North Dakota State Board of Dental Examiners

PO Box 7246, Bismarck, ND 58507-7246 • Phone 701-258-8600
Web www.nddentalboard.org • Email info@nddentalboard.org

Application – Administration of Nitrous Oxide Inhalation Analgesia Permit

Who May Apply

- As explained in N.D.A.C. 20-02-01-05(1), no individual may administer nitrous oxide analgesia unless they hold a permit issued by the Board. Applicants must be one of the following in order to be granted a nitrous oxide analgesia administration permit:
  - Licensed dentist (dentists licensed by the Board prior to July 1, 2022, are not required to apply for this permit)
  - Registered dental hygienist
  - Registered dental assistant

Applicable Laws for Nitrous Oxide Administration Permit

- N.D.A.C. 20-02-01-05(1) explains the criteria applicants must meet in order to be issued a permit to administer nitrous oxide analgesia.
  - The supervision level for hygienists who are issued a permit are set forth in N.D.A.C. 20-04-01-01(2)(g).
  - The supervision level for assistants who are issued a permit are set forth in N.D.A.C. 20-03-01-01.1(4).
- Applicants must thoroughly review these rules, and be able to demonstrate an understanding of them.

Application

- Be sure to attach/download additional materials and documents as requested.
- If you have questions on the application and or materials, please email us at: info@nddentalboard.org
- When completing this application, you will be required to provide proof of satisfactorily completing a course on the administration of nitrous oxide inhalation analgesia. The course must be a minimum of 12 hours of didactic/clinical instruction and either approved by the Board or accredited by an accreditation body recognized by the federal Department of Education. Approved courses are listed on the website. If you are unsure if your course has received Board-approval, contact the Board before applying.

Accepted Forms of Payment

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

Contact Information and Names

- Current and complete contact information is required for all applicants. Email addresses must be included on the application and will be used by the Board related to the processing of your application.
- Submit documentation of any legal name change.
- If your application is granted, you must always update the Board with any change of name, address, email address, phone, employers, and other contact information. Failure to do so can result in you not receiving critical information in a timely manner and may result in discipline.

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Non-refundable Fee: $50.00

OFFICE USE ONLY - Postmarked:_____ Received: _____ Amount:_____Payment Type: Check #_____Online #_____

General Contact Information			
Legal First Name	Legal Middle Name	Legal Last Name	Today's Date (mm/dd/yyyy)
Other Legal Names Previously Used (include proof of legal name changes and indicate if exam scores use these names)			
Name as you wish it to appear on license (if not your current legal name, you must provide documentation of name change)			
Home Street Address	Apt. Number	Home City, State, Zip (4+ digits)	
Phone Numbers (c) (h) (w)	Business/Employer Name, Address, Unit #	Employer/Business City, State, Zip (4+ digits)	
Personal Email Address **(required)**	Business/Employment Email Address		
Gender Male ☐ Female ☐ X ☐	Date of Birth (mm/dd/yyyy)	Social Security Number	

Military Status: Are you a member of the armed forces of the United States or a reserve component of the armed forces of the United States stationed in this state in accordance with military orders or stationed in this state before a temporary assignment to duties outside of this state; or are you the spouse of such member? Yes ☐ No ☐

Attach military orders, duty station assignment, base identification, etc. Depending on submissions, your application may be processed as a military application.

Licensure and Registration History

Are you currently, or have you ever been, licensed or registered as a dental professional in North Dakota? Yes ☐ No ☐

If yes, provide:
Title of license/registration you held:_____
Name under which you were licensed/registered: _____
Registration/license number: _____
Permits you held under that license/registration (e.g., local anesthetic, nitrous oxide administration, etc.):
_____

Are you currently, or have you ever been, licensed as a dental professional outside of North Dakota?

Yes ☐ No ☐

If you checked "yes" immediately above, complete the following:

State/Jurisdiction	License or Registration Number	Date Expired

- Submit verification from each jurisdiction listed. If a licensing authority does not have public online verification website, you must request that they send original license verification directly to the Board by USPS or to: info@nddentalboard.org

Education (select one)	
☐ Fewer than thirteen (13) months prior to this application, completed a Board-approved course for the administration of nitrous oxide inhalation analgesia. Attach completion certificate.	Name of Program: _____ Location of Program: _____ Date of Completion: _____
☐ More than thirteen (13) months prior to this application, completed a Board-approved course for the administration of nitrous oxide inhalation analgesia. Applicants selecting this option must attach documentation confirming they legally administered nitrous oxide inhalation anesthesia for a period of time during the three years immediately preceding this application. Documentation includes confirmation from other states, a statement from a dentist or an employer, or documentation from a nitrous oxide inhalation education program completed by the applicant.	Name of Program: _____ Location of Program: _____ Date of Completion: _____ Name of Dentist: _____

Cardiopulmonary Resuscitation or Basic Life Support (applicants must hold either current CPR or BLS certification)
Hold an active cardiopulmonary resuscitation (CPR) certification; course must include a hands-on component. Yes ☐ No ☐ Expiration date: _____ Basic life support (BLS) certification. Yes ☐ No ☐ Expiration date: _____ Attach certificates.

Attestation of Applicant		
I have reviewed North Dakota Century Code §§ 43-20-05 and 43-28-25, and understand that including false information or false documentation in this application may result in denial of my application and could result in a class A misdemeanor.		Yes ☐ No ☐
I certify that I am the person referred to in this application.		Yes ☐ No ☐
I certify that the entirety of this application and the attached materials are true and correct.		Yes ☐ No ☐
I authorize all persons and organizations to release any requested information, files, or records in connection with this application to the North Dakota State Board of Dental Examiners.		Yes ☐ No ☐
Applicant's Name (Printed)	Applicant's Signature	Date (mm/dd/yyyy)