

NORTH DAKOTA STATE BOARD OF DENTAL EXAMINERS

PO Box 7246, Bismarck, ND 58507-7246

www.nddentalboard.org (701) 258-8600

Instruction Checklist for the Application of Temporary Dental License

COMPLETED AND NOTARIZED APPLICATION – Submit the application and nonrefundable application fee \$315 to the Board. The compilation of other requirements and documents may be received after the application. To receive notice that your application has been delivered to the board, it is suggested that the application be mailed by “Certified Mail-Return Receipt Requested” or with “Delivery Confirmation”. Attach recent signed photo to application. **If you answered “yes” to any question that requires an explanation, submit type written copy only and documentation such as a final disposition, police reports etc.**

SPOUSE OF A MEMBER OF THE ARMED FORCES OF THE UNITED STATES OR A RESERVE COMPONENT OF THE ARMED FORCES OF THE UNITED STATES IN ACCORDANCE WITH MILITARY ORDERS OR STATIONED IN THIS STATE BEFORE A TEMPORARY ASSIGNMENT TO DUTIES OUTSIDE THIS STATE – Upon request, the Board may issue a temporary license not to exceed two years and remains valid while the military spouse is making progress toward satisfying the unmet licensure requirements. The applicant must demonstrate competency by standards as issued by the Board which must include demonstrating experience in the profession at least two of the four years preceding the date of application. Pursuant to NDCC 43-51-11.1 the Board may require an applicant to submit to a statewide and national criminal history record check. A military spouse issued a temporary license has the same rights and duties as a licensee issued a license under the traditional licensure method.

CRIMINAL BACKGROUND CHECK – Applicants are required to submit fingerprints and undergo a criminal background check. The appropriate forms will be sent to you upon receipt of your application and application fee. Return the fingerprint forms which may be completed by local law enforcement or fingerprinting service center which may take digital prints. Submit both fingerprint cards to the NDSBDE with your check or money order payable to the ND Attorney General. The process may take up to ten days. Results must be received by the board prior to the issuance of a license to practice. Check with local law enforcement for scheduling.

EVIDENCE OF ACTIVE LICENSURE – The applicant must submit evidence of:

- **An active dental license in another jurisdiction; or has held a ND dental license within the previous five years.**
- **Provides evidence of a DDS or DMD diploma from a program accredited by the Commission on Dental Accreditation of the American Dental Association.**
- **Provides evidence of successful scores from a regional clinical and national board approved by the Board.**
- **Evidence of enrollment in a dental program as a resident of a dental program accredited by the American Dental Association’s Commission on Dental Accreditation within the last six months. Residents must show evidence of a program residency or resident license issued by the dental licensing board.**

JURISPRUDENCE EXAMINATION –The Board requires all applicants to take the Online Jurisprudence Exam. Login is only available once the license application and fee have been received by the Board.

VERIFICATION OF LICENSURE – A license verification form from any state in which you previously held a professional license or currently hold a professional license must be submitted to the NDSBDE. Verification must be sent directly to the NDSBDE from the state which verifies license or registration attesting that the license was in good standing or reporting any disciplinary actions. Copies of licenses are not acceptable. Form attached

PROOF OF CONTINUING EDUCATION – Proof of CE is not required if the application is submitted within 24 months of the completion of the dental program or specialty program or if the applicant is currently a resident of a CODA accredited program. After 24 months of the completion of a dental program or specialty program, a dentist must provide evidence of thirty-two hours of continuing education in accordance with Section 20-02-01-06 taken within 2 years of application. Form attached.

CPR – A photocopy of CPR certification within 24 months of application indicating expiration date. CPR course must include a ‘hands-on’ component.

NATIONAL PRACTITIONER DATA BANK – Submit a personal query from the National Practitioner Data Bank.
<https://www.npdb.hrsa.gov/ext/servlet/SQStartInitialServlet>.



North Dakota Board of Dental Examiners

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

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

Application for Temporary Dental License Non-refundable application fee - \$315

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

In accordance with ND Administrative Rule 20-02-01-04, the NDBDE may grant a nonrenewable TEMPORARY LICENSE to practice dentistry 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 of dentistry under the authority of the temporary license. It is the responsibility of the applicant to submit all required supporting documents. Once an application and application fee of \$275 has been submitted, the applicant will receive information regarding the criminal background check. Failure to provide supporting documents or submit fingerprint cards in a timely manner may delay licensure. Applicants may be required to take the North Dakota Self-study jurisprudence examination.

