

**ARTICLE 20-04
DENTAL HYGIENISTS**

Chapter
20-04-01 Duties

**CHAPTER 20-04-01
DUTIES**

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20-04-01-01. Duties.

1. A dental hygienist may perform the following services under the direct supervision of a dentist:
 - a. ~~Administer local anesthetic as authorized by section 20-04-01-03~~ Apply resin infiltration.
 - b. Hold impression trays in the mouth after placement by a dentist (e.g., reversible hydrocolloids, rubber base, etc.).
 - c. Place and remove matrix bands or wedges.
 - d. Adjust permanent crowns outside of the mouth.
 - e. Acid-etch enamel surfaces before direct bonding of orthodontic brackets or composite restorations.
 - f. Take face bow transfers.
 - g. Administer emergency medications to a patient in order to assist the dentist.
2. A dental hygienist authorized by permit and under the direct supervision of a dentist may:
 - a. Place, carve, and adjust ~~class I, II, and class V amalgam, or glass ionomer restorations,~~ 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.~~
3. A dental hygienist may perform the following services under the indirect supervision of a dentist:
 - a. ~~Hold impression trays in the mouth after placement by a dentist (e.g., reversible hydrocolloids)~~ Administer local anesthesia as authorized by 20-04-01-03.

Commented [DS1]: The stricken language is a duty that is being moved from this section requiring "Direct" supervision, to (3) below, where it requires only "Indirect" supervision

Commented [DS2]: Risks exist in relationship to applying resin, but the risks to patients are minimized by placing these duties under Direct supervision. This ensures the Dentist is present in the facility, authorizes the assistant to carry out the duty, and evaluates the patient before dismissal.

Commented [DS3]: The Board is striking some of the limitations on the kinds of restorations that may be placed, carved, or adjusted by hygienists—recognizing that it is safe to do so under direct supervision.

Commented [DS4]: The strike-through language is being deleted because duplicates duty 1b above.

The underscored is a duty that is being moved from "Direct" supervision to this section which requires "Indirect" supervision. This makes the rule consistent with the RDA rule on the same duty.

- b. Dry root canal with paper points.
- c. Place and remove rubber dams.
- d. Place retraction cord in the gingival sulcus of a prepared tooth before the dentist taking an impression of the tooth.
- e. Monitor a patient who has been inducted by a dentist into nitrous oxide inhalation analgesia.
- f. Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a dentist.
- g. Assist a dentist authorized by permit as set forth in section 20-02-01-05 as follows:
 - (1) Sedation procedure preparation and pre-sedation documentation, including date of procedure, nothing by mouth status, availability of responsible adult escort, and allergies.
 - (2) Emergency equipment and use preparedness.
 - (3) Monitor a patient discharged by a dentist once the patient is in recovery.
 - (4) Documentation of patient responsiveness, vital signs, including heart rate, respiratory rate, blood pressure, oxygen saturation, and expired carbon dioxide.
 - (5) Training must be documented and may be acquired directly by an employer-dentist, by a planned sequence of instruction in an educational institution, or by in-office training
- ~~h. Monitor a patient who has been inducted by a dentist into nitrous oxide inhalation analgesia. A dental hygienist authorized by permit may administer nitrous oxide analgesia to a patient who has not taken sedative medications before treatment in accordance with section 20-02-01-05.~~
- ~~i. A dental hygienist 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 prior to or for the duration of the dental hygiene treatment in accordance with section 20-02-01-05.~~
- 4. A dental hygienist authorized by permit and under 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.
 - d. Assist with emergency treatment and protocols.
- 5. A dental hygienist authorized by permit and under 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;

Commented [DS5]: Stricken because it is a duplicate of (e) above.

Commented [DS6]: With the strike of the current/existing (h), this duty is being renumbered from (i) to (h).

