

NORTH DAKOTA ADMINISTRATIVE CODE

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**Prepared by the Legislative Council staff
for the
Administrative Rules Committee**

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TITLE 20
STATE BOARD OF DENTAL EXAMINERS

APRIL 2021

CHAPTER 20-01-02

20-01-02-01. Definitions.

Unless specifically stated otherwise, the following definitions are applicable throughout this title:

1. "Advertising" means any public communication, made in any form or manner, about a licensee's professional service or qualifications, for the purpose of soliciting business.
2. ~~"Anxiolysis" means diminution or elimination of anxiety.~~
- ~~3.~~ "Basic full upper and lower denture" means replacement of all natural dentition with artificial teeth. This replacement includes satisfactory tissue adaptation, satisfactory function, and satisfactory aesthetics. Materials used in these replacements must be nonirritating in character and meet all the standards set by the national institute of health and the bureau of standards and testing agencies of the American dental association for materials to be used in or in contact with the human body.
- 4.3. "Board certified" means the dentist has been certified in a specialty area in which there is a certifying body approved by the commission on dental accreditation of the American dental association.
- 5.4. "Board eligible" means the dentist has successfully completed a duly accredited training program or in the case of a dentist in practice at the time of the adoption of these rules has experience equivalent to such a training program in an area of dental practice in which there is a certifying body approved by the commission on dental accreditation of the American dental association.
- 6.5. "Bona fide specialties" means the specialties of dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, dental anesthesiology, oral medicine, and prosthodontics. The licensee has successfully completed a qualifying postdoctoral educational program and holds a current certification by a qualifying specialty board or organization as set forth in section 20-02-01-01.
- 7.6. "Cardiopulmonary resuscitation course" means the American heart association's health care provider course, the American red cross professional rescuer course, or an equivalent course.
- 8.7. "Certified dental assistant" means a dental assistant who meets the education or experience prerequisites, or both, established by the dental assisting national board and passes the dental assisting national board's certified dental assistant examination, is currently cardiopulmonary resuscitation-certified, and continues to maintain the credential by meeting

the dental assisting national board requirements. A certified dental assistant must be registered by the board as a qualified dental assistant or registered dental assistant to provide ~~any~~ expanded duties.

~~9.8.~~ "Code of ethics" means the ~~January 2009~~ November 2020 version of the American dental association's principles of ethics and code of professional conduct.

~~10.~~ "~~Combination inhalation—enteral conscious sedation~~" (~~combined conscious sedation~~) means ~~conscious sedation using inhalation and enteral agents.~~

~~When the intent is anxiolysis only, and the appropriate dosage of agents is administered, then the definition of enteral or combined inhalation-enteral conscious sedation (combined conscious sedation), or both, does not apply.~~

~~Nitrous oxide/oxygen when used in combination or with sedative agents may produce anxiolysis, conscious or deep sedation, or general anesthesia.~~

~~11.9.~~ "Complete evaluation" means an examination, review of medical and dental history, the formulation of a diagnosis, and the establishment of a written treatment plan, documented in a written record to be maintained in the dentist's office or other treatment facility or institution.

~~12.~~ "~~Conscious sedation~~" means ~~depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or nonpharmacological method or a combination thereof. The drugs or technique, or both, should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of conscious sedation.~~

~~13.10.~~ "Contiguous supervision" means that the dentist whose patient is being treated and has personally authorized the procedures to be performed. The supervising dentist is continuously onsite and physically present in the treatment facility while the procedures are performed by the qualified dental anesthesia auxiliary staff member and capable of responding immediately in the event of an emergency. The term does not require a supervising dentist to be physically present in the operatory.

~~14.11.~~ "Clinical continuing education" means information that relates to the examination and treatment of patients.

~~12.~~ "Coronal polishing" is the mechanical polishing of clinical crowns using a rubber cup or brush only and not to include use of any instrumentation.

~~15.~~ "~~Deep sedation~~" is ~~an induced state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently or to respond purposefully to physical stimulation or verbal command, and is produced by pharmacological or nonpharmacological method, or combination thereof.~~

~~16.13.~~ "Direct supervision" means the dentist is physically present in the dental office or treatment facility, personally diagnoses the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the dental hygienist or dental assistant, and before dismissal of the patient, evaluates the performance of the dental hygienist or dental assistant.

~~17.14.~~ "Direct visual supervision" means ~~supervision by a~~ the dentist ~~by~~ is physically present to issue a verbal command ~~and~~ under direct line of sight.

- ~~18-15.~~ "Evaluation" means the act or process by a dentist of assessing and determining the patient's oral health status, the progress of dental therapy, or the performance of the dental hygienist or dental assistant.
- ~~19.~~ ~~"General anesthesia" means an induced state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or nonpharmacological method, or a combination thereof.~~
- ~~20-16.~~ "Final scan by digital capture" means the digital or analog image, compilation of images approved and submitted by the supervising dentist for a diagnosis, or the construction of casts which is captured by the digital scanning of any hard or soft tissue-bearing area, whether intraorally or extraorally for the purpose of fabricating a prescriptive device.
- ~~17.~~ "Foreign practitioner" means an individual who currently holds and maintains a license in good standing to engage in an occupation or profession in a state or jurisdiction other than this state and who is not the subject of a pending disciplinary action in any state or jurisdiction.
- ~~18.~~ "Good standing" means a foreign practitioner who holds a current license that is not issued on a temporary or restricted basis, is not encumbered or on probation, and is not suspended or revoked.
- ~~19.~~ "General supervision" means the dentist has authorized the procedures and they are carried out in accordance with the dentist's diagnosis, if necessary, and treatment plan. The dentist is not required to be in the treatment facility. A new patient who has not been examined by the authorizing dentist may be seen by a dental hygienist authorized to provide duties under general supervision. Limitations are contained in North Dakota Century Code section 43-20-03.
- ~~21-20.~~ "Inactive status" means the licensee shall not engage in the practice of dentistry or dental hygiene in the state of North Dakota. The license that is placed on inactive status remains on that status until such time as the license is reinstated.
- ~~22-21.~~ "Indirect supervision" means that a dentist is physically present in the dental office or treatment facility, has personally diagnosed the condition to be treated, authorizes the procedures, and remains in the dental office or treatment facility while the procedures are being performed by the dental hygienist or dental assistant.
- ~~23-22.~~ "Local anesthesia" means the elimination of sensations in one part of the body by regional injection of drugs without causing the loss of consciousness.
- ~~23.~~ "Military spouse" is a foreign practitioner who is the spouse of a member of the armed forces of the United States or a reserve component of the armed forces of the United States stationed in North Dakota in accordance with military orders or stationed in North Dakota before a temporary assignment to duties outside of North Dakota.
24. "Oral assessment" means the evaluation of data pertaining to the patient's condition to help identify dental problems leading to a professional treatment plan. The final diagnosis of disease or treatment plan is the sole responsibility of the supervising or collaborative dentist.
25. "Oral hygiene treatment planning" is a component of a comprehensive treatment plan developed by the hygienist or dentist to provide the hygienist a framework for addressing the preventative, educational, and clinical treatment needs of the patient.
26. "Patient of record" means a patient who has undergone a complete dental evaluation ~~performed by a licensed dentist, has had a medical and dental history completed and evaluated by a dentist, or a patient who has been examined, and has had oral conditions~~

diagnosed and a written plan developed by the licensed dentist, or dental hygiene treatment authorized by a dentist, and the patient has compensated the dentist or dental facility for a procedure.

27. "Primary practice site" means the office location that is to be considered the main location of the dental practice. This office location would be listed first on the biennial registration.

28. "Qualified dental assistant" means a dental assistant who has been employed and trained as a dental assistant and has received at least ~~six~~three hundred ~~fifty~~ hours of on-the-job training, has completed a board-approved infection control seminar and passed the x-ray and infection control portions of the dental assisting national board examination, and has applied to the board and paid the certificate fee and met any other requirements of section 20-03-01-05.

29. "Qualified dental staff member" means an individual trained and competent in the use of monitoring and emergency equipment capable of assisting with procedures and emergency incidents that may occur as a result of the sedation or secondary to an unexpected medical complication.

30. "Registered dental assistant" means a dental assistant who is a graduate of a dental assistant program accredited by the commission on dental accreditation of the American dental association or a substantially equivalent curriculum approved by the board or has been certified by the dental assistant national board, and has applied to the board and paid the registration fee and met any other requirements of section 20-03-01-05.

31. "Remedial education" means an educational intervention prescribed by the board that is designed to restore an identified practice deficiency of a licensee. Remediation may include successful demonstration by the licensee that the learned knowledge and skills have been incorporated into the licensee's practice.

~~30-32.~~ "Satellite office" means an office, building, or location used at any time by a dentist for the practice of dentistry other than the office listed on the dentist's biennial registration certificate.

33. "Screening" means an inspection used for the early identification of individuals at potentially high risk for a specific condition or disorder and can indicate a need for further evaluation or preliminary intervention. A screening is neither diagnostic nor a definitive indication of a specific condition and does not involve making diagnoses that lead to treatment plans.

34. "Self-study", for the purposes of continuing education requirements, means the licensee engages in obtaining education without direct supervision, without attendance in a classroom setting, or without a proctor during online education. A certificate of completion must be obtained as proof of education.

35. "Telehealth" means the federal Health Insurance Portability and Accountability Act compliant practice of providing health care to a patient of record, using electronic technology or secure communication technologies between a licensee in one location and a patient in another location.

36. "Webinar", for the purposes of continuing education requirements, means the licensee engages in a live web-based seminar or presentation using video conferencing software. A webinar is interactive and has the ability to give, receive, and discuss information in real-time. A certificate of completion indicating "webinar", or other evidence of attendance must be maintained as proof of education.

History: Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; June 1, 2002; July 1, 2004; April 1, 2006; October 1, 2007; January 1, 2011; April 1, 2015; July 1, 2017; April 1, 2021.

General Authority: NDCC 43-20-10; 43-28-06

Law Implemented: NDCC 43-20, 43-28

CHAPTER 20-02-01 GENERAL REQUIREMENTS

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20-02-01-01. Advertising.

