

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:

- 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

For non-CODA program applicants, provide documentation including curriculum, duration, and contact information for the program. The Board may seek additional information pursuant to NDAC 20-03-01-05.

- DENTAL ASSISTING NATIONAL BOARD, CERTIFIED DENTAL ASSISTANT (CDA):** Attach a copy of completion of the DANB certificates of completion (CDA or GC, ICE, and RHS certificates).

- DOES NOT MEET ANY OF THE ABOVE, BUT CREDENTIALLED BY ANOTHER STATE:**

- o Attach explanation of qualifications, education, and experience, and supporting documentation.
- o Attach documentation of at least one year of gainful and relevant employment as a dental assistant (e.g., W-2, letters of reference).
- o Attach proof of 16 CE as set forth in NDAC 20-03-01-06, earned within the two years preceding application.
- o Provide verification of credential issued by another state.

***For both CODA and non-CODA program applicants, if the program was completed more than one year prior to application, submit proof of 16 CE per NDAC 20-03-01-05 and 20-03-01-06.**

***All applicants must complete the jurisprudence exam within one year of application and submit proof of current CPR or BLS certification.**

***Pit and Fissure Sealants Endorsement:** 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: \$155.00 All fees are non-refundable. Make check payable to NDSBDE. Incomplete applications will not be processed. Mail supporting documents, fee, and signed application to: NDSBDE, PO Box 7246, Bismarck, ND 58507-7246