- 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 the verbal command of the supervising dentist.
6. A dental hygienist may perform the following services under the general supervision of a dentist:
- a. Complete prophylaxis to include removal of accumulated matter, deposits, accretions, or stains from the natural and restored surfaces of exposed teeth. The dental hygienist also may perform root planing and soft tissue curettage upon direct order of the dentist.
 - b. Polish and smooth existing restorations with a slow-speed handpiece.
 - c. Apply topical applications of drugs to the oral tissues and anticariogenic caries arresting and desensitizing solutions to the teeth.
 - d. Take impressions for study casts on a patient of record.
 - e. Take and record preliminary medical and dental histories for the interpretation by the dentist.
 - f. Take and record pulse, blood pressure, and temperature.
 - g. Provide oral hygiene treatment planning after an oral assessment or dentist's diagnosis.
 - h. Take dental radiographs.
 - i. Apply therapeutic agents subgingivally for the treatment of periodontal disease.
 - j. Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments or a slow-speed handpiece.
 - k. Receive removable dental prosthesis for cleaning and repair.
 - l. Take occlusal bite registration for study casts.
 - m. Fabricate, adjust, place, recement, or remove a temporary crown, bridge, onlay, or temporary restorative material. This applies only to dentitions actively under treatment for which a permanent restoration is being fabricated.
 - n. Perform nonsurgical clinical and laboratory oral diagnostic tests for interpretation by the dentist.
 - o. Apply pit and fissure sealants. Adjust sealants with slow-speed handpiece.
 - p. Place and remove periodontal dressings, dry socket medications, and packing.
 - q. Remove sutures.
 - r. Take impressions for fixed or removable orthodontic appliances, athletic mouth guards, bleaching trays, bite splints, flippers, and removable prosthetic repairs.
 - s. Preselect and prefit orthodontic bands.

- t. Place, tie, and remove ligature wires and elastic ties, and place orthodontic separators.
- u. Place and remove arch wires or appliances that have been activated by a dentist.
- v. Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative treatment.
- w. Provide an oral assessment for interpretation by the dentist.
- x. Orally transmit a prescription that has been authorized by the supervising dentist.
- y. Repack dry socket medication and packing for palliative treatment.
- z. Screenings as defined in section 20-01-02-01.
- aa. Apply bleaching solution, activate light source, and monitor and remove bleaching materials.
- bb. Apply interim therapeutic restorations using the standards and protocols established by an authorizing dentist and after completion of a board-approved course.
- cc. Adjust a temporary denture or partial for dentitions actively under treatment for which permanent dentures or partial dentures are being fabricated.
- dd. 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.

History: Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; July 1, 2004; April 1, 2006; January 1, 2011; April 1, 2015; July 1, 2017; April 1, 2021; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.2, 43-20-03, 43-20-11, 43-20-12

20-04-01-02. Prohibited services.

A dental hygienist may not perform the following services:

1. Diagnosis and treatment planning.
2. Surgery on hard or soft tissue.
3. Administer anesthetics, except topical and local anesthetic, as permitted under sections 20-04-01-01 and 20-04-01-03, or titrate local anesthetics, sedation or general anesthesia drugs without a board authorized permit.
4. Unless authorized by permit in accordance with section 20-04-01-03.1 monitor a patient who has been induced to 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.
5. Any irreversible dental procedure or procedures which require the professional judgment and skill of a dentist.
6. Adjust a crown which has been permanently cemented.
7. Activate any type of orthodontic appliance or fabricate impressions for an individual who is not a patient of record.
8. Cement or bond orthodontic bands or brackets that have not been previously placed by a dentist.

Commented [DS7]: Risks to the patients exist if the scans are taken improperly or inaccurately—with ill-fitting and harmful appliance being created and causing harm to the patient. The Board concluded that General supervision can sufficiently account for the risks.

9. Place bases or cavity liners.
10. Use a high-speed handpiece inside the mouth.

History: Effective February 1, 1992; amended effective October 1, 1993; July 1, 2004; January 1, 2011; April 1, 2015; April 1, 2021; July 1, 2022.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-03; 43-20-11, 43-20-12, 43-20-12.3

20-04-01-03. Duties of dental hygienists - Administration of local anesthesia - Authorization.

