

**ARTICLE 20-03
DENTAL ASSISTANTS**

Chapter
20-03-01 Duties

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DUTIES**

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20-03-01-01. Duties

Duties are delegated to ~~nonregistered and registered~~ dental assistants under the prescribed levels of supervision as follows:

1. A dental assistant who is not registered with the board and who is employed by a dentist may perform the following basic supportive dental duties under direct supervision:

a. ~~Take and record pulse, blood pressure, and temperature~~ Perform the following duties under direct supervision.

- (1) ~~Take and record pulse, blood pressure, and temperature.~~
- (2) Take and record preliminary dental and medical history for the interpretation by the dentist.
- (3) ~~Apply topical medications and drugs to oral tissues, including topical anesthetic, topical fluoride, fluoride varnish, and desensitizing agents, but not including caustic agents.~~
- (4) Receive removable dental prosthesis for cleaning or repair.
- (5) Take impressions for study casts.
- (6) Hold impression trays in the mouth (e.g., reversible hydrocolloids, rubber base).
- (7) Retract patient's cheek, tongue, or other tissue parts during a dental procedure.
- (8) Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes, and water.

Commented [DS1]: The Board is proposing modifications to duties that all levels of Assistants may carry out. In arriving at these proposed changes, it balanced its obligation to ensure public protection and prevent irreparable patient harm with the need to allow dental offices to operate effectively and efficiently and allow qualified staff to perform duties they're qualified to carry out—and the degree of supervision appropriate for each duty.

Commented [DS2]: Housekeeping. This rewording is necessary so the duties, supervisions, and assistant levels can all be discussed in a more efficient and logical manner.

Commented [DS3]: Workforce: Inaccurate taking of vital signs is a risk to patients, but appropriate training and supervision minimize any potential harm. Unregistered Dental Assistants would only be taking vital signs in preparation for more dental treatment. As a result, the Board concluded that Unregistered Dental Assistants can safely carry out this duty under Direct supervision (which requires the dentist to delegate the duty, remain in the facility, and assess the patient before dismissal).

Commented [DS4]: Workforce and Clarification: The rule is being updated to expand and more clearly explain the types of topical medications that may be applied by Unregistered Dental Assistants.

(9) Isolate the operative field, not to include rubber dams.

(10) Hold a curing light for any dental procedure. Curing lights may not include a laser capable of cutting, burning, or damaging hard or soft tissue or for electrosurgery for tissue retraction.

(11) Produce on a patient of record, a final scan by digital capture for review and inspection by the authorizing dentist for a prescriptive fixed or removable appliance.

(12) A dentist may delegate the monitoring of a patient that has been induced into nitrous oxide analgesia to an unregistered dental assistant after providing sufficient training to the dental assistant completed after January 1, 2024. The dentist must maintain documentation of the training for the duration of the delegation and must provide documentation of the training to the board upon request.

b. Perform the following duties under general supervision:

(1) Provide oral hygiene instructions and education.

(2) Remove periodontal dressings.

2. A qualified dental assistant may perform the following duties:

a. Duties set forth in subsection 1 Perform the following duties under the direct supervision of a dentist.

(1) Duties set forth in subsection 1.

(2) Acid etch enamel surfaces as directed by the dentist.

(3) Dry root canal with paper points.

(4) Apply resin infiltration.

(5) Orally transmit a prescription that has been authorized by the supervising dentist.

(6) Remove band and bracket adhesives with a slow speed handpiece.

(7) Place and remove matrix bands and wedges.

b. Take dental radiographs under the direct supervision of a dentist Perform the following duties under the general supervision of a dentist:

(1) Produce on a patient of record, a final scan by digital capture for review and inspection by the authorizing dentist for a prescriptive fixed or removable appliance.

(2) Take and record pulse, blood pressure, and temperature.

(3) Take and record preliminary dental and medical history for the interpretation by the dentist.

Commented [DS5]: Workforce: Risks to the patients exist if the scans are taken improperly or inaccurately— with ill-fitting appliances being created and causing harm to the patient. The Board concluded that with the appropriate supervision and training, Unregistered Dental Assistants can effectively carry out this duty.

