

INACTIVE LICENSE

Inactive Status | Renewal of Inactive Status | Reinstatement of Inactive License

You may wish to place your license on inactive status if you practice out of state or have retired. Inactive status permits the licensee to retain their license in good standing and avoid cancellation, and allows the licensee to receive all Board mailings. To maintain inactive status, the inactive status renewal application and application fee must be received by the Board by December 31st annually. The annual fee for an inactive license is \$35.

While on inactive status, the licensee may not engage in the practice of dentistry or dental hygiene in the state until the individual submits a reinstatement application, pays the renewal fee, and meets any additional requirements established by rule of the Board. Continuing education is not required while the licensee remains on inactive status.

Once a dental or dental hygiene license is placed on inactive, the process and requirements to reinstate the license are listed below. In order to restore an inactive license to active status, the licensee shall submit the reinstatement application to the board on a form provided by the board, accompanied by evidence that the licensee has completed the required number of hours of approved continuing education within the last two years preceding application.

Reinstatement applications and the associated application fee must be received by the Board 30 days prior to the Board's formal meeting. Other required documents may be sent and received by the Board after the application has been received. Once the application and fee have been received by the Board's office the applicant will be sent criminal background check fingerprint cards with instructions. Processing this information may take up to 14 business days. Additional requirements of reinstatement include:

- The applicant has passed a clinical competency examination administered by a regional dental testing service, approved by the board in section 20-02-01-03.1, within five years of application. The Board may, within the Board's discretion, waive this requirement.
- Proof that the dental applicant has completed 32 hours of continuing education in accordance with Administrative Rule § 20-02-01-06 or the dental hygiene applicant has completed 16 hours of continuing education in accordance with Administrative Rule § 20-04-01-08 within two years of application. CE must include 2 hours of infection control and ethics/jurisprudence.
- Proof that the applicant has successfully completed a cardiopulmonary resuscitation course within two years of application. CPR courses taken online must include a "hands-on" component.
- Grounds for denial of the application under NDCC § 43-28-18 do not exist.
- The applicant must deliver to the board license verification from the examining or licensing board of every jurisdiction in which the individual is or was licensed to practice, certifying that the individual is or was licensed. The license verification form can be downloaded from the Board's web site.
- The applicant provides three completed letters of reference on the *Confidential Professional Reference* forms. References should be from licensed dentists or other professionals who can attest to the applicant's professional character and technical skills. Therefore, references from classmates, friends, relatives, spouses, EMPLOYEES or patients are not accepted by the Board. The reference letters must be returned to the Board by the reference and not the applicant.
- The applicant has passed a written examination on the laws and rules governing the practice of dentistry in this state administered by the board.
- If the applicant intends to provide anesthesia services, a separate application is required. Dental hygienists are not required to have a local anesthesia permit unless they intend to utilize this expanded function. A dentist licensed in ND may not use any form of sedation if the intent is beyond anxiolysis on any patient unless such dentist has a permit currently in effect issued by the Board. Anesthesia services which require a permit:
 - Dental hygienist: Local anesthesia permit required.
 - Dentist: Minimal, moderate enteral or parenteral sedation, deep sedation and general anesthesia require permit and site evaluation.
- The Board may require reexamination of clinical skills.
- The applicant provides proof of 14 hours nitrous oxide training or proof demonstrating three years of practical experience in the use of nitrous oxide of as required by Admin. Rule 20-02-01-03.



North Dakota State Board of Dental Examiners

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

2018-2019 Application for Inactive License Status

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|--|---------------------|--------------|---------------|
| OFFICE USE ONLY - Postmark Date: _____ | Date Received _____ | Amount _____ | Check # _____ |
|--|---------------------|--------------|---------------|

In accordance with NDCC § 43-20-06, upon payment of a fee determined by the board, a licensee may request to have the licensee's license placed on **INACTIVE STATUS** upon expiration of the license. While on inactive status, the individual may not engage in the practice of dentistry or dental hygiene in the state until the individual submits a reinstatement application, pays the application fee, and meets any additional requirements established by rule of the board.

If you wish to maintain your inactive license, please complete the form below and submit with the **\$35.00 ANNUAL fee**. If your application is not postmarked on or before **December 31** annually a \$35 late fee in addition to the \$35 renewal fee is required. If the Inactive Status application is not received by **March 1st**, your license expires and removed from inactive status.

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|---------------------------------------|------|-------|------------------------|--|
| PRINT Full Name (First, Middle, Last) | | | Current License Number | |
| Mailing Address | City | State | Zip | |
| Email address | | | | |

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.

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| 1. Have you been named as a defendant or respondent in any malpractice proceeding within the last 36 months? | YES | NO |
| 2. Have you been charged with or convicted of any crime, felony or misdemeanor other than a minor traffic offense within the last 36 months? | YES | NO |
| 3. Have you been cited for operating a motor vehicle while under the influence of drugs or alcohol within the past 36 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. | | |
| 4. Are you currently engaged or have you engaged in the last 36 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 had staff privileges at any hospital or health care facility have they ever been revoked, suspended, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action? | YES | NO |
| 6. Have you ever applied for and been denied a state or federal controlled substance certificate? | YES | NO |
| 7. In relation to the performance of your professional services in any profession: | YES | NO |
| a. Have you ever had a final judgment rendered against you; | | |
| b. Have you ever had settlement of any legal action rendered against you; or | | |
| c. Are there any legal actions pending against you or to which you are a party? | | |

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| 8. 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 |
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I wish to inactivate my **DENTAL LICENSE**
 DENTAL HYGIENE LICENSE
and I understand that I need not comply with the continuing education requirement until such time that the license is reinstated. Prior to reactivating my license, I must submit a completed reinstatement application, required continuing education, and any documentation required by the Board.
 OR; **I wish to RENEW my INACTIVE STATUS**

I fully understand I will be subject to the penalties imposed pursuant to NDCC § 43-28 if I practice dentistry or dental hygiene while my license is inactive. I acknowledge that while my license is inactive, I must renew the inactive license, pay the renewal fee 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. I understand that it is a violation of NDCC § 43-28-17 to make any false or untrue statement in the application.

Signature _____ Date / /