A dental hygienist may perform the following services under the ~~direct~~indirect supervision of a dentist:

1. A licensed dental hygienist may apply for authorization to administer local anesthesia to a patient ~~who is at least eighteen years old, under the direct supervision of a licensed dentist.~~
2. Requirements for local anesthesia authorization are as follows:
 - a. Submit evidence that the hygienist successfully completed a didactic and clinical course in local anesthesia within the last ~~twenty-four months~~five years sponsored by a dental or dental hygiene program accredited by the commission on dental accreditation of the American dental association resulting in the dental hygienist becoming clinically competent in the administration of local anesthesia; or
 - b. Submit evidence that the hygienist has been authorized to administer local anesthesia in another jurisdiction and provide verification of clinical competency during the previous ~~twenty-four months~~five years. Verification may consist of the following:
 - (1) A letter from the accredited school with the school seal affixed. Photocopies will not be accepted.
 - (2) A notarized copy of the certification of the local anesthesia course .
 - (3) A notarized letter from a licensed dentist stating the licensed dental hygienist has competently administered local anesthesia.
 - c. ~~A licensed dental hygienist requesting authorization to administer local anesthesia who cannot provide verification as required in this section must submit evidence of successful completion of a didactic and clinical course in local anesthesia sponsored by a dental or dental hygiene program accredited by the commission on dental accreditation of the American dental association.~~

Commented [DS8]: While risk to the patients exist if local anesthetic is administered improperly, Indirect Supervision adequately accounts for the risk. The dentist delegates the duty and is present in the facility at all times.

Commented [DS9]: The Board recognizes that local anesthetic skills do not diminish as rapidly as called for by this rule. As a result, it is changing the rule so that hygienists who completed their course up to five years prior may safely carry out this duty.

Commented [DS10]: See comment immediately above.

Commented [DS11]: Housekeeping. The Board recognizes that this rule is redundant/repetitive of the preceding language within this section and serves no additional purpose. As a result, it is being removed.

History: Effective July 1, 2004; amended effective April 1, 2021; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-03, 43-20-12

20-04-01-03.1. Duties of the dental hygienist - Requirements of permit.

The board may issue or renew a permit to a dental hygienist for the following:

1. The board may issue or renew a class I dental anesthesia assistant permit authorizing a dental hygienist to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia, upon successful completion of the following:
 - a. The applicant submits evidence of a board-approved dental anesthesia assistant education and training course.

- b. The applicant submits 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;
 - c. The applicant holds current and valid certification for health care provider basic life support, or 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 hygienist will be performing anesthesia assistant services.
2. The board may issue or renew a class II dental anesthesia assistant permit authorizing a registered dental hygienist to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia upon successful completion of the following:
- a. The applicant submits evidence of a board-approved dental anesthesia assistant education and training course and has 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;
 - b. The applicant has successfully completed hands-on training in intravenous access or phlebotomy that includes live experience starting and maintaining intravenous lines;
 - c. The applicant holds current and valid certification for health care provider basic life support, or 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 hygienist 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 hygienist 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~~ dental testing agency restorative 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
 - (2) The applicant has successfully passed ~~the western regional examining board's~~ dental testing agency restorative 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 provided 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 before the date of application.

Commented [DS12]: Housekeeping. Testing agencies have merged, been renamed, consolidated, etc. We're updating the rule to recognize that reality.

- b. A dental hygienist 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 shall only be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental hygienist.
- d. Before the patient is released, the final restorations shall be checked and documented by the supervising dentist.

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 43-20-03, 43-20-12

20-04-01-04. Additional requirements for licensure by examination.

The board may grant a license to practice dental hygiene to an applicant who has met the requirements of North Dakota Century Code section 43-20-01.2 and all the following requirements:

- 1. The applicant has passed the examination administered by the joint commission on national dental examinations or the dental hygiene certification board of Canada within five years of application.
- 2. The applicant has passed, within five years of application, a clinical competency examination administered by ~~one of the following~~ a dental testing agency approved by the board.:
- 3. ~~Any regional dental testing service before September 17, 2009.~~
- 4. ~~Central regional dental testing service.~~
- 5. ~~Council of interstate testing agencies.~~
- 6. ~~Commission on dental competency assessments – western regional examining board.~~
- 7. ~~American board of dental examiners.~~
- 8. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.
- 9. The applicant has the physical health and visual acuity to enable the applicant to meet the minimum standards of professional competence.

Commented [DS13]: Housekeeping. Testing agencies have merged, been renamed, consolidated, etc. We're updating the rule to recognize that reality.

