

PRESIDENT'S MESSAGE

2016



It's been a busy 2016! In March three new members were appointed to serve on the NDBDE. **Welcome** Mike Goebel, DDS, Bismarck; Dr. Michael Keim, DDS, Fargo; and Ms. Bev Marsh, RDH, from Horace. In addition to the standard business of the Board, new members have shared plans to participate in regional clinical examinations. It is very helpful for our state board to remain up-to-date and familiar with clinical board agency examinations. Doing so enables us to monitor the **validity** of clinical examinations assuring they confirm minimal competence of those seeking licensure in North Dakota.

John Tyler, Assistant Attorney General, new legal counsel to the Board, advises the Board in all things **legal**

including assistance with the most recent amendments to the Administrative Rules. In addition, during the past 12 months, Mr. Tyler has provided guidance while the Board has investigated complaints related to quality of care allegations, infection control, competency, and professional conduct issues. Many complaints are related to ineffective communications.

Proposed Administrative Rules **amendments** adopted by the Board include a broadening of the scopes of practice for dentists, hygienists and dental assistants and updating initial licensure requirements for dentists. The Board has also proposed amending continuing education rules. The CE amendment would allow practitioners to obtain CE directly related to the clinical practice of dentistry through self-study as described on the Board's website, or through online courses such as **webinars**. The Board has also discontinued the practice of CE approval. The onus now falls on the practitioner to determine if the CE subject matter is directly related to the clinical practice of dentistry. Professionals are responsible to ensure their own **competency** throughout their career.

Proposed Rules adopted by the Board related to prescribers are also part of larger efforts intended to control further increases of **opioid abuse** and addiction. Two new sections will, once approved by the Administrative Rules Committee, add language which require a dentist authorized by the DEA to prescribe controlled substances or dispense samples of controlled substances, to review data found in the ND Board of Pharmacy's **Prescription Drug** Monitoring Program. Similar legislation is or has been implemented in states across the country. The proposed amendments will offer very specific requirements as well as exceptions to the rule. **Proposed rule** changes have been submitted to the Attorney General's Office and ND Legislature's Administrative Council for approval, which is anticipated early 2017.

The Board's technology team continues to move forward with our **paperless** initiatives Dental assistants successfully led the way. In mic-October dental assistants were sent a notice requesting they obtain **renewal** forms online or complete the registration process online, the deadline being 12/31/2016. Dentists and dental hygienists will follow suit for their renewal process once renewal notices are sent; usually by mid-October.

The Board and licensed practitioners have a common denominator; the dental welfare of the public we seek to serve. The Board is charged with **protection** of the public and stands firmly in support of the ADA's Code of **Ethics**. The Code has the force of law and has been referenced in law for several years. The five principles are Autonomy, Beneficence, Nonmaleficence, Justice and Veracity. In simple terms these principles require that we each treat all of our patients truthfully and **fairly**, without harm, doing what we can to provide helpful treatment while respecting the ability and desires of each patient. Our profession's **integrity** hinges on respect for our patients who place their trust in dental professionals. The common denominator of each patient's dental welfare must always be our first and foremost concern.

In closing I would like to thank the members of the Board for their **dedication** and commitment to the NDBDE.

Sincerely, Troy **Petersen**, DMD, MD

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NDBDE DIRECTORY

PRESIDENT

TROY PETERSEN, DMD,
MD TERM EXPIRES
03/15/2019

PRESIDENT ELECT

OTTO DOHM, DDS
TERM EXPIRES
03/15/2020

SECRETARY TREASURER

TIM MEHLHOFF, CPA
TERM EXPIRES
3/15/2018

IMMEDIATE PAST PRESIDENT

GREGORY EVANOFF, DDS
TERM EXPIRES 03/15/2017

NEW MEMBER

MIKE GOEBEL, DDS
TERM EXPIRES 3/15/2021

NEW MEMBER

MICHAEL KEIM, DDS
TERM EXPIRES
3/15/2021

NEW MEMBER

BEV MARSH, RDH
TERM EXPIRES
3/15/2021

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Title 20 of the North Dakota Administrative Code

contain rules promulgated by the North Dakota State Board of Dentistry. The Administrative rules have been adopted by the Board.

