



North Dakota State Board of Dental Examiners

PO Box 7246, Bismarck, ND 58507 • Phone 701-258-8600 • Fax 701-224-9824

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

Application for Inactive Status and Annual Renewal of Inactive Status

A registered dental hygienist or a dentist may place a license on inactive status. A dentist or dental hygienist on inactive status shall be excused from paying renewal fees for license but shall pay the annual inactive status renewal fee. Inactive status allows the licensee to receive all Board mailings. 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. Continuing education is not required while the licensee remains on inactive status, However, continuing education is required to reinstate a license.

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 will be sent criminal background check fingerprint cards with instructions. Processing this information may take up to 14 business days. 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 or basic life support 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.
- 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.
- The applicant has passed the online examination (Jurisprudence Exam) 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. See ND Administrative Code 20-02-01-05 for rules governing nitrous oxide inhalation therapy authorization and sedation / anesthesia authorization.



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Initial Application or Annual Renewal of Inactive Status

OFFICE USE ONLY - Postmark Date: _____ Date Received _____ Amount _____ Check # _____

In accordance with NDCC § 43-20-06, upon payment of a fee determined by the board, a licensee may request to have the licensee's license placed on INACTIVE STATUS upon expiration of the license. While on inactive status, the individual may not engage in the practice of dentistry or dental hygiene in the state until the individual submits a renewal application, pays the renewal fee, and meets any additional requirements established by rule of the board.

If you wish to maintain your inactive license, please complete the Annual application form below and submit with the \$40 fee. If your application is not postmarked on or before December 31, annually a \$40 late fee in addition to the \$40 renewal fee must be paid. If your application is not received by March 1st, annually, your inactive status expires.

PRINT Full Name (First, Middle, Last)		Maiden Name	Current License Number
Date of Birth		Home or Cell Phone	
Mailing Address			
City	State	Zip Code + 4	County
Email address			

Please respond to all questions. If you answer "YES" to any question, please attach a written explanation. IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION.

1. Have you been named as a defendant or respondent in any malpractice proceeding within the last 24 months?	YES	NO
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?	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
"Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g., meth, or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.		
5. Are you currently engaged or have you engaged in the last 24 months in the illegal use of controlled substances? If 'yes', are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances? Yes _____ No _____ Provide written documentation.	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,	YES	NO

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?	YES	NO
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?	YES	NO
<input type="checkbox"/> 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. To reactivate an inactive license, I must submit a completed reinstatement application, required continuing education, and any other documentation required by the Board.		
<input type="checkbox"/> I wish to RENEW my INACTIVE STATUS for <input type="checkbox"/> DENTAL LICENSE <input type="checkbox"/> DENTAL HYGIENE LICENSE and I agree to the terms below:		
<p>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 understand that to maintain inactive status 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.</p>		
Signature _____		Date _____/_____/_____

Send the completed form with your check or money order for \$40 payable to NDBDE postmarked on or before December 31, annually. For applications postmarked after December 31st, there will be an additional late fee of \$40.

NDBDE
PO Box 7246
Bismarck, ND 58507 -7246

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