



North Dakota State Board of Dental Examiners

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www.nddentalboard.org • Email info@nddentalboard.org

2020-2021 Renewal Application for Registration of Dental Hygienist

Renewal fee \$150 Late fee \$150

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

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? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please provide proof of military/spouse status, such as military orders or current base ID)			
Full Name (First, Middle, Last)		Maiden	License Number
Date of Birth	SSN	Email	
Home Address			Home Phone
City		State	Zip Code + 4
Are you currently employed as a dental hygienist? YES NO			If YES, provide the name of the dentist(s)
Description of practice setting (General Practice, Ortho, OMFS, etc.):			
Office Address			Office Phone
City		State	Zip Code Fax Number

Note: Before administering **local anesthesia**, a dental hygienist must successfully complete a didactic and clinical program sponsored by a dental or dental hygiene school accredited by the Commission on Dental Accreditation, resulting in a dental hygienist becoming clinically competent in the administration of local anesthesia. A dental hygienist must apply for a permit to administer local anesthesia. Applications are available at www.nddentalboard.org. Renewal of the local anesthesia permit is not required.

If you answered "Yes" to the questions 1 - 5, and have not reported the incident to the Board, please send dates and circumstances, and any supporting documents that are applicable (court records, settlement agreement, etc.).

1. Have you been named as a defendant or respondent in any malpractice proceeding within the past 36 months?	YES	NO
2. Have you been charged with or convicted of any crime, felony, or misdemeanor within the past 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
4. 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?	YES	NO
5. Has your license to practice dental hygiene ever been suspended, revoked or otherwise disciplined in any other jurisdiction?	YES	NO

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.

6. What is the total number of hours that you work each week? _____
7. As a dental hygienist do you work: (Check one)
<input type="checkbox"/> Work more hours per week than you want <input type="checkbox"/> Fewer hours per week than you want <input type="checkbox"/> The right amount of hours per week

8. Which of the following do you perform in a dental health setting? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Taking radiographs | <input type="checkbox"/> Taking impressions |
| <input type="checkbox"/> Oral hygiene treatment planning | <input type="checkbox"/> Applying anticariogenic agents topically |
| <input type="checkbox"/> Blood pressure screenings | <input type="checkbox"/> Placing and removing rubber dams |
| <input type="checkbox"/> Scaling and root planing and soft tissue curettage | <input type="checkbox"/> Oral Cancer exams |
| <input type="checkbox"/> Fabricating temporary crowns | <input type="checkbox"/> Placing and removing matrix bands |
| <input type="checkbox"/> Acid etching enamel surfaces prior to dental sealant placement | |

PERMIT RENEWAL – RESTORATIVE FUNCTIONS

I certify that I have completed two hours of continuing education approved by the NDBDE 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 NDBDE to provide restorative functions.

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 NDBDE and I understand that anesthesia assisting duties must be provided under the direct visual supervision or contiguous supervision.

_____ **Print name of DDS authorized by the NDBDE to provide sedation/anesthesia**

CE AUDIT: A percentage of license 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, 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 concludes 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 _____

**Make check payable to NDBDE and mail to: NDBDE, PO Box 7246, Bismarck, ND 58507-7246.
Biennial renewal fee \$150 Late renewal submit additional \$150**

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, proof of CE and late fee. However, you may not practice dental hygiene after 12/31/19 without a renewed certificate of license. It is illegal to practice without a current license. If the renewal application, fee, CE and late fee are not received within sixty days after 12/31/19, the license may not be renewed and the RDH must apply for and meet the requirements for new licensure to be granted a license.

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.