The Administrative Rules do not become law until after the rules are reviewed by the Attorney General's Office, The Legislative Counsel, and then approved by members of the Administrative Rules Committee.

This process is currently ongoing and a draft of the proposed rules as adopted by the NDBDE 9/23/2016 can be found at

www.nddentalboard.org click on LAWS & REGULATIONS, and go to LEGISLATIVE ACTIVITY.

HIGHLIGHTS of the rules recommended by the NDBDE may be found on page 5.

Temporary License to Practice Dentistry

New amendments proposed address application for temporary license. The amendments include a provision to require the criminal background check. The Board has experienced situations where expediting the temporary or volunteer license was an issue. The Board will not expedite a temporary license if the background check is incomplete or questionable. The Board discourages temporary license applicants from utilizing the process as a way to circumvent full licensure status.

Dental assistants registered with the Board renewed registrations by utilizing the Board's website to either download the renewal form or renew online. Registered Dental Assistants (RDA) and Qualified Dental Assistants (QDA) congratulations. Next fall the dentists and dental hygienists will also

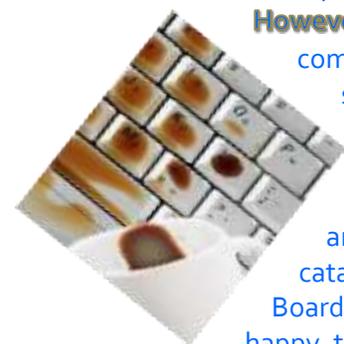
Paperless!

be required to renew licenses online before 12/31/2017. The process is simple; the Board's office sends via US Postal Service, a notice providing two options for renewal of registration; go online and either download the renewal form or renew online.

As you may recall, the Board has been moving toward the "paperless" infrastructure to further enhance improvements in security and accessibility of documents while reducing storage required for volumes of information.

In the future, online renewal will be our trusted and only option. The Board is incrementally building a "paperless" infrastructure to further enhance improvements in security and accessibility of documents while reducing storage needs.

The Board website provides the forms and information regarding applications and forms, and a considerable amount of information for professionals and consumers....all at your fingertips!



However, should your computer crash, snag a virus, coffee damage, the dog ate it, or any other catastrophe, the Board's office is happy to accept your paper form. Hey! More trees for the bears to climb. Again...the trees (and the bears) thank you!

ANNUAL REPORT NORTH DAKOTA BOARD OF DENTAL EXAMINERS

Submitted July 21, 2016

The North Dakota Board of Dental Examiners is a legislatively-mandated state regulatory agency charged with adopting and enforcing reasonable rules, examining and regulating applicants for licenses or registrations to practice dentistry, dental hygiene and dental assisting. As such, the Board is neither tasked as an affiliate nor a subsidiary of any professional or private organization.

On behalf of the Board I am pleased to present the Annual report for year ended July 1, 2016. I would like to thank the Board for their dedication toward a busy year for the NDBDE. The Board continues to move toward delivering the latest information, licensing procedures, and renewal of licensure in a paper-free or paperless methods. Although it is impossible to be completely paperless, the advantages far outweigh the disadvantages. Aside from money saving benefits and the costs of storing bulky records, reasons for moving toward a paperless office are numerous. The Board will no longer be sending paper renewal forms, rather a paper reminder (and in the future an email reminder) for licensees to renew the license and registration online.

New Administrative Rules have been proposed and can be found on the Board website at www.nddentalboard.org under the Laws and Rules tab, see Legislative Activity. As charged, the Board continues to focus its mission to protect the public while striving to maintain the integrity of the profession. The Board welcomed three new members; Dr. Mike Goebel, Dr. Michael Keim and Bev Marsh, RDH.