1. Advertising by dentists is permitted to disseminate information for the purpose of providing the public a sufficient basis upon which to make an informed selection of dentists. In the interest of protecting the public health, safety, and welfare, advertising which is false, deceptive, or misleading is prohibited.
2. All advertising must contain the legal name of the dentist, or a reasonable variation thereof. In the case of a partnership or corporation, the name used in the advertisement may be the true name of the partnership or corporation. The advertisement must also contain the location, or locations, of the dentist, partnership, or corporation. It is false or misleading for a dentist to hold themselves out to the public as a specialist, or any variation of that term, in a practice area unless the dentist:
 - a. Has completed a qualifying postdoctoral educational program in that area as set forth in subsection 3; or
 - b. Holds a current certification by a qualifying specialty board or organization as set forth in subsection 3.
3. A dentist engaged in general practice who wishes to announce the services available in the dentist's practice is permitted to announce the availability of those services as long as the dentist avoids using language that expresses or implies that the dentist is a specialist. If a dentist, other than a specialist, wishes to advertise a limitation of practice, such advertisement must state that the limited practice is being conducted by a general dentist. A dentist who is a specialist may announce the dentist's bona fide specialty provided that the dentist has successfully completed ~~ana qualifying postdoctoral~~ an agency recognized by the United States department of education, of full-time study two or more years in length, ~~as specified by the commission on dental accreditation of the American dental association~~ resulting in a master of science degree or certificate from an accredited program or

be a diplomate of a nationally recognized certifying board. Such a dentist may announce that the dentist's practice is limited to the special area of dental practice in which the dentist has or wishes to announce. In determining whether an organization is a qualifying specialty board or organization, the board shall consider the following standards:

- a. Whether the organization requires completion of an educational program with didactic, clinical, and experiential requirements appropriate for the specialty or subspecialty field of dentistry in which the dentist seeks certification, and the collective didactic, clinical, and experiential requirements are similar in scope and complexity to a qualifying postdoctoral educational program. Programs that require solely experiential training, continuing education classes, on-the-job training, or payment to the specialty board may not constitute a qualifying specialty board or organization;
 - b. Whether the organization requires all dentists seeking certification to pass a written or oral examination, or both, that tests the applicant's knowledge and skill in the specialty or subspecialty area of dentistry and includes a psychometric evaluation for validation;
 - c. Whether the organization has written rules on maintenance of certification and requires periodic recertification;
 - d. Whether the organization has written bylaws and a code of ethics to guide the practice of its members;
 - e. Whether the organization has staff to respond to consumer and regulatory inquiries; and
 - f. Whether the organization is recognized by another entity whose primary purpose is to evaluate and assess dental specialty boards and organizations.
4. A dentist who advertises on radio or television must retain a recorded copy of such advertising for a period of one year following the termination of the use of such advertising, and is responsible to make recorded copies of such advertising available to the North Dakota state board of dental examiners within thirty days following a request from the board for such copies.
 5. No dentist may advertise the dentist, the dentist's staff, the dentist's services, or the dentist's method or methods of delivery of dental services to be superior to those of any other licensed dentist, unless such claim or claims can be substantiated by the advertiser, upon whom rests the burden of proof.
 6. This section may not be construed to prohibit a dentist who does not qualify to hold themselves out to the public as a specialist under subsection 3 from restricting the dental practice to one or more specific areas of dentistry or from advertising the availability of dental services, provided that such advertisements do not include the term "specialist," or any variation of that term, and must state that the services advertised are to be provided by a general dentist. No advertising by a dentist may contain representations or other information contrary to the provisions of North Dakota Century Code section 43-28-18 or North Dakota Administrative Code title 20.

History: Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; April 1, 2015; April 1, 2021.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06

20-02-01-03. Nitrous oxide.

Repealed effective April 1, 2021.

~~—A duly licensed dentist may use nitrous oxide for treating patients only when the following conditions are met:~~

- ~~1. Documentation has been provided by the dentist to the board that verifies completion of fourteen hours of instruction or continuing professional education dealing specifically with the use of nitrous oxide. In the absence of documentation of classroom training, the dentist must provide proof acceptable to the board that demonstrates three years of practical experience in the use of nitrous oxide.~~
- ~~2. A dentist who induces a patient into a state of psychosedation or relative analgesia using nitrous oxide shall ensure that the patient will be continually and personally monitored by a dentist. A dentist may delegate the monitoring tasks to a licensed dental hygienist or a registered dental assistant utilizing indirect supervision only after the patient has been stabilized at the desired level of conscious sedation or relative analgesia by the action of the dentist. The licensed dental hygienist or registered dental assistant who is assigned the monitoring task shall remain in the treatment room with the patient at all times. A dental hygienist or a dental assistant may not initiate the administration of nitrous oxide to a patient. A dental hygienist or a registered dental assistant may terminate or reduce the amount of nitrous oxide previously administered by the dentist.~~
- ~~3. The dentist must provide and document training for the dental hygienist or registered dental assistant in the proper and safe operation of the analgesia machine being used prior to the registered dental hygienist or registered dental assistant monitoring the patient. Training shall include emergency procedures to be employed if required.~~

~~**History:** Effective February 1, 1992; amended effective May 1, 1996; April 1, 2000; October 1, 2007; January 1, 2011; April 1, 2015.~~

~~**General Authority:** NDCC 43-20-10, 43-28-06~~

~~**Law Implemented:** NDCC 43-20-03, 43-20-10, 43-20-12, 43-20-13, 43-28-06~~

20-02-01-03.1. Additional requirements for licensure by examination.

The board may grant a license to practice dentistry to an applicant who has met the requirements of North Dakota Century Code section 43-28-10.1 and all the following requirements:

1. The applicant has passed the examination administered by the joint commission on national dental examinations or the national dental examining board of Canada within five years of application.
2. The applicant has passed, within five years of application, a clinical competency examination approved by the board. Required components shall include a ~~patient-based~~ periodontal component, ~~a patient-based restorative component~~posterior composite or amalgam restoration, a class three restorative procedure, and an endodontic component, and after April 1, 2021, a fixed prosthetic component.
3. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.
4. The applicant has the physical health and visual acuity to enable the applicant to meet the minimum standards of professional competence.

History: Effective January 1, 2011; amended effective April 1, 2015; July 1, 2017; April 1, 2021.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-10.1

20-02-01-04.2. Volunteer license to practice dentistry.

A patient who is seen by a dentist who holds a volunteer license to practice dentistry shall not be considered a patient of record of the volunteer dentist. The dentist is not obligated to treat the patient outside of the volunteer practice setting. Between meetings of the board, the executive director of the board may review the volunteer license application and grant a provisional license if all the requirements are met. A volunteer license to practice dentistry in North Dakota, renewable annually by application to the board, may be granted when the following conditions are met:

1. The applicant was formerly licensed and actively practicing in the state of North Dakota or another jurisdiction for at least three of the five years immediately preceding application, where the requirements are at least substantially equivalent to those of this state; or
 - a. The applicant is the resident of a board-approved specialty program; or
 - b. The board determines that the applicant is qualified and satisfies the criteria specified under North Dakota Century Code section 43-28-10.1.
2. The applicant agrees to provide primary health services without remuneration directly or indirectly in a board-approved setting.
3. The applicant holds a current cardiopulmonary resuscitation course certification.
4. The applicant has completed continuing education requirements of the board.
5. The applicant has made application for a volunteer dental license in a manner prescribed by the board.
6. The board may collect from the applicant the nonrefundable application and license fee prescribed by the board.
7. The board may apply such restrictions as it deems appropriate to limit the scope of the practice of dentistry under the authority of the volunteer license.

History: Effective April 1, 2000; amended effective January 1, 2011; April 1, 2015; April 1, 2021.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06

20-02-01-04.3. Inactive status - License reinstatement.

A dentist may, upon payment of the fee determined by the board, place the dentist's license on inactive status. A dentist on inactive status shall be excused from the payment of renewal fees, except inactive status renewal fees, and continuing education. A dentist on inactive status shall not practice in North Dakota. To reinstate a license on inactive status, the dentist shall apply on the form as prescribed by the board, pay a reinstatement fee, and meet all of the following requirements:

1. The applicant has passed a clinical competency examination administered by a regional dental testing service, approved by the board in section 20-02-01-03.1, within five years of application or provides evidence of the clinical practice of dentistry within the previous five years. The board may, within the board's discretion, waive this requirement.
2. The applicant passes a written examination on the laws and rules governing the practice of dentistry in this state administered by the board at a meeting.
3. The applicant has completed thirty-two hours of continuing education in accordance with section 20-02-01-06 within two years of application.

4. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.
5. Grounds for denial of the application under North Dakota Century Code section 43-28-18 do not exist.

History: Effective April 1, 2006; amended effective January 1, 2011; July 1, 2017; [April 1, 2021](#).

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-17

20-02-01-05. ~~Permit for anesthesia use~~ [Anesthesia and sedation permit requirements](#).

~~1. The rules in this chapter are adopted for the purpose of defining standards for the administration of anesthesia [and sedation](#) by dentists or a dentist who collaborates with a qualified and licensed anesthesia or sedation provider. The standards specified in this chapter shall apply equally to general anesthesia, deep sedation, moderate (conscious) sedation, or a combination of any of these with inhalation, but do not apply to sedation administered through inhalation alone. A dentist licensed under North Dakota Century Code chapter 43-28 and practicing in North Dakota may not use any form of sedation if the intent is beyond anxiolysis on any patient unless such dentist has a permit, currently in effect, issued by the board, and renewable biennially thereafter, authorizing the use of such general anesthesia, deep sedation, [or](#) moderate (conscious) sedation, or minimal sedation when used in combination with inhalation.~~

~~2. An applicant may not be issued a permit initially as required in subsection 1 unless:~~

~~a. The board of dental examiners approves the applicant's facility and any other facility, clinic, or mobile dental clinic where anesthesia services are provided after an inspection conducted by an individual or individuals designated by the dental examiners;~~

~~b. The board of dental examiners is satisfied that the applicant is in compliance with the American dental association's most recent policy statement: the use of sedation and general anesthesia by dentists;~~

~~c. The initial application includes payment of a fee in the amount determined by the dental examiners; and~~

~~d. If the application appears to be in order, the board may issue a temporary permit prior to the site evaluation. The temporary permit may be revoked if the applicant fails the site inspection or if the applicant fails to cooperate with the timely scheduling of the site inspection.~~

~~3. The board of dental examiners may renew such permit biennially, provided:~~

~~a. Requirements of the permit application have been met;~~

~~b. Application for renewal and renewal fee is received by the dental examiners before the date of expiration of such permit. If the renewal application and renewal fee have not been received by the expiration of the permit, late fees as determined by the board shall apply; and~~

~~c. An onsite evaluation of the dentist's facility may be conducted by an individual designated by the board of dental examiners, and the board of dental examiners must approve the results of each such evaluation. Each facility where anesthesia is administered must be evaluated.~~

~~4. A North Dakota licensed anesthesia or sedation provider authorized by the board shall reevaluate the credentials, facilities, equipment, personnel, and procedures of a permit holder~~

within every five years following a successful initial application or renewal. Drugs and techniques used must carry a margin of safety wide enough to render the unintended loss of consciousness unlikely, factoring in titration and the patient's age, weight, and ability to metabolize drugs. The qualified dentist must have the training, skills, drugs, and equipment immediately available in order to rapidly identify and manage an adverse occurrence until either emergency medical assistance arrives or the patient returns to the intended level of sedation or full recovery without airway, respiratory, or cardiovascular complications.

1. For purposes of this chapter, the following definitions apply:

a. "Aldrete score" means a measurement of recovery after anesthesia that includes gauging consciousness, activity, respiration, and blood pressure.

