

20-01-01-01. Organization and functions of board of dental examiners.

1. **History and functions.** In 1895 a five-member board of dental examiners was created to examine dentists as to their qualifications and to license and register qualified dentists.
2. **Board membership.** The board consists of nine members appointed by the governor. Six members must be licensed dentists, one member must be a licensed hygienist, one member must be a registered dental assistant, and one member must be an independent consumer member.
3. **Board members.** Members of the board are elected by the board to fill the individual positions of president, president-elect, and secretary-treasurer. The position of executive director has been created to assist the secretary-treasurer.
4. **Per diem.** Each member of the board shall receive as compensation for each day actually engaged in the duties of the office per diem in the amount of two hundred dollars, and expense reimbursement as set forth by the office of management and budget.
5. **Inquiries.** Inquiries regarding the board may be addressed to the executive director of the board:

Executive Director
North Dakota State Board of Dental Examiners
Box 7246
Bismarck, ND 58507-7246
www.nddentalboard.org
701-258-8600

History: Amended effective October 1, 1988; November 1, 1988; July 1, 1993; May 1, 1996; June 1, 2002; July 1, 2004; April 1, 2006; January 1, 2011; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-03, 43-28-05

20-02-01-02. Office emergency.

Every dentist, dental hygienist, dental assistant, qualified dental assistant, dental anesthesia assistant, qualified dental assistant-limited radiology registrant, or registered dental assistant practicing in North Dakota must have a current certificate of proficiency in cardiopulmonary resuscitation.

History: Effective February 1, 1992; amended effective October 1, 1993; May 1, 1996; August 1, 1998; January 1, 2011; October 1, 2024.

General Authority: NDCC 43-20-10, 43-28-06

Law Implemented: NDCC 43-20-01.2, 43-20-01.3, 43-20-10, 43-20-13.2, 43-28-06, 43-28-10.1, 43-28-15

20-02-01-03.3. Additional requirements for applications.

Applications must be completed within six months of filing. The board may require an interview with the applicant. In addition to the application requirements of North Dakota Century Code sections 43-28-11, 43-28-15, and 43-28-17, the board may require an application to include:

1. Proof of identity, including any name change.
2. An official transcript sent by an accredited dental school directly to the board.
3. Evidence demonstrating the applicant passed the examination administered by the joint commission on national dental examinations within five years of application.
4. Evidence demonstrating the applicant passed a clinical competency examination, approved by the board, within five years of application.
5. Anything necessary for a criminal history record check pursuant to North Dakota Century Code section 43-28-11.2.
6. A certification, from the licensing board of every jurisdiction in which the applicant is licensed, that the applicant is licensed in good standing.
7. Certification that the applicant has completed a cardiopulmonary resuscitation course within two years of application.
8. Verification of physical health and visual acuity.
9. For applications for licensure by credential review, the law and rules stating the requirements for licensure, when the applicant was licensed, of the jurisdiction in which the applicant is licensed.
10. For applications for licensure by credential review and reinstatement from inactive status, proof of completion of thirty-two hours of continuing education in accordance with section 20-02-01-06 within two years of application.
11. Any information required by the application forms prescribed by the board.

History: Effective January 1, 2011; amended effective April 1, 2015; October 1, 2024.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-10.1, 43-28-11, 43-28-11.2, 43-28-15, 43-28-17

20-02-01-03.4. Clinical competency examination retakes.

If an applicant taking the clinical competency examination in the integrated format is unsuccessful after having exhausted all allowable retake opportunities for the failed parts, one failure is recorded. The applicant then shall retake all five parts of the examination in the traditional format. If the applicant is unsuccessful in one or more parts, a second failure is recorded. If the failed parts are retaken and failed again, a third failure shall be recorded. A dental applicant may take a clinical examination three times before remedial training is required. After failing the examination for a third time, and prior to the fourth attempt of the examination, an applicant shall:

1. Submit to the board a detailed plan for remedial training by an accredited dental school or a dental testing agency. The proposed remedial training must be approved by the board.
2. Submit to the board proof of passing the remedial training within twenty-four months of its approval by the board.

The board may grant or deny a fourth attempt of the clinical examination. A fourth attempt must occur within twelve months of the date of the board's decision. If an applicant fails any part of the examination after remedial training, additional retakes must be approved by the board.

History: Effective January 1, 2011; amended effective October 1, 2024.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06, 43-28-10.1, 43-28-17

20-02-01-04.3. Inactive status - License reinstatement.

Upon payment of the fee determined by the board, a dentist may place the dentist's license on inactive status. A dentist on inactive status is excused from the payment of renewal fees, except inactive status renewal fees, and continuing education. A dentist on inactive status may not practice in North Dakota. To reinstate a license on inactive status, the dentist shall apply on the form as prescribed by the board, pay a reinstatement fee, and meet all of the following requirements:

1. The applicant has passed a clinical competency examination administered by a dental testing service, approved by the board in section 20-02-01-03.1, within five years of application or provides evidence of the clinical practice of dentistry within the previous five years. The board may waive this requirement at the board's discretion.
2. The applicant has passed a written examination on the laws and rules governing the practice of dentistry in this state administered by the board at a meeting.
3. The applicant has completed thirty-two hours of continuing education in accordance with section 20-02-01-06 within two years of application.
4. The applicant successfully has completed a cardiopulmonary resuscitation course within two years of application.
5. Grounds for denial of the application under North Dakota Century Code section 43-28-18 do not exist.

History: Effective April 1, 2006; amended effective January 1, 2011; July 1, 2017; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-17

20-02-01-05. Anesthesia and sedation permit requirements.

The rules in this chapter are adopted to define standards for the administration of anesthesia and sedation by dentists or a dentist who collaborates with a qualified and licensed anesthesia or sedation provider. A dentist may not use any form of sedation on any patient if the intent is beyond minimal sedation unless such dentist has a permit, currently in effect, issued by the board, and renewable biennially thereafter, authorizing the use of such general anesthesia, deep sedation, or moderate sedation. With the administration of anesthesia, the qualified dentist must have the training, skills, drugs, and equipment immediately available in order to rapidly identify and manage an adverse occurrence until either emergency medical assistance arrives or the patient returns to the intended level of sedation or full recovery without airway, respiratory, or cardiovascular complications.

1. Administration of nitrous oxide inhalation analgesia - Requirements. The following standards apply to the administration of nitrous oxide inhalation analgesia:
 - a. Inhalation equipment must have a fail-safe system that is appropriately checked and calibrated. The equipment also must have either a functioning device that prohibits the delivery of less than thirty percent oxygen or an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm. A scavenging system must be available if gases other than oxygen or air are used.
 - b. Patient dental records must include the concentration administered and duration of administration.
 - c. A dentist may not delegate monitoring of nitrous oxide inhalation analgesia once the patient has ingested an enteral drug for the purpose of minimal sedation.
 - d. Before authorizing a dental hygienist or registered dental assistant to administer nitrous oxide inhalation analgesia, the dentist shall provide and document training in the proper and safe operation of the nitrous oxide inhalation analgesia equipment.
 - e. A patient receiving nitrous oxide inhalation analgesia must be continually monitored by authorized dental staff. A dental hygienist or a registered dental assistant may terminate or reduce the amount of nitrous oxide previously administered by the authorized nitrous oxide inhalation analgesia provider.
 - f. The board may issue a permit authorizing the administration of nitrous oxide inhalation to a dentist, dental hygienist, or registered dental assistant if the dentist, dental hygienist, or registered dental assistant provides:
 - (1) Evidence of successful completion of a twelve-hour, board-approved course of training or course provided by a program accredited by an accrediting body recognized by the United States department of education, and has either:
 - (a) Completed the course within thirteen months before application; or
 - (b) Completed the course more than thirteen months before application, legally administered nitrous oxide inhalation analgesia for a period of time during the three years preceding application, and provided written documentation from a dentist that has employed or supervised the applicant, attesting to the current clinical proficiency of the applicant to administer nitrous oxide inhalation analgesia.
 - (2) Evidence of current certification in basic life support by the American heart association for the health care provider, or an equivalent program approved by the board.

