



North Dakota State Board of Dental Examiners

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

2018-2019 APPLICATION

DENTAL ANESTHESIA ASSISTANT PERMIT | DENTAL ANESTHESIA ASSISTANT RENEWAL

OFFICE USE ONLY - Postmark Date:

The North Dakota Board of Dental Examiners may issue or renew a permit authorizing a registered dental assistant (RDA) or a registered dental hygienist (RDH) to provide dental anesthesia assistant duties under the direct supervision of a dentist authorized by permit to provide moderate sedation.

The permit is subject to renewal at the time of license/registration renewal. An individual may not provide anesthesia assistant duties until the Board approves the initial application. If the permit renewal application is not postmarked on or before December 31st (of odd numbered years for the RDH; even numbered years for the RDA), the permit expires. **Note:** The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information with the Board.

IDENTIFYING INFORMATION

PRINT Full Name (First, Middle, Last, Maiden)		Email Address	<input type="checkbox"/> RDA	<input type="checkbox"/> RDH
Social Security Number	Date of Birth	ND RDA Registration or ND RDH License Number		
Home Address		Home Phone	Cell phone	
City	State	Zip Code + 4		
Dentist Employer (print full name of dentist)				
Office Address		City	State	Zip Code + 4
County	Email Address			
Office Phone Number	Office Fax Number			

VERIFICATION OF EDUCATION | TRAINING | COMPETENCY EXAMINATION

- I WISH TO SUBMIT INITIAL APPLICATION FOR THE DENTAL ANESTHESIA ASSISTANT PERMIT (check one of the following):
- CLASS I PERMIT** - The applicant successfully completed a Board-approved dental anesthesia assistant education and training course and has proof of current certification status from a competency examination such as the Dental Anesthesia Assistant National Certification Examination or other equivalent examinations approved by the board; OR
- CLASS II PERMIT** - The applicant provides proof of successfully completing a Board-approved dental anesthesia assistant education and training course and has successfully completed training in a Board-approved intravenous access or phlebotomy course that includes experience starting and maintaining intravenous lines; OR
- The applicant successfully completed a Board-approved course over one year from the date of application and provides evidence from another state or jurisdiction where the applicant legally is or was authorized to perform anesthesia assistant duties.

SUBMIT EVIDENCE OF THE FOLLOWING (photocopies only):

- ✓ Current and valid certification for Health Care Provider Basic Life Support, or Advanced Cardiac Life Support or Pediatric Advanced Life Support; and
- ✓ Evidence of successfully completing a Board approved curriculum;
- ✓ Evidence of successfully passing the DAANCE or other Board approved clinical competency examination;
- ✓ For Class II Permit, in addition to the above requirements, the applicant must provide evidence of successful completion of intravenous access or phlebotomy training that includes experience starting and maintain intravenous lines.

I wish to **RENEW** the **ANESTHESIA ASSISTANT PERMIT** and I am submitting with this application 2 hours of continuing education related to the permit renewal and;

EVIDENCE OF THE FOLLOWING (photocopies only):

- ✓ Current and valid certification for Health Care Provider Basic Life Support, or Advanced Cardiac Life Support or Pediatric Advanced Life Support; and
- ✓ Current certification from the American Association of Oral and Maxillofacial surgeons Dental Anesthesia Assistant National Certification or other board approved competency examination; and
- ✓ A copy of the employer's ND moderate sedation or general anesthesia permit of the dentist where the registered dental assistant is providing dental anesthesia assistant duties.

DISCLOSURE | Please respond to all questions. If you answer "YES" to any question, please attach a written explanation. IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION.

1. Have you been named as a defendant or respondent in any malpractice proceeding within the last 24 months?	YES	NO
2. Have you ever been charged with or convicted of any crime, felony or misdemeanor other than a minor traffic offense within the last 24 months?	YES	NO

Note: If you answered "yes" to questions (1) or (2) you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

3. Have you ever been cited for operating a motor vehicle while under the influence of drugs or alcohol within the past 24 months?	YES	NO
"Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g., meth, or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.		

If you answered "yes" to question (3) the Board will require copy of evaluation and recommendations for treatment if any were issued; a copy of the criminal charges, reported offense, police report and judgment and disposition of criminal complaint; disposition of the offense, final disposition, any orders or any actions pending. Please send your information directly to the Board.

4. Are you currently engaged or have you engaged in the last 24 months in the illegal use of controlled substances? If 'yes', are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances?	YES	NO
5. Have you ever held or applied for a license or certificate in any state, country, or province has or was it ever been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, or voluntarily surrendered under threat of investigation or disciplinary action?	YES	NO
6. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, or voluntarily surrendered under threat of investigation or disciplinary action?	YES	NO

I fully understand I will be subject to the penalties imposed pursuant to NDCC § 43-28 if I provide duties beyond my scope of training and education beyond the duties specified in Chapter 20-03 and Chapter 20-04. I acknowledge that while my permit is active, I must renew the permit biennially, and keep my address current with the Board in accordance with NDCC § 43-28-23. I further attest that the information provided is true and correct AND I personally filled out this form. I understand that it is a violation of NDCC § 43-28-17 to make any false or untrue statement in the application. **I understand that should I provide any false information, my license and registration may be suspended or revoked.**

Signature of registered dental assistant: _____ Date: ____/____/20____
 Mail this form to: NDBDE
 PO Box 7246
 Bismarck, ND 58507-7246