NORTH DAKOTA ADMINISTRATIVE CODE

Supplement 397

October 2025

Prepared by the Legislative Council staff
for the
Administrative Rules Committee

TABLE OF CONTENTS

Addiction Counseling Examiners, Board of.....1
State Department of Health.....19
Public Instruction, Superintendent of.....43
Secretary of State.....51

TITLE 4.5

ADDICTION COUNSELING EXAMINERS, BOARD OF

OCTOBER 2025

CHAPTER 4.5-02.1-01

4.5-02.1-01-02. Licensure and registration application.

1. An application for a license to practice addiction counseling must be made to the state board of addiction counseling examiners on forms approved by the board. Each application for license must be accompanied by ~~all of the following~~:

   a. A completed application, signed by the applicant.

   b. The required fee.

   c. All official undergraduate and graduate transcripts verifying academic requirements and any degree or degrees earned.

   d. Proof of successful completion of clinical training.

   e. Proof of successful completion of the appropriate examination submitted to the board office by the entity that administered the examination.

2. An individual who is a licensed addiction counselor may apply for licensure as a licensed clinical addiction counselor on or before January 1, 2024, by:

   a. Submitting a completed application form approved by the board.

   b. Demonstrating that on June 30, 2018, the applicant met all academic requirements for licensure as an addiction counselor set forth in North Dakota Administrative Code title 4.5.

   c. Paying the required application fee.

3. An individual who is a licensed addiction counselor may apply for licensure as a licensed master addiction counselor on or before January 1, 2024, by:

   a. Submitting a completed application form approved by the board.

   b. Demonstrating that on June 30, 2018, the applicant possessed either a master's degree or doctorate degree that met the academic requirements for licensure as an addiction counselor set forth in North Dakota Administrative Code title 4.5.

   c. Paying the required application fee.

4. An application for registration of an individual as a clinical trainee must be submitted to the board by the applicant's training consortium director, university program director, or agency program director, using forms approved by the board, prior to the registrant's accumulation of any clinical training hours. Each application for registration must be accompanied by documentation indicating that the applicant:

   a. Meets the academic requirements for registration as a clinical trainee or meets the academic requirements for master's- or doctoral-level practicum or internship at the applicant's university.

   b. Has been accepted into a training consortium or other training program approved by the board.

   c. Has been assigned a trainee's training plan, which must:

      (1) Identify the board-registered clinical supervisor responsible for overseeing the trainee's clinical training.

      (2) Include a copy of ~~the trainee's college or university~~ transcripts from each attended college or university.

      (3) Include a transcript review on a form approved by the board.

   An applicant may remain in clinical trainee status for up to twelve months. An applicant's clinical training supervisor may request that the board grant up to a twelve month extension of the applicant's clinical trainee status. During the time an individual is registered as a clinical trainee, the individual is expected to achieve the academic, clinical training, and examination requirements necessary for licensure.

5. An application for registration as an intern must be made to the board on forms approved by the board. Each application for registration must be accompanied by documentation indicating that the applicant either:

   a. Possesses an addiction counseling license or certification in good standing from another jurisdiction; is accepted into an academic program offering a bachelor's, master's, or doctorate degree in addiction counseling or a closely related mental health field; and is no more than nine semester credit hours short of obtaining the degree;

   b. Possesses an addiction counseling license or certification in good standing from another jurisdiction, meets the academic requirements for licensure, but has not earned all clinical training hours required for licensure; or

   c. Has completed all academic coursework and clinical training hours required for licensure, but has not taken the required examination.

   An applicant may remain in intern status for up to twelve months. The board may grant up to a twelve month extension to internship status. Request for an extension of the internship period with documentation of need by clinical supervisor is the responsibility of the intern.

History: Effective January 1, 2002; amended effective July 1, 2018; October 1, 2025.
General Authority: NDCC 43-45-04
Law Implemented: NDCC 43-45-04, 43-45-05.1

4.5-02.1-01-03. Academic requirements.

~~All academic~~Academic requirements related to the registration of clinical trainees and interns, and the licensing of addiction counselors must be completed at a college or university accredited by one of

six regional institutional accreditors in the United States. The board may accept continuing education hours to supplement the required content in academic requirements. The continuing education hours may not replace an academic course.

~~An applicant for licensure shall have at least one of the following:~~

1. Trainee. An individual meets the academic requirements for registration as a trainee if the individual:

   a. Has been accepted into or completed an academic program that meets the academic requirements for licensure as an addiction counselor or a master addiction counselor~~.~~; and

   b. ~~Is~~If the individual has not completed the academic program, is no more than six credits short of meeting all academic requirements for licensure as either an addiction counselor or a master addiction counselor.