2. Administration of minimal sedation. A dentist administering minimal sedation shall maintain basic life support certification and comply with the following standards:
 - a. An appropriate sedative record must be maintained and must contain the names and time of all drugs administered, including local anesthetics and nitrous oxide. The time and condition of the patient at discharge from the treatment area and facility requires documentation.
 - b. Medications used to produce minimal sedation are limited to a single enteral drug, administered either singly or in divided doses, by the enteral route to achieve the desired clinical effect, not to exceed the maximum food and drug administration recommended dose for unmonitored home use in a single appointment. The administration of enteral drugs exceeding the maximum recommended dose during a single appointment is considered to be moderate sedation.
 - c. Drugs and techniques used must carry a margin of safety wide enough to render the unintended loss of consciousness unlikely for minimal sedation, factoring in titration and the patient's age, comorbidities, weight, body mass index, and ability to metabolize drugs.
 - d. Combining two or more enteral drugs, excluding nitrous oxide, prescribing or administering drugs that are not recommended for unmonitored home use, or administering any parenteral drug constitutes moderate sedation and requires that the dentist must hold a moderate sedation permit.
 - e. Facilities and equipment must include:
 - (1) Suction equipment capable of aspirating gastric contents from the mouth and pharynx;
 - (2) Portable oxygen delivery system, including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen enriched ventilation to the patient;
 - (3) Blood pressure cuff (or sphygmomanometer) of appropriate size;
 - (4) Automated external defibrillator or defibrillator;
 - (5) Stethoscope or equivalent monitoring device; and
 - (6) The following emergency drugs must be available and maintained:
 - (a) Bronchodilator;
 - (b) Anti-hypoglycemic agent;
 - (c) Aspirin;
 - (d) Antihistaminic;
 - (e) Coronary artery vasodilator; and
 - (f) Anti-anaphylactic agent.
 - f. A dentist or qualified dental staff member responsible for patient monitoring must be continuously in the presence of the patient in the office, operatory, and recovery area before administration or, if the patient self-administered the sedative agent, immediately upon arrival and throughout recovery until the patient is discharged by the dentist.

- f. Administering intranasal versed or fentanyl, or both, is considered deep sedation. Rules for deep sedation and general anesthesia site evaluations apply for administration of intranasal versed or fentanyl, or both.
4. Administration of deep sedation and general anesthesia. Before administering deep sedation or general anesthesia, a dentist licensed under North Dakota Century Code chapter 43-28 shall obtain a permit issued by the board and renewable biennially thereafter. An applicant for an initial permit shall submit a completed application and application fee on a form provided by the board and:
 - a. Within the three years before submitting the permit application, shall provide evidence the applicant successfully has completed an advanced education program accredited by the commission on dental accreditation that provides training in deep sedation and general anesthesia and formal training in airway management, and completed a minimum of five months of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program approved by the board; or
 - b. Must be, within the three years before submitting the permit application, a diplomate of the American board of oral and maxillofacial surgeons or eligible for examination by the American board of oral and maxillofacial surgeons, a fellow of the American association of oral and maxillofacial surgeons, a fellow of the American dental society of anesthesiology, a diplomate of the national dental board of anesthesiology, or a diplomate of the American dental board of anesthesiology or eligible for examination by the American dental board of anesthesiology;
 - c. For an applicant who completed the requirements of subdivision a or b more than three years before submitting the permit application, shall provide on a form provided by the board a written affidavit affirming the applicant has administered general anesthesia to a minimum of twenty-five patients within the year before submitting the permit application or seventy-five patients within the last five years before submitting the permit application and the following documentation:
 - (1) A copy of the deep sedation and general anesthesia permit in effect in another jurisdiction or certification of military training in general anesthesia from the applicant's commanding officer; and
 - (2) On a form provided by the board, a written affidavit affirming the completion of thirty-two hours of continuing education pertaining to oral and maxillofacial surgery or general anesthesia taken within three years before application.
 - d. Successfully shall complete the general anesthesia and deep sedation site evaluation required by this chapter. An initial site evaluation must be completed within sixty days of the approval of the initial permit application.
 - e. For a dentist utilizing deep sedation or general anesthesia shall maintain current certification in basic life support and advanced cardiac life support if treating adult patients or pediatric advanced life support if treating pediatric patients.
 - f. For a dentist authorized to provide deep sedation and general anesthesia, shall utilize and have present a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least two qualified dental staff members as specified in subsection 40 of section 20-01-02-01.
5. Site evaluations for moderate sedation, deep sedation, and general anesthesia. A licensed and permitted dentist or host dentist utilizing moderate sedation, deep sedation, or general

anesthesia is required to have an evaluation of the location where sedation or anesthesia services are rendered initially and every three years thereafter and shall maintain a properly equipped facility. A North Dakota licensed anesthesia or sedation provider authorized by the board shall re-evaluate the credentials, facilities, equipment, personnel, and procedures of a permitholder within every three years following a successful initial application or renewal. The purpose of the evaluation is to assess the patient's anesthetic risk and assess a site's ability to provide emergency care; therefore, the site evaluation emphasizes recognition and management of emergencies and complications associated with office administration of sedation and recordkeeping. Requirements of the site evaluation are as follows:

- a. The applicant is responsible for scheduling a site evaluation with a board-appointed anesthesia site evaluator. The host dentist must be present during the site evaluation and submit the site evaluation form to the site evaluator no less than two weeks before the scheduled site evaluation and must include the following:
 - (1) Life support credentials of any qualified dental staff or medical staff and anesthesia provider or host dentist;
 - (2) Copy of license of qualified dental staff or other attending medical staff, or both;
 - (3) Copy of current permit to prescribe and administer controlled substances in this state issued by the United States drug enforcement administration;
 - (4) Copy of patient consent agreement and health history forms;
 - (5) Copy of a blank sedation monitoring form;
 - (6) Preanesthesia sedation instructions; and
 - (7) Post care instructions.
- b. The site evaluator shall submit a completed site evaluation form and documentation to the board. The dentist's facility where anesthesia and sedation are provided must meet the requirements of this chapter and maintain the following properly operating equipment and supplies appropriate for the age and relative size of the patient during the provision of anesthesia and sedation by the permitholder or physician anesthesiologist or certified registered nurse anesthetist or other qualified sedation provider:
 - (1) Emergency drugs as required by the board, including:
 - (a) Vasopressor;
 - (b) Corticosteroid;
 - (c) Bronchodilator;
 - (d) Muscle relaxant;
 - (e) Intravenous medication for treatment of cardiopulmonary arrest;
 - (f) Narcotic antagonist;
 - (g) Benzodiazepine antagonist;
 - (h) Antihistamine;
 - (i) Antiarrhythmic;
 - (j) Anticholinergic;

- (k) Coronary artery vasodilator;
 - (l) Antihypertensive;
 - (m) Antihypoglycemic agent;
 - (n) Antiemetic;
 - (o) Adenosine, for general anesthesia and deep sedation sites;
 - (p) Dantrolene, for general anesthesia and deep sedation sites, if volatile gases are used; and
 - (q) Anticonvulsant;
- (2) Positive pressure oxygen and supplemental oxygen delivery system;
 - (3) Stethoscope;
 - (4) Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device;
 - (5) Oropharyngeal or nasopharyngeal airways, or both;
 - (6) Pulse oximeter;
 - (7) Auxiliary lighting;
 - (8) Blood pressure monitor with an automated time determined capability and method for recording the data;
 - (9) Cardiac defibrillator or automated external defibrillator (AED);
 - (10) End-tidal carbon dioxide monitor;
 - (11) Electrocardiograph monitor;
 - (12) Laryngoscope multiple blades, backup batteries, and backup bulbs;
 - (13) Endotracheal tubes and appropriate connectors;
 - (14) Magill forceps;
 - (15) Appropriate intravenous setup, including appropriate supplies and fluids;
 - (16) Cricothyrotomy equipment;
 - (17) Thermometer; and
 - (18) Scale.
- c. The operatory where moderate sedation, deep sedation, or general anesthesia is to be administered must:
- (1) Be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management;
 - (2) Be equipped with a chair or table adequate for emergency treatment, including a chair or cardiopulmonary resuscitation board suitable to administer cardiopulmonary resuscitation;

