



North Dakota Board of Dental Examiners

PO Box 7246, Bismarck, ND 58507-7246 • Phone 701-258-8600 • Fax 701-224-9824

Web www.nddentalboard.org | Email info@nddentalboard.org

Application for Initial Registration | Reinstatement of Expired License Registered Dental Assistant & Qualified Dental Assistant

Non Refundable Application Fee: \$145.00

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

North Dakota Administrative Rule 20-03-01-05 requires that any individual engaged in performing expanded duties in the practice of dental assisting must register with the Board of Dental Examiners by submitting application accompanied by a fee determined by the Board. Please type or print clearly. Follow the instructions provided. It is the responsibility of the applicant to submit all required supporting documents for registration as a Registered Dental Assistant (RDA) or Qualified Dental Assistant (QDA). Failure to do so may result in a delay in processing your application. Once your application has been submitted with supporting documents, a copy of the ND Rules and Regulations jurisprudence examination will be sent to you. Complete the open-book exam and return it to the Board. Successful completion of the exam is required for your dental assistant registration. **Note:** The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information with the Board.

IDENTIFYING INFORMATION			
Full Name (First, Middle, Last, Maiden)			
Social Security Number	Date of Birth	Email Address	
Home Address		Home Phone	Cell phone
City	State	Zip Code + 4	
Employer Name			
Employer County		Office Address	
City	State	Zip Code + 4	
Office Phone Number		Office Fax Number	

DISCLOSURE		
1. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?	YES	NO
2. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?	YES	NO
Note: If you answered "yes" to questions (1) or (2) you must send 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. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.		
3. Have you ever been charged with or convicted of any crime, felony, or misdemeanor?	YES	NO
If you answered "yes" to question (3) the Board will require 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. Please send your information directly to the Board.		
4. Have you ever surrendered a credential like those listed in number 7, in connection with or to avoid action by a state, federal, or any other authority?	YES	NO
5. 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?	YES	NO
If you answered "yes" to question 5, 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. If you do not provide the documents, your application is incomplete and will not be considered.		

