



# North Dakota Board of Dental Examiners

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## Initial Registration or Reinstatement Application Registered Dental Assistant OR Qualified Dental Assistant

**Non-Refundable Application Fee: \$155.00**

**OFFICE USE ONLY - Postmark Date:** \_\_\_\_\_ **Date Received** \_\_\_\_\_ **Amount** \_\_\_\_\_ **Check #** \_\_\_\_\_

**North Dakota Administrative Rule 20-03-01-05** requires that any individual engaged in performing expanded duties in the practice of dental assisting must register with the Board of Dental Examiners by submitting application accompanied by a fee determined by the Board. Please type or print clearly. Follow the instructions provided. It is the responsibility of the applicant to submit all required supporting documents for registration as a Registered Dental Assistant (RDA) or Qualified Dental Assistant (QDA). Failure to do so may result in a delay in processing your application. Once your application has been submitted with supporting documents, you may login to the Board website and complete the open book online jurisprudence examination. Once you have answered the correct number of questions the exam will stop and you will receive 2 credits for continuing education. There is no cost to take the exam. Successful completion of the exam is required for your dental assistant registration. **Note:** The mailing and email addresses you provide will be your addresses of record. It is your lawful responsibility to maintain current contact information with the Board.

<b>IDENTIFYING INFORMATION</b>			
<b>Military Status:</b> Are you are a member of OR a spouse of a member of the armed forces of the United States or a reserve component of the armed forces of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please provide proof of military/spouse status, such as military orders or current base ID.)			
Full Name (First, Middle, Last, Maiden)			
Social Security Number	Date of Birth	Email Address	
Home Address		Home Phone	Cell phone
City State		Zip Code + 4	
Employer Name			Employer County
Office Address		City State	Zip Code + 4
Office Phone Number		Office Fax Number	
HAVE YOU EVER BEEN REGISTERED AS A DENTAL ASSISTANT IN THIS STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>DISCLOSURE</b>		
1. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?	YES	NO
2. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?	YES	NO
Note: If you answered "yes" to questions (1) or (2) you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.		
3. Have you ever been charged with or convicted of any crime, felony, or misdemeanor?	YES	NO
If you answered "yes" to question (3) the Board will require copy of evaluation and recommendations for treatment if any were issued; a copy of the criminal charges, reported offense, police report and judgment and disposition of criminal complaint; disposition of the offense, final disposition, any orders or any actions pending. Please send your information directly to the Board.		
4. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession?	YES	NO
If you answered "yes" to question 4 and 5, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.		

5. Have you ever been found in any civil, administrative or criminal proceeding to have:		
a. Possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes?	YES	NO
b. Diverted controlled substances or legend drugs?	YES	NO
c. Violated any drug law?	YES	NO
d. Prescribed controlled substances for yourself?	YES	NO
e. Been cited for operating a motor vehicle while under the influence of drugs or alcohol?	YES	NO
6. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.	YES	NO
7. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction?	YES	NO
8. Date of last infection control course. [Must be within 24 months] ____/____/____ Attach documentation.		
9. Submit a copy of CPR certification taken within 24 months of application. Online CPR coursework must have hands-on component.		

**TRAINING AND EDUCATION - CHECK ONE of the following:**

**REINSTATEMENT OF RDA/QDA REGISTRATION REINSTATEMENT:** Dental assistants reinstating a previously held registration must submit proof of continuing education from the previous 24 months pursuant to Administrative Rule 20-03-01-06.

**CODA ACCREDITED DENTAL ASSISTING PROGRAM** Name of program accredited by the Commission on Dental Accreditation (CODA) you graduated from [attach copy of the transcript and copy of certificate/diploma.]

\_\_\_\_\_  
Name and location of program – attach documentation \_\_\_\_\_/\_\_\_\_\_  
Month/Year

**NON-ACCREDITED CODA DENTAL ASSISTING PROGRAM**

\_\_\_\_\_  
Name and location of program – attach documentation \_\_\_\_\_/\_\_\_\_\_  
Month/Year

If you have a Certificate from a program that is not accredited by the Commission on Dental Accreditation, attach completion of DANB Certified Dental Assistant (CDA) national certification exam or the DANB GC, ICE, and RHS certificates of completion.

**ON-THE-JOB RDA TRAINED DENTAL ASSISTANT - RDA registration:** Attach copy of completion of DANB Certified Dental Assistant (CDA) national certification exam or the DANB GC, ICE, and RHS certificates of completion.

- ON-THE-JOB QDA TRAINED DENTAL ASSISTANT:**
- o Attach DANB's NELDA exam certificates and evidence of 300 dental office employment hours (such as pay stubs, time sheets, W-2 Form); or
  - o Attach DANB's NELDA exam certificates, 300 hours of on-the-job clinical training, and completed within two years before application, sixteen hours of continuing education; or
  - o Attach DANB's NELDA certification certificates and evidence of successful completion of the North Dakota department of career and technical education dental assisting education program association; or
  - o A Board approve equivalent course within one year of application.

**ALL QDA AND RDA APPLICANTS MUST COMPLETE THE LAWS AND RULES EXAM WITHIN ONE YEAR OF APPLICATION AND SUBMIT PROOF OF CURRENT CPR OR BLS CERTIFICATION.**

**\*Pit and Fissure Sealants Endorsement (RDA's ONLY):** Graduates from a program accredited by the Commission on Dental Accreditation (CODA) receive the endorsement for pit and fissure sealants. Non-accredited program or on-the-job trained dental assistants submit evidence of Board approved pit and fissure training course and documentation of this coursework. Documentation may include class syllabus, course outline or certificate of training from course sponsors or instructors. Attach any supporting documentation. To provide any duties related to nitrous oxide inhalation administration or monitoring, a dental assistant must submit proof of education and training.

\_\_\_\_\_  
Name and location of course \_\_\_\_\_/\_\_\_\_\_  
Month/Year

I certify I have completed the requirements of initial application including all continuing education requirements, CPR and infection control education. I understand I must maintain a current cardiopulmonary resuscitation certificate. I understand that should I provide any false information, my registration may be denied, or if issued, suspended or revoked.

Signature of dental assistant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application Fee: \$155.00 All fees are non-refundable. Make check payable to NDBDE. Incomplete applications will not be processed. Mail supporting documents, fee, and signed application to: NDBDE, PO Box 7246, Bismarck, ND 58507-7246