



# North Dakota State Board of Dental Examiners

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

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

## 2019-2020 Renewal Application for Registration of Dental Assistant

Renewal fee \$100     Late fee \$100 in addition to renewal fee if postmarked after December 31, 2018

OFFICE USE ONLY	Postmark Date	Date Received	Amount	Check #
-----------------	---------------	---------------	--------	---------

**TYPE OR PRINT LEGIBLY. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT DELAYING YOUR RENEWAL PROCESS.**

Full Name (First, Middle, Last)		Maiden	Registration Number	
Date of Birth	SSN	Email		
Are you currently employed as a dental assistant? YES NO		Name of your dentist employer(s)		
Office/Practice Name		_____		
Office Street Address		Office Phone	Fax Number	
City		State	Zip Code	
Your Home Address		County	Home/Cell Phone	
City		State	Zip Code	

<b>1. CPR CERTIFICATION:</b> In accordance with Administrative Rule 20-03-01-06(3), licensees must maintain current certification in cardiopulmonary resuscitation techniques (Online CPR courses must have a "hands-on" component). Enter date of your last CPR or BLS course (must be within the last 24 months).	<b>DATE</b>	
<b>2. INFECTION CONTROL:</b> In accordance with Administrative Rule 20-03-01-06(3), licensees must have two hours of infection control CE biennially. Enter date of last Infection Control course.	<b>DATE</b>	
<b>3.</b> Have you been named as a defendant or respondent in any malpractice proceeding within the past 24 months?	<b>YES</b>	<b>NO</b>
<b>4.</b> Have you been charged with or convicted of <b>any</b> crime, felony, or misdemeanor within the past 24 months?	<b>YES</b>	<b>NO</b>
<b>5.</b> Have you been cited for operating a motor vehicle while under the influence of drugs or alcohol within the past 36 months?	<b>YES</b>	<b>NO</b>
<b>6.</b> Have you presently engaged in or have you in the last two years been engaged in the excessive use, abuse, addiction to or dependency upon any controlled substance, habit-forming substance or alcohol?	<b>YES</b>	<b>NO</b>
<b>7.</b> Has your license/registration to practice dental assisting ever been suspended, revoked or otherwise disciplined in any other jurisdiction?	<b>YES</b>	<b>NO</b>
<b>NOTE: If you answered "yes" to questions 3 – 7 you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered. Documentation includes copy of evaluation and recommendations for treatment if any were issued; a copy of the criminal charges, reported offense, police report and judgment and disposition of criminal complaint; disposition of the offense, final disposition, any orders or any actions pending.</b>		

NITROUS OXIDE MONITORING AND SEALANT PLACEMENT	
Is the "nitrous monitoring" or "sealant" endorsement on your previous certificate of registration? If you have <b>recently</b> completed a Board authorized course to apply pit and fissure sealants or completed office training to monitor nitrous oxide inhalation analgesia and have NOT previously submitted documentation to the Board, include documentation of successfully completing the course with this application. Documentation may include class syllabus, course outline or certificate of training from course sponsors or instructors. Attach any supporting documentation. If you have already submitted this, you do not need to submit it again.	
Name and location of SEALANT course	Month/Year
Name and location of NITROUS course	Month/Year

The following questions pertain to information requested by the ND Department of Health. The information is used to assist in funding the departments priorities in their plan to develop community based systems of services, preventive and primary care for children and youth and identify service gaps and barriers. The data is used for public health purposes only.

What is the total number of hours that you work each week? \_\_\_\_\_

As a dental assistant do you work: Check one)

- Work more hours per week than you want
- Fewer hours per week than you want
- The right amount of hours per week

If you are currently working as a dental assistant, do you apply dental sealants? YES NO

Please indicate your highest level of education.

- High School                       Technical-Vocational Degree                       Associate Degree
- Bachelor's Degree                       Master's Degree

Do you routinely take blood pressure readings on your patients? YES NO

**RDA PERMIT RENEWAL – RESTORATIVE FUNCTIONS**

I certify that I have completed two hours of continuing education approved by the North Dakota Board of Dental Examiners that pertains to Restorative Functions. I also certify that patients have signed an informed consent for the placement of the restoration by a dental assistant who is authorized by the NDSBDE to provide restorative functions.

**RDA PERMIT RENEWAL – ANESTHESIA ASSISTANT**

I certify that I have completed two hours of continuing education approved by the NDBDE that pertains to Anesthesia Assisting. I also certify that I am current in Health Care Provider Basic Life Support or Pediatric Advanced Life Support. I am currently employed by a dentist who holds a moderate sedation permit issued by the North Dakota Board of Dental Examiners and I understand that anesthesia assisting duties must be provided under the direct visual supervision or contiguous supervision.

\_\_\_\_\_ **Print name of your dentist/employer authorized by the North Dakota Board of Dental Examiners to provide sedation/anesthesia**

A percentage of renewal applications may be **randomly selected for audit**. If selected, you must submit copies of certificates or other acceptable proof that you satisfied the continued competency requirements as you have stated on this application. You are required to save your documents so you can respond to audits. Licensees unable to comply with the audit may be subject to disciplinary action against your license.

**ATTESTATION:** I hereby certify and affirm that I have successfully completed the required hours of continuing education during the licensing period of January 1, 2017 through December 31, 2018. If audited, I agree to provide documentation that verifies I have met the requirements as claimed. If the North Dakota Dental Board of Dental Examiners conclude that I have not complied with the requirements set forth in N.D.C.C. 43-28-16.2, and the Board does not grant an extension or waiver under N.D.C.C. § 43-28-16.2(6)(2)(d), I hereby agree to waive my right to an administrative hearing and appeal pursuant to N.D.C.C. Ch. 28-32 and agree that the Board may issue an order taking disciplinary action against my license.

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.

Signature of QDA or RDA \_\_\_\_\_ Date \_\_\_\_\_

**Make check payable to NDBDE and mail to:**

**NDBDE  
PO Box 7246  
Bismarck, ND 58507-7246**

**Biennial renewal fee \$100**

**Late renewal; submit additional \$100**

TO AVOID LATE FEES COMPLETED APPLICATIONS MUST BE U.S. POSTMARKED BY DECEMBER 31, 2018. Incomplete applications will be returned to the licensee. License and registration for all dental assistants expire 12/31/2018. Within 60 days after 12/31/2018 an expired registration may be renewed by submitting the renewal application, fee, proof of CE and late fee. However, you may not practice dental assisting after 12/31/18 without a renewed registration. It is illegal to practice without a current registration. If the renewal application, fee, CE and late fee are not received within sixty days after 12/31/18, the registration may not be renewed and the RDA/QDA must apply for and resubmit all requirements for initial registration.