing dental education hours will accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry will be accepted by the board without limit.
3. The minimum number of hours required within a two-year cycle is sixteen. Of these hours, a qualified or registered dental assistant may earn no more than eight hours from self-study. Self-study is an educational process designed to permit a participant to learn a given subject without involvement of a proctor. Cardiopulmonary resuscitation courses must provide hands-on training. All other continuing education requirements may be satisfied from ~~publications~~ and online education. The continuing education must include:
  - a. Two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.
  - b. Two hours of infection control.
  - c. A cardiopulmonary resuscitation course.
  - d. For registered dental anesthesia assistant permitholders, two hours related to sedation or anesthesia.
  - e. For registered dental restorative assistant permitholders, two hours related to restorative dentistry.
4. Mere registration at a dental convention without specific attendance at continuing education presentations will not be creditable toward the continuing dental education requirement.
5. All qualified or registered dental assistants must hold a current cardiopulmonary resuscitation certificate.
6. The board may audit continuing education credits of a registered dental assistant. Proof of continuing education shall be maintained from the previous renewal cycle. Upon receiving notice of an audit from the board, a registered dental assistant shall provide satisfactory documentation of attendance at, or participation in, the continuing education activities listed on the licensee's continuing education form. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the registration.

**History:** Effective January 1, 2011; amended effective April 1, 2015.

**General Authority:** NDCC 43-20-10

**Law Implemented:** NDCC 43-20-13.1

**ARTICLE 20-04 DENTAL  
HYGIENISTS**

Chapter  
20-04-01 Duties

**CHAPTER 20-04-01  
DUTIES**

Section	
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**20-04-01-01. Duties.** A dental hygienist may perform the following services under the general, direct, or direct visual, indirect or contiguous supervision of a dentist:

1. Complete prophylaxis to include removal of accumulated matter, deposits, accretions, or stains from the natural and restored surfaces of exposed teeth. The dental hygienist may also do root planing and soft tissue curettage upon direct order of the dentist.
2. Polish and smooth existing restorations with a slow-speed handpiece.
3. Apply topical applications of drugs to the surface tissues of the mouth and to exposed surfaces of the teeth, including anticariogenic agents and desensitizing solutions.
4. Take impressions for study casts.
5. Take and record preliminary medical and dental histories for the interpretation by the dentist.
6. Take and record pulse, blood pressure, and temperature.
7. Provide oral hygiene treatment planning after an oral assessment of dentist's diagnosis.
8. Take dental radiographs.
9. Apply therapeutic agents subgingivally for the treatment of periodontal disease.
10. Hold impression trays in the mouth after placement by a dentist (e.g., reversible hydrocolloids, rubber base, etc.).
11. Receive removable dental prosthesis for cleaning and repair.
12. Dry root canal with paper points.
13. Place and remove rubber dams.
14. Place and remove matrix bands or wedges.
15. Take occlusal bite registration for study casts.

16. Place retraction cord in the gingival sulcus of a prepared tooth prior to the dentist taking an impression of the tooth.
17. Fabricate, adjust, place, recement, or remove a temporary crown, bridge, onlay, or temporary restorative material. This applies only to dentitions actively under treatment for which a permanent restoration is being fabricated.
18. Adjust permanent crowns outside of the mouth.
19. Perform nonsurgical clinical and laboratory oral diagnostic tests for interpretation by the dentist.
20. Apply pit and fissure sealants. Adjust sealants with slow speed handpiece.
21. Place and remove periodontal dressings, dry socket medications, and packing.
22. Remove sutures.
23. Monitor a patient who has been inducted by a dentist into nitrous-oxide relative analgesia.
24. Take impressions for fixed or removable orthodontic appliances, athletic mouth guards, bleaching trays, bite splints, flippers, and removable prosthetic repairs.
25. Preselect and prefit orthodontic bands.
26. Place, tie, and remove ligature wires and elastic ties, and place orthodontic separators.
27. Place and remove arch wires or appliances that have been activated by a dentist.
28. Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative treatment.
29. Acid-etch enamel surfaces prior to pit and fissure sealants, direct bonding of orthodontic brackets, or composite restorations.
30. Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a dentist.
31. Take face bow transfers.
32. Orally transmit a prescription that has been authorized by the supervising dentist.
33. Repack dry socket medication and packing for palliative treatment.
34. Administer emergency medications to a patient in order to assist the dentist.
35. A dental hygienist authorized by ~~the board~~ permit and under contiguous supervision of ~~an oral and maxillofacial surgeon~~ a dentist authorized by permit to provide parenteral sedation may:
  - a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation or general anesthesia; ~~and~~.
  - b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open.



