



North Dakota Board of Dental Examiners

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

Application for Initial Registration or Reinstatement Registered Dental Assistant – Qualified Dental Assistant Non Refundable Application Fee: \$130.00

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

North Dakota Administrative Rule 20-03-01-05 requires that any individual engaged in performing expanded duties in the practice of dental assisting must register with the Board of Dental Examiners by submitting application accompanied by a fee determined by the Board. Please type or print clearly. Follow the instructions provided. It is the responsibility of the applicant to submit all required supporting documents for registration as a Registered Dental Assistant (RDA) or Qualified Dental Assistant (QDA). Failure to do so may result in a delay in processing your application. Once your application has been submitted with supporting documents, a copy of the ND Rules and Regulations jurisprudence examination will be sent to you. Complete the open-book exam and return it to the Board. Successful completion of the exam is required for your dental assistant registration. **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			
Full Name (First, Middle, Last, Maiden)			
Social Security Number		Date of Birth	Email Address
Home Address		Home Phone	Cell phone
City		State	Zip Code + 4
Employer Name			
Employer County		Office Address	
City		State	Zip Code + 4
Office Phone Number		Office Fax Number	

DISCLOSURE			
1. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?	YES	NO	
2. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?	YES	NO	
Note: If you answered "yes" to questions (1) or (2) 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. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.			
3. Have you ever been charged with or convicted of any crime, felony, or misdemeanor?	YES	NO	
If you answered "yes" to question (3) the Board will require 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. Please send your information directly to the Board.			
4. Have you ever surrendered a credential like those listed in number 7, in connection with or to avoid action by a state, federal, or any other authority?	YES	NO	
5. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession?	YES	NO	
If you answered "yes" to question 5, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.			

6. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended in any state or jurisdiction?	YES	NO
7. Have you ever been found in any civil, administrative or criminal proceeding to have:	YES	NO
a. Possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes?	YES	NO
b. Diverted controlled substances or legend drugs?	YES	NO
c. Violated any drug law?	YES	NO
d. Prescribed controlled substances for yourself?	YES	NO
e. Been cited for operating a motor vehicle while under the influence of drugs or alcohol?	YES	NO
8. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.	YES	NO
9. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction?	YES	NO
10. Date of your last infection control course. [Must be within 24 months] ____/____/____ Attach documentation.		
11. Attach a copy of your CPR card. [Must be within the last 24 months] Online CPR coursework is <u>not</u> acceptable for this requirement.		

TRAINING AND EDUCATION

CODA ACCREDITED DENTAL ASSISTING PROGRAM

12. Name of program accredited by the Commission on Dental Accreditation (CODA) you graduated from [attach copy of the transcript].

Name and location of program – attach documentation

_____ / _____

Month/Year

13. **NON-ACCREDITED CODA DENTAL ASSISTING PROGRAM**

Name and location of program – attach documentation

_____ / _____

Month/Year

If you have a Certificate from a program that is not accredited by the Commission on Dental Accreditation, attach completion of DANB Certified Dental Assistant (CDA) national certification exam **or** the DANB GC, ICE, and RHS certificates of completion.

14. **ON-THE-JOB TRAINED DENTAL ASSISTANT**

RDA registration: Attach copy of completion of DANB Certified Dental Assistant (CDA) national certification exam *or* the DANB GC, ICE, and RHS certificates of completion.

QDA registration: Attach DANB’s ICE and RHS exam certificates. Include evidence of dental office employment hours (such as pay stubs, time sheets, W-2 Form)

15. **Pit and Fissure Sealants Endorsement (RDA’s ONLY):** Graduates from a program accredited by the Commission on Dental Accreditation (CODA) receive the endorsement for pit and fissure sealants. Non-accredited program or on-the-job trained dental assistants submit evidence of Board approved pit and fissure training course and documentation of this coursework. Documentation may include class syllabus, course outline or certificate of training from course sponsors or instructors. Attach any supporting documentation.

Name and location of course

_____ / _____

Month/Year

16. **Nitrous Oxide Monitoring Endorsement (RDA’s ONLY):** Graduates from a program accredited by the Commission on Dental Accreditation (CODA) receive the endorsement for pit and fissure sealants. Non-accredited program or on-the-job trained dental assistants submit evidence of Board approved nitrous oxide monitoring training course and documentation of this coursework. Documentation may include class syllabus, course outline or certificate of training from course sponsors or instructors. Attach any supporting documentation.

Name and location of course

_____ / _____

Month/Year

17. **REINSTATEMENT:** Dental assistants reinstating a previously held registration must submit proof of continuing education from the previous 24 months pursuant to Administrative Rule 20-03-01-06.

I certify I have completed the requirements of initial application including all continuing education requirements, CPR and infection control education. I understand I must maintain a current cardiopulmonary resuscitation certificate. **I understand that should I provide any false information, my registration may be denied, or if issued, suspended or revoked.**

Signature of dental assistant: _____

Date: ____/____/20____

Application Fee: \$130.00 **Fee is non-refundable.**

Make check payable to NDBDE. Incomplete applications will not be processed. Mail supporting documents, fee, and signed application to: NDBDE, PO Box 7246, Bismarck, ND 58507-7246

EXPANDED FUNCTIONS OF REGISTERED DENTAL ASSISTANTS REQUIRING A PERMIT

The board may grant a permit to a registered dental assistant for the following:

1. The board may issue or renew a **CLASS I DENTAL ANESTHESIA ASSISTANT PERMIT** authorizing a registered dental assistant to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide parenteral sedation, upon successful completion of the following:
 - a. The applicant submits evidence of a board-approved dental anesthesia assistant education and training course.
 - b. Submits proof of current certification status from the American association of oral and maxillofacial surgeons dental anesthesia assistant national certification or a board approved competency examination.
 - c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support; and
 - d. The applicant provides a copy of a valid North Dakota general anesthesia permit or parenteral sedation permit of the dentist where the registered dental assistant will be performing anesthesia assistant services.
2. The board may issue or renew a **CLASS II DENTAL ANESTHESIA ASSISTANT PERMIT** authorizing a registered dental assistant to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide parenteral sedation, upon successful completion of the following:
 - a. The applicant submits evidence of a board-approved dental anesthesia assistant education and training course and submitting proof of current certification status from the American association of oral and maxillofacial surgeons dental anesthesia assistant national certification or a board-approved competency examination;
 - b. The applicant has successfully completed hands-on training in intravenous access or phlebotomy that includes live experience starting and maintaining intravenous lines;
 - c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support; and
 - d. The applicant provides a copy of a valid North Dakota general anesthesia or parenteral sedation permit of the dentist where the registered dental assistant will be performing anesthesia assistant services.
3. The board may issue or renew a **RESTORATIVE FUNCTIONS PERMIT** on forms prescribed by the board authorizing a registered dental assistant under the direct supervision of a dentist under the following conditions:
 - a. The applicant meets any of the following requirements:
 - (1) The applicant has successfully completed a board-approved curriculum from a program accredited by the commission on dental accreditation 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. The board may require successful completion of the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination; or
 - (2) The applicant has successfully passed the western regional examining board's restorative examination or other board-approved examination over five years from the date of application and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination or other board-approved examination and provide 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 immediate five years from the date of application.
 - b. A registered dental assistant 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.
 - c. The restorative functions shall only be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental assistant.
 - d. Before the patient is released, the final restorations shall be checked and documented by the supervising dentist.