Commented [DS6]: Workforce: Risks to patients exists when patients are under nitrous oxide. The Board recognizes that the dentist is able to identify education and train staff. The duty can then be safely carried out under Direct supervision (which requires the dentist to delegate the duty, be present in the facility, and assess the patient before dismissal).

Commented [DS7]: Workforce: The rules have always required that all duties performed by an Unregistered Dental Assistant require Direct supervision. The Board recognizes that two duties can be safely carried out by Unregistered Dental Assistants under General supervision (which is a level of supervision that does not require the dentist to be in the facility or evaluate the patient before dismissal).

Commented [DS8]: Housekeeping: Renumbering of duties for Qualified Dental Assistants.

Commented [DS9]: Workforce: These are duties that, for the first time, a QDA may perform. Patient risk exists for these duties, but the risks to the patients are minimized by placing these duties under Direct supervision. This ensures the Dentist is present in the facility, authorizes the duty, and evaluates the patient before dismissal.

Commented [DS10]: Workforce: Up until these proposed changes, dentists needed to provide Direct supervision for all duties performed by a QDA. These changes now allow QDA's to perform some of their duties under General supervision (again, General supervision requires the dentist to ensure competence of the staff and delegate the duty, but does not require the dentist to be in the facility or evaluate the patient before dismissal).

(4) Apply topical medications and drugs to oral tissues, including topical anesthetic and anticariogenic agents, and desensitizing agents.

(5) Place and remove arch wires or appliances that have been activated by the dentist.

(6) Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative care.

(7) Remove sutures.

(8) Place, tie, and remove ligature wires and elastic ties, and select and place orthodontic separators.

(9) Preselect and prefit orthodontic bands.

(10) Repack dry socket medication and packing for palliative care.

(11) Take dental radiographs.

c. Perform the following duties under the indirect supervision of a dentist:

(1) Polish coronal surfaces of teeth with a rubber cup or brush after the dentist provides the dental assistant with sufficient training. The dentist must maintain documentation of the training completion for the duration of the delegation and provide it to the board upon request.

(2) Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a licensed dentist.

3. A qualified dental assistant-limited radiology registrant may perform the duties listed in subsection 1, and may take dental radiographs under the general supervision of a dentist.

4. A registered dental assistant may perform the duties set forth in subsection 2 and the following duties under the direct supervision of a dentist:

a. Acid etch enamel surfaces prior to direct bonding of orthodontic brackets or composite restorations.

b. Take face bow transfers.

c. Place and remove matrix bands and wedges. Adjust permanent crowns outside of the mouth.

d. Orally transmit a prescription that has been authorized by the supervising dentist. Administer emergency medications to a patient in order to assist the dentist in an emergency.

e. Hold impression trays in the mouth (e.g., reversible hydrocolloids, rubber base).

5. A registered dental assistant may perform the following duties on a patient of record under the indirect supervision of a dentist:

Commented [DS11]: Workforce: These duties pose some risks to patients but because of the level of education and training required for QDA's, General supervision can ensure patient safety. While the duties must be carried out pursuant to the dentist's delegation, direction and supervision, the dentist need not be present in the facility.

Commented [DS12]: Workforce: This change allows QDA's to take radiographs under General Supervision (instead of the present requirement of Direct Supervision). The Board believes the training and education of the QDA and General supervision allow this duty to be safely carried out.

Commented [DS13]: Workforce: QDA's will now be allowed to perform some of their duties under Indirect Supervision (this requires the dentist to delegate the duty and be in the facility, but does not require the dentist to evaluate the patient before dismissal).

Commented [DS14]: Workforce: These are new duties a QDA will be allowed to perform. Some patient risk exists, but the risks are minimized by Indirect supervision and by the language reinforcing the need to identify, provide, and document sufficient training.

Commented [DS15]: Workforce: This Rule creates a new category of QDA titled *Qualified Dental Assistant-Limited Radiology Registrant*. This is designed in response to dentists who sought chairside assistants who would be allowed to take radiographs—assistants who would not be used for the more extensive QDA duties and so would need less training than a traditional QDA. Applicants for this position would complete a board-approved radiology health and safety program, and would also be able to carry out the duties of an Unregistered Dental Assistant. The Medical Imaging Board was consulted in development of this rule.