- c. Prepare anesthesia equipment and perform patient monitoring.
  - d. Assist with emergency treatment and protocols.
36. A dental hygienist authorized by ~~the board permit~~ and under direct visual supervision of ~~an oral and maxillofacial surgeon~~ a dentist authorized by permit to provide parenteral sedation may:
- a. Draw up and prepare medications;
  - b. Follow instructions to deliver medication into an intravenous line upon verbal command of the supervising dentist;
  - c. Adjust the rate of intravenous fluids infusion beyond a keep-open rate upon verbal command of the supervising dentist; and
  - d. Adjust an electronic device to provide medications, such as an infusion pump upon the verbal command of the supervising dentist.
37. A dental hygienist under the direct supervision of a dentist may:
- e. Place, carve, and adjust class I, II and class V ~~supragingival~~ amalgam or glass ionomer restorations with hand instruments or a slow-speed handpiece;
  - f. Adapt and cement stainless steel crowns; and
  - g. Place, contour, and adjust class I, II and class V ~~supragingival~~ composite restorations where the margins are entirely within the enamel with hand instruments or a slow-speed handpiece.

**History:** Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; July 1, 2004; April 1, 2006; January 1, 2011; April 1, 2015; \_\_\_\_\_.

**General Authority:** NDCC 43-20-10

**Law Implemented:** NDCC 43-20-03, 43-20-11, 43-20-12

**20-04-01-02. Prohibited services.** A dental hygienist may not perform the following services:

1. Diagnosis and treatment planning.
2. Surgery on hard or soft tissue.
3. Administer anesthetics, except topical and local anesthetic, as permitted under sections 20-04-01-01 and 20-04-01-03, or titrate local anesthetics, sedation or general anesthesia drugs without a board authorized permit.
4. Any irreversible dental procedure or procedures which require the professional judgment and skill of a dentist.
5. Adjust a crown which has not been cemented by a dentist.
6. Activate any type of orthodontic appliance.
7. Cement or bond orthodontic bands or brackets that have not been previously placed by a dentist.
8. Place bases or cavity liners.
9. Use a high-speed handpiece inside the mouth.

**History:** Effective February 1, 1992; amended effective October 1, 1993; July 1, 2004; January 1, 2011; April 1, 2015.

**General Authority:** NDCC 43-20-10

**Law Implemented:** NDCC 43-20-03; 43-20-11, 43-20-12, 43-20-12.3

**20-04-01-03. Duties of dental hygienists.** A dental hygienist may perform the following services under the direct supervision of a dentist:

1. A licensed dental hygienist may apply for a permit to administer local anesthesia to a patient who is at least eighteen years old, under the direct supervision of a licensed dentist. To be considered for a permit, a hygienist must have successfully completed a didactic and clinical course in local anesthesia within the last twenty-four months sponsored by a dental or dental hygiene program accredited by the commission on dental accreditation of the American dental association resulting in the dental hygienist becoming clinically competent in the administration of local anesthesia.
2. A licensed dental hygienist applying for a local anesthesia permit who has been permitted to administer local anesthesia and who has continuously administered local anesthesia during the past three years must provide verification of the permit and continuous use to the North Dakota board of dental examiners. Verification may consist of:
  - a. A letter from the accredited school with the school seal affixed. Photocopies will not be accepted.
  - b. A notarized copy of the certification of the local anesthesia course completed.
  - c. A notarized letter stating that the licensed dental hygienist has administered local anesthesia within the last three years.
  - d. A notarized copy of the dental hygiene transcript with the local anesthesia course recorded.

