



## North Dakota Board of Dental Examiners

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

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

### APPLICATION FOR LICENSE BY CREDENTIAL NON REFUNDABLE FEE - Dentist \$1200 LICENSE BY CREDENTIAL NON REFUNDABLE FEE - Dental Hygienist \$450

#### INSTRUCTIONS

1. CONTACT **PBIS** TO BEGIN APPLICATION PROCESS.
2. SUBMIT NDBDE APPLICATION AND FEE TO NDBDE BOARD OFFICE (ADDRESS ABOVE). ONCE WE HAVE YOUR NAME, EMAIL ADDRESS, AND MAILING ADDRESS ETC., THE INFORMATION IS ENTERED INTO THE DATABASE WHICH ALLOWS THE BOARD TO BEGIN PROCESSING THE APPLICATION AND THE ALLOWS THE APPLICANT TO TAKE THE ONLINE JURISPRUDENCE EXAM.
3. NDBDE OFFICE SENDS APPLICANT FINGERPRINT CARDS.
4. APPLICANT SENDS BACK COMPLETED FINGERPRINT CARDS INCLUDE CHECK/FEE.
5. PBIS REPORT AND NORTH DAKOTA BACKGROUND CHECK RESULTS ARE REVIEWED. A LICENSE CANNOT BE GRANTED UNTIL ALL REQUIREMENTS ARE MET.

**NOTE: PBIS COMPLETES A BACKGROUND CHECK AND NORTH DAKOTA COMPLETES A FINGERPRINT BACKGROUND CHECK PURSUANT TO NDCC § 43-28-15.**

- License by Credential Applicants – Contact Professional Background Information Services (PBIS) to begin the ND dental license by credentials application. Applicants for Licensure by Credentials are required to obtain a Level II Credentialing report from Professional Background Information Service (PBIS). PBIS charges a fee for their service. Contact PBIS for timeline details and information at:**

*Professional Background Information Service  
23460 N. 19th Avenue, Suite 225  
Phoenix, AZ 85027  
Office: (602) 861-5867  
Fax: (602) 861-9656  
Website: <http://www.pbisonline.com/>*

- SPOUSE OF A MEMBER OF THE ARMED FORCES OF THE UNITED STATES OR A RESERVE COMPONENT OF THE ARMED FORCES OF THE UNITED STATES IN ACCORDANCE WITH MILITARY ORDERS OR STATIONED IN THIS STATE BEFORE A TEMPORARY ASSIGNMENT TO DUTIES OUTSIDE THIS STATE –** Upon request, the Board may issue a provisional license or temporary permit not to exceed two years and remains valid while the military spouse is making progress toward satisfying the unmet licensure requirements. The applicant must demonstrate competency by standards as issued by the Board which must include demonstrating experience in the profession at least two of the four years preceding the date of application. Pursuant to NDCC 43-51-11.1 the Board may require an applicant to submit to a statewide and national criminal history record check. A military spouse issued a temporary permit or provisional license has the same rights and duties as a licensee issued a license under the traditional licensure method.
- ACCREDITED PROGRAM** - Eligible applicants have graduated and received a “DDS” or DMD” degree from a program accredited by the ADA’s Commission on Dental Accreditation (CODA)



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- CRIMINAL BACKGROUND CHECK** – PLEASE CONTACT THE BOARD OFFICE DIRECTLY TO OBTAIN FINGERPRINT CARDS AND FORMS AS THEY ARE UNAVAILABLE FROM THIS WEBSITE. Applicants are required to submit fingerprints and undergo a criminal background check. The appropriate forms will be sent to you upon receipt of this application and application fee. Return the fingerprint forms which may be completed by local law enforcement or fingerprinting service center which may take digital prints. Submit both fingerprint cards to the NDSBDE with your check or money order payable to the ND Attorney General. The process may take up to ten days. Results shall be received by the board prior to issuance of a license to practice. Check with local law enforcement for scheduling.
  