Commented [DS16]: Housekeeping: These duties are moved to section (2) above.

- a. ~~Dry root canal with paper points~~ Place and remove rubber dams.
- b. ~~Place and remove rubber dams~~ Place retraction cord in the gingival sulcus of a prepared tooth prior to the dentist taking an impression of the tooth.
- c. ~~Place retraction cord in the gingival sulcus of a prepared tooth prior to the dentist taking an impression of the tooth~~ Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments or a slow-speed handpiece.
- d. ~~Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments or a slow-speed handpiece~~ Place and remove periodontal dressings.
- e. ~~Place and remove periodontal dressings~~ Monitor a patient who has been inducted by a dentist to nitrous oxide inhalation analgesia.
- f. ~~Monitor a patient who has been inducted by a dentist to nitrous oxide inhalation analgesia~~ Apply bleaching solution, activate light source, and monitor and remove bleaching materials.
- g. ~~Apply bleaching solution, activate light source, and monitor and remove bleaching materials~~ Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a licensed dentist.

Commented [DS17]: Housekeeping: This duty is being moved to section (2) above, resulting in the rest of the duties in this section being renumbered/moving up one letter.

6. A registered dental assistant may perform the following duties under the general supervision of a dentist:

- a. Take and record pulse, blood pressure, and temperature.
- b. Take and record preliminary dental and medical history for the interpretation by the dentist.
- c. Apply topical medications and drugs to oral tissues, including topical and anesthetic, and topical fluoride, fluoride varnish, silver diamine fluoride, hemostatic agents, and desensitizing agents but not including caustic agents.
- d. Receive removable dental prosthesis for cleaning or repair.
- e. Take impressions or occlusal bite registration for study casts.
- f. Fabricate, adjust, place, recement, or remove a temporary crown, bridge, or onlay or temporary restorative material. This applies only to dentitions actively under treatment for which a permanent restoration is being fabricated.
- g. Remove sutures.
- h. Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative treatment.
- i. Place, tie, and remove ligature wires and elastic ties, and place orthodontic separators.

Commented [DS18]: Workforce and Clarification: Better clarifying the types of agents encompassed by this duty.

- j. Provide oral hygiene education and instruction.
- k. Provide an oral assessment for interpretation by the dentist.
- l. Repack dry socket medication and packing for palliative treatment.
- m. Apply pit and fissure sealants if the registered dental assistant has provided documentation of a board-approved sealant course or training that includes hand-skills, and has received an endorsement from the board. Adjust sealants with slow-speed handpiece.
- n. Polish the coronal surfaces of the teeth with a rubber cup or brush.
- o. Polish restorations with a slow-speed handpiece.
- p. Take dental radiographs.
- q. Take impressions for fixed or removable orthodontic appliances, athletic mouth guards, bleaching trays, bite splints, flippers, and removable prosthetic repairs.
- r. Preselect and prefit orthodontic bands,
- s. Perform nonsurgical clinical and laboratory diagnosis tests, including pulp testing, for interpretation by the dentist.
- t. Place and remove arch wires or applicants that have been activated by a dentist.
- u. Provide screenings as defined by section 44 of section 20-01-02-01.
- v. Adjust a temporary denture or partial for dentitions actively under treatment for which permanent dentures or partial dentures are being fabricated.

Commented [DS19]: Workforce: Because hand-skills are critical for this duty, the Board ensures the programs it approves provide hand-skills training. The rules is being clarified to add that existing requirement and clarify the rule.

History: Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; June 1, 2002; July 1, 2004; April 1, 2006; January 1, 2011; April 1, 2015; July 1, 2017; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.1, 43-20-08, 43-20-10, 43-20-13

20-03-01-01.1. Expanded duties of ~~registered dental assistants.~~

A registered dental assistant shall apply for a permit to perform the following duties:

1. A registered dental assistant authorized by permit and under the direct supervision of a dentist may perform the following restorative functions:
 - a. Place, carve, and adjust class I, II, and class V amalgam, or glass ionomer, or composite restorations with hand instruments or a slow-speed handpiece;
 - b. Adapt and cement stainless steel crowns; and
 - c. Place, contour, and adjust class I, II, and class V composite restorations where the margins are entirely within the enamel with hand instruments or a slow-speed handpiece.