Aldrete Scoring Guidelines				
Activity	Respiration	Circulation	Consciousness	Oxygenation
2 Able to move four extremities voluntarily on command and/or returned to preprocedure level	2 Patient can cough and deep breathe on command and/or respirations unlabored, oxygen saturation at preprocedure level	2 Blood pressure and heart rate +/- 20 percent of pre sedation level and/or asymptomatic alteration	2 Fully awake (able to answer questions) or at preprocedure level	2 Able to maintain oxygen saturation greater than 92 percent or at preprocedure level Pink or normal skin color
1 Able to move two extremities voluntarily on command and/or moves weakly, unable to stand	1 Dyspnea or limited breathing or requires oxygen greater than baseline level to maintain adequate saturation	1 Blood pressure and heart rate +/- 20 to 50 percent of pre-anesthetic level or mildly symptomatic alteration that requires fluid bolus, intervention or dopamine at less than ten micrograms per kilogram per minute for heart failure patients	1 Arousable on calling (arousable only to calling)	1 Needs oxygen to maintain adequate oxygenation Pale, dusky, blotchy, jaundiced, or other
0 Unable to move	0 Apneic or requires airway support	0 Blood pressure and heart rate greater than 50 percent +/- pre sedation levels and/or requires pharmacological intervention, or dopamine at greater than ten micrograms per kilogram per minute for heart failure patients	0 Unresponsive	0 Oxygen saturation less than 90 percent adult, less than 92 percent peds even with oxygen support. Cyanotic
Target 2	Target 2	Target 1-2	Target 1-2	Target 2
A score of less than 8, re-evaluate q 15 minutes/greater than 8 discharge to recovery or greater than or equal to discharge home				

- b. "Capnography" means a process to determine the presence and percent of carbon dioxide in a patient's breath through the use of a carbon dioxide monitor, the noninvasive measurement of the partial pressure of carbon dioxide in exhaled breath expressed as the carbon dioxide concentration over time and is graphically represented. Carbon dioxide measured at the airway can be displayed as a function of time (carbon dioxide concentration over time) or exhaled tidal volume (carbon dioxide concentration over volume).
- c. "Dental anesthesia assistant" means an individual who has successfully completed a board-approved dental anesthesia assistant education and training course and is authorized by permit to provide dental anesthesia assistant duties under the supervision of a dentist authorized by permit to provide parenteral sedation pursuant to sections 20-03-01-01.1 and 20-04-01-01.
- d. "Direct supervision of moderate sedation or general anesthesia" means the anesthesia or sedation permitholder is in the immediate presence of a patient while sedated or anesthesia is being administered to that patient and:
- (1) A patient under general anesthesia is considered "sedated" for that period of time beginning with the first administration of general anesthetic agents until that time when the patient is again conscious with a full return of protective reflexes, including the ability to respond purposely to physical stimulation or verbal command, or both when no additional agents will be administered, the dental procedures have been completed, and after the maximum effects of all agents have been experienced by the patient.
 - (2) A patient under moderate sedation is considered "sedated" for that period of time beginning with the first administration of sedation agents until that time when no additional agents will be administered, the dental procedures have been completed, and after the effects of previous dosing have been fully appreciated by the patient. The dentist is relieved of supervising the patient when the patient is considered to have recovered.
 - (3) A patient is deemed to be "recovering from" sedation or general anesthesia from the time the patient is no longer "sedated" as defined in paragraph 1 or 2 until the dentist has evaluated the patient and has determined the patient is responsive, alert, has stable vital signs, and is ambulatory or capable of being safely transported. A qualified dental staff member may monitor the recovering patient under indirect supervision.
- e. "General anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to maintain ventilator function is often impaired. Patients often require assistance in maintaining patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
- f. "Incremental dosing" means administration of multiple doses of a drug until a desired effect is reached.
- g. "Maximum recommended dose" means the maximum United States food and drug administration recommended dose of a drug, as printed in the food and drug administration-approved labeling for unmonitored home use.

- h. "Minimal sedation" means a drug-induced depression of consciousness, which retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. Minimal sedation may be achieved by the administration of a single drug administered in a single or divided dose not to exceed the maximum recommended dose. A permit is not required for minimal sedation.
- i. "Moderate sedation" means a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Administration of sedative drugs exceeding the maximum recommended dose for unmonitored home use during a single appointment and use of nitrous oxide inhalation therapy, or use of more than one enteral drug administered, with or without concomitant use of nitrous oxide is considered moderate sedation.
- j. "Nitrous oxide inhalation analgesia" means a technique in which the inhalation of nitrous oxide enables treatment to be carried out and in which purposeful verbal contact with the patient can be maintained or the patient responds appropriately to light tactile stimulation throughout the administration of nitrous oxide inhalation analgesia, and the drugs and techniques used have a margin of safety wide enough to render unintended loss of consciousness extremely unlikely.
- k. "Parenteral moderate sedation" means the intravenous, intramuscular, intranasal, subcutaneous, sublingual, submucosal, transdermal, or rectal administration of pharmacological agents with the intent to obtain a depressed level of consciousness that meets the definition of moderate sedation.
- l. "Patient monitoring of minimal sedation" means a dentist or qualified dental staff member responsible for patient monitoring is continuously in the presence of the patient in the office, operatory, and recovery area before administration or if the patient self-administered the sedative agent immediately upon arrival, and throughout recovery until the patient is discharged by the dentist.
- m. "Patient monitoring of moderate sedation or general anesthesia" means a qualified dentist, anesthesiologist, or certified registered nurse anesthetist, must remain in the operatory room to monitor the patient continuously until the patient meets the criteria pursuant to this section for recovery. When active treatment concludes and the patient recovers to a minimally sedated level, a qualified dental staff member may be directed by the dentist to remain with the patient. The dentist may not leave the facility until the patient meets the criteria for discharge and is discharged from the facility.
- n. "Pediatric patient" means a dental patient twelve years of age or younger.
- o. "Supplemental dosing" means during minimal sedation, supplemental dosing is a single additional dose of the initial drug that is necessary for prolonged procedures.
- p. "Time-oriented anesthesia record" means documentation at appropriate intervals of drugs, doses, and physiologic data obtained during patient monitoring.
- q. "Titration" means administration of incremental doses of an intravenous or inhalation drug until a desired effect is reached.
- r. "Topical anesthesia" means the elimination of sensation, especially pain, in one part of the body by skin or mucous membrane surface application of a drug.

s. "Transdermal or transmucosal" means a technique of administration in which the drug is administered by patch or iontophoresis.

2. Administration of nitrous oxide inhalation analgesia - Requirements. The following standards apply to the administration of nitrous oxide inhalation analgesia:

a. Inhalation equipment must have a fail-safe system that is appropriately checked and calibrated. The equipment also must have either a functioning device that prohibits the delivery of less than thirty percent oxygen or an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm. A scavenging system must be available if gases other than oxygen or air are used.

b. Patient dental records must include the concentration administered and duration of administration.

c. A dentist may not delegate monitoring of nitrous oxide inhalation analgesia once the patient has ingested an enteral drug for the purpose of minimal sedation.

d. Prior to authorizing a dental hygienist or registered dental assistant to administer nitrous oxide inhalation analgesia, the dentist must have provided and documented training in the proper and safe operation of the nitrous oxide inhalation analgesia equipment.

e. A patient receiving nitrous oxide inhalation analgesia must be monitored continually by a dental hygienist or a registered dental assistant. A dental hygienist or a registered dental assistant may terminate or reduce the amount of nitrous oxide previously administered by the nitrous oxide inhalation analgesia provider.

f. The board may issue a permit authorizing the administration of nitrous oxide inhalation to a dentist or dental hygienist or registered dental assistant when the following requirements are met:

(1) Evidence of successful completion of a twelve-hour, board-approved course of training or course provided by a program accredited by an accrediting body recognized by the United States department of education, and either:

(a) Completed the course within thirteen months prior to application; or

(b) Completed the course more than thirteen months prior to application, has legally administered nitrous oxide inhalation analgesia for a period of time during the three years preceding application, and provides written documentation from a dentist who has employed or supervised the applicant, attesting to the current clinical proficiency of the applicant to administer nitrous oxide inhalation analgesia.

(2) Evidence of current certification in basic life support by the American heart association for the health care provider, or an equivalent program approved by the board.

3. Administration of minimal sedation. A dentist administering minimal sedation shall maintain basic life support certification and comply with the following standards:

a. An appropriate sedative record must be maintained and must contain the names and time of all drugs administered, including local anesthetics and nitrous oxide. The time and condition of the patient at discharge from the treatment area and facility requires documentation.

b. Medications used to produce minimal sedation are limited to a single enteral drug, administered either singly or in divided doses, by the enteral route to achieve the desired clinical effect, not to exceed the maximum recommended dose in a single appointment. The administration of enteral drugs exceeding the maximum recommended dose during a single appointment is considered to be moderate sedation.

c. A supplemental dose should not exceed one-half of the initial dose and should not be administered until the dentist has determined the clinical half-life of the initial dosing has passed. The total aggregate dose may not exceed one and one-half times the maximum recommended dose on the day of treatment.

d. Combining two or more enteral drugs, excluding nitrous oxide, prescribing or administering drugs that are not recommended for unmonitored home use, or administering any parenteral drug constitutes moderate sedation and requires that the dentist must hold a moderate sedation permit.

e. Excluding minimal sedation by inhalation therapy alone, premedation vitals, including blood pressure and heart rate must be obtained and recorded. Facilities and equipment must include:

(1) Suction equipment capable of aspirating gastric contents from the mouth and pharynx;

(2) Portable oxygen delivery system, including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen enriched ventilation to the patient;

(3) Blood pressure cuff (or sphygmomanometer) of appropriate size;

(4) Automated external defibrillator or defibrillator;

(5) Stethoscope or equivalent monitoring device; and

(6) The following emergency drugs must be available and maintained:

(a) Bronchodilator;

(b) Sugar (or glucose);

(c) Aspirin;

(d) Antihistaminic;

(e) Coronary artery vasodilator; and

(f) Anti-anaphylactic agent.

f. A dentist shall ensure any advertisements related to the availability of antianxiety premedication, or minimal sedation clearly reflect the level of sedation provided and are not misleading.

4. Administration of moderate sedation. Before administering moderate sedation, a dentist licensed under North Dakota Century Code chapter 43-28 must have a permit issued by the board and renewable biennially thereafter. An applicant for an initial permit must meet the following educational requirements:

a. Successfully completed a comprehensive sixty-hour predoctoral dental school, postgraduate education or continuing education in moderate sedation with a participant-

faculty ratio of not more than four-to-one. The course must include courses in enteral and parenteral moderate sedation plus individual management of twenty live patient clinical case experiences by the intravenous route and provide certification of competence in rescuing patients from a deeper level of sedation than intended, including managing the airway, intravascular or intraosseous access, and reversal medications. The formal training program must be sponsored by or affiliated with a university, teaching hospital, or other facility approved by the board or provided by a curriculum of an accredited dental school and have a provision by course director or faculty of additional clinical experience if participant competency has not been achieved in allotted time.