The Board is comprised of five standing committees; Legislative, Complaints, Continuing Education, Anesthesia and Application Review. Responsibilities of committee chairs include ensuring that matters directed to committees are addressed in a timely fashion and reporting committee work at quarterly meetings. Highlights of activities are as follows:

2016 OFFICERS AND MEMBERS	Location	Term Ends
Troy Petersen, DMD, MD	Grand Forks	3-15-2019
Otto Dohm, DDS President - Elect	Bismarck	3-15-2020
Tim Mehlhoff, CPA, Sec-Treasurer Public Member	Grand Forks	3-15-2018
Greg Evanoff, DDS	Minot	3-15-2017
Michael Goebel, DDS	Bismarck	3-15-2021
Michael Keim, DDS	Fargo	3-15-2021
Bev Marsh, RDH	Horace	3-15-2021

LEGISLATIVE COMMITTEE The Board is in the process of adopting new rules. The proposed changes to the Administrative Rules are numerous, some more significant than others. Proposed changes include a provision allowing a dentist who holds a permit to administer sedation to authorize an anesthesia dental assistant to provide those duties as specified in rule and under direct visual supervision or contiguous supervision. Currently, the anesthesia dental assistant must be under the supervision of an OMFS.

Receiving the most attention and comment is the proposal to eliminate the requirement that one half of mandatory continuing education must be in a classroom style setting. The Board moved to eliminate the barrier and allow all continuing education to be obtained online, with the exception of CPR which must have a hands-on component.

The Board also determined that since clinical Boards are very dynamic, Board approved regional clinical board exams will be posted on the web site rather than in the Administrative Rules allowing the Board agility in its acceptance or withdrawal from acceptance of a clinical examination which falls short of the Board's criteria. To review more proposed rules changes, please visit the Board's website or call the Board for a copy of the proposed rules.

COMPLAINT COMMITTEE Licensees and registrants whose fitness to practice, performance or communication skills have been called into question often end up before the NDSBDE's Complaint Committee. The Board addressed a total of 28 complaints in the period of July, 2015 through July, 2016. The Board addressed statute violations related to: advertising, unprofessional conduct, directing unlicensed or unqualified auxiliary to perform procedures they are not authorized to perform, overtreatment, incompetency, failure to report to the Board as required under section 43-28, failure to release a dental record and violations of the code of ethics.

CONTINUING EDUCATION Sponsors of continuing education courses are no longer required to seek approval for CE courses. It is the obligation of the practitioner to ensure that CE submitted to the Board meets the requirements set forth by the Administrative Rules. The online Ethics and Jurisprudence Exam offered on the NDSBDE web site, at no cost, meets CE requirement for Ethics and Jurisprudence. Two credit hours may be obtained by successfully completing the online exam.

ANESTHESIA COMMITTEE A general dentist who intends to use the services of a qualified anesthesia provider shall notify the Board and arrange a site evaluation with the Board's designated anesthesia professional. Contact information is located on moderate and

minimal sedation site evaluation forms found on the website. Any dentist administering nitrous oxide/oxygen in (con't pg.4)

combination with any additional single enteral drug must maintain a minimal sedation permit issued by the Board. Sedation permit holders are required to have 4 CEU's related to sedation upon renewal of the sedation permit.

APPLICATION REVIEW COMMITTEE ND statute requires licensed North Dakota dentists, hygienists and dental assistants to report within 60 days information regarding any illegal, unethical, or errant behavior or conduct including dental malpractice judgment or settlements [See 43-28-18.1 Duty to report.]. The Application Review Committee reviews applications when licensees have reported any action taken by law enforcement or other sanctioning bodies. The Committee monitors the license status and events which may influence public safety and which would therefore be of concern to the Board. Duty to report requires the dentist, dental hygienist or dental assistant to advise the Board in a timely manner if he or she reasonably believes another dental licensee has committed an illegal or immoral act.

