



North Dakota State Board of Dental Examiners

PO Box 7246, Bismarck, ND 58507-7246 • Phone 701-258-8600

Web www.nddentalboard.org • Email info@nddentalboard.org

Application – Pit and Fissure Sealant Endorsement

Who May Apply

- As explained in N.D.A.C. 20-03-01-01(7)(l), registered dental assistants may pit and fissure sealants once they have been issued an endorsement by the Board.

Applicable Laws for Pit and Fissure Sealant Endorsement

- N.D.A.C. 20-03-01-01(7)(l), explains the criteria applicants must meet in order to be issued an endorsement to apply pit and fissure sealant, the supervision level, and an explanation that the sealants may be adjusted with a slow speed handpiece.
- Applicants must thoroughly review these rules, and be able to demonstrate an understanding of them.

Application

- Be sure to attach/download additional materials and documents as requested.
- If you have questions on the application and or materials, please email us at: info@nddentalboard.org
- When completing this application, you will be required to provide documentation that you completed a Board-approved sealant course or training that includes hand skills. Approved courses are listed on the website. If you are unsure if your course has received Board-approval, contact the Board before applying.

Contact Information and Names

- Current and complete contact information is required for all applicants. Email addresses must be included on the application and will be used by the Board related to the processing of your application.
- Submit documentation of any legal name change.
- If your application is granted, you must always update the Board with any change of name, address, email address, phone, employers, and other contact information. Failure to do so can result in you not receiving critical information in a timely manner and may result in discipline.



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No Fee

OFFICE USE ONLY - Postmarked: _____ Received: _____ Amount: _____ Payment Type: Check # _____ Online # _____

General Contact Information			
Legal First Name	Legal Middle Name	Legal Last Name	Today's Date (mm/dd/yyyy)
Other Legal Names Previously Used (include proof of legal name changes and indicate if exam scores use these names)			
Name as you wish it to appear on license (if not your current legal name, you must provide documentation of name change)			
Home Street Address		Apt. Number	Home City, State, Zip (4+ digits)
Phone Numbers (c) (h) (w)	Business/Employer Name, Address, Unit #		Employer/Business City, State, Zip (4+ digits)
Personal Email Address (required)		Business/Employment Email Address	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/> X <input type="checkbox"/>	Date of Birth (mm/dd/yyyy)	Social Security Number	
<p>Military Status: Are you a member of the armed forces of the United States or a reserve component of the armed forces of the United States stationed in this state in accordance with military orders or stationed in this state before a temporary assignment to duties outside of this state; or are you the spouse of such member? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attach military orders, duty station assignment, base identification, etc. Depending on submissions, your application may be processed as a military application.</p>			

Education (select one)	
<input type="checkbox"/> Completed a Pit and Fissure Sealant course as a part of completing a CODA-accredited dental assisting course or another Board-approved course.	Name of Program: _____ Location of Program: _____ Date of Completion: _____
<input type="checkbox"/> Completed a Pit and Fissure Sealant course not yet approved by the Board. Applicants selecting this option must attach documentation outlining the course hours and its curriculum, including proof that the course included a hands-on component.	Name of Program: _____ Location of Program: _____ Date of Completion: _____

Attestation of Applicant	
I have reviewed North Dakota Century Code §§ 43-20-05 and 43-28-25, and understand that including false information or false documentation in this application may result in denial of my application and could result in a class A misdemeanor.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I certify that I am the person referred to in this application.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I certify that the entirety of this application and the attached materials are true and correct.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I authorize all persons and organizations to release any requested information, files, or records in connection with this application to the North Dakota State Board of Dental Examiners.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Applicant's Name (Printed)	Applicant's Signature
	Date (mm/dd/yyyy)