



# North Dakota Board of Dental Examiners

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

Web [www.nddentalboard.org](http://www.nddentalboard.org) • Email [info@nddentalboard.org](mailto:info@nddentalboard.org)

## Dermal Fillers and Botulinum Toxin for Dental Use

### Standards | Application

Notwithstanding a dentist who specializes in oral and maxillofacial surgery, the Board may issue a permit to a dentist who provides evidence of satisfactory training from an educational program accredited by the Commission on Dental Accreditation of the American Dental Association or the applicant provides evidence of successful completion of a **Board approved CE course** within three months of submitting the application and application fee of \$200.

The course shall include 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 botulinum toxin and dermal fillers.

A dentist specializing in oral and maxillofacial surgery is not required to hold the permit for use of dermal fillers and botulinum toxin use. Use of dermal fillers and botulinum toxin is limited to the practice of dentistry as defined in NDCC § 43-28-01(7).



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## 2018-2019 Initial Application Permit to Administer Dermal Fillers and Botulinum Toxin

OFFICE USE ONLY	Postmark Date	Date Received	Permit fee \$ 200	Check #
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Return application and application fee of \$200.00 with any required supporting documentation to:

**North Dakota Board of Dental Examiners**  
**PO Box 7246**  
**Bismarck, ND 58507-7246**

Initial applicants submit documentation which includes copies of completed course work/transcript and certificates/evidence of completion from a program accredited by the Commission on Dental Accreditation or a Board approved course taken within three months of initial application for permit to administer dermal fillers and botulinum toxin. Incomplete applications will be returned. Fees are nonrefundable.

### TYPE OR PRINT LEGIBLY

Full Name (First, Middle, Last)			Date of Birth	
Other names used		Email Address		
Social Security Number	ND Dental License Number		Office Phone	
Office Address		Fax Number		
City	State			Zip Code + 4
Home Address			Home Phone	
City	State	County	Zip Code + 4	
Is your practice limited to an ADA recognized specialty? Specialty:			YES	NO
Do you have a number from the Drug Enforcement Agency? DEA Number:			YES	NO
Has your DEA number ever been revoked or suspended? If YES provide written explanation.			YES	NO
<p><b>I am APPLYING for a ND Permit authorizing the administration of dermal fillers and botulinum toxin and I submit documentation for the following educational requirement:</b></p> <p><input type="checkbox"/> Successful completion of a residency program or other satisfactory training in a program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer dermal fillers and botulinum toxin;                   OR</p> <p><input type="checkbox"/> A comprehensive continuing education course of instruction approved by the NDBDE which includes requirements as provided by Administrative Rule 20-02-01-11.</p>				
<p><b>ATTESTATION:</b> I hereby certify that I have met the educational requirements for administration of botulinum toxin or dermal fillers for the purpose of functional, therapeutic, and aesthetic dental treatment purposes and I further attest that I am in full compliance with requirements of North Dakota Administrative Code 20-02-01-11.</p> <p>The information contained in this application is true and correct to the best of my knowledge. I understand that under the North Dakota Century Code 43-28-18 providing false information is grounds for denial, suspension, or revocation of a license.</p> <p>Applicant Signature _____ Date ____ / ____ / ____</p>				