- b. The course must be directed by a dentist or physician qualified by experience and training with a minimum of three years of experience, including formal postdoctoral training in anxiety and pain control. The course director must possess a current permit or license to administer moderate sedation and general anesthesia in at least one state.
- c. A dentist utilizing moderate sedation must maintain current certification in advanced cardiac life support if treating adult patients or pediatric advanced life support if treating patients twelve years of age or less and maintain cardiopulmonary resuscitation for health professionals.
- d. A permitholder may not administer or employ any agents that have a narrow margin for maintaining consciousness, including ultra-short acting barbiturates, propofol, ketamine, or similarly acting drugs, agents, or techniques, or any combination thereof that likely would render a patient deeply sedated, generally anesthetized, or otherwise not meeting the conditions of moderate sedation.
- e. During moderate sedation the adequacy of ventilation must be evaluated by continual observation of qualitative clinical signs and monitoring for the presence of exhaled carbon dioxide unless precluded or invalidated by the nature of the patient, procedure, or equipment.
- f. This section does not apply to a dentist who has maintained a parenteral sedation permit in North Dakota and has been administering parenteral sedation in a dental office prior to April 1, 2021.

5. Moderate sedation site evaluations. A licensed dentist utilizing moderate sedation is required to have an evaluation of the location where sedation or anesthesia services are rendered initially and every five years thereafter and shall maintain a properly equipped facility. An initial inspection must be completed within sixty days of the approval of the initial permit application. A North Dakota licensed anesthesia or sedation provider authorized by the board shall re-evaluate the credentials, facilities, equipment, personnel, and procedures of a permitholder within every five years following a successful initial application or renewal. The purpose of the evaluation is to assess the patient's anesthetic risk and assess a site's ability to provide emergency care; therefore, the site evaluation emphasizes recognition and management of emergencies and complications associated with office administration of sedation. Requirements of the site evaluation are as follows:

- a. Submit a completed permit application and permit application fee on a form provided by the board;
- b. The dentist's facility must meet the requirements of this chapter and maintain the following properly operating equipment and supplies appropriate for the age of the patient during the provision of moderate sedation by the permitholder or physician anesthesiologist or certified registered nurse anesthetist or other qualified sedation provider:

- (1) Emergency drugs as required by the board.
- (2) Positive pressure oxygen and supplemental oxygen delivery system.
- (3) Stethoscope.
- (4) Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device.
- (5) Oropharyngeal and nasopharyngeal airways.
- (6) Pulse oximeter.
- (7) Auxiliary lighting.
- (8) Blood pressure monitor with an automated time determined capability and method for recording the data.
- (9) Cardiac defibrillator or automated external defibrillator.
- (10) Capnography.
- (11) Electrocardiogram.

- c. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one qualified dental staff member.
- d. Maintains a current permit to prescribe and administer controlled substances in this state issued by the United States drug enforcement administration.

6. Administration of general anesthesia. A dentist must have a permit issued by the board and renewable biennially thereafter. An applicant for an initial permit shall submit a completed application and application fee on a form provided by the board and meet the following educational requirements:

- a. Within the three years before submitting the permit application, provide evidence the applicant successfully has completed an advanced education program accredited by the commission on dental accreditation that provides training in general anesthesia and formal training in airway management, and completed a minimum of one year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program approved by the board; or
- b. Be, within the three years before submitting the permit application, a diplomate of the American board of oral and maxillofacial surgeons or eligible for examination by the American board of oral and maxillofacial surgeons, a fellow of the American association of oral and maxillofacial surgeons, a fellow of the American dental society of anesthesiology, a diplomate of the national dental board of anesthesiology, or a diplomate of the American dental board of anesthesiology or eligible for examination by the American dental board of anesthesiology; or
- c. For an applicant who completed the requirements of subdivision a or b more than three years before submitting the permit application, provide on a form provided by the board, a written affidavit affirming that the applicant has administered general anesthesia to a minimum of twenty-five patients within the year before submitting the permit application or seventy-five patients within the last five years before submitting the permit application and the following documentation:

- (1) A copy of the general anesthesia permit in effect in another jurisdiction or certification of military training in general anesthesia from the applicant's commanding officer; and
- (2) On a form provided by the board, a written affidavit affirming the completion of thirty-two hours of continuing education pertaining to oral and maxillofacial surgery or general anesthesia taken within three years prior to application.

d. Successfully completed the site evaluation required by this chapter.

7. General anesthesia site evaluations. A licensed dentist authorized to administer general anesthesia is required to have an evaluation of the location where sedation or anesthesia services are rendered initially and every five years thereafter and shall maintain a properly equipped facility. An initial inspection must be completed within sixty days of the approval of the initial permit application. After review of the application by the anesthesia committee, privileges to provide anesthesia services may be temporarily granted to the applicant. Prior to the final granting of approval to administer general anesthesia or moderate sedation; however, office inspection and evaluation must be scheduled for each location where sedation will be administered. The purpose of the evaluation is to assess the patient's anesthetic risk and assess a site's ability to provide emergency care; therefore, the site evaluation emphasizes recognition and management of emergencies and complications associated with office administration of sedation.

a. The dentist's facility must meet the requirements of this chapter and maintain the following properly operating equipment and supplies appropriate for the age of the patient during the provision of anesthesia and sedation by the permit holder, a physician anesthesiologist, a dental anesthesiologist, certified registered nurse anesthetist, or other qualified sedation provider:

- (1) Emergency drugs;
- (2) Electrocardiograph monitor;
- (3) Pulse oximeter;
- (4) Cardiac defibrillator or automated external defibrillator;
- (5) Positive pressure oxygen and supplemental oxygen;
- (6) Suction equipment, including endotracheal, tonsillar, or pharyngeal and emergency backup medical suction device;
- (7) Laryngoscope, multiple blades, backup batteries, and backup bulbs;
- (8) Endotracheal tubes and appropriate connectors;
- (9) Magill forceps;
- (10) Oropharyngeal and nasopharyngeal airways;
- (11) Auxiliary lighting;
- (12) End-tidal carbon dioxide monitor;
- (13) Stethoscope; and
- (14) Blood pressure monitoring device with an automated time determined capability and method for recording the data;

- b. Pulse oximetry, heart rate, respiratory rate, and blood pressure must be recorded continually until an Aldrete score greater than or equal to eight is met.
- c. During general anesthesia where volatile inhalation agents or succinylcholine is used, temperature must be continually monitored.
- d. Maintain patient charts to include preoperative and postoperative vital signs, drugs administered, dosage administered, time-oriented anesthesia record, and monitors used.
- e. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. A qualified dental staff member involved in administering and monitoring general anesthesia or moderate sedation shall hold a current course completion confirmation in advanced cardiac life support if treating adult patients or pediatric advanced life support if treating patients twelve years of age or younger.
- f. Hold a current registration to prescribe and administer controlled substances in this state issued by the United States drug enforcement administration.
- g. Provide confirmation of completing coursework within the two years prior to submitting the permit application in one or more of the following:
 - (1) Advanced cardiac life support from the American heart association or another agency that follows the same procedures, standards, and techniques for training as the American heart association;
 - (2) Pediatric advanced life support in a practice treating pediatric patients.

8. Other anesthesia providers. A dentist who is not authorized by permit to provide anesthesia or sedation services and who intends to use the services of a certified registered nurse anesthetist, anesthesiologist, or another dentist authorized by permit to administer moderate sedation or general anesthesia, shall notify the board prior to sedation services being provided and arrange a site evaluation with the board-appointed anesthesia professional. The sedation provider is responsible for discharge assessment. The treating dentist shall run a mock code biannually with the sedation team and maintain a record of the mock code schedule and attendance. The anesthesia provider and the treating dentist shall remain at the facility until the sedated patient is discharged. The treating dentist shall maintain advanced cardiovascular life support certification if treating adult patients and pediatric advanced life support certification if children under twelve are being sedated.

9. Standards for all offices administering moderate sedation or general anesthesia.

- a. Site evaluations. A facility or office where moderate sedation or general anesthesia are administered shall be evaluated and inspected by an individual approved by the board and meet the following standards:
 - (1) Prior to the onsite evaluation and inspection, the applicant shall provide a complete list of emergency medication to the evaluator not less than two weeks prior to the scheduled evaluation. The applicant is responsible with scheduling a site evaluation. A dentist shall schedule a site evaluation with a board-appointed anesthesia provider within sixty days of submitting to the board a permit application for authorization to administer moderate sedation or anesthesia. An applicant who has successfully completed the course may be granted a temporary permit by the board prior to the onsite inspection and evaluation. Failure to pass the inspection and evaluation must result in the immediate and automatic termination of the temporary permit.

- (2) An applicant who has failed the inspection and evaluation on the basis of a failure to demonstrate knowledge and ability in recognition and treatment of any or all of the simulated emergencies may be re-evaluated only on the simulated emergencies provided the re-evaluation is within thirty days.
- (3) Prior to the issuance or renewal of a permit, the board may require an onsite inspection and evaluation. The permit of any dentist who has failed an onsite inspection and evaluation automatically must be suspended thirty days after the date on which the board notifies the dentist of the failure unless, within that time period, the dentist has retaken and passed an onsite inspection and evaluation.
- (4) Respiratory rate, oxygen saturation, heart rate, blood pressure, and cardiac rhythm must be monitored and recorded every five minutes during the intraoperative period. When endotracheal anesthesia is used, expired carbon dioxide levels and temperatures are recorded every five minutes until extubation.
- (5) Unused controlled pharmaceuticals must be secured and maintained in accordance with state and federal guidelines and must be discarded immediately with documentation of disposal in conformance with drug enforcement administration requirements.
- (6) Monitoring equipment should be checked and calibrated in accordance with the manufacturer's recommendations and documented on an annual basis.
- (7) Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Therefore, practitioners intending to produce a given level of sedation should be able to rescue patients whose level of sedation becomes deeper than initially intended. The qualified sedation or anesthesia provider shall correct adverse physiologic consequences of the deeper than intended level of sedation and return the patient to the originally intended level of sedation.
- (8) For use of nasal versed, rules of the general sedation site evaluation apply.

b. Renewal of permit and site evaluation. Both the sedation permit and the site evaluation are subject to renewal. All sedation and anesthesia permits must be renewed biennially, concurrent with the dentist's license renewal. The state board of dental examiners may renew such permit biennially, provided:

- (1) Continuing education requirements of the permit application have been met;
- (2) Application for renewal and renewal fee is received by the board before the date of expiration of such permit. If the renewal application and renewal fee have not been received by the expiration of the permit, late fees apply and the dentist's sedation or anesthesia privileges are suspended.
- (3) An onsite evaluation of the dentist's facility or satellite clinic conducted by an individual designated by the state board of dental examiners where sedation or anesthesia services are provided by a qualified anesthesia provider must be in good standing; or
- (4) A North Dakota licensed anesthesia or sedation provider authorized by the board has successfully re-evaluated the credentials, facilities, equipment, personnel, and procedures of a permitholder within five years following the successful initial application or previous site evaluation.

c. Qualified dental staff members. For purposes of moderate sedation and general anesthesia, a qualified dental staff member shall meet the following requirements:

(1) A qualified dental staff member may assist in the anesthesia and sedation duties pursuant to section 20-04-01-01 and administer direct patient care, before, during, or after, administration of moderate sedation, or general anesthesia, and must have:

(a) Current certification as a dental anesthesia assistant by the American association of oral and maxillofacial surgeons, or certification from the American dental society of anesthesiology and holds a class I or II permit pursuant to section 20-03-01-05.1 or 20-04-01-03.1; or

(b) Appropriate medical training acquired directly by a planned sequence of instruction in an educational institution resulting in competency in monitoring the patient's blood pressure, heart rate, oxygenation, and level of consciousness, assisting in direct patient care, before, during, or after administration of sedation or anesthesia.