Licenses and Registration Statistics as of 6/03/2016

Licensee	In State	Total	Inactive License
Dentist	420	447	50
Dental Hygienist	627	779	77
Dental Assistant	573	689	n/a

TOTAL OF ALL LICENSES and REGISTRATIONS: 2042

Respectfully Submitted,
Rita Sommers, Executive Director, NDBDE

PRESCRIBER'S PROPOSED RULES AMENDMENTS

Duty to report 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.

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 information from prescription drug monitoring program databases, analyzes the data, and provides a risk based score that includes prescription drug monitoring program data.

HIGHLIGHTS OF PROPOSED RULES

CONTINUED FROM PAGE 2

Section 20-01-02-01 is composed of definitions which apply to Title 20. Definitions that were added and amended to illuminate qualifications of the different levels of dental assistant. Many of the changes made in rule address many of the calls received by the Board. Clarification was required. Definitions pertaining to anesthesia were amended so that a dentist holding a moderate sedation permit could be authorized to utilize the duties of the anesthesia dental assistant. Chapter 20-02-01 General Requirements (Dentist section) Significant changes adopted include amending Section 20-02-01-03.1. Additional requirements for licensure by examination. The Board determined that in order to keep up with the dynamic nature of the clinical regional boards, new applicants for license by examination will be apprised of the accepted clinical board by way of the Board's website. Currently the Board accepts any exam which includes specific components. Regional boards experience immense pressure from educators and students who routinely lobby under the auspices of 'ethics'. The result does not always appear, from a Board perspective, to be in the best interest of the public.

Section 20-02-01-04 was revised to

provide consistency to requirements for dental licensure. Therefore, applicants for temporary licensure shall be required to submit to the criminal background check, provide evidence of CE and meet other requirements under section 20-02-01-03.1 and 20-02-01-03.2. Section 20-02-01-05 addresses anesthesia, particularly standards such as the site evaluation apply to a dentist who collaborates with a qualified and licensed anesthesia or sedation provider. The Board also determined that site evaluations shall be every 5 years. Section 20-02-01-05 Article 20-03 which exclusively addresses dental assistants: Regulations authorizing duties, requirements for registration and prohibited duties to name a few. The section defines RDA (registered dental assistant) and QDA, (qualified dental assistant) according to the expanded duties and level of supervision required as well as duties that are prohibited. Definitions for RDA and QDA were also added to Chapter 20-01-02. The new language provides clarity and should address questions often submitted to the Board. The Board routinely addresses complaints related to practitioners oblivious to duties that dental assistants are authorized to provide (or not provide in most cases). Language amended in the dental assistants' duties was applied equally to the dental hygiene amendments as found in Article 20-04, whenever duties are the same.

Section 20-02-01-04 which describes requirements for a temporary license to practice dentistry was amended to require applicants to show evidence of a diploma from an accredited program, evidence of CE, and require a criminal background check. When the Board authorized dental hygienists and dental assistants with the appropriate training to provide anesthesia duties, the auxiliary was limited to working under the supervision of an OMFS. Sections 20-03-01-01.1 and 20-04-01-03.1 were amended authorizing a general dentist who is authorized by permit to provide sedation to also utilize the permitted RDA or RDH to assist with anesthesia duties.

To date the new rules have not been adopted into the law. The rules amendment process requires the approval of the Attorney General's Office and must also pass muster with the Administrative Rules Committee. Until such time that the Administrative Rules process has been completed, the NDBDE urges practitioners to follow the Guidelines for using the Prescription Drug Monitoring Program for Prescribers. <https://www.nddentalboard.org/laws-and-rules/index.asp#OtherLaws>.

TELEDENTISTRY – ARE WE THERE YET?

