



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 APPLICATION FOR CLASS I OR CLASS II ANESTHESIA PERMIT

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. Permit holders may be delegated the duties set forth in NDAC 20-03-01-01.1. An individual may not provide anesthesia assisting duties until the Board approves the application. **Renewal:** 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. **A \$50.00 application fee must be submitted with this application.**

PRINT Full Name (First, Middle, Last, Maiden)		Email Address		<input type="checkbox"/> RDA	<input type="checkbox"/> RDH
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:
 _____ Proof of completion of a completed Board approved hands-on IV or phlebotomy course;
 _____ Proof of completion of Board approved anesthesia assistant course;
 _____ 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 -

- INITIAL APPLICATION FOR ANESTHESIA ASSISTANT CLASS II PERMIT:**
SUBMIT THE FOLLOWING:
 _____ Proof the applicant completed a Board approved hands-on IV or phlebotomy course;
 _____ Proof the applicant completed, at any time, the DAANC (American Association of Oral and Maxillofacial Surgeon's Dental Anesthesia Assistant National Certification course) or a Board approved equivalent course;
 _____ Proof the applicant presently holds a current DAANC certification or a Board approved equivalent certification, or in the last two years has passed a Board approved anesthesia 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 -

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