- COMPLETED AND NOTORIZED APPLICATION** - PBIS will forward the completed packet to the North Dakota Board of Dental Examiners. The license application is processed by the Board once all requirements have been met. The applicant will receive an email providing notification of active license which can also be verified on the verification page of the Board's website.
  
- LICENSE FEE – LICENSE FEES ARE NONREFUNDABLE.** If the fee is not submitted with the application the application will be returned. The Board will not return other items sent by the applicant such as references, or transcripts. If an applicant fails to complete all of the requirements for licensure within 6 months from the postmarked date, the application and application fee are no longer valid [See Section 20-02-01-03.3] and fees are nonrefundable.
  
- JURISPRUDENCE EXAMINATION** –All dental applicants and dental hygiene applicants must take the online jurisprudence exam at [www.nddentalboard.org](http://www.nddentalboard.org). Click on Practitioners, scroll down to Application Status, and enter your information. The next page contains the jurisprudence exam. To review for the exam, [www.nddentalboard.org/laws-and-rules/index.asp](http://www.nddentalboard.org/laws-and-rules/index.asp). The exam will shut down once the required number of questions have been answered correctly. There is no fee to take the exam.

**\*REGARDING PROFESSIONAL REFERENCES** - *Please note that References from classmates, friends, relatives, spouses, the receptionist, your accountant, employees or patients are accepted to vouch for the applicant's character and will not be accepted as a professional reference. Professional references must be from a licensed professional who can attest to the clinical skills of the applicant. The reference letters must be returned to PBIS by the reference and not the applicant.*



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Application for License by Credential – Dentist or Dental Hygienist

All application fees are nonrefundable.

OFFICE USE ONLY - Postmark Date: \_\_\_\_\_ Date Received \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_

Pursuant to North Dakota Century Code § 43-28-11 this license application and the appropriate fee must be postmarked 30 days prior to the next meeting of the Board. The applicant must contact PBIS to obtain a LEVEL II BACKGROUND REPORT. Supporting documents such as transcripts, references, test scores, verifications and other items are submitted to PBIS. Once the PBIS application process is complete, PBIS sends the completed packet to the NDBDE who will then review at the next formal meeting of the Board. PBIS will send the applicant a letter of completion which must be submitted to the Board. The entire process depends upon how quickly documents are returned to PBIS. Note: The mailing and email address provided will be considered the address of record. It is the applicant's responsibility to maintain current contact information with the Board.

Dental Hygiene License by Credential Fee \$450 Dental License by Credential Fee \$1200

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)

BACKGROUND

Full Name (First, Middle, Last) Name as you wish it to appear on license Maiden Name or Other Names Used Social Security Number Date of Birth Mailing Address City State Zip Code + 4 Email Address Phone

Affidavit of Applicant

Paste Photograph Here NO STAPLES For identification purposes, the applicant shall furnish one passport size photograph taken not more than six months prior to the date of application. Sign your name on the photo

State of \_\_\_\_\_ ) ss. \_\_\_\_\_ ) County of \_\_\_\_\_ ) I, \_\_\_\_\_, the applicant, attest that I have personally filled out this application and am the person referred to in this application for licensure to practice dentistry in North Dakota, and that under penalty of perjury all the information contained in this application and in any attachments or additional documents submitted herewith is true and correct and that all persons and organizations whether public or private, are authorized to release to the North Dakota Board of Dentistry all information, files or records requested in connection with this application. I understand that failure to fully disclose answers to the questions in this application or concealing relevant information may constitute fraud and may be considered grounds for denial of license or revocation of license.