NDBDE MEMBER MIKE GOEBEL, DDS, ATTENDED THE DEPARTMENT OF ORAL HEALTH'S PRESENTATION REGARDING TELEDENTISTRY. DR. PAUL GLASSMAN SPOKE TO DENTAL STAKEHOLDERS SUPPORTING EXPANSION OF THE TRADITIONAL DENTAL PRACTICE AND ITS ADVANTAGES TO PUBLIC HEALTH. PATIENTS LIVING IN RURAL AREAS WOULD HAVE A VIRTUAL HOME ACCESSING DENTAL CARE THEY MIGHT OTHERWISE HAVE TO DO WITHOUT. IF DENTAL AUXILIARY ARE UTILIZING TELEDENTISTRY, SUPERVISION LAWS FOLLOW THE NORTH DAKOTA CENTURY CODE AND THE ADMINISTRATIVE RULES. SB 2052, NEW LEGISLATION REGARDING TELEHEALTH, PERTAINS TO PUBLIC EMPLOYEES INDIVIDUAL AND GROUP HEALTH INSURANCE COVERAGE AND NAMES DENTISTS AS PROVIDERS.

2017 NDBDE MEETINGS

**January 13-14, 2017
Hampton Inn
Grand Forks**

**April 7-8, 2017
Holiday Inn, Fargo**

**June 16-17, 2017
KELLY INN, Bismarck**

**Sept 14-15, 2017
Holiday Inn, Fargo**

AMALGAM?

UNDER THE AUTHORITY OF THE CLEAN WATER ACT OF 1972, THE ENVIRONMENTAL PROTECTION AGENCY'S (EPA) FINAL RULE AFFECTS ALL NEW AND EXISTING DENTAL PRACTICES THAT USE DENTAL AMALGAM.

The EPA claims that the rule which would require dental offices to use amalgam separators for capturing mercury and other metals, will reduce mercury exposure and improve human health. The new regulation [40 CFR Part 441-Dental Office Point Source Category], released December 15, 2016 requires dental practices using amalgam to install amalgam separators.



The ND Department of Health – Division of Water Quality will regulate the rule by requiring a one-time registration of the device. Dental offices will be sent notices by the Department of Health-Division of Water Quality.

Existing dental offices must comply within three years after the effective date of rule. The compliance date for new dental offices is the effective date of rule.

THE BOARD'S PRIMARY FUNCTION IS THAT OF A REGULATORY BODY THAT MAKES LICENSURE DECISIONS AND MONITORS COMPLIANCE WITH THE STATUTE AND REGULATIONS GOVERNING THE PROFESSION.

Disciplinary procedures are also an important function of the Board. The Board often receives inquiries regarding the complaint process. Complaints against licensees originate from many sources: patients, patients' family members, other practitioners, and even medical malpractice insurance companies. The Board may also initiate action on its own motion if it becomes aware of a possible violation of the Dental Practice Act.

The Board follows the same

REGULATION

procedures for all complaints, whether frivolous or not. The individual(s) whom the complaint is against receives a copy of the complaint and a request for a written response.

The Board occasionally receives anonymous complaints. Anonymous complaints are difficult to address as the Board cannot ask questions of the complainant during any investigation process. The Board can often logically deduce who may be making the complaint. Once the requested information is received by the Board, the matter is addressed at a meeting of the Board. The Board may choose to investigate further, dismiss the case, or initiate disciplinary action. Complaints are dismissed when the evidence presented cannot substantiate the allegation. Often times a complaint is a matter of "he said-she said" and cannot be adjudicated. Although the Board may not take action, the case may be forward to the NDCA's Peer Review committee for further analysis. Peer Review serves the public and profession by providing an alternate means of achieving resolution of disputes between patients and dentists. Fee disputes are an example of cases sent to the Peer Review Committee. If the Board determines that the complaint has no merit, the complaint is dismissed. In the event of disciplinary action, a Settlement Agreement may be offered to the license. If a Settlement Agreement cannot be agreed upon, the case may be heard before an Administrative Law Judge who conducts a formal hearing. All parties are notified upon the Board's final decision.

For information on who must report and what must be reported review NDCC 43-28-18.1. Information regarding how to self-report may be found on each practitioner's **Overview Page** on the Board' website:

www.nddentalboard.org

How to Self-Report – North Dakota Century Code

43-28-18.1 requires reporting in writing within 60 days of the event any illegal, unethical, or errant behavior or conduct.