3. A licensed dental hygienist requesting a permit to administer anesthesia who cannot provide verification as required in subsection 2 must retake and successfully pass a didactic and clinical course in local anesthesia sponsored by a dental or dental hygiene program accredited by the commission on dental accreditation of the American dental association.

**History:** Effective July 1, 2004.

**General Authority:** NDCC 43-20-10

**Law Implemented:** NDCC 43-20-03

**20-04-01-03.1. Duties of the dental hygienist requiring a permit.** The board may issue or renew a permit to a dental hygienist for the following:

1. The board may issue or renew a class I dental anesthesia assistant permit authorizing a dental hygienist to provide anesthesia assistance under the supervision of a dentist ~~who specializes in oral and maxillofacial surgery, and, meets authorized by permit to provide~~ parenteral sedation, upon successful completion of the following requirements:
  - a. The applicant submits evidence ~~on forms prescribed by the board that the applicant meets any of the following requirements:~~
    - (1) ~~The applicant has completed of a board-approved dental anesthesia assistant education and training course within one year of application and has proof of current certification status from a board-approved competency examination.~~
    - (2) ~~The applicant has completed a board-approved dental anesthesia assistant education and training course and has proof of current certification status from a board-approved competency examination.~~
  - b. ~~The applicant has successfully completed training in intravenous access or phlebotomy that includes experience starting and maintaining intravenous lines; submits proof of current certification status from the American association of oral and maxillofacial surgeons dental anesthesia assistant national certification, or a board-approved competency examination.~~
  - c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support; and
  - d. The applicant provides a copy of a valid North Dakota general anesthesia or parenteral permit of the ~~oral and maxillofacial surgeon dentist~~ where the registered dental hygienist will be performing anesthesia assistant services.
2. The board may issue or renew a class II dental anesthesia assistant permit authorizing a registered dental hygienist to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide parenteral sedation, upon successful completion of the following:
  - a. The applicant submits evidence of a board-approved dental anesthesia assistant education and training course and has proof of current certification status from the American association of oral and maxillofacial surgeons dental anesthesia assistant national certification or a board-approved competency examination.
  - b. The applicant has successfully completed hands-on training in intravenous access or phlebotomy that includes live experience starting and maintaining

intravenous lines;

- c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support; and
- d. The applicant provides a copy of a valid North Dakota general anesthesia or parenteral sedation permit of the dentist where the registered dental hygienist will be performing anesthesia assistant services.

2.3. The board may issue or renew a permit on forms prescribed by the board ~~to authorize~~ authorizing a registered dental assistant-hygienist under the direct supervision of a dentist to provide restorative functions under the following conditions:

- a. The applicant meets any of the following requirements:
  - (1) The applicant has successfully completed ~~successfully completes~~ a board-approved curriculum from a program accredited by the commission on dental accreditation of the American dental association or other board-approved course and successfully passed the western regional examining board's restorative examination or other equivalent examinations approved by the board within the last five years, ~~and successfully completed.~~ The board may require successful completion of the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination; or
  - (2) ~~Successfully~~ The applicant has successfully passed the western regional examining board's restorative examination or other board-approved examination over five years from the date of application and provides successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination or other board-approved examination and provided evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least twenty-five restorative procedures within the previous immediate five years from before the date of application.
- b. A dental hygienist may perform the placement and finishing of direct alloy or direct composite restorations, under the direct supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.
- c. The restorative functions shall only be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental hygienist.
- d. Before the patient is released, the final restorations shall be checked and documented by the supervising dentist.

