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

2020-2021 Renewal Application for Registration of Dentist

☐ **Renewal fee $400** ☐ **Late fee $400 in addition to renewal fee if postmarked after December 31, 2019**

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.

Military Status: Are you are a member of OR a spouse of a member of the armed forces of the United States or a reserve component of the armed forces of the United States? ☐ YES ☐ NO
(If yes, please provide proof of military/spouse status, such as military orders or current base ID)

Full Name (First, Middle, Last)			Maiden Name
Corporate or Trade Name of Business	License Number		Date of Birth
DEA Number (if applicable)	NPI Number		SSN
Office/Business Name	Office Phone		Fax
Office Mailing Address	City	State	Zip
Office Street Address (if different than mailing address)	City	State	Zip
Secondary Office/Business Name (if applicable)	Office Phone		Fax
Secondary Office Mailing Address	City	State	Zip
Secondary Office Street Address (if different than mailing address)	City	State	Zip
Home Address	City	State	Zip
Home/Cell Phone	Email Address		

Question		
1. Have you been actively practicing dentistry in North Dakota for the previous 5 years? [See NDCC § 43-28-13]	**YES**	**NO**
2. Are you licensed in any other states other than North Dakota? If YES, list states:	**YES**	**NO**
3. Have you submitted a copy of your annual corporate report to the Board? This is the "Professional Corporation Annual Report" showing the owners or shareholders of the incorporated practice. [See NDCC § 43-28-25 (3)]	**YES**	**NO**
4. Do you practice as a specialist in one or more ADA recognized specialties? ☐ Dental Public Health ☐ Orthodontics and Dentofacial Orthopedics ☐ Endodontics ☐ Pediatric Dentistry ☐ Oral and Maxillofacial Pathology ☐ Periodontics ☐ Oral and Maxillofacial Radiology ☐ Prosthodontics ☐ Oral and Maxillofacial Surgery ☐ Other (specify):________________________________	**YES**	**NO**
5. Are your employees who provide dental assisting duties registered with the NDBDE? [See Administrative Rule 20-03-01 DUTIES]	**YES**	**NO**
6. Do you perform dentistry utilizing nitrous oxide? *A permit is required when utilizing nitrous oxide with another sedative agent.*	**YES**	**NO**
7. If you have a DEA number, have you signed up for the Prescription Drug Monitoring Program as required by ND Administrative Rule 20-02-01-12 and 20-02-01-13?	**YES**	**NO**
8. Do you perform dentistry utilizing conscious sedation or general anesthesia personally administered by you? If YES, the permit to administer minimal, moderate conscious sedation, deep sedation or general anesthesia must be renewed. ***Dentists providing moderate sedation by a licensed and qualified provider are subject to site evaluations every 5 years.***	**YES**	**NO**

Questions 9-16: If you have previously submitted and reported the information to the Board, please indicate. If you have not reported an incident to the Board pursuant to NDCC § 43-28-18.1, include for each decided or pending case a personally written explanation including current status; a copy of the formal complaint/pleadings; the answer to the complaint for malpractice issues; a copy of the final outcome(s) and/or a report of status if judgment is pending; proof of compliance if under criminal probation. Submit supporting documents that are applicable including court records, court order, final disposition, treatment recommendations if any, and police reports.

9. Do you have any criminal charges pending against you?	**YES**	**NO**
10. Has there been a malpractice judgment, malpractice settlement, or governmental/private agency disciplinary order issued against you within the last 27 months or is there any complaint, malpractice claim, or disciplinary action, or investigation, now pending against you?	**YES**	**NO**
11. Have you been charged with or convicted of any crime, felony, or misdemeanor within the past 27 months?	**YES**	**NO**
12. Have you been cited for operating a motor vehicle while under the influence of drugs or alcohol within the past 27 months?	**YES**	**NO**
13. Are you presently engaged in or have you within the last three years been engaged in the excessive use, abuse, addiction to or dependency upon any controlled substance, habit-forming substance or alcohol?	**YES**	**NO**
14. Have you, in the last 3 years been sanctioned or disciplined by a state licensing or credentialing agency?	**YES**	**NO**
15. Within the last 36 months, has your license to practice dentistry ever been suspended, revoked or otherwise disciplined in any state or territory of the United States, or in any foreign country, related to any anesthesia or sedation incident?	**YES**	**NO**
16. Are there any unsatisfied judgments against you? If YES, attach statement giving amounts, dates and the nature of the judgment, and the reason for non-payment?	**YES**	**NO**

The following questions pertain to information requested by the ND Department of Health. The information is used to obtain grants designed to assist in funding the department's 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.