Commented [DS20]: Workforce: The Board is striking some of the limitations on the kinds of restorations that may be placed, carved, or adjusted by assistants—recognizing that it is safe to do so under Direct supervision.

2. A registered dental anesthesia assistant or a dental sedation assistant authorized by a class I permit and under the contiguous supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia may:

- a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation or general anesthesia;
- b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open;
- c. Prepare anesthesia equipment and perform patient monitoring; and
- d. Assist with emergency treatment and protocols.

3. A registered dental anesthesia assistant or a dental sedation assistant authorized by a class II permit and under the direct visual supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia may:

- a. Draw up and prepare medications;
- b. Follow instructions to deliver medication into an intravenous line upon verbal command of the supervising dentist;
- c. Adjust the rate of intravenous fluids infusion beyond a keep-open rate upon verbal command of the supervising dentist; and
- d. Adjust an electronic device to provide medications, such as an infusion pump upon verbal command of the supervising dentist.

4. A registered dental assistant authorized by permit and under the indirect supervision of a dentist may administer nitrous oxide analgesia to a patient who has not taken sedative medications before treatment in accordance with subsection 2 of section 20-03-01-05.

History: Effective April 1, 2015; amended effective July 1, 2017; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.1, 43-20-08, 43-20-10, 43-20-13

20-03-01-01.2. Requirements of permit for expanded duties.

The board may grant a permit to a registered dental assistant or a dental sedation assistant ~~any other individual for the following who meets the criteria listed below.~~ Individuals authorized by other North Dakota licensing boards and whose scope of practice encompasses the duties of a dental anesthesia assistant are not required to obtain the respective anesthesia permit from the board to carry out the duties listed in this section.

1. The board may issue or renew a class I dental anesthesia assistant permit authorizing a registered dental assistant or ~~dental sedation assistant any other individual~~ to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide general anesthesia, deep sedation, or moderate sedation, upon successful completion of the following:

Commented [DS21]: Workforce: The Board is recognizing that staff other than Registered Dental Assistants may complete this training and receive this permit. The training and Contiguous supervision of a dentist ensure patient safety.

Commented [DS22]: Workforce. The Board is recognizing that staff other than Registered Dental Assistants may complete this training and receive this permit. The training and Contiguous supervision of a dentist ensure patient safety.

Commented [DS23]: Workforce and Clarification: The rule recognizes and provides clarification that staff other than RDA's may complete this training. It also clarifies that staff who possess licenses from other boards to carry out these tasks (e.g., from the Board of Nursing) do not also need to obtain this permit from the Board of Dental Examiners.

Commented [DS24]: See comment immediately above.

- a. The applicant submits evidence of a board-approved dental anesthesia assistant education and training course.
- b. Submits 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.
- c. The applicant holds current and valid certification for health care provider basic life support, advanced cardiac life support, or pediatric advanced life support; and
- d. The applicant provides a copy of a valid North Dakota general anesthesia, deep sedation, or moderate sedation permit of the dentist where the registered dental assistant will be performing anesthesia assistant services.

2. The board may issue or renew a class II dental anesthesia assistant permit authorizing a registered dental assistant or ~~dental sedation assistant~~ any other individual to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide general anesthesia, deep sedation, or moderate sedation, upon successful completion of the following:

Commented [DS25]: See comment immediately above.

- a. The applicant submits evidence of a board-approved dental anesthesia assistant education and training course.
- b. Submits proof of current dental anesthesia assistant national certification or a board approved competency examination;
- c. The applicant has successfully completed hands-on training in intravenous access or phlebotomy that includes live experience starting and maintaining intravenous lines;
- d. The applicant holds current and valid certification for health care provider basic life support, advanced cardiac life support, or pediatric advanced life support; and
- e. The applicant provides a copy of a valid North Dakota general anesthesia, deep sedation, or moderate sedation permit of the dentist where the registered or qualified dental assistant will be performing anesthesia assistant services.