- (3) Be equipped with a lighting system to permit the evaluation of the patient's skin and mucosal color with a backup system to permit the completion of any operation underway at the time of a general power failure;
 - (4) Be equipped with suction and backup suction equipment also including suction catheters and tonsil suction; and
 - (5) Be equipped with an oxygen delivery system and backup system complete with full-face masks and appropriate connectors, capable of delivering oxygen to the patient under positive pressure.
- d. An operatory may double as a recovery location. A recovery room must be equipped with the following:
- (1) Suction and backup suction equipment;
 - (2) Positive pressure oxygen;
 - (3) Sufficient light to provide emergency treatment;
 - (4) Be of adequate size and design to allow emergency access and management; and
 - (5) Be situated to allow the patient to be observed by the dentist or a qualified staff member at all times.
- e. The applicant or permitholder shall provide the site evaluator with documentation confirming that the applicant or permitholder maintains written emergency protocol and conducts staff training on all patient emergencies listed below. The written documentation must demonstrate that the applicant or permitholder conducted quarterly mock codes with staff, and that each of the following clinical emergencies are included in a quarterly mock code training at least once every two years:
- (1) Laryngospasm;
 - (2) Bronchospasm;
 - (3) Emesis and aspiration;
 - (4) Airway blockage by foreign body;
 - (5) Angina pectoris;
 - (6) Myocardial infarction;
 - (7) Hypertension/hypotension;
 - (8) Hypertensive crisis;
 - (9) Hematoma;
 - (10) Extravasation;
 - (11) Phlebitis;
 - (12) Intra-arterial injection;
 - (13) Syncope;
 - (14) Hyperventilation/hypoventilation;

- (15) Seizures;
 - (16) Allergic and toxicity reactions; and
 - (17) Malignant hypothermia, deep sedation and general anesthesia only.
- f. Failure to successfully complete the anesthesia inspection results in an automatic suspension of anesthesia and sedation privileges. The applicant shall have thirty days from the date of inspection to correct documented deficiencies. Once the deficiencies are corrected by the applicant and approved by the board, the board may reinstate the sedation and anesthesia privileges.
- g. Effective January 1, 2028, completion of a board-approved anesthesia simulation course and the completion of anesthesia simulation training successfully every five years thereafter as required by section 20-02-01-06.
6. Other anesthesia providers. Host dentists who intend to use the services of a certified registered nurse anesthetist, anesthesiologist, or another dentist authorized by permit to administer moderate sedation, deep sedation, or general anesthesia, shall notify the board before sedation services are provided and arrange a site evaluation with the board appointed anesthesia professional. The sedation provider is responsible for discharge assessment. The host dentist shall run a mock code quarterly with the sedation team and maintain a record of the mock code schedule and attendance. The anesthesia provider and the host dentist shall remain at the facility until the sedated patient is discharged.
7. Renewal of permit and site evaluation. All sedation and anesthesia permits must be renewed biennially, concurrent with the dentist's license renewal. The board of dental examiners may renew such permit biennially provided:
- a. Requirements of the permit have been met;
 - b. Application for renewal and renewal fee is received by the board before the date of expiration of the permit. If the renewal application and renewal fee have not been received by the expiration of the permit, late fees as determined by the board apply; and
 - c. The anesthesia site inspection is in good standing with the board of dental examiners.
8. Documentation. Dentists administering sedation or anesthesia shall maintain adequate documentation.
- a. For the administration of local anesthesia, minimal sedation, and analgesia, the following documentation is required:
 - (1) Pertinent medical history, including weight and height;
 - (2) Medication administered and dosage; and
 - (3) Vital signs include heart rate and blood pressure.
 - b. For administration of moderate sedation, deep sedation, or general anesthesia the following documentation is required:
 - (1) A current and comprehensive medical history, to include current medications;
 - (2) Informed consent of the patient for the administration of anesthesia;
 - (3) An anesthesia record, which includes documentation of the following:

- (a) Height and weight of the patient to allow for the calculation of body mass index and dosage of emergency medications;
- (b) American society of anesthesiologist's physical status classification;
- (c) Fasting or nothing by mouth status;
- (d) Dental procedure performed on the patient;
- (e) Time anesthesia commenced and ended;
- (f) Parenteral access site and method, if utilized;
- (g) Medication administered, including oxygen, dosage, route, and time given;
- (h) Vital signs before and after anesthesia is utilized, to include heart rate, blood pressure, respiratory rate, and oxygen saturation for all patients;
- (i) Intravenous fluids, if utilized;
- (j) Response to anesthesia, including any complications;
- (k) Condition and Aldrete score of patient at discharge;
- (l) Records showing continuous monitoring of blood pressure, heart rate, and respiration using electrocardiographic monitoring and pulse oximetry recorded every five minutes, if utilized;
- (m) Emergency protocols followed in the instance of an adverse event; and
- (n) Staff participating in the administration of anesthesia, treatment, and monitoring.

9. Personnel.

- a. During the administration of minimal sedation, the supervising dentist and at least one other individual who is experienced in patient monitoring and documentation must be present.
- b. During the administration of moderate sedation, the anesthesia permit provider and at least one other individual who is experienced in patient monitoring and documentation must be present.
- c. During the administration of deep sedation or general anesthesia, the anesthesia permit provider and at least two other individuals meeting the following requirements must be present:
 - (1) One individual to assist the host dentist as necessary.
 - (2) One qualified dental staff member solely responsible to assist with observation and monitoring of the patient.
- d. During any sedation or anesthesia procedure, the anesthesia permit provider retains full accountability, but delegation to trained dental personnel may occur under:
 - (1) Direct, continuous, and visual supervision by the anesthesia permit holder if medication, excluding local anesthetic, is being administered to a patient in the intraoperative phase of surgery. A patient under general anesthesia, deep sedation,

and moderate sedation is in the intraoperative phase of surgery from the first administration of anesthetic medication until:

- (a) End of the surgical procedure;
 - (b) No additional anesthetic medication will be administered;
 - (c) Peak effect of the anesthesia medication has been reached; or
 - (d) The patient has regained consciousness with a full return of protective reflexes, including the ability to respond purposely to physical and verbal commands; or
- (2) Direct supervision by the dentist and anesthesia permit holder if a patient is being monitored in the postoperative phase of surgery.
- e. All individuals assisting the anesthesia permit holder during sedation or anesthesia shall maintain current basic life support, advanced cardiovascular life support, or pediatric advanced life support and shall be appropriately trained in emergency procedures through updates or drills that must be held at least quarterly and documented.

10. Standards for patient monitoring.

- a. For the administration of local anesthesia and analgesia, patient monitoring must include the general state of the patient.
- b. For the administration of minimal sedation, patient monitoring must include the following:
 - (1) Pre- and post-procedure heart rate and respiratory rate;
 - (2) Pre- and post-procedure blood pressure; and
 - (3) Level of anesthesia or sedation.
- c. For the administration of moderate sedation, patient monitoring must include the following:
 - (1) Continuous heart rate, respiratory rate, and oxygen saturation;
 - (2) Intermittent blood pressure every five minutes or more frequently;
 - (3) Continuous electrocardiograph, if clinically indicated by patient history, medical condition, or age;
 - (4) End-tidal carbon dioxide monitoring (capnography); and
 - (5) Level of anesthesia or sedation.
- d. For the administration of deep sedation or general anesthesia, patient monitoring must include the following:
 - (1) Continuous heart rate, respiratory rate, and oxygen saturation;
 - (2) Continuous ventilatory status (spontaneous, assisted, controlled) for the administration of general anesthesia to a patient with an advanced airway in place (e.g. endotracheal tube or laryngeal mask airway);
 - (3) Intermittent blood pressure every five minutes or more frequently;

- (4) Continuous electrocardiograph;
 - (5) Continuous temperature for the administration of volatile anesthesia gases or medications which are known triggers of malignant hyperthermia, otherwise the ability to measure temperature should be readily available;
 - (6) End-tidal carbon dioxide monitoring; and
 - (7) Level of anesthesia or sedation.
- e. Monitoring equipment must be checked and calibrated in accordance with the manufacturer's recommendations and documented on an annual basis.
11. Patient evaluation required. The decision to administer controlled drugs for dental treatment must be based on a documented evaluation of the health history and current medical condition of the patient in accordance with the class I through V risk category classifications of the American society of anesthesiologists. The findings of the evaluation, the American society of anesthesiologists risk assessment class assigned, and any special considerations must be recorded in the patient's record.
 12. Informed written consent. Before administration of any level of sedation or general anesthesia, the dentist shall discuss the nature and objectives of the planned level of sedation or general anesthesia along with the risks, benefits, and alternatives and shall obtain informed, written consent from the patient or other responsible party for the administration and for the treatment to be provided. The written consent must be maintained in the patient record.
 13. Pediatric patients. Sedating medication may not be prescribed for or administered to a patient eight years of age or younger before the patient's arrival at the dentist office or treatment facility.
 14. Emergency management. The licensed dentist authorized by permit to administer sedation or anesthesia and staff with patient care duties must be trained in emergency preparedness. Written protocols must include training requirements and procedures specific to the permit holder's equipment and drugs for responding to emergency situations involving sedation or anesthesia, including information specific to respiratory emergencies. The permit holder shall document this review of office training or mock codes. Protocols must include the American heart association's basic life support or cardiopulmonary resuscitation and advanced cardiac life support, or pediatric advanced life support for any practitioner administering moderate sedation, deep sedation, or general anesthesia.
 - a. If a patient enters a deeper level of sedation than the dentist is qualified and prepared to provide, the dentist shall stop the dental procedure until the patient returns to and is stable at the intended level of sedation.
 - b. Quarterly mock codes to simulate office medical emergencies must be documented and available during a site evaluation.
 - c. Authorization of duties. A dentist who authorizes the administration of general anesthesia, deep sedation, or moderate sedation in the dentist's dental office is responsible for assuring that:
 - (1) The equipment for administration and monitoring is readily available and in good working order before performing dental treatment with anesthesia or sedation. The equipment either must be maintained by the dentist in the dentist's office or provided by the anesthesia or sedation provider;
 - (2) The person administering the anesthesia or sedation is appropriately licensed;

