



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

Initial Registration or Reinstatement Application Registered Dental Assistant OR 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, you may login to the Board website and complete the open book online jurisprudence examination. Once you have answered the correct number of questions the exam will stop and you will receive 2 credits for continuing education. There is no cost to take the exam. 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 lawful responsibility to maintain current contact information with the Board.

IDENTIFYING INFORMATION			
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)			
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	
HAVE YOU EVER BEEN REGISTERED AS A DENTAL ASSISTANT IN THIS STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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 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 4 and 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 copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.		

5. Have you ever been found in any civil, administrative or criminal proceeding to have:		
a. Possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes?	YES	NO
b. Diverted controlled substances or legend drugs?	YES	NO
c. Violated any drug law?	YES	NO
d. Prescribed controlled substances for yourself?	YES	NO
e. Been cited for operating a motor vehicle while under the influence of drugs or alcohol?	YES	NO
6. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.	YES	NO
7. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction?	YES	NO
8. Date of last infection control course. [Must be within 24 months] ____/____/____ Attach documentation.		
9. Submit a copy of CPR certification taken within 24 months of application. Online CPR coursework must have hands-on component.		

TRAINING AND EDUCATION - CHECK ONE of the following:

- ☐ **REINSTATEMENT OF RDA/QDA REGISTRATION REINSTATEMENT:** Dental assistants reinstating a previously held registration must submit proof of continuing education from the previous 24 months pursuant to Administrative Rule 20-03-01-06.
- ☐ **CODA ACCREDITED DENTAL ASSISTING PROGRAM** Name of program accredited by the Commission on Dental Accreditation (CODA) you graduated from [attach copy of the transcript and copy of certificate/diploma.]
- _____/_____
Name and location of program – attach documentation Month/Year
- ☐ **NON-ACCREDITED CODA DENTAL ASSISTING PROGRAM**
- _____/_____
Name and location of program – attach documentation Month/Year
- If you have a Certificate from a program that is not accredited by the Commission on Dental Accreditation, attach completion of DANB Certified Dental Assistant (CDA) national certification exam or the DANB GC, ICE, and RHS certificates of completion.
- ☐ **ON-THE-JOB RDA TRAINED DENTAL ASSISTANT - RDA registration:** Attach copy of completion of DANB Certified Dental Assistant (CDA) national certification exam or the DANB GC, ICE, and RHS certificates of completion.
- ☐ **ON-THE-JOB QDA TRAINED DENTAL ASSISTANT:**
- o Attach DANB's NELDA exam certificates and evidence of 300 dental office employment hours (such as pay stubs, time sheets, W-2 Form); or
 - o Attach DANB's NELDA exam certificates, 300 hours of on-the-job clinical training, and completed within two years before application, sixteen hours of continuing education; or
 - o Attach DANB's NELDA certification certificates and evidence of successful completion of the North Dakota department of career and technical education dental assisting education program association; or
 - o A Board approve equivalent course within one year of application.

ALL QDA AND RDA APPLICANTS MUST COMPLETE THE LAWS AND RULES EXAM WITHIN ONE YEAR OF APPLICATION AND SUBMIT PROOF OF CURRENT CPR OR BLS CERTIFICATION.

***Pit and Fissure Sealants Endorsement (RDA's ONLY):** Graduates from a program accredited by the Commission on Dental Accreditation (CODA) receive the endorsement for pit and fissure sealants. Non-accredited program or on-the-job trained dental assistants submit evidence of Board approved pit and fissure training course and documentation of this coursework. Documentation may include class syllabus, course outline or certificate of training from course sponsors or instructors. Attach any supporting documentation. To provide any duties related to nitrous oxide inhalation administration or monitoring, a dental assistant must submit proof of education and training.

_____/_____
Name and location of course Month/Year

I certify I have completed the requirements of initial application including all continuing education requirements, CPR and infection control education. I understand I must maintain a current cardiopulmonary resuscitation certificate. I understand that should I provide any false information, my registration may be denied, or if issued, suspended or revoked.

Signature of dental assistant: _____ Date: ____/____/____

Application Fee: \$145.00 All fees are non-refundable. Make check payable to NDBDE. Incomplete applications will not be processed. Mail supporting documents, fee, and signed application to: NDBDE, PO Box 7246, Bismarck, ND 58507-7246

EXPANDED FUNCTIONS OF REGISTERED DENTAL ASSISTANTS REQUIRING A PERMIT

The board may grant a permit to a registered dental assistant for the following:

1. The board may issue or renew a **CLASS I DENTAL ANESTHESIA ASSISTANT PERMIT** authorizing a registered dental assistant to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide parenteral sedation, upon successful completion of the following:

- a. The applicant submits evidence of a board-approved dental anesthesia assistant education and training course.
- b. Submits proof of current certification status from the American association of oral and maxillofacial surgeons dental anesthesia assistant national certification or a board approved competency examination.
- c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support; and
- d. The applicant provides a copy of a valid North Dakota general anesthesia permit or parenteral sedation permit of the dentist where the registered dental assistant will be performing anesthesia assistant services.

2. The board may issue or renew a **CLASS II DENTAL ANESTHESIA ASSISTANT PERMIT** authorizing a registered dental assistant to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide parenteral sedation, upon successful completion of the following:

- a. The applicant submits evidence of a board-approved dental anesthesia assistant education and training course and submitting proof of current certification status from the American association of oral and maxillofacial surgeons dental anesthesia assistant national certification or a board-approved competency examination;
- b. The applicant has successfully completed hands-on training in intravenous access or phlebotomy that includes live experience starting and maintaining intravenous lines;
- c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support; and
- d. The applicant provides a copy of a valid North Dakota general anesthesia or parenteral sedation permit of the dentist where the registered dental assistant will be performing anesthesia assistant services.

3. The board may issue or renew a **RESTORATIVE FUNCTIONS PERMIT** on forms prescribed by the board authorizing a registered dental assistant under the direct supervision of a dentist under the following conditions:

- a. The applicant meets any of the following requirements:
 - (1) The applicant has successfully completed a board-approved curriculum from a program accredited by the commission on dental accreditation of the American dental association or other board-approved course and successfully passed the western regional examining board's restorative examination or other equivalent examinations approved by the board within the last five years. The board may require successful completion of the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination; or
 - (2) The applicant has successfully passed the western regional examining board's restorative examination or other board-approved examination over five years from the date of application and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination or other board-approved examination and provide evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least twenty-five restorative procedures within the immediate five years from the date of application.
- b. A registered dental assistant may perform the placement and finishing of direct alloy or direct composite restorations, under the direct supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.
- c. The restorative functions shall only be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental assistant. d. Before the patient is released, the final restorations shall be checked and documented by the supervising dentist.

4. Administration of nitrous oxide inhalation analgesia - 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. Before 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 continually monitored by authorized dental staff. A dental hygienist or a registered dental assistant may terminate or reduce the amount of nitrous oxide previously administered by the authorized 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 if 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 before application; or (b) Completed the course more than thirteen months before 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 that 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.