



North Dakota Board of Dental Examiners

PO Box 7246, Bismarck, ND 58502 • Phone 701-258-8600 • Fax 701-224-9824
 Web www.nddentalboard.org • Email info@nddentalboard.org

APPLICATION | ANESTHESIA ASSISTANT PERMIT

The North Dakota Board of Dental Examiners may issue or renew a **Class I** permit authorizing a registered dental assistant (RDA) or a registered dental hygienist (RDH) to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide parenteral sedation, or the Board may issue or renew a **Class II** dental anesthesia assistant permit authorizing a registered dental assistant or a registered dental hygienist to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide parenteral sedation. The permit is subject to **renewal** at the time of license/registration renewal. An individual may not provide anesthesia assisting duties until the Board approves the application. If the permit renewal application is not postmarked on or before December 31st (of odd numbered years for the RDH; even numbered years for the RDA), the permit expires. **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.

PRINT Full Name (First, Middle, Last, Maiden)		Email Address		<input type="checkbox"/> RDA	<input type="checkbox"/> RDH
Social Security Number	Date of Birth		ND License or Registration Number		
Home Address		Home Phone	Cell phone		
City	State	Zip Code + 4			
Office/Employer Name		Office Phone			
Office Address		City	State	Zip	

INITIAL APPLICATION FOR THE ANESTHESIA ASSISTANT CLASS I PERMIT

AND I am submitting evidence (photocopy only) of a completed Board approved program within one year of permit application and 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;

OR

Evidence of a completed Board approved program taken over one year ago and attaching a photocopy of current certification status from a Board approved competency examination;

AND I am submitting with this application;

- ✓ Photocopy of current Health Care Provider Basic Life Support (BLS) or Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS);
- ✓ Photocopy of the permit issued to my dentist employer who is authorized to provide moderate sedation, deep sedation, or general anesthesia.

INITIAL APPLICATION FOR THE ANESTHESIA ASSISTANT CLASS II PERMIT:

AND I am submitting evidence (photocopy only) of a completed Board approved course within one year of permit application and 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;

OR

I am submitting evidence of a completed Board approved program taken over one year ago and attaching a photocopy of current certification status from a Board approved competency examination;

AND I am submitting with this application;

- ✓ Evidence of successful completion of a hands-on training in intravenous access or phlebotomy that includes live experience in starting and maintaining intravenous lines;
- ✓ Photocopy of current Health Care Provider Basic Life Support (BLS) or Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS);
- ✓ Photocopy of the permit issued to my dentist employer who is authorized to provide moderate sedation, deep sedation, or general anesthesia.

I fully understand I will be subject to the penalties imposed pursuant to NDCC § 43-28 if I provide duties beyond my scope of training and education beyond the duties specified in Chapter 20-03 and Chapter 20-04. I acknowledge that while my permit is active, I must renew the permit biennially, and keep my address current with the Board in accordance with NDCC § 43-28-23. I further attest that the information provided is true and correct and that I have personally filled out this form. I understand that it is a violation of NDCC § 43-28-17 to make any false or untrue statement in the application. **I understand that should I provide any false information, my RDA registration may be suspended or revoked.**

Signature: _____ Date: ____/____/____

Mail this form to: NDBDE, PO Box 7246, Bismarck, ND 58507-7246

Revised 10/26/2021