



# North Dakota Board of Dental Examiners

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

## 2021-2022 Renewal Application for Registration of Dentist

Renewal fee \$440 Late fee \$440 in addition to Renewal fee if postmarked after December 31, 2021

OFFICE USE ONLY	Postmark Date	Date Received	Amount	Check #
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**TYPE OR PRINT LEGIBLY. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT DELAYING YOUR RENEWAL PROCESS.**

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

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

**Questions 9-16: If you have previously submitted and reported the information to the Board, please indicate. If you have not reported an incident to the Board pursuant to NDCC § 43-28-18.1, include for each decided or pending case a personally written explanation including current status; a**

**copy of the formal complaint/pleadings; the answer to the complaint for malpractice issues; a copy of the final outcome(s) and/or a report of status if judgment is pending; proof of compliance if under criminal probation. Submit supporting documents that are applicable including court records, court order, final disposition, treatment recommendations if any, and police reports.**

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

**The following questions pertain to information requested by the ND Department of Health. The information is used to obtain grants designed to assist in funding the departments priorities in their plan to develop community-based systems of services, preventive and primary care for children and youth and identify service gaps and barriers. The data is used for public health purposes only.**

17. In your primary practice work location, please indicate: Total average patient care hours weekly: Number of dentists including yourself: Number of Hygienists – Full-time_____ Part-time_____ Number of Assistants - Full-time_____ Part-time_____		
18. In your secondary practice work location, please indicate: Total average patient care hours weekly: Number of dentists including yourself: Number of Hygienists – Full-time_____ Part-time_____ Number of Assistants - Full-time_____ Part-time_____		
19. Do you practice at any OTHER sites than your primary, and if applicable, secondary site listed above?	YES	NO
20. Please check <b>all</b> boxes that describe the patient activity in your primary practice: <input type="checkbox"/> Accept new patients <input type="checkbox"/> Unable to accept new patients <input type="checkbox"/> Actively seek new patients <input type="checkbox"/> Accept Medicaid patients <input type="checkbox"/> Accept new Medicaid patients <input type="checkbox"/> Accept Children’s Health Insurance Program (CHIP) patients <input type="checkbox"/> Accept new CHIP patients <input type="checkbox"/> Accept Headstart patients <input type="checkbox"/> Accept/treat pediatric patients <input type="checkbox"/> Accept/Treat Nursing Home patients <input type="checkbox"/> Accept/treat patients with special needs <input type="checkbox"/> Utilize a sliding fee/charity care/discount scale based on patients’ ability to pay		
21. If you indicated you accept Medicaid patients and/or utilize a sliding fee/charity care/discount scale based on patient’s ability to pay, please indicate your approximate percentage of practice that is: Medicaid: _____% Sliding fee/charity care/discount scale: _____%		
22. Indicate which statement best describes the Medicaid patient activity in your primary practice ( <b>Check one</b> ): <input type="checkbox"/> Accept all Medicaid patients that present for treatment <input type="checkbox"/> Limit the number of NEW Medicaid patients <input type="checkbox"/> Only treat Medicaid patients on an emergency basis <input type="checkbox"/> Do not see any Medicaid patients in the practice <input type="checkbox"/> Treat only Medicaid patients that are patients on record of the practice <input type="checkbox"/> Other, describe: _____		
23. On average, how long will it take for a new patient calling your primary office to get an appointment to see the dentist for examination or treatment? <b>Examination (Check only one):</b> <input type="checkbox"/> Less than 2 weeks <input type="checkbox"/> 2 – 6 weeks <input type="checkbox"/> Greater than 6 weeks <b>Treatment (Check only one):</b> <input type="checkbox"/> Less than 2 weeks <input type="checkbox"/> 2 – 6 weeks <input type="checkbox"/> Greater than 6 weeks		

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No, not working due to medical reasons
<input type="checkbox"/> Yes, but volunteer only	<input type="checkbox"/> No, unemployed, seeking work as a dentist
<input type="checkbox"/> Yes, leave of absence	<input type="checkbox"/> No, employed in another field, seeking work as a dentist
<input type="checkbox"/> No, retired	<input type="checkbox"/> No, employed in another field, not seeking work as a dentist
<input type="checkbox"/> No, not working due to family reasons	<input type="checkbox"/> No, currently a student
<input type="checkbox"/> Other (specify): _____	

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

<u>Setting</u>	<u>Primary</u>	<u>Secondary</u>	<u>Setting</u>	<u>Primary</u>	<u>Secondary</u>
Solo Private	<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services	<input type="checkbox"/>	<input type="checkbox"/>
Group Private	<input type="checkbox"/>	<input type="checkbox"/>	Institutional (e.g., VA)	<input type="checkbox"/>	<input type="checkbox"/>
Educational	<input type="checkbox"/>	<input type="checkbox"/>	Community Health Center	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Facility	<input type="checkbox"/>	<input type="checkbox"/>	(e.g., FQHC)		
Safety-Net Dental Clinic	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Migrant Health Centers	<input type="checkbox"/>	<input type="checkbox"/>			

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

<input type="checkbox"/> Full-time dental hygienist vacancy	<input type="checkbox"/> Full-time dental assistant vacancy
<input type="checkbox"/> Part-time dental hygienist vacancy	<input type="checkbox"/> Part-time dental assistant vacancy
<input type="checkbox"/> Full-time dentist	<input type="checkbox"/> Part-time dentist

27. In how many years do you plan to:

Sell your practice (Check one):	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16+	<input type="checkbox"/> Undecided	<input type="checkbox"/> Not Applicable
Employ an associate who will purchase your practice (Check one):	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16+	<input type="checkbox"/> Undecided	<input type="checkbox"/> Not Applicable
Retire from full-time practice (Check one):	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16+	<input type="checkbox"/> Undecided	<input type="checkbox"/> Not Applicable

Do not submit continuing education documents with this form. A percentage of license renewal applications are randomly selected for audit. If selected, copies of certificates or other acceptable proof that you satisfied the continued competency requirements as you have stated on this application will be required. The Board advises licensees to maintain CE documentation from the previous 2 CE cycles. Licensees unable to comply with the audit may be subject to disciplinary action against your license.

**ATTESTATION:** I hereby certify and affirm that I have successfully completed the required hours of continuing education during the licensing period of January 1, 2020 through December 31, 2021. If audited, I agree to provide documentation that verifies I have met the requirements as claimed. If the North Dakota Dental Board conclude that I have not complied with the requirements set forth in N.D.C.C. 43-28-16.2, and the Board does not grant an extension or waiver under N.D.C.C. § 43-28-16.2(6)(2)(d), I hereby agree to waive my right to an administrative hearing and appeal pursuant to N.D.C.C. Ch. 28-32 and agree that the Board may issue an order taking disciplinary action against my license.

The information contained in this application is true and correct to the best of my knowledge. I understand that under the North Dakota Century Code 43-28-18 providing false information is grounds for denial, suspension, or revocation of a license.

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

TO AVOID LATE FEES COMPLETED APPLICATIONS MUST BE U.S. POSTMARKED BY DECEMBER 31, 2021. **Incomplete applications will be returned to the licensee.** License and registration for all dentists and dental hygienists expire 12/31/2021. Within 60 days after 12/31/2021 an expired license may be renewed by submitting the renewal application, fee, and late fee. However, you may not practice dentistry after 12/31/21 without a renewed certificate of license. It is illegal to practice without a current license. If the renewal application, fee, and late fee are not received within sixty days after 12/31/21 the license may not be renewed and a new application would be required to practice dentistry.

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