Applicant Signature (Sign before a Notary Public)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ My commission expires \_\_\_\_\_

Notary Public Signature



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### FINGERPRINT CRIMINAL RECORDS CHECK FOR DENTISTS AND DENTAL HYGIENISTS APPLYING FOR North Dakota Dental or Dental Hygiene License

**DENTAL BOARD FINGERPRINT INFORMATION** - Once your application for ND dental or dental hygiene license and license fee have been received by the North Dakota Board of Dental Examiners, two traditional ink fingerprint cards and instructions are mailed to the applicant. Delaying the fingerprinting process may delay your license.

A **North Dakota criminal history record check** is a search of confidential law enforcement databases, cross-referencing by the person's name, date of birth, social security number and other specific identifiers (including fingerprints). The extensive cross-referencing ensures that the result relates only to that person, even if the person has used several names or there are other individuals with the same name. Pursuant to the North Dakota Century Code, only the ND Bureau of Criminal Investigation (BCI) can supply a Criminal History Record Check.

**FINGERPRINTS WILL BE USED TO CHECK THE CRIMINAL HISTORY RECORDS OF THE FBI. THE BOARD PROVIDES THE APPLICANT THE OPPORTUNITY TO COMPLETE, OR CHALLENGE THE ACCURACY OF, THE INFORMATION CONTAINED IN THE FBI IDENTIFICATION RECORD. APPLICANTS ARE ADVISED THAT PROCEDURES FOR OBTAINING A CHANGE, CORRECTION, OR UPDATING OF AN FBI IDENTIFICATION RECORD ARE SET FORTH IN TITLE 28, C.F.R., § 16.34. GRANTING OF LICENSURE SHALL NOT BE BASED ON INFORMATION IN THE RECORD UNTIL THE APPLICANT HAS BEEN AFFORDED A REASONABLE TIME TO CORRECT OR COMPLETE THE RECORD, OR HAS DECLINED TO DO SO.**

- Applicants may have their fingerprints rolled by a local Law Enforcement Agency or other Board approved agent. Be prepared to pay a fee for having the fingerprint card executed. The fingerprints must be taken by an appropriately trained official. The fingerprint card must be signed by the official in the appropriate block.
- Additional fingerprint cards are available from the Dental Board upon request.
- Ensure that fingerprint cards are completely filled out. Required information includes: Full name, social security number, date of birth, home address, sex, height, weight, hair color, eye color, place of birth etc.
- **"Reason Fingerprinted"** should specify the type of license you are applying for (Dental or Dental Hygiene Licensure)
- Please be advised that if your fingerprint cards are rejected, you will be notified and processing of your application may be delayed. Do not attempt to take your own fingerprints. They will be rejected.
- Mail the fully completed card, along with the fee as instructed on the card to:  
**NDBDE, PO Box 7246, Bismarck, ND 58507-7246.**

**FAILURE TO DISCLOSE CRIMINAL HISTORY** - Before you submit any application, please be aware that failure to disclose disciplinary actions, convictions, arrests or charges is grounds for denial or revocation of license. There are no exceptions under which omission of this information in the application or renewal process is deemed acceptable. It should be noted that such information does not automatically disallow licensure. However, disqualification may occur by failing to answer all questions honestly. Read each question on your application carefully.

Examples of past unacceptable explanations provided in "failure to report" incidents to the Board include:

- ❌ I didn't think I had to mention the DUI because I paid all of the fines.
- ❌ I didn't think the disciplinary action, arrest, charge, or conviction was still on my record and I was told it was expunged.
- ❌ My attorney told me I didn't have to disclose the criminal conduct or disciplinary actions.
- ❌ I didn't think the prior conduct had anything to do with the profession.
- ❌ I didn't think it was subject to disclosure because I received a deferred sentence/judgment.
- ❌ I didn't read the question carefully enough.

New license applications and license renewal applications contain questions related to disciplinary actions, illegal or errant behavior and criminal conduct. After receiving a professional license, all license holders continue to be subject to reporting requirements regarding any disciplinary actions, charges or convictions, regardless of in what state they might occur. Please review [NDCC § 43-28-18.1. Duty to Report.](#)