17. In your primary practice work location, please indicate: Total average patient care hours weekly:
Number of dentists including yourself:
Number of Hygienists – Full-time______ Part-time______ Number of Assistants - Full-time______ Part-time_______

18. In your secondary practice work location, please indicate: Total average patient care hours weekly:
Number of dentists including yourself:
Number of Hygienists – Full-time______ Part-time______ Number of Assistants - Full-time______ Part-time_______

19. Do you practice at any OTHER sites than your primary, and if applicable, secondary site listed above?	**YES**	**NO**

20. Please check **all** boxes that describe the patient activity in your primary practice:

- ☐ Accept new patients
- ☐ Unable to accept new patients
- ☐ Actively seek new patients
- ☐ Accept Medicaid patients
- ☐ Accept new Medicaid patients
- ☐ Accept Children's Health Insurance Program (CHIP) patients
- ☐ Accept new CHIP patients
- ☐ Accept Headstart patients
- ☐ Accept/treat pediatric patients
- ☐ Accept/Treat Nursing Home patients
- ☐ Accept/treat patients with special needs
- ☐ Utilize a sliding fee/charity care/discount scale based on patients' ability to pay

21 If you indicated you accept Medicaid patients and/or utilize a sliding fee/charity care/discount scale based on patient's ability to pay, please indicate your approximate percentage of practice that is: Medicaid: _____% Sliding fee/charity care/discount scale: _____ %

22. Indicate which statement best describes the Medicaid patient activity in your primary practice (**Check one**):

- ☐ Accept all Medicaid patients that present for treatment
- ☐ Limit the number of NEW Medicaid patients
- ☐ Only treat Medicaid patients on an emergency basis
- ☐ Do not see any Medicaid patients in the practice
- ☐ Treat only Medicaid patients that are patients on record of the practice
- ☐ Other, describe: ____

23. On average, how long will it take for a new patient calling your primary office to get an appointment to see the dentist for examination or treatment?

Examination (Check only one):
- ☐ Less than 2 weeks
- ☐ 2 – 6 weeks
- ☐ Greater than 6 weeks

Treatment (Check only one):
- ☐ Less than 2 weeks
- ☐ 2 – 6 weeks
- ☐ Greater than 6 weeks

24. Are you currently working in a position that requires you to keep your dental license current?

☐ Yes
☐ Yes, but volunteer only
☐ Yes, leave of absence
☐ No, retired
☐ No, not working due to family reasons
☐ Other (specify): ____
☐ No, not working due to medical reasons
☐ No, unemployed, seeking work as a dentist
☐ No, employed in another field, seeking work as a dentist
☐ No, employed in another field, not seeking work as a dentist
☐ No, currently a student

25. Mark the box that accurately represents your practice setting per site:

Setting	Primary	Secondary	Setting	Primary	Secondary
Solo Private	☐	☐	Indian Health Services	☐	☐
Group Private	☐	☐	Institutional (e.g., VA)	☐	☐
Educational	☐	☐	Community Health Center	☐	☐
Public Health Facility	☐	☐	(e.g., FQHC)		
Safety-Net Dental Clinic	☐	☐	Other (specify):	☐ _______	☐ _______
Migrant Health Centers	☐	☐			

26. Have you had any dental staff vacancies in your primary practice that you were unable to fill in the last one year?

☐ Full-time dental hygienist vacancy
☐ Part-time dental hygienist vacancy
☐ Full-time dentist
☐ Full-time dental assistant vacancy
☐ Part-time dental assistant vacancy
☐ Part-time dentist

27. In how many years do you plan to:

Sell your practice (Check one):	☐ 1-5	☐ 6-10	☐ 11-15	☐ 16+	☐ Undecided	☐ Not Applicable
Employ an associate who will purchase your practice (Check one):	☐ 1-5	☐ 6-10	☐ 11-15	☐ 16+	☐ Undecided	☐ Not Applicable
Retire from full-time practice (Check one):	☐ 1-5	☐ 6-10	☐ 11-15	☐ 16+	☐ Undecided	☐ Not Applicable

Do not submit continuing education documents with this form. A percentage of license renewal applications are randomly selected for audit. If selected, copies of certificates or other acceptable proof that you satisfied the continued competency requirements as you have stated on this application will be required. The Board advises licensees to maintain CE documentation from the previous 2 CE cycles. 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, 2018 through December 31, 2019. If audited, I agree to provide documentation that verifies I have met the requirements as claimed. If the North Dakota Dental Board 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 Licensee ____ Date _____/_____/_________

TO AVOID LATE FEES COMPLETED APPLICATIONS MUST BE U.S. POSTMARKED BY DECEMBER 31, 2019. **Incomplete applications will be returned to the licensee.** License and registration for all dentists and dental hygienists expire 12/31/2019. Within 60 days after 12/31/2019 an expired license may be renewed by submitting the renewal application, fee, and late fee. However, you may not practice dentistry after 12/31/19 without a renewed certificate of license. It is illegal to practice without a current license. If the renewal application, fee, and late fee are not received within sixty days after 12/31/19, the license may not be renewed and a new application would be required to practice dentistry.

Voluntary Emergency Response System: The North Dakota State Board of Dental Examiners in cooperation with the North Dakota Emergency Preparedness and Response System is seeking dental volunteers for the North Dakota Public Health Emergency Volunteer Medical Reserve Corps (PHEVR/MRC). Dental professionals who register will be credentialed and offered the opportunity to volunteer on behalf of the State of North Dakota during health and medical emergencies within North Dakota and/or across the country. You may register, or find additional information by contacting the North Dakota Department of Health PHEVR/MRC website www.ndhealth.org/EPR/volunteer. This is not a requirement for licensure.

Rev. 10/31/2019