**History:** Effective April 1, 2015; amended effective \_\_\_\_\_.

**General Authority:** NDCC 43-20-10

**Law Implemented:** NDCC 43-20-03

**20-04-01-04. Additional requirements for licensure by examination.** The board may grant a license to practice dental hygiene to an applicant who has met the requirements of North Dakota Century Code section 43-20-01.2 and all the following requirements:

1. The applicant has passed the examination administered by the joint commission on national dental examinations or the dental hygiene certification board of Canada within two years of application.
2. The applicant has passed, within two years of application, a clinical competency examination administered by one of the following:
  - a. Any regional dental testing service before September 17, 2009.
  - b. Central regional dental testing service.
  - c. Council of interstate testing agencies.
  - d. Western regional examining board.
3. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.
4. The applicant has the physical health and visual acuity to enable the applicant to meet the minimum standards of professional competence.

**History:** Effective January 1, 2011.

**General Authority:** NDCC 43-20-10

**Law Implemented:** NDCC 43-20-01.2

**20-04-01-04.1. Clinical competency examination retakes.**

A dental hygiene applicant may take a clinical examination three times before remedial training is required. After failing the examination for a third time, and prior to the fourth attempt of the examination, an applicant shall:

1. Submit to the board a detailed plan for remedial training by an accredited dental hygiene school. The board must approve the proposed remedial training.
2. Submit proof to the board of passing the remedial training within twenty- four months of its approval by the board. The board may grant or deny a fourth attempt of the clinical examination. A fourth attempt must occur within twelve months of the date of the board's decision. If an applicant fails any part of the examination after remedial training, the board must approve additional retakes.

**History:** Effective April 1, 2015.

**General Authority:** NDCC 43-20-10

**Law Implemented:** NDCC 43-20-01.2

**20-04-01-05. Additional requirements for licensure by credential review.** The board may grant a license to practice dental hygiene to an applicant who has met the requirements of North Dakota Century Code section 43-20-01.3 and all the following requirements:

1. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.
2. The applicant has the physical health and visual acuity to enable the applicant to meet the minimum standards of professional competence.
3. The applicant has completed sixteen hours of continuing education in accordance with section 20-04-01-08 within two years of application.

**History:** Effective January 1, 2011.

**General Authority:** NDCC 43-20-10

**Law Implemented:** NDCC 43-20-01.3

**20-04-01-06. Additional requirements for applications.** Applications must be completed within twelve months of filing. The board may require an interview with the applicant. In addition to the application requirements of North Dakota Century Code sections 43-20-01.2, 43-20-01.3, and 43-20-06, the board may require an application to include:

1. Proof of identity, including any name change.
2. An official transcript sent by an accredited dental school directly to the board.
3. Evidence demonstrating the applicant passed the examination administered by the joint commission on national dental examinations within two years of application.
4. Evidence demonstrating the applicant passed a clinical competency examination, approved by the board, within two years of application.
5. A certification, from the licensing board of every jurisdiction in which the applicant is licensed, that the applicant is licensed in good standing.
6. Certification that the applicant has completed a cardiopulmonary resuscitation course within two years of application.
7. Verification of physical health and visual acuity.
8. For applications for licensure by credential review, the law and rules stating the requirements for licensure, when the applicant was licensed, of the jurisdiction in which the applicant is licensed.
9. For applications for licensure by credential review and reinstatement from inactive status, proof of completion of sixteen hours of continuing education in accordance with section 20-04-01-08 within two years of application.
10. Any information required by the application forms prescribed by the board.

**History:** Effective January 1, 2011; April 1, 2015.

**General Authority:** NDCC 43-20-10

**Law Implemented:** NDCC 43-20-01.2, 43-20-01.3, 43-20-06

**20-04-01-07. Inactive status - License reinstatement.** A dental hygienist may, upon payment of the fee determined by the board, place the dental hygienist's license on inactive status. A dental hygienist on inactive status shall be excused from the payment of renewal fees, except inactive status renewal fees, and continuing education. A dental hygienist on inactive status shall not practice in North Dakota. To reinstate a license on inactive status, the dental hygienist shall apply on a form prescribed by the board, pay a reinstatement fee, and meet all of the following requirements:

1. The applicant has passed a clinical competency examination administered by a regional dental testing service, approved by the board in section 20- 04-01-04, within two years of application. The board may, within the board's discretion, waive this requirement.
2. The applicant passes a written examination on the laws and rules governing the practice of dentistry in this state administered by the board at a meeting.
3. The applicant has completed sixteen hours of continuing education in accordance with section 20-04-01-08 within two years of application.
4. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.
5. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.

