



North Dakota Board of Dental Examiners

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

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

Dermal Fillers and Botulinum Toxin for Dental Use

Standards | Application

The Board may issue a permit to a dentist who provides satisfactory evidence of satisfactory training in a residency or other educational program accredited by the Commission on Dental Accreditation of the American Dental Association; or

The applicant has successfully completed a Board approved CE course within three months of submitting the application and application fee of \$200. The Board advises practitioners to provide a copy of the CE coursework for the Boards review *prior* to taking the course.

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).



North Dakota Board of Dental Examiners

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

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

Application for Permit to Administer Dermal Fillers and Botulinum Toxin

OFFICE USE ONLY	Postmark Date	Date Received	Permit fee \$ 200	Check #
-----------------	---------------	---------------	-------------------	---------

Return application and permit application fee of \$200.00 with supporting documentation to:

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

Documentation includes copies of completed course work/transcript from a program accredited by the Commission on Dental Accreditation or a Board approved CE course taken within three months of application. 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

I am applying for a ND Permit to Administer Dermal Fillers and Botulinum Toxin and I submit documentation for the following educational requirement:

- 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
- A comprehensive continuing education course of instruction approved by the NDSBDE which includes requirements as provided by Administrative Rule 20-02-01-11.

ATTESTATION: I hereby certify that I have met the educational requirements for administration of dermal fillers and botulinum toxin for dental use and I further attest that I am in full compliance with all the requirements of North Dakota Administrative Code 20-02-01-11.

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.

Applicant Signature _____ Date ____ / ____ / ____