



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 – Class II Anesthesia Permit

Who May Apply

- Applicants must be one of the following in order to be granted a Class II Anesthesia Permit:
 - Registered dental hygienist
 - Registered dental assistant
 - Qualified dental assistant
 - Qualified dental assistant-limited radiology registrant
 - Other individuals

Applicable Laws for Nitrous Oxide Administration Permit

- N.D.A.C. 20-03-01-01.2(2) explains the criteria for those seeking a Class I Anesthesia Permit and N.D.A.C. 20-03-01-01.1(3) explains the duties a permit holder may perform, and explains that all duties must be carried out under contiguous supervision.
- Applicants must thoroughly review N.D.A.C. [20-03-01.pdf](#), and be able to demonstrate an understanding of the laws cited above.

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 (a) identify the dentist who will supervise your work under this permit, and (b) provide proof of their anesthesia education. Approved courses are listed on the website. If you are unsure if your course has received Board-approval, contact the Board before applying.
- This permit must be renewed biennially.

Accepted Forms of Payment

- Check (personal/cashiers).
- Online payment through debit or credit card (once online payments are available on the Board's website).
- Unacceptable forms of payment include cash, money orders, and American Express cards.

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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Non-refundable Fee: \$50.00

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>			

Cardiopulmonary Resuscitation or Basic Life Support (applicants must hold either current CPR or BLS certification)

Hold an active cardiopulmonary resuscitation (CPR) certification; course must include a hands-on component.

Yes No Expiration date: _____

Basic life support (BLS) certification.

Yes No Expiration date: _____

Attach certificates.

Education

Applicants must meet **all** of the following criteria and attach supporting documentation:

Completed the dental anesthesia assistant national course or an equivalent Board-approved pharmacology course;

Evidence of either (a) current dental anesthesia assistant national certification, (b) current certification from a different Board-approved pharmacology program, or (c) proof that the applicant passed a Board-approved competency examination within the last two years.

Completed hands-on training in IV access or phlebotomy that includes live experience in starting and maintaining IV lines and infection control. The evidence may be either:

- A certificate of completion issued by a Board-approved dental anesthesia assistant education and training course, or
- An attestation by a supervising dentist who provided the training. The dentist shall retain documentation of the training and provide it to the Board upon request;

A copy of the dentist's North Dakota general anesthesia, deep sedation, or moderate sedation permit under whom the individual will be performing anesthesia assistant services.

Date of DAANC Completion: _____

If you completed a different Board-approved anesthesia course:

Name: _____

Location; _____

Date of completion: _____

If you completed a competency exam, provide:

Name: _____

Location; _____

Date of passage: _____

Name of IV Program: _____

Location of IV Program: _____

Date of Completion: _____

Name of Dentist: _____

Dentist License Number: _____

Additional life support certifications beyond CPR or BLS is not required for this permit, but the Board seeks to maintain records of such advanced training related to this permit. Please indicate whether you currently maintain any of the following.

Advanced cardiovascular life support (ACLS) certification. Yes No Expiration date: _____

Pediatric advanced life support (PALS) certification. Yes No Expiration date: _____

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)