BACKGROUND			
Military Status: Are you are a member of OR a spouse of a member of the armed forces of the United States or a reserve component of the armed forces of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please provide proof of military/spouse status, such as military orders or current base ID)			
Full Name (First, Middle, Last)			
Maiden Name or Other Names Used			
Social Security Number		Date of Birth	DEA Number
Home Address		Home Phone	Cell phone
City		State	Zip Code + 4
Email Address			
Employer Name		Address	
City		State	Zip Code + 4
Office Phone Number		Office Fax Number	
EDUCATION			
Full Name of Dental School			
Degree Granted		Completion Year	Location
Other Education/Program			Location
Specialty			Date of Graduation Month/Day/Year
EXAMINATIONS			
Submit copy of National Board Exam			
Submit evidence of successful completion of regional clinical examination			
Reason for Temporary License request:			Start and end date of event:

Name and address of practitioner or organization that will be assisted by your presence:		Location		
PROFESSIONAL BACKGROUND – Use additional pages if necessary				
Have you been engaged in the clinical practice of dentistry preceding this application? If YES, print the name and address of practice and inclusive dates of employment from the previous 5 years.			YES	NO
		Dates of employment		
		Dates of employment		
		Dates of employment		
<p>CE Requirement: If you answered yes to the above question, you must submit evidence of continuing education. Applicants who have graduated from a dental program within two years are exempt from this requirement. CPR must be maintained at all times. The Board requires 32 hours of CLINICAL CE within two years of application. See complete requirements in the ND Administrative Code 20-02-01-06. You may provide evidence of a maximum of 16 hours of CE by Webinars or Online continuing education. The 32 hour requirement includes CPR and Infection Control hours. Attach photocopy of your current CPR card.</p>				
List all jurisdictions in which you have at any time been licensed to practice dentistry. Include temporary or resident licenses.				
Jurisdiction	Date Issued	Date Expired	License Number	
DISCLOSURE				
1.	Has there been any investigation or disciplinary action taken against you by a dental 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.	Has any disciplinary action ever been instituted which could have affected or could now affect your license to practice in any state? If YES, attach explanation.	YES	NO	
5.	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	
6.	Has your license or clinical/hospital privileges to practice dentistry ever been suspended, revoked or otherwise disciplined in any state or territory of the United States, or in any foreign country? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?	YES	NO	
7.	Have you ever been charged or convicted, entered a plea of guilty, no contest, or a similar plea, or had a sentence deferred or suspended in any state or jurisdiction?	YES	NO	
8.	Have you ever been found in any civil, administrative or criminal proceeding to have: a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?	YES	NO	
	b. Been cited for operating a motor vehicle while under the influence of drugs or alcohol?	YES	NO	
	c. Diverted controlled substances or legend drugs?	YES	NO	
	d. Violated any drug law?	YES	NO	
	e. Prescribed controlled substances for yourself?	YES	NO	