- (3) The individual authorized to monitor the patient is qualified;
 - (4) A physical evaluation and medical history is taken before administration of general anesthesia or sedation. A dentist holding a permit shall maintain records of the physical evaluation, medical history, and general anesthesia or sedation procedures; and
 - (5) Administration of sedation by another qualified provider requires the operating dentist to maintain advanced cardiac life support if the patient is nine years of age or older and pediatric advanced life support if the patient is eight years old or younger.
- d. Reporting. All licensed dentists in the practice of dentistry in this state shall submit a report within a period of seven days to the board office of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of, minimal sedation, nitrous oxide inhalation analgesia, moderate sedation, deep sedation, or general anesthesia.
- (1) The report must include responses to at least the following:
 - (a) Description of dental procedure;
 - (b) Description of preoperative physical condition of patient;
 - (c) List of drugs and dosage administered;
 - (d) Description, in detail, of techniques utilized in administering the drugs utilized;
 - (e) Description of adverse occurrence:
 - [1] Description, in detail, of symptoms of any complications, to include onset and type of symptoms in patient.
 - [2] Treatment instituted on the patient.
 - [3] Response of the patient to the treatment.
 - (f) Description of the patient's condition on termination of any procedures undertaken; and
 - (g) The unique reporting identification issued by the dental anesthesia incident reporting system, indicating a report has been submitted to the national database.
 - (2) Violations. A violation of any provision of this article constitutes unprofessional conduct and is grounds for the revocation or suspension of the dentist's permit, license, or both, or the dentist may be reprimanded or placed on probation.

15. Controlled pharmaceuticals.

- a. A dentist shall secure and maintain controlled pharmaceuticals in accordance with the state and federal guidelines.
- b. Used controlled pharmaceuticals or medications must be discarded immediately with documentation of disposal in conformance with drug enforcement administration guidelines.

History: Effective October 1, 1993; amended effective May 1, 1996; June 1, 2002; July 1, 2004; April 1, 2006; October 1, 2007; January 1, 2011; April 1, 2015; July 1, 2017; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-01, 43-28-06, 43-28-15, 43-28-18.1

20-02-01-06. Continuing dental education for dentists.

Each dentist shall maintain documentation of attendance or participation in continuing clinical dental education in accordance with the following conditions:

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.
2. The continuing dental education hours accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry will be accepted by the board without limit.
3. The minimum number of hours required within a two-year cycle for dentists is thirty-two. Of these hours, a dentist may earn no more than sixteen hours from self-study. Self-study is an educational process designed to permit a participant to learn a given subject without involvement of a proctor or without the opportunity to interact in real-time with the proctor. A qualified professional may act as a proctor who oversees a clinical continuing education course which may be used for classroom style continuing education credits. Cardiopulmonary resuscitation courses must provide hands-on training. All other continuing education requirements may be satisfied from online education that allows for real-time interaction between attendees and the proctor. The continuing education must include:
 - a. At least two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.
 - b. At least two hours of infection control.
 - c. A cardiopulmonary resuscitation course.
 - d. For sedation and anesthesia permitholders:
 - (1) At least six hours related to sedation or anesthesia; and
 - (2) At least two hours related to anesthesia emergencies that are based on actual adverse anesthesia events or actual closed insurance claims. Content offered by insurance providers or licensees of the board may be approved by the board.
 - e. No more than two hours related to practice management or administrative aspects of dentistry.
4. Mere registration at a dental convention without specific attendance at continuing education presentations is not creditable toward the continuing dental education requirement. Certificates awarded for continuing education must indicate the name of the continuing education provider, date, and number of hours of continuing education. Certificates obtained from webinar courses must indicate the course was a webinar. For continuing education courses utilizing a proctor, the certificate of attendance must be signed by the proctor.
5. All dentists must hold a current cardiopulmonary resuscitation certificate. General anesthesia, deep sedation, and moderate sedation providers shall maintain current advanced cardiac life support or pediatric advanced life support certification as determined by the age of the patients treated. A dentist who utilizes minimal sedation shall maintain basic life support certification.
6. Effective January 1, 2028, all dentists who administer general anesthesia, deep sedation, and moderate sedation shall successfully complete an approved anesthesia simulation training course and complete anesthesia simulation training successfully every five years thereafter.

Proof of completion of this requirement must be submitted to the anesthesia inspector as required in subsection 5 of section 20-02-01-05.

7. The board may audit the continuing education credits of a dentist. Each licensee shall maintain certificates or records of continuing education activities from the previous renewal cycle. Upon receiving notice of an audit from the board, a licensee shall provide satisfactory documentation of attendance at, or participation in the continuing education activities. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the license.
8. A dentist who maintains a license on inactive status is not subject to continuing education requirements.

History: Effective October 1, 1993; amended effective May 1, 1996; August 1, 1998; June 1, 2002; April 1, 2006; October 1, 2007; January 1, 2011; April 1, 2015; July 1, 2017; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06, 43-28-16.2

20-02-01-11. Permit for the use of dermal fillers and botulinum toxin for dental use.

The rules in this chapter are adopted to define standards for the administration of dermal fillers and botulinum toxin by a dentist if the use is limited to the practice of dentistry as defined in subsection 7 of North Dakota Century Code section 43-28-01. Notwithstanding a dentist who specializes in oral and maxillofacial surgery, the board may issue a permit to a dentist who applies on forms prescribed by the board and pays the initial fee or biennial renewal fee as required by subsection 1 of section 20-05-01-01 to administer botulinum toxin or dermal fillers for the purpose of functional, therapeutic, and aesthetic dental treatment purposes under the following conditions if the dentist provides evidence demonstrating one of the following:

1. The applicant has completed a course and received satisfactory training in a residency or other educational program accredited by the commission on dental accreditation of the American dental association;
2. The applicant successfully has completed a board-approved continuing education course of instruction within the previous three months of application which includes neurophysiology, including facial tissues, parasympathetic, sympathetic, and peripheral nervous systems relative to the peri-oral tissue, and facial architecture, and:
 - a. Patient assessment and consultation for botox and dermal fillers;
 - b. Indications and contraindications for techniques;
 - c. Proper preparation and delivery techniques for desired outcomes;
 - d. Enhancing and finishing esthetic dentistry cases with dermal fillers;
 - e. Botulinum neurotoxin treatment of temporomandibular joint syndrome and bruxism;
 - f. Knowledge of adverse reactions and management and treatment of possible complications;
 - g. Patient evaluation for best esthetic and therapeutic outcomes;
 - h. Integrating botulinum neurotoxin and dermal filler therapy into dental therapeutic and esthetic treatment plans; and
 - i. Live patient hands-on training, including diagnosis, treatment planning, and proper dosing and delivery of botox and dermal fillers; or
3. The applicant successfully has completed a continuing education course of instruction substantially equivalent to the requirements of this state and provides evidence from another state or jurisdiction where the applicant legally is or was authorized to administer dermal fillers and botulinum toxin.

History: Effective April 1, 2015; amended effective July 1, 2017; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-01, 43-28-06

**CHAPTER 20-03-01
DUTIES**

Section	
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20-03-01-06	Continuing Dental Education for Dental Assistants

20-03-01-01. Duties.