History: Effective January 1, 2011; amended effective April 1, 2021; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.2

20-04-01-04.1. Clinical competency examination retakes.

A dental hygiene applicant may take a clinical examination three times before remedial training is required. After failing the examination for a third time, and prior to the fourth attempt of the examination, an applicant shall:

- 1. Submit to the board a detailed plan for remedial training by an accredited dental hygiene school or a dental testing agency. The board must approve the proposed remedial training.
- 2. Submit proof to the board of passing the remedial training within twenty-four months of its approval by the board. The board may grant or deny a fourth attempt of the clinical examination. A fourth attempt must occur within twelve months of the date of the board's

Commented [DS14]: Recognizing the reality that this training/education may be provided by testing agencies that are independent from dental hygiene schools.

decision. If an applicant fails any part of the examination after remedial training, the board must approve additional retakes.

History: Effective April 1, 2015; amended October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.2

20-04-01-05. Additional requirements for licensure by credential review.

The board may grant a license to practice dental hygiene to an applicant who has met the requirements of North Dakota Century Code section 43-20-01.3 and all the following requirements:

1. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.
2. The applicant has the physical health and visual acuity to enable the applicant to meet the minimum standards of professional competence.
3. The applicant has completed sixteen hours of continuing education in accordance with section 20-04-01-08 within two years of application.

History: Effective January 1, 2011.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.3

20-04-01-05.1. Refresher course - Reentry.

An eligible dental hygienist may return to the practice of dental hygiene upon submitting an application fee and application on a form provided by the board, providing proof of having successfully completed a refresher course approved by the board, and meeting the following requirements:

1. Was previously licensed to practice dental hygiene in another state or jurisdiction where the licensure requirements were substantially equivalent.
2. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.
3. The applicant has passed, within one year of making application, a written examination on the laws and rules governing the practice of dentistry in this state.
4. Has successfully completed a cardiopulmonary resuscitation course within the previous two years.
5. Has the physical health and visual acuity to enable the applicant to meet the minimum standards of professional competence.
6. Has practiced dental hygiene.
7. Has successfully completed a refresher course approved by the board that meets the following minimum criteria:
 - a. Taught at a dental hygiene school accredited by the American dental association's commission on dental accreditation;
 - b. Consists of a minimum of forty-three clock-hours, including a minimum of thirty-two clock-hours of clinical instruction;

- c. Includes didactic coursework, which may be presented in a classroom or independent study setting, or both, and clinical coursework covering the following:
 - (1) Infection control and sterilization;
 - (2) Patient assessment, including the taking of health histories, an oral inspection and evaluation, and charting;
 - (3) Radiographic techniques;
 - (4) Instrumentation techniques, including periodontal procedures and instrument sharpening;
 - (5) Current techniques in the polishing of teeth and the application of fluoride;
 - (6) Patient education; and
 - (7) Office emergency situations.
- 8. A formerly licensed dental hygienist who is returning to the practice of dental hygiene may not administer local anesthesia or nitrous oxide until having completed courses of instruction in local anesthesia and nitrous oxide approved by the board.
- 9. Anything necessary for a criminal history record check pursuant to North Dakota Century Code section 43-28-11.2.
- 10. The applicant may be required to appear before the board.

History: Effective July 1, 2022.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-20-01.3, 43-20-10

20-04-01-06. Additional requirements for applications.

Applications must be completed within twelve months of filing. The board may require an interview with the applicant. In addition to the application requirements of North Dakota Century Code sections 43-20-01.2, 43-20-01.3, and 43-20-06, the board may require an application to include:

- 1. Proof of identity, including any name change.
- 2. An official transcript sent by an accredited dental school directly to the board.
- 3. Evidence demonstrating the applicant passed the examination administered by the joint commission on national dental examinations within two years of application.
- 4. Evidence demonstrating the applicant passed a clinical competency examination, approved by the board, within two years of application.
- 5. A certification, from the licensing board of every jurisdiction in which the applicant is licensed, that the applicant is licensed in good standing.
- 6. Certification that the applicant has completed a cardiopulmonary resuscitation course within two years of application.
- 7. Verification of physical health and visual acuity.
- 8. For applications for licensure by credential review, the law and rules stating the requirements for licensure, when the applicant was licensed, of the jurisdiction in which the applicant is licensed.