OPIOIDS OPIOIDS OPIOIDS

Did You Know That...

- In 2012, health care providers wrote 259 million prescriptions for opioid pain medication, enough for every adult in the United States to have a bottle of pills.²³
- Opioid prescriptions per capita increased 7.3% from 2007 to 2012.
- The U.S. Centers for Disease Control and Prevention announced there were **more deaths** in 2015 from **opioid overdose**, 12,989, **than homicides**, 12,979.
- On the North Dakota front, officials said the state experienced a 400 percent increase in heroin use between 2013 and 2015, which appears to be accelerating.
- Use of **prescription painkillers** is now **more widespread** in the U.S. **than using tobacco**. Many people who overdose on substances like heroin **began with** a dependence on prescription **painkillers**, but switch after building high tolerances that made

them too expensive⁴.



**START LOW.
GO SLOW.**

GUIDELINE FOR
PRESCRIBING
OPIOIDS FOR
CHRONIC PAIN

www.cdc.gov

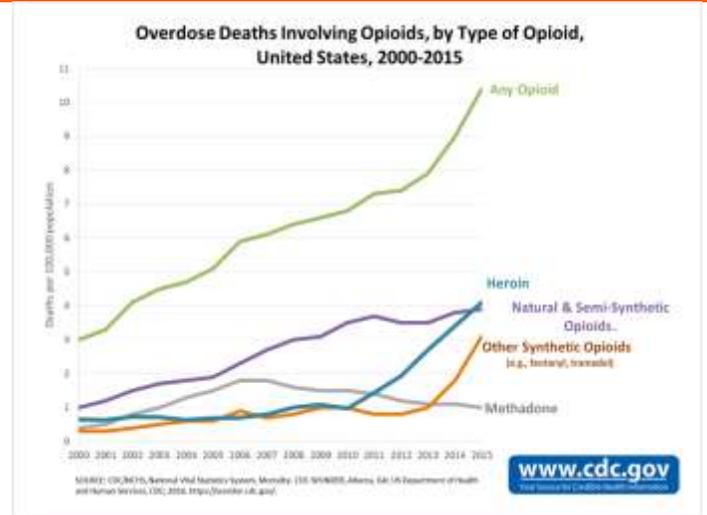
Rates of opioid prescribing vary greatly across states in ways that cannot be explained by

the underlying health status of the population, highlighting the lack of consensus among clinicians on how to use opioid pain medication.

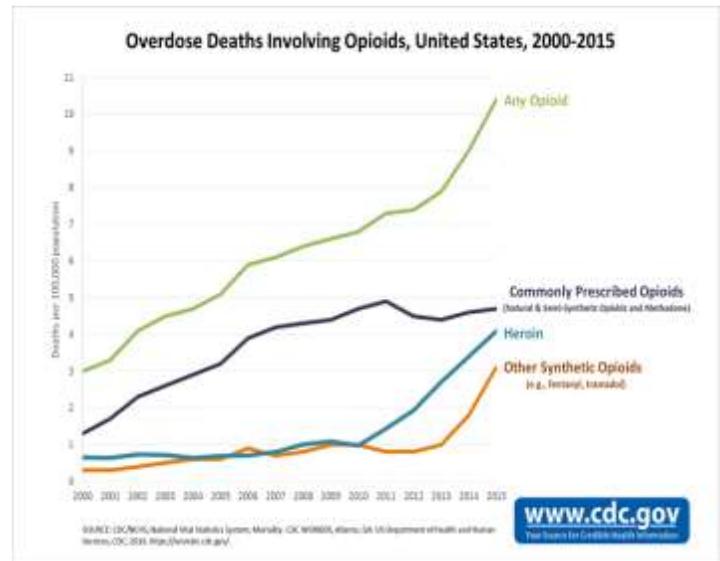
- The 2016 CDC Guideline for Prescribing Opioids for Chronic Pain recommends avoiding opioids as a **first-line therapy** for chronic pain and limiting quantities when initiating opioids for **acute pain** (5).