Duties are delegated to dental assistants under prescribed levels of supervision as follows:

1. A dental assistant who is not registered with the board and who is employed by a dentist may:
 - a. Perform the following duties under direct supervision:
 - (1) Take and record pulse, blood pressure, and temperature.
 - (2) Take and record preliminary dental and medical history for the interpretation by the dentist.
 - (3) Apply topical medications and drugs to oral tissues, including topical anesthetic, topical fluoride, fluoride varnish, and desensitizing agents, but not including caustic agents.
 - (4) Receive removable dental prosthesis for cleaning or repair.
 - (5) Take impressions for study casts.
 - (6) Hold impression trays in the mouth (e.g., reversible hydrocolloids, rubber base).
 - (7) Retract patient's cheek, tongue, or other tissue parts during a dental procedure.
 - (8) Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes, and water.
 - (9) Isolate the operative field, not to include rubber dams.
 - (10) Hold a curing light for any dental procedure. Curing lights may not include a laser capable of cutting, burning, or damaging hard or soft tissue or for electrosurgery for tissue retraction.
 - (11) Produce on a patient of record, a final scan by digital capture for review and inspection by the authorizing dentist for a prescriptive fixed or removable appliance.
 - (12) Monitor of a patient who has been induced into nitrous oxide analgesia if the dentist has provided sufficient training to the dental assistant completed after January 1, 2024. The dentist shall maintain documentation of the training for the duration of the delegation and shall provide documentation of the training to the board upon request.
 - b. Perform the following duties under general supervision:
 - (1) Provide oral hygiene instructions and education.
 - (2) Remove periodontal dressings.
2. A qualified dental assistant may:
 - a. Perform the following duties under the direct supervision of a dentist:
 - (1) Duties set forth in subsection 1.
 - (2) Acid etch enamel surfaces as directed by the dentist.
 - (3) Dry root canal with paper points.

- (4) Apply resin infiltration.
 - (5) Orally transmit a prescription that has been authorized by the supervising dentist.
 - (6) Remove band and bracket adhesives with a slow-speed handpiece.
 - (7) Place and remove matrix bands and wedges.
- b. Perform the following duties under the general supervision of a dentist:
- (1) Produce on a patient of record, a final scan by digital capture for review and inspection by the authorizing dentist for a prescriptive fixed or removable appliance.
 - (2) Take and record pulse, blood pressure, and temperature.
 - (3) Take and record preliminary dental and medical history for the interpretation by the dentist.
 - (4) Apply topical medications and drugs to oral tissues, including topical anesthetic and anticariogenic agents, and desensitizing agents.
 - (5) Place and remove arch wires or appliances that have been activated by the dentist.
 - (6) Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative care.
 - (7) Remove sutures.
 - (8) Place, tie, and remove ligature wires and elastic ties, and select and place orthodontic separators.
 - (9) Preselect and prefit orthodontic bands.
 - (10) Repack dry socket medication and packing for palliative care.
 - (11) Take dental radiographs.
- c. Perform the following duties under the indirect supervision of a dentist:
- (1) Polish coronal surfaces of teeth with a rubber cup or brush after the dentist provides the dental assistant with sufficient training. The dentist shall maintain documentation of the training completion for the duration of the delegation and provide it to the board upon request.
 - (2) Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a licensed dentist.
3. A qualified dental assistant-limited radiology registrant may perform the duties listed in subsection 1, and may take dental radiographs under the general supervision of a dentist.
4. A registered dental assistant may perform the duties set forth in subsection 2 and the following duties under the direct supervision of a dentist:
- a. Acid etch enamel surfaces prior to direct bonding of orthodontic brackets or composite restorations.
 - b. Take face bow transfers.

- c. Adjust permanent crowns outside of the mouth.
 - d. Administer emergency medications to a patient in order to assist the dentist in an emergency.
 - e. Hold impression trays in the mouth (e.g., reversible hydrocolloids, rubber base).
5. A registered dental assistant may perform the following duties on a patient of record under the indirect supervision of a dentist:
- a. Place and remove rubber dams.
 - b. Place retraction cord in the gingival sulcus of a prepared tooth prior to the dentist taking an impression of the tooth.
 - c. Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments or a slow-speed handpiece.
 - d. Place and remove periodontal dressings.
 - e. Monitor a patient who has been inducted by a dentist into nitrous oxide inhalation analgesia.
 - f. Apply bleaching solution, activate light source, and monitor and remove bleaching materials.
 - g. Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a licensed dentist.
6. A registered dental assistant may perform the following duties under the general supervision of a dentist:
- a. Take and record pulse, blood pressure, and temperature.
 - b. Take and record preliminary dental and medical history for the interpretation by the dentist.
 - c. Apply topical medications and drugs to oral tissues, including topical anesthetic, topical fluoride, fluoride varnish, silver diamine fluoride, hemostatic agents, and desensitizing agents.
 - d. Receive removable dental prosthesis for cleaning or repair.
 - e. Take impressions or occlusal bite registrations for study casts.
 - f. Fabricate, adjust, place, recement, or remove a temporary crown, bridge, or onlay or temporary restorative material. This applies only to dentitions actively under treatment for which a permanent restoration is being fabricated.
 - g. Remove sutures.
 - h. Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative treatment.
 - i. Place, tie, and remove ligature wires and elastic ties, and place orthodontic separators.
 - j. Provide oral hygiene education and instruction.

- k. Provide an oral assessment for interpretation by the dentist.
- l. Repack dry socket medication and packing for palliative treatment.
- m. Apply pit and fissure sealants if the registered dental assistant has provided documentation of a board-approved sealant course or training that includes hand skills, and has received an endorsement from the board. Adjust sealants with slow-speed handpiece.
- n. Polish the coronal surfaces of the teeth with a rubber cup or brush.
- o. Polish restorations with a slow-speed handpiece.
- p. Take dental radiographs.
- q. Take impressions for fixed or removable orthodontic appliances, athletic mouth guards, bleaching trays, bite splints, flippers, and removable prosthetic repairs.
- r. Preselect and prefit orthodontic bands.
- s. Perform nonsurgical clinical and laboratory diagnosis tests, including pulp testing, for interpretation by the dentist.
- t. Place and remove arch wires or appliances that have been activated by a dentist.
- u. Provide screenings as defined by subsection 44 of section 20-01-02-01.
- v. Adjust a temporary denture or partial for dentitions actively under treatment for which permanent dentures or partial dentures are being fabricated.

History: Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; June 1, 2002; July 1, 2004; April 1, 2006; January 1, 2011; April 1, 2015; July 1, 2017; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.1, 43-20-08, 43-20-10, 43-20-13

20-03-01-01.1. Expanded duties of dental assistants.

A registered dental assistant shall apply for a permit to perform the following duties:

1. A registered dental assistant authorized by permit and under the direct supervision of a dentist may perform the following restorative functions:
 - a. Place, carve, and adjust amalgam, glass ionomer, or composite restorations with hand instruments or a slow-speed handpiece;
 - b. Adapt and cement stainless steel crowns; and
 - c. Place, contour, and adjust composite restorations where the margins are entirely within the enamel with hand instruments or a slow-speed handpiece.
2. A dental anesthesia assistant authorized by a class I permit and under the contiguous supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia may:
 - a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation or general anesthesia;
 - b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open;
 - c. Prepare anesthesia equipment and perform patient monitoring; and
 - d. Assist with emergency treatment and protocols.
3. A dental anesthesia assistant authorized by a class II permit and under the direct visual supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia may:
 - a. Draw up and prepare medications;
 - b. Follow instructions to deliver medication into an intravenous line upon verbal command of the supervising dentist;
 - c. Adjust the rate of intravenous fluids infusion beyond a keep-open rate upon verbal command of the supervising dentist; and
 - d. Adjust an electronic device to provide medications, such as an infusion pump upon verbal command of the supervising dentist.
4. A registered dental assistant authorized by permit and under the indirect supervision of a dentist may administer nitrous oxide analgesia to a patient who has not taken sedative medications before treatment in accordance with subsection 2 of section 20-03-01-05.

History: Effective April 1, 2015; amended effective July 1, 2017; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.1, 43-20-08, 43-20-10, 43-20-13

20-03-01-01.2. Requirements of permit for expanded duties.

The board may grant a permit to a registered dental assistant or any other individual who meets the criteria listed below. Individuals authorized by other North Dakota licensing boards and whose scope of practice encompasses the duties of a dental anesthesia assistant are not required to obtain the respective anesthesia permit from the board to carry out the duties listed in this section.