(2) A qualified dental staff member shall maintain basic life support for health professionals or advanced cardiac life support certification and participate in mock codes conducted by the authorizing dentist.

(3) A qualified dental staff member responsible for patient monitoring shall:

(a) Be continuously in the presence of the patient in the office, operatory, and recovery area;

[1] Once the sedative is initiated or if the patient has self-administered a sedative agent, immediately upon arrival;

[2] Throughout the administration of drugs;

[3] Throughout the treatment of the patient; and

[4] Throughout recovery until the patient is discharged by the dentist;

(b) Have the patient's entire body in sight;

(c) Be in close proximity so as to speak with the patient;

(d) Converse with the patient to assess the patient's ability to respond;

(e) Closely observe the patient for coloring, breathing, level of physical activity, facial expressions, eye movement, and bodily gestures in order to immediately recognize and bring any changes in the patient's condition to the attention of the treating dentist;

(f) Read, report, and record the patient's vital signs and physiological measures; and

(g) Monitor pulse oximetry.

d. Patient evaluation required.

(1) The decision to administer controlled drugs for dental treatment must be based on a documented evaluation of the health history and current medical condition of the patient in accordance with the class I through V risk category classifications of the American society of anesthesiologists in effect at the time of treatment. The findings of the evaluation, the American society of anesthesiologists' risk assessment class assigned, and any special considerations must be recorded in the patient's record.

(a) Any level of sedation and general anesthesia may be provided for a patient who is American society of anesthesiologists' class I and class II.

(b) A patient in American society of anesthesiologists' class III only may be provided moderate sedation or general anesthesia by:

[1] A physician anesthesiologist, dentist anesthesiologist, certified registered nurse anesthetist, or independently practicing qualified anesthesia health care provider licensed in North Dakota; or

[2] An oral and maxillofacial surgeon who has performed a physical evaluation and documented the findings and the American society of anesthesiologists' risk assessment category of the patient and any special monitoring requirements that may be necessary.

[3] Moderate sedation or general anesthesia may not be provided in a dental office for patients in American society of anesthesiologists' class IV and class V.

e. Recordkeeping requirements for moderate sedation and general anesthesia include:

(1) Notation of the patient's American society of anesthesiologists' classification;

(2) Review of medical history and current conditions, including the patient's weight and height or, if appropriate, the body mass index;

(3) Preoperative and postoperative vital signs;

(4) Drugs administered, dosage, notations of the time sedation or anesthesia in minutes, and monitors used. Capnography, pulse oximetry, heart rate, respiratory rate, and blood pressure must be recorded continually until an Aldrete score greater than or equal to eight;

(5) Monitoring records of all required vital signs and physiological measures recorded every five minutes, and time and assessment of patient at discharge; and

(6) A list of staff participating in the administration, treatment, and monitoring, including name, position, and assigned duties.

f. Informed written consent. Prior to administration of any level of sedation or general anesthesia, the dentist shall discuss the nature and objectives of the planned level of sedation or general anesthesia along with the risks, benefits, and alternatives and shall obtain informed, written consent from the patient or other responsible party for the administration and for the treatment to be provided. The written consent must be maintained in the patient record.

g. Pediatric patients. Sedating medication may not be prescribed for or administered to a patient twelve years of age or younger prior to the patient's arrival at the dentist office or treatment facility.

h. Emergency management. The licensed dentist authorized by permit to administer sedation and staff with patient care duties shall be trained in emergency preparedness. Written protocols must include training requirements and procedures specific to the permitholder's equipment and drugs for responding to emergency situations involving sedation or anesthesia, including information specific to respiratory emergencies. The permitholder shall document this review of office training or mock codes. Protocols must include the American heart association's basic life support or cardiopulmonary

resuscitation and advanced cardiac life support or pediatric advanced life support for any practitioner administering moderate or general anesthesia.

(1) If a patient enters a deeper level of sedation than the dentist is qualified and prepared to provide, the dentist shall stop the dental procedure until the patient returns to and is stable at the intended level of sedation.

(2) A dentist in whose office sedation or anesthesia is administered shall have written basic emergency procedures established and staff trained to carry out such procedures.

(3) Biannual mock codes to simulate office medical emergencies must be documented and available during a site evaluation.

i. Authorization of duties. A dentist who authorizes the administration of general anesthesia or moderate sedation in the dentist's dental office is responsible for assuring that:

(1) The equipment for administration and monitoring is readily available and in good working order prior to performing dental treatment with anesthesia or sedation. The equipment either must be maintained by the dentist in the dentist's office or provided by the anesthesia or sedation provider;

(2) The person administering the anesthesia or sedation is appropriately licensed;

(3) The individual authorized to monitor the patient is qualified;

(4) A physical evaluation and medical history is taken prior to administration of general anesthesia or sedation. A dentist holding a permit shall maintain records of the physical evaluation, medical history, and general anesthesia or sedation procedures; and

(5) Administration of sedation by another qualified provider requires the operating dentist to maintain advanced cardiac life support if the patient is twelve years of age or older and pediatric advanced live support if the patient is less than twelve years of age.

j. Reporting. All licensed dentists in the practice of dentistry in this state shall submit a report within a period of seven days to the board office of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of, antianxiety premedication, nitrous oxide inhalation analgesia, or sedation. The report must include responses to at least the following:

(1) Description of dental procedure.

(2) Description of preoperative physical condition of patient.

(3) List of drugs and dosage administered.

(4) Description, in detail, of techniques utilized in administering the drugs utilized.

(5) Description of adverse occurrence:

(a) Description, in detail, of symptoms of any complications, to include onset and type of symptoms in patient.

(b) Treatment instituted on the patient.

(c) Response of the patient to the treatment.

(6) Description of the patient's condition on termination of any procedures undertaken.

k. Violations. A violation of any provision of this article constitutes unprofessional conduct and is grounds for the revocation or suspension of the dentist's permit, license, or both, or the dentist may be reprimanded or placed on probation.

History: Effective October 1, 1993; amended effective May 1, 1996; June 1, 2002; July 1, 2004; April 1, 2006; October 1, 2007; January 1, 2011; April 1, 2015; July 1, 2017; April 1, 2021.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06

20-02-01-06. Continuing dental education for dentists.

Each dentist shall provide evidence on forms supplied by the board that the dentist has attended or participated in continuing clinical dental education in accordance with the following conditions:

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.
2. The continuing dental education hours will accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry will be accepted by the board without limit.
3. The minimum number of hours required within a two-year cycle for dentists is thirty-two. Of these hours, a dentist may earn no more than sixteen hours from self-study. Self-study is an educational process designed to permit a participant to learn a given subject without involvement of a proctor. Cardiopulmonary resuscitation courses must provide hands-on training. All other continuing education requirements may be satisfied from online education. The continuing education must include:
 - a. Two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.
 - b. Two hours of infection control.
 - c. A cardiopulmonary resuscitation course.
 - d. For sedation and anesthesia permitholders, four hours related to sedation or anesthesia.
4. Mere registration at a dental convention without specific attendance at continuing education presentations will not be creditable toward the continuing ~~dental~~ education requirement.
5. All dentists must hold a current cardiopulmonary resuscitation certificate. ~~Anesthesia permitholders are required to~~ General anesthesia and moderate sedation providers shall maintain current advanced cardiac life support certification or pediatric advanced life support as specified by permit. A dentist who utilizes the services of other qualified anesthesia providers to administer moderate sedation or general anesthesia in the dentist's facility or satellite office shall maintain current advanced cardiac life support certification. A dentist who utilizes minimal sedation shall maintain basic life support certification.
6. The board may audit the continuing education credits of a dentist. Each licensee shall maintain certificates or records of continuing education activities from the previous renewal cycle. Upon receiving notice of an audit from the board, a licensee shall provide satisfactory documentation of attendance at, or participation in the continuing education activities ~~listed on~~

~~the licensee's continuing education form.~~ Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the license.

7. A dentist who maintains a license on inactive status is not subject to continuing education requirements.

History: Effective October 1, 1993; amended effective May 1, 1996; August 1, 1998; June 1, 2002; April 1, 2006; October 1, 2007; January 1, 2011; April 1, 2015; July 1, 2017; [April 1, 2021](#).

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06, 43-28-16.2

20-02-01-08. Discontinuance of practice - Retirement - Discontinuance of treatment.

These rules are adopted for the purpose of avoiding practice abandonment. A licensed dentist shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of the patient or patient's legal guardian, the dentist shall furnish the dental records or copies of the records, including dental radiographs or copies of the radiographs. The dentist may charge a nominal fee for duplication of records as provided by North Dakota Century Code section 23-12-14, but may not refuse to transfer records for nonpayment of any fees.

1. A licensee, upon retirement, or upon discontinuation of the practice of dentistry, or upon moving from a community, shall notify all active patients in writing and by publication once a week for three consecutive weeks in a newspaper of general circulation in the community that the licensee intends to discontinue the practice of dentistry. The licensee shall make reasonable arrangements with active patients for the transfer of patient records, or copies thereof, to the succeeding licensee. In the event of a transfer of patient records to another licensee assuming the practice, written notice must be furnished to all patients as hereinbefore specified. ~~Active~~[For purposes of this section, "active patient"](#) is defined as a person whom the licensee has examined, treated, cared for, or otherwise consulted with during the two-year period prior to the discontinuation of the practice of dentistry by the licensee. In the event of a nontransfer of records, a licensee shall have the ongoing obligation of ~~not less than~~[at least](#) two years to afford the licensee's prior patients access to those records not previously provided to the patient.
2. In the event of termination of a dentist-patient relationship by a licensee, notice of the termination must be provided to the patient. A dentist-patient relationship exists if a dentist has provided treatment to a patient on at least one occasion within the preceding year. The dentist who is the owner or custodian of the patient's dental records shall mail notice of the termination of the dentist's relationship to the patient, which shall provide the following:
 - a. The date that the termination becomes effective, and the date on which the dentist and patient relationship may resume, if applicable;
 - b. A location at which the patient may receive emergency dental care for at least thirty days following the termination of the dentist and patient relationship;
 - c. A statement of further dental treatment required, if any; and
 - d. The dentist shall respond to a written request to examine or copy a patient's record within ten working days after receipt. A dentist shall comply with North Dakota Century Code section 23-12-14 for all patient record requests.
3. If a licensee dies or becomes unable to practice dentistry due to disability, for the purpose of selling or otherwise disposing of the deceased or disabled licensee's dental practice, a person who is not licensed to practice dentistry but who is the personal representative of the estate of a deceased dentist or the personal representative of a disabled dentist may contract with a dentist to manage the dental practice for a period not to exceed twenty-four months.