The CDC looks at four categories of opioids:

1. **Natural opioid analgesics**, including morphine and codeine, and **semi-synthetic opioid analgesics**, including drugs such as oxycodone, hydrocodone, hydromorphone, and oxymorphone;
2. **Methadone**, a synthetic opioid;
3. **Synthetic opioid analgesics** other than methadone, including drugs such as tramadol and fentanyl; and
4. **Heroin**, an illicit (illegally-made) opioid synthesized from morphine that can be a white or brown powder, or a black sticky substance.



The findings show that two distinct but interconnected trends are driving America's opioid overdose epidemic: a 15-year increase in deaths from prescription opioid overdoses, and a recent surge in illicit opioid overdoses driven mainly by heroin and illegally-made fentanyl. Both of these trends continued in 2015.



Opioids, primarily prescription pain relievers and heroin, are the main drugs associated with overdose deaths. In 2014, opioids were involved in 28,647 deaths, or 61% of all drug overdose deaths; the rate of opioid overdoses has tripled since 2000.

www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
 CDC. Wide-ranging online data for epidemiologic research (WONDER). <http://wonder.cdc.gov>. Centers for Disease Control and Prevention. <http://emergency.cdc.gov/han/han00384.asp>
 Rudd RA, Seth P, David F, Scholl L. **Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015**. MMWR Morb Mortal Wkly Rep. ePub: 16 December 2016.
 DOI: <http://dx.doi.org/10.15585/mmwr.mm650e1>.
⁴Steve Birr, The Daily Caller News Foundation 12/2016

May I See Your License and Registration Please?

Attempting to gain employment and provide duties without presenting a valid license or registration would be a setback in the license and registration process. Is it worth it?

An area of concern encountered by the NDBDE is the issue of non-registered dental assistants and hygienists in the midst of the licensing process...practicing without a license. There have been instances where a hygienist applying for license becomes employed and begins working as a dental hygienist without a current license. To avoid penalty from the NDBDE, verify the license and registration by checking the Board's web site www.nddentalboard.org to determine the current status of licenses and registrations. A promising employee may have applied for licensure but all requirements may not have been met by the applicant.



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SINCE 2009 NORTH DAKOTA HAS OFFERED TWO PROGRAMS FOR CITIZENS TO DISPOSE OF UNWANTED MEDICATIONS. TAKE BACK (TB) SITES ARE FOUND AT LOCAL LAW ENFORCEMENT AGENCIES USUALLY 24/7. YELLOW JUG (YJ) SITES ARE AT PARTICIPATING PHARMACIES AS SEEN ON THE ND ATTORNEY GENERAL'S WEB SITE. THE ATTORNEY GENERAL'S WEBSITE PROVIDES A LIST OF THE PATICIPATING SITES ON THE PAGE TITLED **TAKE BACK PROGRAM LOCATIONS**. IF YOUR OFFICE IS PRESCRIBING OPIOIDS, YOU MAY WISH TO PROVIDE THE INFORMATION TO PATIENTS.

<https://attorneygeneral.nd.gov/public-safety/take-back-program/take-back-program-locations>

Pursuant to the North Dakota Century Code, licensed and registered dentists, hygienists, and registered dental assistants shall notify the NDBDE within 30 days of a new address. A dentist must provide a new business address. All address changes must be made by fax (701) 224-9824, or mail in the completed form below. The information may be sent by e-mail to info@nddentalboard.org.

Mail or Fax *Change of Address Form* to:

NDBDE
PO Box 7246
Bismarck, ND 58507-7246

EFFECTIVE DATE OF CHANGE ____/____/____

OLD ADDRESS:

NEW ADDRESS:

Name _____

License Number: _____

Daytime Phone: _____

Name Change: Submit a notarized copy of proof of legal name change. Documents will not be returned. Please do not submit original legal documents.

Reminder: Dental and dental hygiene licenses expire **December 31, 2017.**