3. The board may issue or renew a permit on forms prescribed by the board authorizing a registered dental assistant under the direct supervision of a dentist to provide restorative functions under the following conditions:

a. The applicant meets any of the following requirements:

- (1) The applicant has successfully completed a board-approved curriculum from a program accredited by the commission on dental accreditation of the American dental association or other board-approved course and successfully passed ~~the western regional examining board's restorative dental testing agency examination or other equivalent examinations~~ approved by the board, within the last five years. The board may require successful completion of the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination; or

Commented [DS26]: Housekeeping. Testing agencies have merged, been renamed, consolidated, etc. We're updating the rule to recognize that reality.

(2) The applicant has successfully passed the ~~board-approved western regional examining board's restorative dental testing agency examination or other board-approved examination~~ over five years from the date of application, and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination or other board-approved examination and provides evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least twenty-five restorative procedures within the immediate five years from the date of application.

Commented [DS27]: See comment immediately above.

b. A registered dental assistant may perform the placement and finishing of direct alloy or direct composite restorations, under the direct supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.

c. The restorative functions only may be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental assistant.

d. Before the patient is released, the final restorations must be checked and documented by the supervising dentist.

History: Effective July 1, 2022; amended effective October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-13.2

20-03-01-02. Prohibited services.

A dental assistant, qualified dental assistant, or registered dental assistant may not perform the following services:

1. Diagnosis and treatment planning.
2. Surgery on hard or soft tissue.
3. Administer local anesthetics, sedation or general anesthesia drugs or titrate local anesthetics, sedation or general anesthesia drugs without a board authorized permit.
4. Any irreversible dental procedure or procedures which require the professional judgment and skill of a licensed dentist.
5. Adjust a crown which has been cemented by a dentist.
6. Activate any type of orthodontic appliance or fabricate orthodontic impressions for an individual who is not a patient of record.
7. Cement or bond orthodontic bands or brackets that have not been previously placed by a dentist.
8. Place bases or cavity liners.
9. Scaling, root planing, or gingival curettage.

- 10. Measure the gingival sulcus with a periodontal probe.
- 11. Use a high-speed handpiece inside the mouth.
- 12. Unless authorized by permit in accordance with subsection one of section 20-03-01-05.120-02-01-05.1, monitor a patient who has been induced to a level of moderate sedation, deep sedation, or general anesthesia until the dentist authorized by permit to administer sedation or anesthesia determines the patient may be discharged for recovery.

History: Effective February 1, 1992; amended effective October 1, 1993; April 1, 2000; June 1, 2002; July 1, 2004; January 1, 2011; April 1, 2015; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.1, 43-20-08, 43-20-10, 43-20-13

20-03-01-03. Annual registration of dental assistants performing expanded duties.

Repealed effective January 1, 2011.

20-03-01-04. Criteria for dental assistants placing sealants.

Repealed effective January 1, 2011. 6

20-03-01-05. Registration of ~~registered and qualified~~ dental assistants.

An individual seeking registration as a ~~registered or qualified~~ dental assistant shall apply on forms prescribed by the board. The application must be notarized and include the application fee.

1. The board may grant registration as a registered dental assistant to an applicant meeting all the following requirements:

a. The applicant meets any of the following requirements:

(1) The applicant successfully completed a dental assisting program, accredited by the commission on dental accreditation of the American dental association or approved by the board, within one year of application.

(2) The applicant was certified by the dental assisting national board either ~~within one year of application.~~

A. Within one year of application, or

B. More than one year prior to application, and within two years before application, earned sixteen hours of continuing education in accordance with section 20-03-01-06, and provides evidence the applicant was gainfully and relevantly employed in the time prior to application. Proof of gainful and relevant employment may include letters of recommendation, payroll documentation, or other materials requested by the board.

(3) The applicant successfully completed a dental assisting program, accredited by the commission on dental accreditation of the American dental association or

Commented [DS28]: Housekeeping: Removing this phrase because the section now encompasses more types of assistants.

