



# North Dakota Board of Dental Examiners

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## 2019-2020 Renewal Application Permit to Administer Dermal Fillers and Botulinum Toxin

OFFICE USE ONLY Postmark Date:

Date Received:

Return renewal application *postmarked by 12/31/2019* to:

**North Dakota Board of Dental Examiners**

**PO Box 7246**

**Bismarck, ND 58507-7246**

**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Has your DEA number ever been revoked or suspended?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

**ATTESTATION**

**I am RENEWING** my permit authorizing administration of dermal fillers and botulinum toxin and 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.

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_