



North Dakota State Board of Dental Examiners

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

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

Application Registered Dental Assistant

Non-Refundable Application Fee: \$155.00

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

Please type or print clearly. It is the responsibility of the applicant to submit all required supporting documents for registration as a Registered Dental Assistant (RDA). 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 two 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. Finally, for those interested in seeking a permit to carry out expanded functions, North Dakota Administrative Rule 20-03-01-05 requires that separate criteria be met and a separate application be filed.

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? YES NO (If yes, please provide proof of military/spouse status and military orders, and assigned base in North Dakota.)			
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 is taken into account but it is not a bar from 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:

- 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:**

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