9. For applications for licensure by credential review and reinstatement from inactive status, proof of completion of sixteen hours of continuing education in accordance with section 20-04-01-08 within two years of application.
10. Any information required by the application forms prescribed by the board.

History: Effective January 1, 2011; April 1, 2015.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.2, 43-20-01.3, 43-20-06

20-04-01-07. Inactive status - License reinstatement.

A dental hygienist may, upon payment of the fee determined by the board, place the dental hygienist's license on inactive status. A dental hygienist on inactive status shall be excused from continuing education requirements. Inactive status must be renewed annually by completing the inactive status renewal application and paying the renewal fee. A dental hygienist on inactive status shall not practice dental hygiene in North Dakota. To reinstate a license on inactive status, the dental hygienist shall apply on a form prescribed by the board, pay a reinstatement fee, and meet all of the following requirements:

1. The applicant has passed a clinical competency examination administered by a regional dental testing service, approved by the board in section 20-04-01-04, within two years of application. The board may, within the board's discretion, waive this requirement.
2. The applicant passes a written examination on the laws and rules governing the practice of dentistry in this state administered by the board at a meeting.
3. The applicant has completed sixteen hours of continuing education in accordance with section 20-04-01-08 within two years of application.
4. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.
5. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.

History: Effective January 1, 2011; amended effective July 1, 2017; April 1, 2021.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-06

20-04-01-08. Continuing dental education for dental hygienists.

Each dental hygienist shall provide evidence of attendance or participation in continuing clinical dental education in accordance with the following conditions:

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.
2. The continuing dental 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 dental hygienist 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. ~~Two~~ At least two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.
 - b. ~~Two~~ At least two hours of infection control.
 - c. A cardiopulmonary resuscitation course.
 - d. For registered dental anesthesia hygienist permitholders, at least two hours related to sedation or anesthesia, not including local anesthesia.
 - e. For registered dental restorative hygienist permitholders, at least two hours related to restorative dentistry.
 - f. For a dental hygienist practicing under general supervision, two hours related to medical emergencies.
 - g. No more than one hour related to practice management or administration.
4. 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.
 5. All dental hygienists must hold a current cardiopulmonary resuscitation certificate.
 6. A dental hygienist who maintains a license on inactive status is not subject to continuing education requirements.
 7. The board may audit the continuing education credits of a dental hygienist. Each licensee shall maintain certificates or records of continuing education activities from the previous renewal cycle. Upon receiving notice of an audit from the board, a licensee shall provide satisfactory documentation of attendance at, or participation in the continuing education activities listed. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the license.

History: Effective January 1, 2011; amended effective April 1, 2015; July 1, 2017; April 1, 2021; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.4

20-04-01-09 Volunteer license.

Between meetings of the board, the executive director of the board may review the volunteer license application and grant a provisional license if all the requirements are met. A volunteer license to practice dental hygiene in North Dakota, renewable annually by application to the board, may be granted when the following conditions are met:

1. The applicant was formerly licensed and actively practicing in the state of North Dakota or another jurisdiction for at least three of the five years immediately preceding application, where the requirements are at least substantially equivalent to those of this state or the board determines that the applicant is qualified and satisfies the criteria specified under North Dakota

Commented [DS15]: Clarifying ambiguity. The rules currently in effect are interpreted to 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 [DS16]: 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 [DS17]: 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 [DS18]: Proposing a Rule that would allow retired hygienists and those licensed in other states to seek volunteer licenses—similar to dentists. This would allow them to more readily join charitable volunteer work in North Dakota without having to go through the more rigorous process of standard application for licensure.

Century Code section 43-20-01.2.

2. The applicant agrees to provide services without remuneration directly or indirectly in a board-approved setting.
3. The applicant holds a current cardiopulmonary resuscitation course certification.
4. The applicant has completed continuing education requirements of the board.
5. The applicant has made application for a volunteer license in a manner prescribed by the board.
6. The board may collect from the applicant the nonrefundable application and license fee prescribed by the board.
7. The board may apply such restrictions as it deems appropriate to limit the scope of the practice under the authority of the volunteer license.

History: Effective October 1, 2024

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.2, 43-20-01.3, 43-20-01.4