1. The board may issue or renew a class I dental anesthesia assistant permit authorizing a registered dental assistant or any other individual to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide general anesthesia, deep sedation, or moderate sedation, upon successful completion of the following:
 - a. The applicant submits evidence of a board-approved dental anesthesia assistant education and training course.
 - b. The applicant submits proof of current certification status from the American association of oral and maxillofacial surgeon's dental anesthesia assistant national certification or a board-approved competency examination.
 - c. The applicant holds current and valid certification for health care provider basic life support, advanced cardiac life support, or pediatric advanced life support; and
 - d. The applicant provides a copy of a valid North Dakota general anesthesia, deep sedation, or moderate sedation permit of the dentist where the registered dental assistant will be performing anesthesia assistant services.
2. The board may issue or renew a class II dental anesthesia assistant permit authorizing a registered dental assistant or any other individual to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide general anesthesia, deep sedation, or moderate sedation, upon successful completion of the following:
 - a. The applicant submits evidence of a board-approved dental anesthesia assistant education and training course.
 - b. The applicant submits proof of current dental anesthesia assistant national certification or a board-approved competency examination;
 - c. The applicant has successfully completed hands-on training in intravenous access or phlebotomy that includes live experience starting and maintaining intravenous lines;
 - d. The applicant holds current and valid certification for health care provider basic life support, advanced cardiac life support, or pediatric advanced life support; and
 - e. The applicant provides a copy of a valid North Dakota general anesthesia, deep sedation, or moderate sedation permit of the dentist where the registered or qualified dental assistant will be performing anesthesia assistant services.
3. The board may issue or renew a permit on forms prescribed by the board authorizing a registered dental assistant under the direct supervision of a dentist to provide restorative functions under the following conditions:
 - a. The applicant meets any of the following requirements:
 - (1) The applicant has successfully completed a board-approved curriculum from a program accredited by the commission on dental accreditation of the American dental association or other board-approved course and successfully passed a dental testing agency examination approved by the board, within the last five years.

The board may require successful completion of the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination; or

- (2) The applicant has successfully passed a board-approved dental testing agency examination over five years from the date of application, and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination or other board-approved examination and provides evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least twenty-five restorative procedures within the immediate five years from the date of application.
 - b. A registered dental assistant may perform the placement and finishing of direct alloy or direct composite restorations, under the direct supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.
 - c. The restorative functions only may be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental assistant.
 - d. Before the patient is released, the final restorations must be checked and documented by the supervising dentist.

History: Effective July 1, 2022; amended effective October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-13.2

20-03-01-02. Prohibited services.

A dental assistant, qualified dental assistant, or registered dental assistant may not perform the following services:

1. Diagnosis and treatment planning.
2. Surgery on hard or soft tissue.
3. Administer local anesthetics, sedation or general anesthesia drugs or titrate local anesthetics, sedation or general anesthesia drugs without a board authorized permit.
4. Any irreversible dental procedure or procedures which require the professional judgment and skill of a licensed dentist.
5. Adjust a crown which has been cemented by a dentist.
6. Activate any type of orthodontic appliance or fabricate orthodontic impressions for an individual who is not a patient of record.
7. Cement or bond orthodontic bands or brackets that have not been previously placed by a dentist.
8. Place bases or cavity liners.
9. Scaling, root planing, or gingival curettage.
10. Measure the gingival sulcus with a periodontal probe.
11. Use a high-speed handpiece inside the mouth.
12. Unless authorized by permit in accordance with subsection 1 of section 20-02-01-05.1, monitor a patient who has been induced to a level of moderate sedation, deep sedation, or general anesthesia until the dentist authorized by permit to administer sedation or anesthesia determines the patient may be discharged for recovery.

History: Effective February 1, 1992; amended effective October 1, 1993; April 1, 2000; June 1, 2002; July 1, 2004; January 1, 2011; April 1, 2015; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.1, 43-20-08, 43-20-10, 43-20-13

20-03-01-05. Registration of dental assistants.

An individual seeking registration as a dental assistant shall apply on forms prescribed by the board. The application must be notarized and include the application fee.

1. The board may grant registration as a registered dental assistant to an applicant meeting all the following requirements:
 - a. The applicant meets any of the following requirements:
 - (1) The applicant successfully completed a dental assisting program, accredited by the commission on dental accreditation of the American dental association or approved by the board, within one year of application.
 - (2) The applicant was certified by the dental assisting national board:
 - a. Within one year of application; or
 - b. More than one year prior to application, and within two years before application, earned sixteen hours of continuing education in accordance with section 20-03-01-06, and provides evidence the applicant was gainfully and relevantly employed in the time prior to application. Proof of gainful and relevant employment may include letters of recommendation, payroll documentation, or other materials requested by the board.
 - (3) The applicant successfully completed a dental assisting program, accredited by the commission on dental accreditation of the American dental association or approved by the board, and completed, within two years before application, sixteen hours of continuing education in accordance with section 20-03-01-06.
 - (4) The applicant is licensed in good standing under the laws of another jurisdiction and possesses qualifications, education, or experience substantially similar to the requirements for licensure set forth in this section. Applicants shall submit evidence of at least one year of gainful and relevant employment in the practice prior to application. Proof of gainful and relevant employment may include letters of recommendation, payroll documentation, or other materials requested by the board. Applicants shall submit evidence of earning sixteen hours of continuing education in accordance with section 20-03-01-06 and meet other criteria as may be required by the board.
 - (5) The applicant successfully completed the examination administered by the joint commission on national dental examinations or the dental hygiene certification board of Canada and completed within two years of application sixteen hours of continuing education in accordance with section 20-03-01-06.
 - b. The applicant passed a written examination on the laws and rules governing the practice of dentistry in North Dakota within one year of application.
 - c. The applicant successfully completed a cardiopulmonary resuscitation course within two years of application.
 - d. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.
2. The board may grant registration as a qualified dental assistant to an applicant meeting all the following requirements:

- a. The applicant meets any of the following requirements:
 - (1) The applicant passed the national entry level dental assistant certification administered by the dental assisting national board and completed three hundred hours of on-the-job clinical training within one year of application.
 - (2) The applicant passed the national entry level dental assistant certification administered by the dental assisting national board, three hundred hours of on-the-job clinical training, and completed, within two years before application, sixteen hours of continuing education in accordance with section 20-03-01-06.
 - (3) The applicant successfully completed the national entry level dental assistant certification administered by the dental assisting national board and successfully completed the North Dakota department of career and technical education dental assisting education program association.
 - (4) The applicant successfully completed a board-approved equivalent course within one year of application.
 - (5) The applicant is licensed in good standing under the laws of another jurisdiction and possesses qualifications, education, or experience substantially similar to the requirements for licensure set forth in this section. Applicants shall submit evidence of at least one year of gainful and relevant employment in the practice prior to application. Proof of gainful and relevant employment may include letters of recommendation, payroll documentation, or other materials requested by the board. Applicants shall submit evidence of earning sixteen hours of continuing education in accordance with section 20-03-01-06 and meet other criteria as may be required by the board.
 - b. The applicant passed a written examination on the laws and rules governing the practice of dentistry in North Dakota within one year of application.
 - c. The applicant successfully completed a cardiopulmonary resuscitation course within two years of application.
 - d. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.
3. The board may grant registration as a qualified dental assistant-limited radiology registrant to an applicant meeting all the following requirements:
- a. Within two years of application, the applicant obtained the dental assisting national board's radiation health and safety certificate or completed a radiation health and safety course approved by the board.
 - b. Within two years of application, the applicant completed a cardiopulmonary resuscitation course.
 - c. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.

History: Effective January 1, 2011; amended effective July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-13.2

20-03-01-06. Continuing dental education for dental assistants.

Dental assistants shall provide evidence of attendance or participation in continuing clinical dental education in accordance with the following conditions:

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.
2. The continuing education hours accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry will be accepted by the board without limit.
3. The minimum number of hours required within a two-year cycle is sixteen. Of these hours, a qualified or registered dental assistant may earn no more than eight hours from self-study. Self-study is an educational process designed to permit a participant to learn a given subject without involvement of a proctor or without the opportunity to interact in real-time with the proctor. A qualified professional may act as a proctor who oversees a clinical continuing education course which may be used for classroom style continuing education credits. Cardiopulmonary resuscitation courses must provide hands-on training. All other continuing education requirements may be satisfied from webinars or classroom style learning that allows for real-time interaction between attendees and the proctor. The continuing education must include:
 - a. Two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.
 - b. Two hours of infection control.
 - c. A cardiopulmonary resuscitation course.
 - d. For registered dental assistants or qualified dental assistants that hold a dental anesthesia assistant permit, at least two hours related to sedation or anesthesia.
 - e. For registered dental restorative assistant permitholders, two hours related to restorative dentistry.
 - f. No more than one hour related to practice management or administration.
4. For qualified dental assistant-limited radiology registrants, the continuing education must include:
 - a. At least two hours related to infection control.
 - b. A cardiopulmonary resuscitation course.
5. For individuals whose sole registration with the board is that of a dental anesthesia assistant, the continuing education must include:
 - a. At least two hours related to sedation or anesthesia.
 - b. A cardiopulmonary resuscitation course.
6. Mere registration at a dental convention without specific attendance at continuing education presentations will not be creditable toward the continuing dental education requirement. Certificates awarded for continuing education must indicate the name of the continuing education provider, date, and number of hours of continuing education. Certificates obtained from webinar courses must indicate the course was a webinar. For continuing education courses utilizing a proctor, the certificate of attendance must be signed by the proctor.