Commented [DS29]: This rule provides a pathway to licensure that recognizes the value of an application who is certified by the Dental Assisting National Board. Those who have completed it within one year of applying can take advantage of this pathway. The Board is keeping that in place, but is just renumbering it.

Commented [DS30]: Workforce: Those who complete the Dental Assisting National Board certification more than one year ago but who maintained their education and used their dental skills in the intervening years may use this pathway.

approved by the board, and completed, within two years before application, sixteen hours of continuing education in accordance with section 20-03-01-06.

(4) The applicant was certified by the dental assisting national board, and completed, within two years before application, sixteen hours of continuing education in accordance with section 20-03-01-06 is licensed in good standing under the laws of another jurisdiction and possesses qualifications, education, or experience substantially similar to the requirements for licensure set forth in this section. Applicants must submit evidence of at least one year of gainful and relevant employment in the practice prior to application. Proof of gainful and relevant employment may include letters of recommendation, payroll documentation, or other materials requested by the board. Applicants must submit evidence of earning sixteen hours of continuing education in accordance with section 20-03-01-06 and meet other criteria as may be required by the board.

(5) The applicant successfully completed the examination administered by the joint commission on national dental examinations or the dental hygiene certification board of Canada and completed within two years of application sixteen hours of continuing education in accordance with section 20-03-01-06.

b. The applicant passed a written examination on the laws and rules governing the practice of dentistry in North Dakota within one year of application.

c. The applicant successfully completed a cardiopulmonary resuscitation course within two years of application.

d. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.

2. The board may grant registration as a qualified dental assistant to an applicant meeting all the following requirements:

a. The applicant meets any of the following requirements:

(1) The applicant passed the national entry level dental assistant certification administered by the dental assisting national board and completed three hundred hours of on-the-job clinical training within one year of application.

(2) The applicant passed the national entry level dental assistant certification administered by the dental assisting national board, three hundred hours of on-the-job clinical training, and completed, within two years before application, sixteen hours of continuing education in accordance with section 20-03-01-06.

(3) The applicant successfully completed the national entry level dental assistant certification administered by the dental assisting national board and successfully completed the North Dakota department of career and technical education dental assisting education program association.

(4) The applicant successfully completed a board-approved equivalent course within one year of application.

Commented [DS31]: Workforce: This creates what is often considered a "reciprocity" pathway to licensure for RDA's. It allows those who can show licensure in another state to obtain licensure in North Dakota.

(5) The applicant is licensed in good standing under the laws of another jurisdiction and possesses qualifications, education, or experience substantially similar to the requirements for licensure set forth in this section. Applicants must submit evidence of at least one year of gainful and relevant employment in the practice prior to application. Proof of gainful and relevant employment may include letters of recommendation, payroll documentation, or other materials requested by the board. Applicants must submit evidence of earning sixteen hours of continuing education in accordance with section 20-03-01-06 and meet other criteria as may be required by the board.

Commented [DS32]: Workforce: This creates what is often considered a "reciprocity" pathway to licensure for QDA's. It allows those who can show licensure in another state to obtain licensure in North Dakota.

- b. The applicant passed a written examination on the laws and rules governing the practice of dentistry in North Dakota within one year of application.
- c. The applicant successfully completed a cardiopulmonary resuscitation course within two years of application.
- c. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.

3. The board may grant registration as a qualified dental assistant-limited radiology registrant to an applicant meeting all the following requirements:

a. Within two years of application, obtained the dental assisting national board's radiation health and safety certificate or completed a radiation health and safety course approved by the board.

b. Within two years of application, completed a cardiopulmonary resuscitation course.

c. Grounds for denial of the application under North Dakota Century Code 43-20-05 do not exist.

Commented [DS33]: Workforce: This Rule creates the licensure requirements for the new category of QDA titled *Qualified Dental Assistant-Limited Radiology Registrant*. Applicants for this position would complete a board-approved radiology health and safety program.

History: Effective January 1, 2011; amended effective July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-13.2

20-03-01-05.1. Additional expanded duties of registered dental assistants.