4. If a dentist agrees to provide dental care without remuneration to underserved patients in the absence of a public health setting, the patient may not be considered a patient of record of the dentist providing the donated dental service.
5. If a licensee retires from a group practice and continuity of patient dental care will not be interrupted, the dentist is exempt from notifying active patients in writing. The licensee shall notify patients by publication once a week for three consecutive weeks in a newspaper of general circulation in the community that the licensee intends to discontinue the practice of dentistry.

History: Effective April 1, 2006; amended effective April 1, 2015; April 1, 2021.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06

20-02-01-09. Retention of records.

A Dental records must be legible and include a chronology of the patient's progress throughout the course of all treatment and postoperative visits. All entries in the patient record must be dated, initialed, and handwritten in ink or computer printed. Digital radiographs must be transferred by compact or optical disc, electronic communication, or printing on high quality photographic paper. All transferred film or digital radiographs must reveal images of diagnostic quality using proper exposure settings and processing procedures. For purposes of this section:

1. "Dental record" or "patient's chart" means the detailed history of the physical examination, diagnosis, treatment, patient-related communications, and management of a patient documented in chronological order. The dental record must contain the following components:
 - a. Personal data to include name, address, date of birth, name of patient's parent or guardian, name and telephone number of a person to contact in case of an emergency, and patient's insurance information.
 - b. Patient's reason for visit or chief complaint.
 - c. Dental and physical health history.
 - d. Clinical examination must include record of existing oral health status, radiographs used, and any other diagnostic aids used.
 - e. Diagnosis.
 - f. Dated treatment plan except for routine dental care such as preventive services.
 - g. Informed consent must include notation of treatment options discussed with the patient, including prognosis of such treatment plan, benefits and risks of each treatment, and documentation of the treatment the patient has chosen.
 - h. Corrections of records must be legible, written in ink, and contain no erasures or use of "white-outs." If incorrect information is placed in the record, it must be crossed out with one single line and initialed by a dental health care worker.
 - i. Progress notes must include a chronology of the patient's progress throughout the course of all treatment and postoperative visits of treatment provided; medications used; materials placed; the treatment provider by name or initials; name of collaborating dentist; administration information of nitrous oxide inhalation; any medication dispensed before, during, or after discharge; and patient status at discharge.

j. Each patient shall have access to health provider information as it pertains to their treating doctor or potential doctors. Any entity, utilizing telehealth must provide upon request of a patient the name of the dentist, telephone number, practice address, and state license number of any dentist who was involved with the provision of services to a patient before, prior to, or during the rendering of dental services.

2. "Patient" means an individual who has received dental care services from a provider for treatment of a dental condition.

3. "Retention of records" means a dentist shall retain a patient's dental record for a minimum of six years after the patient's last examination, prescription, or treatment. Records for minors shall be retained for a minimum of either one year after the patient reaches the age of eighteen or six years after the patient's last examination, prescription, or treatment, whichever is longer. Proper safeguards shall be maintained to ensure safety of records from destructive elements. The requirements of this rule apply to electronic records as well as to records kept by any other means.

History: Effective April 1, 2006; amended effective January 1, 2011; April 1, 2021.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06

20-02-01-11. Permit for the use of dermal fillers and botulinum toxin for dental use.

1. The rules in this chapter are adopted for the purpose of defining standards for the administration of dermal fillers and botulinum toxin by a dentist if the use is limited to the practice of dentistry as defined in North Dakota Century Code section 43-28-01(7). Notwithstanding a dentist who specializes in oral and maxillofacial surgery, the board may issue a permit to a dentist who applies on forms prescribed by the board and pays the initial fee or biennial renewal fee as required by section 20-05-01-01(1) to administer botulinum toxin or dermal fillers for the purpose of functional, therapeutic, and aesthetic dental treatment purposes under the following conditions:

a. The dentist provides evidence that demonstrates:

- (1) The applicant has completed a course and received satisfactory training in a residency or other educational program accredited by the commission on dental accreditation of the American dental association; ~~of~~
- (2) The applicant has successfully completed a board-approved continuing education course of instruction within the previous three months of application which includes neurophysiology, including facial tissues, parasympathetic, sympathetic, and peripheral nervous systems relative to the peri-oral tissue, and facial architecture, and:
 - (a) Patient assessment and consultation for botox and dermal fillers;
 - (b) Indications and contraindications for techniques;
 - (c) Proper preparation and delivery techniques for desired outcomes;
 - (d) Enhancing and finishing esthetic dentistry cases with dermal fillers;
 - (e) Botulinum neurotoxin treatment of temporomandibular joint syndrome and bruxism;
 - (f) Knowledge of adverse reactions and management and treatment of possible complications;

- (g) Patient evaluation for best esthetic and therapeutic outcomes;
- (h) Integrating botulinum neurotoxin and dermal filler therapy into dental therapeutic and esthetic treatment plans; and
- (i) Live patient hands-on training, including diagnosis, treatment planning, and proper dosing and delivery of botox and dermal fillers; or

(3) The applicant has successfully completed a continuing education course of instruction substantially equivalent to the requirements of this state and provides evidence from another state or jurisdiction where the applicant legally is or was authorized to administer dermal fillers and botulinum toxin.

History: Effective April 1, 2015; amended effective July 1, 2017' April 1, 2021.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-02

CHAPTER 20-03-01

20-03-01-01. Duties.

A dental assistant may perform the duties listed in subsections 1 through 56 under direct, indirect, or general supervision of a dentist as follows:

1. A dental assistant who is not registered with the board employed by a dentist may perform the following basic supportive dental duties under direct supervision:
 - a. Take and record pulse, blood pressure, and temperature.
 - b. Take and record preliminary dental and medical history for the interpretation by the dentist.
 - c. Apply topical medications and drugs to oral tissues, including topical anesthetic, but not including desensitizing or caustic agents or anticariogenic agents.
 - d. Receive removable dental prosthesis for cleaning or repair.
 - e. Take impressions for study casts.
 - f. Hold impression trays in the mouth (e.g., reversible hydrocolloids, rubber base).
 - g. Retract patient's cheek, tongue, or other tissue parts during a dental procedure.
 - h. Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes, and water.
 - i. Isolate the operative field, not to include rubber dams.
 - j. Hold a curing light for any dental procedure. Such curing lights may not include a laser capable of cutting, burning, or damaging hard or soft tissue or for electrosurgery for tissue retraction.
 - k. Take dental photographs, including the use of intraoral cameras on a patient of record.
2. A qualified dental assistant may perform the duties set forth in subsection 1 and take dental radiographs on a patient of record under the direct supervision of a dentist.
3. A registered dental assistant may perform the duties set forth in ~~subsection~~subsections 1 and 2 and the following duties under the direct supervision of a dentist:
 - a. Place and remove arch wires or appliances that have been activated by a dentist.
 - b. Acid etch enamel surfaces prior to direct bonding of orthodontic brackets or composite restorations.
 - c. Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a licensed dentist.
 - d. Take face bow transfers.
 - e. Place and remove matrix bands and wedges.
 - f. Adjust permanent crowns outside of the mouth.
 - g. Orally transmit a prescription that has been authorized by the supervising dentist.

- h. Administer emergency medications to a patient in order to assist the dentist in an emergency.
4. A registered dental assistant may perform the following duties on a patient of record under the direct or indirect supervision of a dentist:
- a. Apply anticariogenic agents, flouride varnish, and silver diamine flouride topically.
 - b. Apply desensitizing solutions to the external surfaces of the teeth.
 - c. Dry root canal with paper points.
 - d. Place and remove rubber dams.
 - e. Take occlusal bite registration for study casts.
 - f. Place retraction cord in the gingival sulcus of a prepared tooth prior to the dentist taking an impression of the tooth.
 - g. Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments or a slow-speed handpiece only.
 - h. Perform nonsurgical clinical and laboratory diagnosis tests, including pulp testing, for interpretation by the dentist.
 - i. Place and remove periodontal dressings, dry socket medications, and packing.
 - j. Monitor a patient who has been inducted by a dentist into nitrous oxide relative inhalation analgesia.
 - k. Take impressions for fixed or removable orthodontic appliances, athletic mouth guards, bleaching trays, bite splints, flippers, and removable prosthetic repairs.
 - l. Preselect and prefit orthodontic bands.
 - m. Place, tie, and remove ligature wires and elastic ties, and place orthodontic separators.
 - n. Take dental radiographs.
 - o. Apply bleaching solution, activate light source, monitor, and remove bleaching materials.
 - p. Produce on a patient of record, a final scan by digital capture for review by the authorizing dentist for a prescriptive removable or permanent appliance.
 - q. Take impressions or occlusal bite registrations for study casts.
5. A registered dental assistant may assist a dentist authorized by permit under direct or indirect supervision to provide the following duties as set forth in subsection 9 of section 20-02-01-05 as follows:
- a. Sedation procedure preparation and presedation documentation, including date of procedure, nothing by mouth status, availability of responsible adult escort, and allergies.
 - b. Emergency equipment and use preparedness.
 - c. Monitor a patient discharged by a dentist once the patient is in recovery.
 - d. Documentation of patient responsiveness, vital signs, including heart rate, respiratory rate, blood pressure, oxygen saturation, and expired carbon dioxide.

e. Training must be documented and may be acquired directly by an employer-dentist, by a planned sequence of instruction in an educational institution or by in-office training.

~~5-6.~~ A registered dental assistant may perform the following duties under the ~~direct, indirect, or~~ general supervision of a dentist:

a. Take and record pulse, blood pressure, and temperature.

b. Take and record preliminary dental and medical history for the interpretation by the dentist.

c. Apply topical medications and drugs to oral tissues, including topical anesthetic, ~~but not including~~ topical fluoride, fluoride varnish, and desensitizing ~~or~~ agents, but not including caustic agents ~~or anticariogenic agents.~~

d. Receive removable dental prosthesis for cleaning or repair.

~~e. Take impressions or occlusal bite registrations for study casts.~~

~~f.~~ Fabricate, adjust, place, recement, or remove a temporary crown, bridge, or onlay or temporary restorative material. This applies only to dentitions actively under treatment for which a permanent restoration is being fabricated.

~~g-f.~~ Remove sutures.

~~h-g.~~ Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative treatment.

~~i-h.~~ Provide oral hygiene education and instruction.

~~j-i.~~ Provide an oral assessment for interpretation by the dentist.

~~k-j.~~ Repack dry socket medication and packing for palliative treatment.

~~l-k.~~ Apply pit and fissure sealants if the registered dental assistant has provided documentation of a board-approved sealant course. Adjust sealants with slow-speed handpiece.

~~m-l.~~ Polish the coronal surfaces of the teeth with a rubber cup or brush.

~~n-m.~~ Polish restorations with a slow-speed handpiece.

n. Provide screenings as defined in section 20-01-02-01.

History: Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; June 1, 2002; July 1, 2004; April 1, 2006; January 1, 2011; April 1, 2015; July 1, 2017; April 1, 2021.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.1, 43-20-08, 43-20-10, 43-20-13

20-03-01-01.1. Expanded duties of registered dental assistants.