7. All qualified or registered dental assistants must hold a current cardiopulmonary resuscitation certificate.
8. The board may audit continuing education credits of a registered dental assistant. Proof of continuing education shall be maintained from the previous renewal cycle. Upon receiving notice of an audit from the board, a registered dental assistant shall provide satisfactory documentation of attendance at, or participation in, the continuing education activities. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the registration.

History: Effective January 1, 2011; amended effective April 1, 2015; July 1, 2017; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-13.1

CHAPTER 20-04-01
DUTIES

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20-04-01-01. Duties.

1. A dental hygienist may perform the following services under the direct supervision of a dentist:
 - a. Apply resin infiltration.
 - b. Hold impression trays in the mouth after placement by a dentist (e.g., reversible hydrocolloids, rubber base, etc.).
 - c. Place and remove matrix bands or wedges.
 - d. Adjust permanent crowns outside of the mouth.
 - e. Acid-etch enamel surfaces before direct bonding of orthodontic brackets or composite restorations.
 - f. Take face bow transfers.
 - g. Administer emergency medications to a patient in order to assist the dentist.
2. A dental hygienist authorized by permit and under the direct supervision of a dentist may:
 - a. Place, carve, and adjust amalgam, glass ionomer restorations, or composite restorations with hand instruments or a slow-speed handpiece;
 - b. Adapt and cement stainless steel crowns; and
 - c. Place, contour, and adjust composite restorations where the margins are entirely within the enamel with hand instruments or a slow-speed handpiece.
3. A dental hygienist may perform the following services under the indirect supervision of a dentist:
 - a. Administer local anesthesia as authorized by section 20-04-01-03.
 - b. Dry root canal with paper points.
 - c. Place and remove rubber dams.
 - d. Place retraction cord in the gingival sulcus of a prepared tooth before the dentist taking an impression of the tooth.
 - e. Monitor a patient who has been inducted by a dentist into nitrous oxide inhalation analgesia.
 - f. Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a dentist.
 - g. Assist a dentist authorized by permit as set forth in section 20-02-01-05 as follows:
 - (1) Sedation procedure preparation and pre-sedation documentation, including date of procedure, nothing by mouth status, availability of responsible adult escort, and allergies.
 - (2) Emergency equipment and use preparedness.
 - (3) Monitor a patient discharged by a dentist once the patient is in recovery.

- (4) Documentation of patient responsiveness, vital signs, including heart rate, respiratory rate, blood pressure, oxygen saturation, and expired carbon dioxide.
 - (5) Training must be documented and may be acquired directly by an employer-dentist, by a planned sequence of instruction in an educational institution, or by in-office training.
- h. A dental hygienist authorized by permit may administer nitrous oxide analgesia to a patient who has not taken sedative medications before treatment in accordance with section 20-02-01-05.
4. A dental hygienist authorized by permit and under contiguous supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia may:
- a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation, or general anesthesia.
 - b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open.
 - c. Prepare anesthesia equipment and perform patient monitoring.
 - d. Assist with emergency treatment and protocols.
5. A dental hygienist authorized by permit and under direct visual supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia may:
- a. Draw up and prepare medications;
 - b. Follow instructions to deliver medication into an intravenous line upon verbal command of the supervising dentist;
 - c. Adjust the rate of intravenous fluids infusion beyond a keep-open rate upon verbal command of the supervising dentist; and
 - d. Adjust an electronic device to provide medications, such as an infusion pump upon the verbal command of the supervising dentist.
6. A dental hygienist may perform the following services under the general supervision of a dentist:
- a. Complete prophylaxis to include removal of accumulated matter, deposits, accretions, or stains from the natural and restored surfaces of exposed teeth. The dental hygienist also may perform root planing and soft tissue curettage upon direct order of the dentist.
 - b. Polish and smooth existing restorations with a slow-speed handpiece.
 - c. Apply topical applications of drugs to the oral tissues and anticariogenic caries arresting and desensitizing solutions to the teeth.
 - d. Take impressions for study casts on a patient of record.
 - e. Take and record preliminary medical and dental histories for the interpretation by the dentist.
 - f. Take and record pulse, blood pressure, and temperature.

- g. Provide oral hygiene treatment planning after an oral assessment or dentist's diagnosis.
- h. Take dental radiographs.
- i. Apply therapeutic agents subgingivally for the treatment of periodontal disease.
- j. Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments or a slow-speed handpiece.
- k. Receive removable dental prosthesis for cleaning and repair.
- l. Take occlusal bite registration for study casts.
- m. Fabricate, adjust, place, recement, or remove a temporary crown, bridge, onlay, or temporary restorative material. This applies only to dentitions actively under treatment for which a permanent restoration is being fabricated.
- n. Perform nonsurgical clinical and laboratory oral diagnostic tests for interpretation by the dentist.
- o. Apply pit and fissure sealants. Adjust sealants with slow-speed handpiece.
- p. Place and remove periodontal dressings, dry socket medications, and packing.
- q. Remove sutures.
- r. Take impressions for fixed or removable orthodontic appliances, athletic mouth guards, bleaching trays, bite splints, flippers, and removable prosthetic repairs.
- s. Preselect and prefit orthodontic bands.
- t. Place, tie, and remove ligature wires and elastic ties, and place orthodontic separators.
- u. Place and remove arch wires or appliances that have been activated by a dentist.
- v. Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative treatment.
- w. Provide an oral assessment for interpretation by the dentist.
- x. Orally transmit a prescription that has been authorized by the supervising dentist.
- y. Repack dry socket medication and packing for palliative treatment.
- z. Screenings as defined in section 20-01-02-01.
- aa. Apply bleaching solution, activate light source, and monitor and remove bleaching materials.
- bb. Apply interim therapeutic restorations using the standards and protocols established by an authorizing dentist and after completion of a board-approved course.
- cc. Adjust a temporary denture or partial for dentitions actively under treatment for which permanent dentures or partial dentures are being fabricated.
- dd. Produce on a patient of record, a final scan by digital capture for review and inspection by the authorizing dentist for a prescriptive fixed or removable appliance.

History: Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; July 1, 2004; April 1, 2006; January 1, 2011; April 1, 2015; July 1, 2017; April 1, 2021; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.2, 43-20-03, 43-20-11, 43-20-12

20-04-01-03. Duties of dental hygienists - Administration of local anesthesia - Authorization.

A dental hygienist may perform the following services under the indirect supervision of a dentist:

1. A licensed dental hygienist may apply for authorization to administer local anesthesia to a patient.
2. Requirements for local anesthesia authorization are as follows:
 - a. A licensed dental hygienist shall submit evidence that the hygienist successfully completed a didactic and clinical course in local anesthesia within the last five years sponsored by a dental or dental hygiene program accredited by the commission on dental accreditation of the American dental association resulting in the dental hygienist becoming clinically competent in the administration of local anesthesia; or
 - b. A licensed dental hygienist shall submit evidence that the hygienist has been authorized to administer local anesthesia in another jurisdiction and provide verification of clinical competency during the previous five years. Verification may consist of the following:
 - (1) A letter from the accredited school with the school seal affixed. Photocopies will not be accepted.
 - (2) A notarized copy of the certification of the local anesthesia course .
 - (3) A notarized letter from a licensed dentist stating the licensed dental hygienist has competently administered local anesthesia.

History: Effective July 1, 2004; amended effective April 1, 2021; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-03, 43-20-12

20-04-01-03.1. Duties of the dental hygienist - Requirements of permit.