NOTE: If you answered "YES" to the above questions you must provide documentation and/or certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered. Documentation includes copy of evaluation and recommendations for treatment if any were issued; a copy of the criminal charges, reported offense, police report and judgment and disposition of criminal complaint; disposition of the offense, final disposition, any orders or any actions pending.		
9. 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
10. Do you have criminal charges pending or are you now or have you ever been charged or convicted of any crime, felony or misdemeanor?	YES	NO
11. Do you currently have any physical, mental health, or cognitive condition that impairs your judgement or that would otherwise adversely affect your ability to practice dentistry in a competent and professional manner with reasonable skill and safety? If YES, please attach explanation. <i>If you are engaged with the Professional Health Program available to licensees of the Board, answer NO to this question. NOTE: If you disengage from the PHP without obtaining the PHP's written confirmation that you have fully met the terms of engagement, you must immediately report that disengagement to the Board.</i>	YES	NO
NOTE: If you answer "yes" to question (10) or (11), you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents.		
12. Have you ever held a dental license or certificate in another country?	YES	NO
13. Do you currently have a condition related to an alcohol or other substance use disorder that would otherwise adversely affect your ability to practice dentistry in a competent and professional manner with reasonable skill and safety? If YES, please attach explanation. <i>If you are engaged with the Professional Health Program available to licensees of the Board, answer NO to this question. NOTE: If you disengage from the PHP without obtaining the PHP's written confirmation that you have fully met the terms of engagement, you must immediately report that disengagement to the Board.</i>	YES	NO
14. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession? If YES, attach explanation. The Board may request supporting documents.	YES	NO
15. Have you ever had any malpractice judgment, malpractice settlement, or governmental/private agency disciplinary order issued against you or is there any complaint, malpractice claim, or disciplinary action now pending against you?	YES	NO
16. Are you the subject of any pending complaints or currently being investigated in any other jurisdiction?	YES	NO
If you answered "yes" to question (15-16), provide written documentation of the malpractice judgment or settlement or status of any pending investigation. You must include the supporting documents or copy of the disciplinary order.		
Applicant must attach a photocopy of DDS/DMD diploma ; a photocopy of a final transcript showing date of graduation and degree earned; photocopy of successful results of national board [Joint Commission on National Dental Examinations or Canadian National Examining Board]; and evidence of successful completion of a Board approved clinical examination [CRDTS, CITA, CDCA-WREB, or SRTA].		
Affidavit of Applicant		



North Dakota State Board of Dental Examiners

PO Box 7246, Bismarck, ND 58507

Phone 701-258-8600 Fax 701-224-9824

<https://www.nddentalboard.org>

North Dakota State Board of Dental Examiners CE Reporting Form

Submit this form with documentation of continuing education. Continuing education must be directly related to the **clinical** practice of dentistry, dental hygiene, or dental assisting. Applicants must provide evidence of 2 hours of infection control and CPR within the previous 24 months. Use this form to list continuing education completed within the previous 24 months of application. Attach all supporting documents. Webinars qualify as classroom CE attendance. CE certificate must specify "webinar." *If you have graduated from an accredited program within the previous 24 months of application submit proof of current CPR only.*

NAME OF APPLICANT _____

Continuing Education Requirement		
Professional	Hours required	Maximum Online hours accepted
Dentist	32	16
Hygienist	16	8
RDA/QDA	16	8

Date of Course	Title of Course	Description of Course	CE Hours	Location of Course
				Online Attended lecture Webinar
				Online Attended lecture Webinar
				Online Attended lecture Webinar
				Online Attended lecture Webinar
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Submit certificates and documentation of CE with this form, print additional pages as required.



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FINGERPRINT CARD - CRIMINAL HISTORY RECORDS CHECK

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

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

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

VERIFICATION OF LICENSE

Forward one form to each state dental/dental hygiene board where you hold or have ever held a dental or dental hygiene license. Some states may require a fee, paid in advance, for providing this information.

I am making application for licensure in North Dakota by:

Examination for Dental License	Examination for Dental Hygiene License
Reinstatement of ND License	Credentials for Dental License
Credentials for Dental Hygiene License	Temporary License
Volunteer License	

The North Dakota Board of Dental Examiners requests that I submit evidence that my license is in good standing. You are hereby authorized to release any information in your files, favorable or otherwise directly to:

**ATTN: Executive Director
North Dakota Board of Dental Examiners
PO Box 7246
Bismarck, ND 58507-7246**

Applicant's Typed/Printed Name	Applicant's Signature		
Applicant's Address	City	State	Zip

Executive Officer of State Dental Board: Please return this form DIRECTLY to the North Dakota Board of Dental Examiners.

State of _____ Name of Licensee _____

License Number _____ Issue Date ____/____/____

By Reciprocity Examination Credential/Endorsement

License is: Current and expires on ____/____/____
 Active
 Inactive
 Lapsed/Expired ____/____/____

Has applicant's license ever been disciplined, suspended or revoked YES NO

Are there any actions pending? YES NO

If YES, please provide details and attach supporting documentation (Finding of Fact, Conclusions of Law, Orders):

Signature _____
Title _____
Date ____/____/____

SEAL