



NORTH DAKOTA STATE BOARD OF DENTAL EXAMINERS

PO Box 7246, Bismarck, ND 58507-7246
www.nddentalboard.org | (701) 258-8600

Application of Volunteer Dentist or Dental Hygienist License Application and License fee: \$30.00

The Board may issue a volunteer license to a Dentist or Hygienist who was either formerly licensed in North Dakota, or who holds an active license issued by another state where the laws are substantially this same as North Dakota. Applicants must also either:

- a. Have practiced for three of the five years immediately preceding the application;
- b. Are determined by the board to be sufficiently experienced and qualified to provide volunteer dentistry or dental hygiene care and will be supervised in the volunteer setting by a dentist who agrees to be responsible for ensuring the care provided by the applicant meets the minimum standards of professional competence;
- c. The Board determines that the applicant is qualified and satisfies the criteria specified under North Dakota Century Code section 43-28-10.1 (dentists) or 43-20-01.2 (hygienists); or
- d. Is a resident of a Board-approved specialty program.

The holder of a volunteer license shall be subject to North Dakota laws and rules and regulatory authority of the North Dakota State Board of Dental Examiners. See NDAC 20-02-01-04.2 (Dentists) and NDAC 20-04-01-09 (Hygienists). The volunteer license is renewable annually by application to the Board.

Application materials –

- a. Submit the attached application and application fee to the Board.
- b. Attach a copy of a photo ID or a copy of your drivers license to the application.
- c. **If you answered “yes” to any question that requires an explanation, submit**
 - i. A personal statement detailing the events leading up to and following the conviction;
 - ii. A copy of the court sentencing order from the designated county clerk or courthouse;
 - iii. A copy of the arresting officer’s report.



North Dakota Board of Dental Examiners

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<https://www.nddentalboard.org> • Email info@nddentalboard.org

Application for Volunteer Dental or Hygienist License Nonrefundable Application Fee - \$30.00

OFFICE USE ONLY –	Date Received ____/____/____	Check # _____	Amount \$ _____
	License issue date ____/____/____	License expiration date ____/____/____	

In accordance with ND Administrative Rule 20-02-01-04.2. and 20-04-01-09, the NDSBDE may grant a nonrenewable VOLUNTEER LICENSE to practice dentistry or dental hygiene for a period determined by the Board and not to exceed one year. The Board may apply restrictions as it deems appropriate to limit the scope of practice.

BACKGROUND			
Full name (first, middle, last)			
Maiden name or other names used			
Social Security Number	Cell phone	Email address	
Mailing address			Date of birth
City	State	Zip Code + 4	
Primary practice address		Office phone	
City	State	Zip Code + 4	
Office phone number	Office fax number		
EDUCATION			
Full name of accredited dental program			
Degree granted	Completion year	Location	
Other education/program		Location	
Specialty	Date of graduation Month/Year ____/____		
EVENT or NAME OF PRACTITIONER ASSISTED BY YOUR VOLUNTEER PRESENCE			
Name of event:		Dates of event	
Address of event:		Start ____/____/____	
		End ____/____/____	
Name of clinic coordinator or director of event:			
Phone number:			

PROFESSIONAL BACKGROUND – Use additional pages if necessary

Have you been engaged in the clinical practice of dentistry or dental hygiene for at least three out of five years preceding this application?	YES	NO
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List all jurisdictions in which are licensed to practice. Include temporary or resident license. Include a copy of the license verification from each jurisdiction listed.

	License number:	Active	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	License number:	Active	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	License number:	Active	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	License number:	Active	YES <input type="checkbox"/>	NO <input type="checkbox"/>

DISCLOSURE

1. Has there been any investigation or disciplinary action taken against you by a dental/hygiene school, medical residency or internship program? If YES, attach explanation.	YES	NO
2. Has any action ever been taken against hospital or clinical privileges such as a suspension, revocation or any other action?	YES	NO
3. Have you ever had an application for a professional license denied? a. If YES, provide information on separate attachment.	YES	NO
4. Have you ever been subject to informal or formal proceedings by any licensing board, agency, or professional association to revoke, suspend, or limit a professional license? a. If YES, attach explanation.	YES	NO
5. Are you now subject to criminal prosecution or pending charges of a crime, felony or misdemeanor in any state or jurisdiction? (provide written explanation)	YES	NO

ATTESTATION

I understand that I may not practice until the volunteer license has been granted and that the volunteer license authorizes me to practice only at the event and location I have provided in this application and that once licensed I am subject to all laws and rules governing dentistry in North Dakota. **YES NO**

I have been actively practicing dentistry or dental hygiene in another jurisdiction for at least three of the last five years and am in good standing in any state. I attest that I have successfully completed a national board and a clinical board. **YES NO**

I understand that holding a ND volunteer license prohibits me from accepting any type of remuneration for the dental services provided. **YES NO**

**ATTACH A COPY
OF CURRENT
DRIVERS LICENSE OR
OTHER
GOVERNMENT ISSUED
FORM OF ID.**

I understand that I must immediately notify the Board if my license to practice in any other state or jurisdiction is terminated or disciplined. **YES NO**

Pursuant to **ND Administrative Rules**, I have met the **ND requirements for continuing education** by completing the required continuing education within the previous 24 months and I have a **current CPR certification**. **YES NO**

Signature

Date ____/____/____