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North Dakota State Board of Dental Examiners

PO Box 7246, 2900 E Broadway Ave Ste 3, Bismarck, ND 58501 Phone 701-258-8600 Web www.nddentalBoard.org Email info@nddentalBoard.org

Application for Inactive Dentist or Dental Hygienist License or Annual Renewal of the Inactive Status License

A dentist or registered dental hygienist may place their license on inactive status. Inactive status permits the licensee to retain their license in good standing and allows the licensee to receive all Board mailings. The inactive license allows you to apply to reinstate your license. If you do not hold an inactive status and you wish to practice again in ND, you will need to apply for an initial license either by examination or by credential. To maintain inactive status, the inactive status renewal application and \$40 application fee must be received by the Board by December 31st annually.

While on inactive status, the licensee may not engage in the practice of dentistry or dental hygiene in the state until the individual submits a reinstatement application, pays the application fee, and meets any additional requirements established by rule of the Board. An individual on inactive status is not required to complete continuing education during their inactive status, but if they seek reinstatement, they must meet the CE requirements for reinstatement as explained below.

Reinstatement of Inactive License: Once a dental or dental hygiene license is placed on inactive status, the process and requirements to reinstate the license are listed below. To restore an inactive license to active status, the licensee shall submit the reinstatement application to the Board on a form provided by the Board, accompanied by evidence that the licensee has completed the required number of hours of approved continuing education within the last two years preceding application.

Once the application and fee have been received by the Board, the applicant may complete the criminal background check fingerprint cards with the link on the Board's website. Criminal background checks are carried out by the ND Bureau of Criminal Investigation and can take considerable time. All forms can be printed from the Board's website above. Additional requirements of reinstatement include:

- Proof that the dental applicant has completed 32 hours of continuing education in accordance with Administrative Rule §
 20-02-01-06 or the dental hygiene applicant has completed 16 hours of continuing education in accordance with
 Administrative Rule § 20-04-01-08 within two years of application. CE must include 2 hours of infection control and
 ethics/jurisprudence.
- Proof that the applicant has successfully completed a cardiopulmonary resuscitation course within two years of application. CPR courses taken online must include a "hands-on" component.
- Grounds for denial of the application under NDCC § 43-28-18 do not exist.
- The applicant must deliver to the Board license verification from the examining or licensing Board of every jurisdiction in which the individual is or was licensed to practice, certifying that the individual is or was licensed. A *License Verification Form* can be downloaded from the Board's web site. Online verification directly from the state's website is acceptable.
- The applicant provides proof of employment in clinical dental practice (dentist previous 5 years; hygienist previous 3 years) or dental education. Examples of proof of employment; W-2's, notarized letter from employer, pay stubs.
- Recent physical and eye examination references.
- The applicant has passed the Jurisprudence Exam, an online examination on the laws and rules governing the practice of dentistry in this state administered by the Board.
- If the applicant intends to provide anesthesia services, a separate application is required. Dental hygienists are not required to have a local anesthesia permit unless they intend to utilize this expanded function. A dentist licensed in ND may not use any form of sedation if the intent is beyond anxiolysis on any patient unless such dentist has a permit currently in effect issued by the Board.
- The applicant provides proof of nitrous oxide training or proof demonstrating three years of practical experience in the use of nitrous oxide as required by Admin. Rule 20-02-01-03.



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2026 Application for Renewal - Inactive License Status

OFFICE U	JSE ONLY - Postmark Date:	Date Received		Amount	Check #		_
the licei	dance with NDCC § 43-20-06, under the see's license placed on INACTI all may not engage in the praction application, pays the renewal	VE STATUS upon expiration of dentities of dentistry or denta	tion of thal hygien	ne license. While e in the state unt	on inactive status, t	he mits a	
\$40.00 1	rish to maintain your inactive lid fee. If your application is not po ddition to the \$40 renewal fee.	stmarked on or before	Decemb	er 31, 2025, you	will need to pay the	\$40 la	te
PRINT Full Name (First, Middle, Last)			Maide	n Name	Current Licer	Current License Number	
Date of	f Birth		Home	Phone			
Mailing	g Address						
City	Stat	e		Zip Code + 4	County		
Email a	ddress						
OF YOU	respond to all questions. If you a R EXPLANATION, THE FINAL DO ES MUST BE SUBMITTED ALONG Have you been named as a defer months?	CUMENTS OR ORDERS G WITH THIS APPLICATION	FROM THON.	IE ISSUING STAT	ES, COURTS, AND/O		P ORT
2.	Have you been charged with or convicted of any crime, felony or misdemeanor other than a minor traffic offense within the last 24 months?				an a minor traffic	YES	NO
3.	Have you been cited for operating a motor vehicle while under the influence of drugs or alcohol within the past 24 months?				YES	NO	
4.	Do you currently use chemical substances? If 'yes', do they in any way impair or limit your ability to practice dentistry with reasonable skill and safety?					YES	NO
	egal use of controlled substances"						
	ell as the use of controlled substand th the directions of a licensed heal		pursuant	to a valid prescrip	tion or not taken in acc	cordan	ce
5.						YES	NO
6.	Have you ever held or applied for a license or certificate to practice as a dentist in any state, country, or province has or was it ever been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, or voluntarily surrendered under threat of investigation or disciplinary action?					YES	NO
7.	Have you ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?					YES	NO

8. Have you ever applied for and been denied a state or federal controlled substance certificate?	YES	NO						
9. In relation to the performance of your professional services in any profession:								
a. Have you ever had a final judgment rendered against you;								
b. Have you ever had settlement of any legal action rendered against you; or								
c. Are there any legal actions pending against you or to which you are a party?								
10. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded,								
suspended, restricted, revoked, otherwise disciplined, or voluntarily surrendered under threat of investigation or disciplinary action?								
□ I wish to INACTIVATE my: □ DENTAL LICENSE □ DENTAL HYGIENE LICENSE and I understand that I need not comply with the continuing education requirement until such time that the license is reinstated. Prior to reactivating my license, I must submit a completed reinstatement application, required continuing education, and any documentation required by the Board.								
☐ I wish to RENEW my INACTIVE STATUS for my: ☐ DENTAL LICENSE ☐ DENTAL HYGIENE LICENSE and I agree to the terms below:								
I fully understand I will be subject to the penalties imposed pursuant to NDCC § 43-28 if I practice dentistry or dental hygiene while my license is inactive. I acknowledge that while my license is inactive, I must renew the inactive license, pay the renewal fee, 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. I understand that it is a violation of NDCC § 43-28-17 to make any false or untrue statement in the application.								
Signature Date//								

You must send the completed form with your check or money order for \$40 payable to NDSBDE postmarked on or before December 31, 2025. For applications postmarked after 12/31/2025, there will be an additional late fee of \$40.

NDSBDE PO Box 7246 2900 E Broadway Ave Ste 3 Bismarck, ND 58501

If you have any questions, you may email the Board office at info@nddentalBoard.org or contact the Board office at 701-258-8600.