A registered dental assistant shall apply for a permit to perform the following duties:

1. A registered dental assistant authorized by permit and under the direct supervision of a dentist may perform the following restorative functions:

a. Place, carve, and adjust class I, II, and class V amalgam or glass ionomer restorations with hand instruments or a slow-speed handpiece;

- b. Adapt and cement stainless steel crowns; and
 - c. Place, contour, and adjust class I, II, and class V composite restorations where the margins are entirely within the enamel with hand instruments or a slow-speed handpiece.
2. A registered dental assistant authorized by permit and under the contiguous supervision of a dentist authorized by permit to provide parenteral sedation may provide anesthesia duties as follows:
 - a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation or general anesthesia;
 - b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open;
 - c. Prepare anesthesia equipment and perform patient monitoring; and
 - d. Assist with emergency treatment and protocols.
 3. A registered dental assistant authorized by permit and under the direct visual supervision of a dentist authorized by permit to provide parenteral sedation shall provide anesthesia duties as follows:
 - a. Draw up and prepare medications;
 - b. Follow instructions to deliver medication into an intravenous line upon verbal command of the supervising dentist;
 - c. Adjust the rate of intravenous fluids infusion beyond a keep-open rate upon verbal command of the supervising dentist; and
 - d. Adjust an electronic device to provide medications, such as an infusion pump upon verbal command of the supervising dentist.

4. A registered dental assistant authorized by permit and under the indirect supervision of a dentist may administer nitrous oxide analgesia to a patient who has not taken sedative medications prior to treatment in accordance with subsection 2 of section 20-02-01-05.

History: Effective April 1, 2015; amended effective July 1, 2017; [April 1, 2021](#).

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.1, 43-20-08, 43-20-10, 43-20-13

20-03-01-02. Prohibited services.

A dental assistant, qualified dental assistant, or registered dental assistant may not perform the following services:

1. Diagnosis and treatment planning.
2. Surgery on hard or soft tissue.
3. Administer local anesthetics, sedation or general anesthesia drugs or titrate local anesthetics, sedation or general anesthesia drugs without a board authorized permit.
4. Any irreversible dental procedure or procedures which require the professional judgment and skill of a licensed dentist.
5. Adjust a crown which has been cemented by a dentist.

6. Activate any type of orthodontic appliance or fabricate orthodontic impressions for an individual who is not a patient of record.
7. Cement or bond orthodontic bands or brackets that have not been previously placed by a dentist.
8. Place bases or cavity liners.
9. Scaling, root planing, or gingival curettage.
10. Measure the gingival sulcus with a periodontal probe.
11. Use a high-speed handpiece inside the mouth.
12. Monitor a patient who has been induced to a level of moderate sedation or general anesthesia until the dentist authorized by permit to administer sedation or anesthesia determines that the patient may be discharged for recovery.

History: Effective February 1, 1992; amended effective October 1, 1993; April 1, 2000; June 1, 2002; July 1, 2004; January 1, 2011; April 1, 2015; April 1, 2021.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.1, 43-20-08, 43-20-10, 43-20-13

20-03-01-05. Registration of registered and qualified dental assistants.

An individual seeking registration as a registered or qualified dental assistant shall apply on forms prescribed by the board. The application must be notarized and include the application fee.

1. The board may grant registration as a registered dental assistant to an applicant meeting all the following requirements:
 - a. The applicant meets any of the following requirements:
 - (1) The applicant successfully completed a dental assisting program, accredited by the commission on dental accreditation of the American dental association or approved by the board, within one year of application.
 - (2) The applicant was certified by the dental assisting national board within one year of application.
 - (3) The applicant successfully completed a dental assisting program, accredited by the commission on dental accreditation of the American dental association or approved by the board, and completed, within two years before application, sixteen hours of continuing education in accordance with section 20-03-01-06.
 - (4) The applicant was certified by the dental assisting national board, and completed, within two years before application, sixteen hours of continuing education in accordance with section 20-03-01-06.
 - (5) The applicant successfully completed the examination administered by the joint commission on national dental examinations or the dental hygiene certification board of Canada and completed within two years of application sixteen hours of continuing education in accordance with section 20-03-01-06.
 - b. The applicant passed a written examination on the laws and rules governing the practice of dentistry in North Dakota within one year of application.

- c. The applicant successfully completed a cardiopulmonary resuscitation course within two years of application.
 - d. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.
2. The board may grant registration as a qualified dental assistant to an applicant meeting all the following requirements:
- a. The applicant meets any of the following requirements:
 - (1) The applicant passed the ~~infection control and radiation parts of~~ national entry level dental assistant certification administered by the dental assisting national board ~~examination~~ and completed three hundred hours of on-the-job training within one year of application.
 - (2) The applicant passed the ~~infection control and radiation parts of~~ national entry level dental assistant certification administered by the dental assisting national board ~~examination~~, have three hundred hours of on-the-job training, and completed, within two years before application, sixteen hours of continuing education in accordance with section 20-03-01-06.
 - (3) The applicant successfully completed the national entry level dental assistant certification administered by the dental assisting national board and successfully completed the North Dakota department of career technical education dental assisting education program and submits evidence of three hundred hours of on-the-job training within one year of application.
 - ~~b. The applicant completed six hundred fifty hours of dental assistance instruction, including on-the-job training.~~
 - ~~c.~~ The applicant passed a written examination on the laws and rules governing the practice of dentistry in North Dakota within one year of application.
 - ~~d.c.~~ The applicant successfully completed a cardiopulmonary resuscitation course within two years of application.
 - ~~e.d.~~ Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.

History: Effective January 1, 2011; amended effective April 1, 2021.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-13.2

20-03-01-06. Continuing dental education for qualified and registered dental assistants.

Each qualified or registered dental assistant shall ~~provide evidence~~ maintain documentation on forms supplied by the board that the qualified or registered dental assistant has attended or participated in continuing clinical dental education in accordance with the following conditions:

- 1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.
- 2. The continuing ~~dental~~ education hours will accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry will be accepted by the board without limit.

3. The minimum number of hours required within a two-year cycle is sixteen. Of these hours, a qualified or registered dental assistant may earn no more than eight hours from self-study. Self-study is an educational process designed to permit a participant to learn a given subject without involvement of a proctor. Cardiopulmonary resuscitation courses must provide hands-on training. All other continuing education requirements may be satisfied from ~~online education~~ webinars or classroom style learning. The continuing education must include:
 - a. Two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.
 - b. Two hours of infection control.
 - c. A cardiopulmonary resuscitation course.
 - d. For registered dental anesthesia assistant permitholders, two hours related to sedation or anesthesia.
 - e. For registered dental restorative assistant permitholders, two hours related to restorative dentistry.
4. Mere registration at a dental convention without specific attendance at continuing education presentations will not be creditable toward the continuing dental education requirement.
5. All qualified or registered dental assistants must hold a current cardiopulmonary resuscitation certificate.
6. The board may audit continuing education credits of a registered dental assistant. Proof of continuing education shall be maintained from the previous renewal cycle. Upon receiving notice of an audit from the board, a registered dental assistant shall provide satisfactory documentation of attendance at, or participation in, the continuing education activities ~~listed on the licensee's continuing education form~~. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the registration.

History: Effective January 1, 2011; amended effective April 1, 2015; July 1, 2017; April 1, 2021.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-13.1

CHAPTER 20-04-01

20-04-01-01. Duties.

A dental hygienist may perform the following services under the general, direct, direct visual, indirect, or ~~contiguous~~contiguous supervision of a dentist:

1. Complete prophylaxis to include removal of accumulated matter, deposits, accretions, or stains from the natural and restored surfaces of exposed teeth. The dental hygienist may also do root planing and soft tissue curettage upon direct order of the dentist.
2. Polish and smooth existing restorations with a slow-speed handpiece.
3. Apply topical applications of drugs to the surface tissues of the mouth and to exposed surfaces of the teeth, including anticariogenic agents and desensitizing solutions.
4. Take impressions for study casts on a patient of record.
5. Take and record preliminary medical and dental histories for the interpretation by the dentist.
6. Take and record pulse, blood pressure, and temperature.
7. Provide oral hygiene treatment planning after an oral assessment or dentist's diagnosis.
8. Take dental radiographs.
9. Apply therapeutic agents subgingivally for the treatment of periodontal disease.
10. Hold impression trays in the mouth after placement by a dentist (e.g., reversible hydrocolloids, rubber base, etc.).
11. Receive removable dental prosthesis for cleaning and repair.
12. Dry root canal with paper points.
13. Place and remove rubber dams.
14. Place and remove matrix bands or wedges.
15. Take occlusal bite registration for study casts.
16. Place retraction cord in the gingival sulcus of a prepared tooth prior to the dentist taking an impression of the tooth.
17. Fabricate, adjust, place, recement, or remove a temporary crown, bridge, onlay, or temporary restorative material. This applies only to dentitions actively under treatment for which a permanent restoration is being fabricated.
18. Adjust permanent crowns outside of the mouth.
19. Perform nonsurgical clinical and laboratory oral diagnostic tests for interpretation by the dentist.
20. Apply pit and fissure sealants. Adjust sealants with slow speed handpiece.
21. Place and remove periodontal dressings, dry socket medications, and packing.
22. Remove sutures.

23. Monitor a patient who has been inducted by a dentist into nitrous-oxide relative inhalation analgesia.
24. Take impressions for fixed or removable orthodontic appliances, athletic mouth guards, bleaching trays, bite splints, flippers, and removable prosthetic repairs.
25. Preselect and prefit orthodontic bands.
26. Place, tie, and remove ligature wires and elastic ties, and place orthodontic separators.
27. Place and remove arch wires or appliances that have been activated by a dentist.
28. Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative treatment.
29. Acid-etch enamel surfaces prior to pit and fissure sealants, direct bonding of orthodontic brackets, or composite restorations.
30. Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a dentist.
31. Take face bow transfers.
32. Orally transmit a prescription that has been authorized by the supervising dentist.
33. Repack dry socket medication and packing for palliative treatment.
34. Administer emergency medications to a patient in order to assist the dentist.
35. Screenings as defined in section 20-01-02-01.
36. Produce on a patient of record, a final scan by digital capture for review by the authorizing dentist for a prescriptive removable or permanent appliance.
37. Apply bleaching solution, activate light source, and monitor and remove bleaching materials.
38. Apply interim therapeutic restorations using the standards and protocols established by an authorizing dentist and after completion of a board-approved course.
39. A dental hygienist under direct or indirect supervision may assist a dentist authorized by permit as set forth in section 20-02-01-05 as follows:
 - a. Sedation procedure preparation and pre-sedation documentation, including date of procedure, nothing by mouth status, availability of responsible adult escort, and allergies.
 - b. Emergency equipment and use preparedness.
 - c. Monitor a patient discharged by a dentist once the patient is in recovery.
 - d. Documentation of patient responsiveness, vital signs, including heart rate, respiratory rate, blood pressure, oxygen saturation, and expired carbon dioxide.
 - e. Training must be documented and may be acquired directly by an employer-dentist, by a planned sequence of instruction in an educational institution or by in-office training.
40. A dental hygienist authorized by permit and under contiguous supervision of a dentist authorized by permit to provide moderate parenteral sedation may:

- a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation or general anesthesia.
- b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open.
- c. Prepare anesthesia equipment and perform patient monitoring.
- d. Assist with emergency treatment and protocols.

