



# North Dakota State Board of Dental Examiners

PO Box 7246, Bismarck, ND 58502 • Phone 701-258-8600 • Fax 701-224-9824

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

## INITIAL APPLICATION | RESTORATIVE FUNCTIONS PERMIT

### 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 restorative functions under the direct supervision of a dentist. An RDH or RDA may perform the placement and finishing of direct alloy or direct composite restorations, under the direct supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration. The restorative functions shall only be performed after the patient has given informed consent for the placement of the restoration by a restorative function registered dental assistant or registered dental hygienist. Before the patient is released, the final restorations shall be checked and documented by the supervising dentist. There is no fee required for restorative functions permit or renewal. Appropriate CE must be submitted for renewal of this permit. The permit is subject to renewal at the time of license/registration renewal. An individual may not provide restorative functions duties until the Board approves the initial application. If the restorative functions 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	Registration or License Number	
Home Address		Home Phone	Cell phone
City	State	Zip Code + 4	
Office/Employer Name			
Office/Employer County		Office Address	
City	State	Zip Code + 4	
Office Phone Number		Office Fax Number	

### VERIFICATION OF EDUCATION | TRAINING | COMPETENCY EXAMINATION

#### APPLICATION FOR THE RESTORATIVE FUNCTIONS PERMIT (check one of the following):

The applicant successfully completed a Board-approved curriculum from a program accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association or other board-approved course and successfully passed the Western Regional Examining Board's restorative examination or other equivalent examinations approved by the board within the last five years;

**OR**

The applicant successfully completed a Board-approved course and successfully passed the Western Regional Examining Board's (WREB) restorative examination or other Board approved examination over five years from the date of application and provides evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least twenty-five restorative procedures within the previous five years from the date of application. **An applicant who has taken WREB over five years from application date, must provide a letter of endorsement and verification of competently performed restorative procedures.**

#### 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 from a program accredited by CODA;
- ✓ Evidence of successfully passing the WREB or other Board approved clinical competency examination;
- ✓ Evidence of successfully passing restorative function component of the DANB certified restorative functions dental assistant certification examination or other Board-approved competency written examination.

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 that I have personally completed 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. **SUBMIT THIS FORM TO: NDBDE, PO BOX 7246, BISMARCK, ND 58507-7246**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_