North Dakota State Board of Dental Examiners

PO Box 7246, Bismarck, ND 58507 ⬩ Phone 701-258-8600
Web www.nddentalboard.org ⬩ Email info@nddentalboard.org

INITIAL AND RENEWAL APPLICATION FOR DENTAL ANESTHESIA ASSISTANT

Issuance: The North Dakota State Board of Dental Examiners may issue a **Class I** or **Class II** permit authorizing permit holders to provide anesthesia assistance under the supervision of a dentist who is authorized by permit to provide moderate sedation, deep sedation, or general anesthesia. An individual may not provide anesthesia assisting duties until the Board approves the application. **Renewal**: The Board may renew **Class I** and **Class II** permits. Permit renewal applications must be postmarked on or before December 31st (of odd numbered years for an RDH; even numbered years for RDA). Permits expire if they are not renewed before the end of the applicable December 31st. All permit holders submitting renewal applications must demonstrate that they earned two continuing education hours in anesthesia and sedation hours per NDAC 20-03-01-06. **Note**: Permit holders are required by law to ensure they provide current contact information to the Board.

PRINT Full Name (First, Middle, Last, Maiden)		Email Address		□ RDA □ RDH □ QDA □ Other
Last 4 digits of Social Security Number	Date of Birth	Number of RDH license or RDA registration		
Home Address		Phone number best to reach you by:		
City State		Zip Code + 4		
Office/Employer Name		Office Phone		
Office Address	City	State	Zip	

☐ **INITIAL APPLICATION FOR ANESTHESIA ASSISTANT CLASS I PERMIT**
SUBMIT THE FOLLOWING:

_____ Evidence (photocopy only) of a completed Board approved program;

_____ Proof of current certification status from the American Association of Oral and Maxillofacial Surgeon's Dental Anesthesia Assistant National Certification or a Board approved competency examination;

_____ A valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support

_____ A photocopy of the permit issued to my dentist employer who is authorized to provide sedation, deep sedation, gen. anesthesia, or

_____ **I am renewing the ANESTHESIA ASSISTANT CLASS I PERMIT AND HAVE MET ALL REQUIREMENTS FOR RENEWAL.**

☐ **INITIAL APPLICATION FOR ANESTHESIA ASSISTANT CLASS II PERMIT**:
SUBMIT THE FOLLOWING:

_____ Evidence (photocopy only) of a completed Board approved program;

_____ Proof of current certification status from the American Association of Oral and Maxillofacial Surgeon's Dental Anesthesia Assistant National Certification or a Board approved competency examination;

_____ A valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support;

_____ A copy of the permit issued to my dentist employer who is authorized to provide moderate sedation, deep sedation, or general anesthesia; and

_____ The applicant has successfully completed hands-on training in intravenous access or phlebotomy that includes live experience starting and maintaining intravenous lines; or

_____ **I am renewing the ANESTHESIA ASSISTANT CLASS II PERMIT AND HAVE MET ALL REQUIREMENTS FOR RENEWAL.**

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, meet continuing education requirements, 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 registration may be suspended or revoked. The NDSBDE will send notification of renewal to the email address provided.

Signature: _____ Date: _____/_____/_____

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

Revised 10/09/2024