



## North Dakota Board of Dental Examiners

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### APPLICATION - ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA

Pursuant to North Dakota Administrative Rule 29-02-01-05(1), a licensed dentist, registered dental hygienist or registered dental assistant (RDA) may administer nitrous oxide inhalation analgesia **only after submitting proof of** satisfactorily completing a course on the administration of nitrous oxide inhalation analgesia, from an institution accredited by an accrediting body recognized by the United States department of education. The board approved course must include a minimum of **12 hours of didactic/clinical instruction. You are not permitted to administer nitrous oxide until the certification has been issued by the Board and can be verified on the Board's website.** This application does not apply to a dentist licensed before 7/1/1022.

Applicants who have completed the course more than thirteen months before application and have legally administered nitrous oxide inhalation analgesia for a period of time during the three years preceding application, must provide written documentation from a supervising dentist or employer attesting to the current clinical proficiency of the applicant to administer nitrous oxide inhalation analgesia.

IDENTIFYING INFORMATION		
PRINT Full Name (First, Middle, Last, Maiden)	<input type="checkbox"/> RDA <input type="checkbox"/> RDH <input type="checkbox"/> DDS/DMD	
Email Address	ND License or Registration Number	
Office/Employer Name	Phone	
City	State	Zip Code + 4
VERIFICATION OF EDUCATION   TRAINING   COMPETENCY		
<input type="checkbox"/> <b>I HAVE COMPLETED A BOARD APPROVED COURSE FOR THE ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA:</b> Date course completed: ____/____/____ <ul style="list-style-type: none"> <li>✓ Submit photocopy of current Basic Life Support (BLS) or equivalent program approved by the NDBDE;</li> <li>✓ Submit evidence of approved 12 hour course; OR</li> </ul>		
<input type="checkbox"/> <b>I HAVE COMPLETED THE BOARD APPROVED COURSE MORE THAN THIRTEEN MONTHS BEFORE APPLICATION:</b> Date course completed: ____/____/____ <ul style="list-style-type: none"> <li>✓ Submit photocopy of current Basic Life Support (BLS) or equivalent program approved by the Board;</li> <li>✓ Submit documentation of board approved course taken more than thirteen months before application; and</li> <li>✓ Provide written documentation of legally administering nitrous oxide inhalation analgesia during the three years proceeding application.</li> </ul>		
<p>I fully understand I will be subject to the penalties imposed pursuant to NDCC § 43-28 if I provide duties beyond my scope of training and education. I attest that the information provided is true and correct and that I have personally filled out this form. I understand that it is a violation of NDCC § 43-28 to make any false or untrue statement in the application.</p>		
Signature: _____		Date: ____/____/____