36.41. A dental hygienist authorized by permit and under direct visual supervision of a dentist authorized by permit to provide parenteral sedation may:

- a. Draw up and prepare medications;
- b. Follow instructions to deliver medication into an intravenous line upon verbal command of the supervising dentist;
- c. Adjust the rate of intravenous fluids infusion beyond a keep-open rate upon verbal command of the supervising dentist; and
- d. Adjust an electronic device to provide medications, such as an infusion pump upon the verbal command of the supervising dentist.

37.42. A dental hygienist authorized by permit and under the direct supervision of a dentist may:

- a. Place, carve, and adjust class I, II, and class V amalgam or glass ionomer restorations with hand instruments or a slow-speed handpiece;
- b. Adapt and cement stainless steel crowns; and
- c. Place, contour, and adjust class I, II, and class V composite restorations where the margins are entirely within the enamel with hand instruments or a slow-speed handpiece.

43. A dental hygienist authorized by permit and under the indirect supervision of a dentist may administer nitrous oxide analgesia to a patient who has not taken sedative medications prior to or for the duration of the dental hygiene treatment in accordance with subsection 2 of section 20-02-01-05.

History: Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; July 1, 2004; April 1, 2006; January 1, 2011; April 1, 2015; July 1, 2017; April 1, 2021.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-03, 43-20-11, 43-20-12

20-04-01-02. Prohibited services.

A dental hygienist may not perform the following services:

- 1. Diagnosis and treatment planning.
- 2. Surgery on hard or soft tissue.
- 3. Administer anesthetics, except topical and local anesthetic, as permitted under sections 20-04-01-01 and 20-04-01-03, or titrate local anesthetics, sedation or general anesthesia drugs without a board authorized permit.

4. Monitor a patient who has been induced to moderate sedation or general anesthesia until the dentist authorized by permit to administer sedation or anesthesia determines the patient may be discharged for recovery.
- ~~5.~~ Any irreversible dental procedure or procedures which require the professional judgment and skill of a dentist.
- ~~5:6.~~ Adjust a crown which has ~~not~~ been permanently cemented ~~by a dentist~~without a restorative functions permit.
- ~~6:7.~~ Activate any type of orthodontic appliance or fabricate impressions for an individual who is not a patient of record.
- ~~7:8.~~ Cement or bond orthodontic bands or brackets that have not been previously placed by a dentist.
- ~~8:9.~~ Place bases or cavity liners.
- ~~9:10.~~ Use a high-speed handpiece inside the mouth.

History: Effective February 1, 1992; amended effective October 1, 1993; July 1, 2004; January 1, 2011; April 1, 2015; April 1, 2021.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-03; 43-20-11, 43-20-12, 43-20-12.3

20-04-01-03. Duties of dental hygienists.

A dental hygienist may perform the following services under the direct supervision of a dentist:

1. A licensed dental hygienist may apply for a permit to administer local anesthesia to a patient who is at least eighteen years old, under the direct supervision of a licensed dentist. ~~To be considered for a permit,~~

2. Requirements for local anesthesia authorization are as follows:

a. Submit evidence that a hygienist must have successfully completed a didactic and clinical course in local anesthesia within the last twenty-four months sponsored by a dental or dental hygiene program accredited by the commission on dental accreditation of the American dental association resulting in the dental hygienist becoming clinically competent in the administration of local anesthesia. ; or

- ~~2. b. A licensed dental~~Submit evidence that the hygienist ~~applying for a local anesthesia permit who has been permitted~~authorized to administer local anesthesia in another jurisdiction and ~~who has continuously administered local anesthesia~~provide verification of clinical competency during the ~~past three years~~ must provide verification of the permit and continuous use to the North Dakota board of dental examinersprevious twelve months. Verification may consist of the following:

~~a.~~ (1) A letter from the accredited school with the school seal affixed. Photocopies will not be accepted.

~~b.~~ (2) A notarized copy of the certification of the local anesthesia course ~~completed.~~

~~c.~~ (3) A notarized letter from a licensed dentist stating ~~that~~ the licensed dental hygienist has administered local anesthesia ~~within the last three years~~competently.

~~d. A notarized copy of the dental hygiene transcript with the local anesthesia course recorded.~~

- ~~3-~~ c. A licensed dental hygienist requesting a ~~permit~~authorization to administer local anesthesia who cannot provide verification as required in ~~subsection 2 subdivision a~~ must ~~retake and successfully pass~~submit evidence of successful completion of a didactic and clinical course in local anesthesia sponsored by a dental or dental hygiene program accredited by the commission on dental accreditation of the American dental association.

History: Effective July 1, 2004; amended effective April 1, 2021.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-03

20-04-01-04. Additional requirements for licensure by examination.

The board may grant a license to practice dental hygiene to an applicant who has met the requirements of North Dakota Century Code section 43-20-01.2 and all the following requirements:

1. The applicant has passed the examination administered by the joint commission on national dental examinations or the dental hygiene certification board of Canada within two five years of application.
2. The applicant has passed, within two five years of application, a clinical competency examination administered by one of the following:
 - a. Any regional dental testing service before September 17, 2009.
 - b. Central regional dental testing service.
 - c. Council of interstate testing agencies.
 - d. Western regional examining board.
 - e. American board of dental examiners.
3. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.
4. The applicant has the physical health and visual acuity to enable the applicant to meet the minimum standards of professional competence.

History: Effective January 1, 2011; amended effective April 1, 2021.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.2

20-04-01-07. Inactive status - License reinstatement.

A dental hygienist may, upon payment of the fee determined by the board, place the dental hygienist's license on inactive status. A dental hygienist on inactive status shall be excused from ~~the payment of renewal fees, except inactive status renewal fees, and continuing education~~continuing education requirements. Inactive status must be renewed annually by completing the inactive status renewal application and paying the renewal fee. A dental hygienist on inactive status shall not practice dental hygiene in North Dakota. To reinstate a license on inactive status, the dental hygienist shall apply on a form prescribed by the board, pay a reinstatement fee, and meet all of the following requirements:

1. The applicant has passed a clinical competency examination administered by a regional dental testing service, approved by the board in section 20-04-01-04, within two years of application. The board may, within the board's discretion, waive this requirement.

2. The applicant passes a written examination on the laws and rules governing the practice of dentistry in this state administered by the board at a meeting.
3. The applicant has completed sixteen hours of continuing education in accordance with section 20-04-01-08 within two years of application.
4. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.
5. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.

History: Effective January 1, 2011; amended effective July 1, 2017; [April 1, 2021](#).

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-06

20-04-01-08. Continuing dental education for dental hygienists.

Each dental hygienist shall provide evidence on forms supplied by the board that the dental hygienist has attended or participated in continuing dental education in accordance with the following conditions:

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.
2. The continuing dental education hours will accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry will be accepted by the board without limit.
3. The minimum number of hours required within a two-year cycle is sixteen. Of these hours, a dental hygienist may earn no more than eight hours from self-study. Self-study is an educational process designed to permit a participant to learn a given subject without involvement of a proctor. Cardiopulmonary resuscitation courses must provide hands-on training. All other continuing education requirements may be satisfied from ~~online education~~ [webinars or classroom style learning](#). The continuing education must include:
 - a. Two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.
 - b. Two hours of infection control.
 - c. A cardiopulmonary resuscitation course.
 - d. For registered dental anesthesia hygienist permitholders, two hours related to sedation or anesthesia.
 - e. For registered dental restorative hygienist permitholders, two hours related to restorative dentistry.
 - f. [For a dental hygienist practicing under general supervision, two hours related to medical emergencies.](#)
4. Mere registration at a dental convention without specific attendance at continuing education presentations will not be creditable toward the continuing dental education requirement.
5. All dental hygienists must hold a current cardiopulmonary resuscitation certificate.

6. A dental hygienist who maintains a license on inactive status is not subject to continuing education requirements.
7. The board may audit the continuing education credits of a dental hygienist. Each licensee shall maintain certificates or records of continuing education activities from the previous renewal cycle. Upon receiving notice of an audit from the board, a licensee shall provide satisfactory documentation of attendance at, or participation in the continuing education activities listed ~~on the licensee's continuing education form~~. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the license.

History: Effective January 1, 2011; amended effective April 1, 2015; July 1, 2017; [April 1, 2021](#).

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.4

CHAPTER 20-05-01

20-05-01-01. Fees.

The board shall charge the following nonrefundable fees:

1. For dentists:

a. License by examination application fee	\$440.00 <u>\$485.00</u>
b. License by credential review application fee	\$1,200.00 <u>\$1,320.00</u>
c. Renewal fee	\$400.00 <u>\$440.00</u>
d. Late fee	\$400.00 <u>\$440.00</u>
e. Temporary license application and license fee	\$250.00 <u>\$275.00</u>
f. Volunteer license application and license fee	\$65.00 <u>\$25.00</u>
g. Inactive status application fee	\$35.00 <u>\$40.00</u>
h. Inactive status <u>annual</u> renewal fee	\$35.00 <u>\$40.00</u>
i. Inactive status reinstatement fee	\$400.00 <u>\$485.00</u>
j. Dermal fillers and botulinum toxin permit	\$200.00
<u>k. Dermal fillers and botulinum toxin permit renewal</u>	<u>\$100.00</u>

2. For dental hygienists:

a. License by examination application fee	\$200.00 <u>\$220.00</u>
b. License by credential review application fee	\$450.00 <u>\$495.00</u>
c. Renewal fee	\$150.00 <u>\$165.00</u>
d. Late fee	\$150.00 <u>\$165.00</u>
e. Inactive status application fee	\$35.00 <u>\$42.00</u>
f. <u>Volunteer license application and license fee</u>	<u>\$25.00</u>
<u>g.</u> Inactive status <u>annual</u> renewal fee	\$35.00 <u>\$40.00</u>
g. <u>h.</u> Inactive status reinstatement fee	\$150.00 <u>\$220.00</u>

3. For registered and qualified dental assistants:

a. Application fee	\$130.00 <u>\$145.00</u>
b. Renewal fee	\$100.00 <u>\$110.00</u>
c. Late fee	\$100.00 <u>\$110.00</u>

4. For anesthesia permits:

a. Application fee	\$200.00
b. Inspection fee	actual cost
c. Renewal fee	\$200.00

d. Late fee \$200.00

5. For a duplicate license, registration, or permit ~~\$45.00~~\$50.00

History: Effective May 1, 1992; amended effective October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; June 1, 2002; July 1, 2004; April 1, 2006; January 1, 2008; January 1, 2011; April 1, 2015; [April 1, 2021](#).

General Authority: NDCC 43-20-10, 43-28-06

Law Implemented: NDCC 43-20-01.2, 43-20-01.3, 43-20-01.4, 43-20-06, 43-20-13.1, 43-20-13.2, 43-28-11, 43-28-16.2, 43-28-17, 43-28-24, 43-28-27