Repealed effective July 1, 2022.

20-03-01-06. Continuing dental education for ~~qualified and registered~~ dental assistants.

Each ~~qualified or registered dental assistant~~ Dental assistants shall provide evidence of attendance or participation in continuing clinical dental education in accordance with the following conditions:

Commented [DS34]: Housekeeping: Removing this phrase because the section now encompasses more types of assistants.

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.

2. The continuing education hours will accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry will be accepted by the board without limit.

3. The minimum number of hours required within a two-year cycle is sixteen. Of these hours, a qualified or registered dental assistant may earn no more than eight hours from self-study. Self-study is an educational process designed to permit a participant to learn a given subject without involvement of a proctor or without the opportunity to interact in real-time with the proctor. A qualified professional may act as a proctor who oversees a clinical continuing education course which may be used for classroom style continuing education credits. Cardiopulmonary resuscitation courses must provide hands-on training. All other continuing education requirements may be satisfied from webinars or classroom style learning that allows for real-time interaction between attendees and the proctor. The continuing education must include:

- a. TwoAt least two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.
- b. TwoAt least two hours of infection control.
- c. A cardiopulmonary resuscitation course.
- d. For registered dental assistants or qualified dental assistants that hold a dental anesthesia assistant permit holders, at least two hours related to sedation or anesthesia.
- e. For registered dental restorative assistant permit holders, two hours related to restorative dentistry.
- f. No more than one hour related to practice management or administration.

4. For qualified dental assistant-limited radiology registrants:

- a. At least two hours related to infection control.
- b. A cardiopulmonary resuscitation course.

5. For individuals whose sole registration with the board is that of a dental anesthesia assistant:

- a. At least two hours related to sedation or anesthesia.
- b. A cardiopulmonary resuscitation course.

46. Mere registration at a dental convention without specific attendance at continuing education presentations will not be creditable toward the continuing dental education requirement. Certificates awarded for continuing education must indicate the name of the continuing education provider, date, and number of hours of continuing education. Certificates obtained from webinar courses must indicate the course was a webinar. For continuing education courses utilizing a proctor, the certificate of attendance must be signed by the proctor.

57. All qualified or registered dental assistants must hold a current cardiopulmonary resuscitation certificate.

68. The board may audit continuing education credits of a registered dental assistant. Proof of continuing education shall be maintained from the previous renewal cycle. Upon receiving notice of an audit from the board, a registered dental assistant shall provide satisfactory documentation of

Commented [DS35]: Clarifying ambiguity. The rules currently in effect allow up to half of all CE to be earned by self-study or pre-recorded (non-interactive) sessions. The rest need to be earned through in-person or electronic means that allow real time interaction between presenters and attendees. Sometimes licensees are unsure of this language, so we are adding language to clarify it.

Commented [DS36]: Clarifying ambiguity. Some licensees have asked whether, if they take more than two hours in these categories, whether the additional hours over two will count. The Board explains that those hours do count—meaning more than two hours in these categories can be earned. The Board hopes this clarification will reduce questions and increase understanding of the rule.

Commented [DS37]: Clarification: Explaining that the RDA's and QDA's who hold the anesthesia permit are the ones who are required to earn the anesthesia CE.

Commented [DS38]: By definitions in NDAC 20-01, all CE must be related to the "assessment, diagnosis, or treatment" of patients. Some licensees question whether sessions that have a focus on administrative and management content can qualify as CE. The Board has long recognized that some content in management and administrative CE can also include clinical content, and it has provided CE approval accordingly. The Board is adding language to clarify this rule in hopes of reducing confusion and questions.

Commented [DS39]: Workforce: This creates the renewal/CE requirements for the new position of QDA-Limited Radiology Registrant. The Board consulted with the Medical Imaging Board.

Commented [DS40]: Clarification: This confirms that anesthesia permit holders who are not RDA's or QDA's are to also earn CE on sedation—ensures patient safety.

attendance at, or participation in, the continuing education activities. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the registration.

History: Effective January 1, 2011; amended effective April 1, 2015; July 1, 2017; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-13.1