The board may issue or renew a permit to a dental hygienist for the following:

1. The board may issue or renew a class I dental anesthesia assistant permit authorizing a dental hygienist to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia, upon successful completion of the following:
 - a. The applicant submits evidence of a board-approved dental anesthesia assistant education and training course.
 - b. The applicant submits proof of current certification status from the American association of oral and maxillofacial surgeons dental anesthesia assistant national certification, or a board-approved competency examination;
 - c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support; and
 - d. The applicant provides a copy of a valid North Dakota general anesthesia, deep sedation, or moderate sedation permit of the dentist where the registered dental hygienist will be performing anesthesia assistant services.
2. The board may issue or renew a class II dental anesthesia assistant permit authorizing a registered dental hygienist to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia upon successful completion of the following:
 - a. The applicant submits evidence of a board-approved dental anesthesia assistant education and training course and has proof of current certification status from the American association of oral and maxillofacial surgeons dental anesthesia assistant national certification or a board-approved competency examination;
 - b. The applicant successfully has completed hands-on training in intravenous access or phlebotomy that includes live experience starting and maintaining intravenous lines;
 - c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support; and
 - d. The applicant provides a copy of a valid North Dakota general anesthesia, deep sedation, or moderate sedation permit of the dentist where the registered dental hygienist will be performing anesthesia assistant services.
3. The board may issue or renew a permit on forms prescribed by the board authorizing a registered dental hygienist under the direct supervision of a dentist to provide restorative functions under the following conditions:
 - a. The applicant meets any of the following requirements:
 - (1) The applicant successfully has completed a board-approved curriculum from a program accredited by the commission on dental accreditation of the American dental association or other board-approved course and successfully passed a dental testing agency restorative examination or other equivalent examinations approved by the board within the last five years. The board may require successful completion of the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination; or

- (2) The applicant has successfully passed a dental testing agency restorative examination or other board-approved examination over five years from the date of application and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination or other board-approved examination and provided evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least twenty-five restorative procedures within the immediate five years before the date of application.
- b. A dental hygienist may perform the placement and finishing of direct alloy or direct composite restorations, under the direct supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.
- c. The restorative functions may be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental hygienist.
- d. Before the patient is released, the final restorations must be checked and documented by the supervising dentist.

History: Effective April 1, 2015; amended effective July 1, 2017; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-03, 43-20-12

20-04-01-04. Additional requirements for licensure by examination.

The board may grant a license to practice dental hygiene to an applicant who has met the requirements of North Dakota Century Code section 43-20-01.2 and all the following requirements:

1. The applicant has passed the examination administered by the joint commission on national dental examinations or the dental hygiene certification board of Canada within five years of application.
2. The applicant has passed, within five years of application, a clinical competency examination administered by a dental testing agency approved by the board.

History: Effective January 1, 2011; amended effective April 1, 2021; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.2

20-04-01-04.1. Clinical competency examination retakes.

A dental hygiene applicant may take a clinical examination three times before remedial training is required. After failing the examination for a third time, and prior to the fourth attempt of the examination, an applicant shall:

1. Submit to the board a detailed plan for remedial training by an accredited dental hygiene school or a dental testing agency. The proposed remedial training must be approved by the board.
2. Submit proof to the board of passing the remedial training within twenty-four months of its approval by the board. The board may grant or deny a fourth attempt of the clinical examination. A fourth attempt must occur within twelve months of the date of the board's decision. If an applicant fails any part of the examination after remedial training, additional retakes must be approved by the board.

History: Effective April 1, 2015; amended effective October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.2

20-04-01-08. Continuing dental education for dental hygienists.

Each dental hygienist shall provide evidence of attendance or participation in continuing clinical dental education in accordance with the following conditions:

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.
2. The continuing dental education hours accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry must be accepted by the board without limit.
3. The minimum number of hours required within a two-year cycle is sixteen. Of these hours, a dental hygienist may earn no more than eight hours from self-study. Self-study is an educational process designed to permit a participant to learn a given subject without involvement of a proctor or without the opportunity to interact in real-time with the proctor. A qualified professional may act as a proctor who oversees a clinical continuing education course which may be used for classroom style continuing education credits. Cardiopulmonary resuscitation courses must provide hands-on training. All other continuing education requirements may be satisfied from webinars or classroom style learning that allows for real-time interaction between attendees and the proctor. The continuing education must include:
 - a. At least two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.
 - b. At least two hours of infection control.
 - c. A cardiopulmonary resuscitation course.
 - d. For registered dental anesthesia hygienist permitholders, at least two hours related to sedation or anesthesia, not including local anesthesia.
 - e. For registered dental restorative hygienist permitholders, at least two hours related to restorative dentistry.
 - f. For a dental hygienist practicing under general supervision, two hours related to medical emergencies.
 - g. No more than one hour related to practice management or administration.
4. Mere registration at a dental convention without specific attendance at continuing education presentations will not be creditable toward the continuing dental education requirement. Certificates awarded for continuing education must indicate the name of the continuing education provider, date, and number of hours of continuing education. Certificates obtained from webinar courses must indicate the course was a webinar. For continuing education courses utilizing a proctor, the certificate of attendance must be signed by the proctor.
5. All dental hygienists must hold a current cardiopulmonary resuscitation certificate.
6. A dental hygienist who maintains a license on inactive status is not subject to continuing education requirements.
7. The board may audit the continuing education credits of a dental hygienist. Each licensee shall maintain certificates or records of continuing education activities from the previous renewal cycle. Upon receiving notice of an audit from the board, a licensee shall provide satisfactory documentation of attendance at, or participation in the continuing education

activities listed. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the license.

History: Effective January 1, 2011; amended effective April 1, 2015; July 1, 2017; April 1, 2021; July 1, 2022; October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.4

20-04-01-09. Volunteer license.

Between meetings of the board, the executive director of the board may review the volunteer license application and grant a provisional license if all the requirements are met. A volunteer license to practice dental hygiene in North Dakota, renewable annually by application to the board, may be granted when the following conditions are met:

1. The applicant was formerly licensed and actively practicing in the state of North Dakota or another jurisdiction for at least three of the five years immediately preceding application, where the requirements are at least substantially equivalent to those of this state or the board determines that the applicant is qualified and satisfies the criteria specified under North Dakota Century Code section 43-20-01.2.
2. The applicant agrees to provide services without remuneration directly or indirectly in a board-approved setting.
3. The applicant holds a current cardiopulmonary resuscitation course certification.
4. The applicant has completed continuing education requirements of the board.
5. The applicant has made application for a volunteer license in a manner prescribed by the board.
6. The board may collect from the applicant the nonrefundable application and license fee prescribed by the board.
7. The board may apply such restrictions as it deems appropriate to limit the scope of the practice under the authority of the volunteer license.

History: Effective October 1, 2024.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.2, 43-20-01.3, 43-20-01.4

20-05-01-01. Fees.

The board shall charge the following nonrefundable fees:

1. For dentists:

a. License by examination application fee	\$515.00
b. License by credential review application fee	\$1,420.00
c. Renewal fee	\$475.00
d. Late fee	\$475.00
e. Temporary license application and license fee	\$300.00
f. Volunteer license application and license fee	\$25.00
g. Inactive status application fee	\$40.00
h. Inactive status annual renewal fee	\$40.00
i. Inactive status reinstatement fee	\$485.00
j. Dermal fillers and botulinum toxin permit	\$225.00
k. Dermal fillers and botulinum toxin permit renewal	\$125.00

2. For dental hygienists:

a. License by examination application fee	\$240.00
b. License by credential review application fee	\$535.00
c. Renewal fee	\$185.00
d. Late fee	\$185.00
e. Inactive status application fee	\$42.00
f. Volunteer license application and license fee	\$25.00
g. Inactive status annual renewal fee	\$40.00
h. Inactive status reinstatement fee	\$220.00

3. For registered dental assistants:

a. Application fee	\$155.00
b. Renewal fee	\$120.00
c. Late fee	\$120.00

4. For dentist anesthesia permits:

a. Application fee	\$225.00
b. Inspection fee	actual cost
c. Renewal fee	\$200.00
d. Late fee	\$225.00

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| 5. | For a duplicate license, registration, or permit | \$50.00 |
| 6. | For qualified dental assistants | |
| | a. Application fee | \$155.00 |
| | b. Renewal fee | \$120.00 |
| | c. Late fee | \$120.00 |

History: Effective May 1, 1992; amended effective October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; June 1, 2002; July 1, 2004; April 1, 2006; January 1, 2008; January 1, 2011; April 1, 2015; April 1, 2021; October 1, 2024.

General Authority: NDCC 43-20-10, 43-28-06

Law Implemented: NDCC 43-20-01.2, 43-20-01.3, 43-20-01.4, 43-20-06, 43-20-13.1, 43-20-13.2, 43-28-11, 43-28-16.2, 43-28-17, 43-28-24, 43-28-27