**History:** Effective January 1, 2011.

**General Authority:** NDCC 43-20-10

**Law Implemented:** NDCC 43-20-06

**20-04-01-08. Continuing dental education for dental hygienists.** Each dental hygienist shall provide evidence on forms supplied by the board that the dental hygienist has attended or participated in continuing dental education in accordance with the following conditions:

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.
2. The continuing dental education hours will accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry will be accepted by the board without limit.
3. The minimum number of hours required within a two-year cycle is sixteen. Of these hours, a dental hygienist may earn no more than eight hours from self-study. Self-study is an educational process designed to permit a participant to learn a given subject without involvement of a proctor. Cardiopulmonary resuscitation courses must provide hands-on training. All other continuing education requirements may be satisfied from publications and online education. The continuing education must include:
  - a. Two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.
  - b. Two hours of infection control.
  - c. A cardiopulmonary resuscitation course.
  - d. For registered dental anesthesia hygienist permitholders, two hours related to sedation or anesthesia.
  - e. For registered dental restorative hygienist permitholders, two hours related to restorative dentistry.

4. Mere registration at a dental convention without specific attendance at continuing education presentations will not be creditable toward the continuing dental education requirement.
5. All dental hygienists must hold a current cardiopulmonary resuscitation certificate.
6. A dental hygienist who maintains a license on inactive status is not subject to continuing education requirements.
7. The board may audit the continuing education credits of a dental hygienist. Each licensee shall maintain certificates or records of continuing education activities from the previous renewal cycle. Upon receiving notice of an audit from the board, a licensee shall provide satisfactory documentation of attendance at, or participation in the continuing education activities listed on the licensee's continuing education form. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the license.

**History:** Effective January 1, 2011; amended effective April 1, 2015.

**General Authority:** NDCC 43-20-10

**Law Implemented:** NDCC 43-20-01.4



## ARTICLE 20-05 FEES

Section  
20-5-1-1

### CHAPTER 20-05-01 FEES

**20-05-01-01. Fees.** The board shall charge the following nonrefundable fees:

1. For dentists:
  - a. License by examination application fee \$440.00
  - b. License by credential review application fee \$1,200.00
  - c. Renewal fee \$400.00
  - d. Late fee \$400.00
  - e. Temporary license application and license fee \$250.00
  - f. Volunteer license application and license fee \$65.00
  - g. Inactive status application fee \$35.00
  - h. Inactive status renewal fee \$35.00
  - i. Inactive status reinstatement fee \$400.00
  - j. Dermal fillers and botulinum toxin permit \$200.00
2. For dental hygienists:
  - a. License by examination application fee \$200.00
  - b. License by credential review application fee \$450.00
  - c. Renewal fee \$150.00
  - d. Late fee \$150.00
  - e. Inactive status application fee \$35.00
  - f. Inactive status renewal fee \$35.00
  - g. Inactive status reinstatement fee \$150.00
3. For registered and qualified dental assistants:
  - a. Application fee \$130.00
  - b. Renewal fee \$100.00
  - c. Late fee \$100.00
4. For anesthesia permits:
  - a. Application fee \$200.00
  - b. Inspection fee actual cost
  - c. Renewal fee \$200.00
  - d. Late fee \$200.00
5. For a duplicate license, registration, or permit \$45.00

**History:** Effective May 1, 1992; amended effective October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; June 1, 2002; July 1, 2004; April 1, 2006; January 1, 2008; January 1, 2011; April 1, 2015.

**General Authority:** NDCC 43-20-10, 43-28-06

**Law Implemented:** NDCC 43-20-01.2, 43-20-01.3, 43-20-01.4, 43-20-06, 43-20-13.1, 43-20-13.2, 43-28-11, 43-28-16.2, 43-28-17, 43-28-24, 43-28-27