2. Licensed addiction counselor and licensed clinical addiction counselor. An individual meets the academic requirements for licensure as an addiction counselor or as a licensed clinical addiction counselor, if the individual possesses:

   a. A bachelor's, master's, or doctorate degree in addiction studies from a program accredited by the national addiction studies accreditation committee, the international coalition for addiction studies and education accreditation, or counsel for accreditation of counseling and related educational programs for addiction counseling; or

   b. A bachelor's, master's, or doctorate degree in addiction studies or a closely related mental health care field, including a minimum of twenty-seven ~~undergraduate~~ credits meeting the following content and credit requirements:

      (1) A minimum of three credits in theories and techniques of counseling that must include content in theories specific to addiction counseling, counseling techniques specific to addiction counseling, and American society of addiction medicine criteria.

      (2) A minimum of three credits in group counseling.

      (3) A minimum of three credits in psychopharmacology that must include ~~an overview of drugs of abuse~~content in all of the following areas:

         (a) Drugs of abuse;

         (b) Medication-assisted treatment for addictive disorders; and

         (c) Medications used to treat mental health disorders.

      (4) A minimum of three credits in dynamics of addiction or introduction to addiction studies ~~that must include content in the history of addiction counseling and addiction treatment methods~~.

      (5) A minimum of three credits in professional ethics that must include content specific to addiction counseling, the national association for alcoholism and drug abuse counselors code of ethics, and 42 CFR part 2.

      (6) A minimum of three credits in family systems ~~that must include content specific to family systems theories~~.

      (7) A minimum of three credits in lifespan development.

(8) A minimum of three credits in multicultural diversity.

(9) A minimum of three credits in co-occurring disorders that must include content in the assessment and diagnosis of substance abuse disorders and an overview of a broad range of mental health disorders.

3. Licensed master addiction counselor. An individual meets the academic requirements for licensure as a master addiction counselor if the individual possesses:

a. A master's or doctorate degree in addiction studies from a program accredited by the national addiction studies accreditation committee, the international coalition for addiction studies and education accreditation, or counsel for accreditation of counseling and related educational programs for addiction counseling; or

b. A master's or doctorate degree in addiction counseling or a closely related mental health care field, including a minimum of ~~thirty-one~~twenty-eight graduate-level credits meeting the following content and credit requirements:

(1) A minimum of three credits in theories and techniques of counseling that must include content in theories specific to ~~theories of~~ addiction counseling, counseling techniques specific to addiction counseling, and American society of addiction medicine criteria.

(2) ~~A minimum of three credits in counseling techniques, assessment, and treatment of addiction disorders that must include content on the American society of addiction medicine criteria and counseling techniques specific to addiction.~~

~~(3)~~ A minimum of three credits in group counseling.

~~(4)~~(3) A minimum of three credits in psychopharmacology that must include content in all of the following areas: drugs of abuse, medication-assisted treatment for addictive disorders, and medications used to treat mental health disorders.

~~(5)~~(4) A minimum of three credits in research methods or program evaluation.

~~(6)~~(5) A minimum of three credits in professional ethics that must include content specific to addiction counseling, the national association for alcoholism and drug abuse counselors code of ethics, and 42 CFR part 2.

~~(7)~~(6) A minimum of three credits in family ~~counseling that must include content specific to methods and techniques for working with families of addicted individuals~~systems.

~~(8)~~(7) A minimum of three credits in lifespan development.

~~(9)~~(8) A minimum of three credits in multicultural ~~counseling that must include content specific to counseling individuals of diverse backgrounds~~diversity.

~~(10)~~(9) A minimum of three credits in treatment of co-occurring disorders that must include content in the assessment diagnosis and treatment of substance abuse disorders and other mental health disorders.

~~(11)~~(10) A minimum of one credit in clinical supervision.

4. ~~Licensees~~Licensee of other North Dakota mental health boards.

a. ~~Individuals~~An individual licensed in North Dakota as ~~psychologists~~a psychologist, ~~psychiatrists~~psychiatrist, or ~~physicians~~physician who ~~possess~~possesses a ~~master's or~~

doctorate degree in ~~their~~that field of licensure ~~meet~~meets the academic requirements for licensure as a master in addiction counseling.

b. ~~Individuals~~An individual licensed in North Dakota as a licensed associate marriage and family ~~therapists~~therapist, licensed associate professional ~~clinical counselors~~counselor, licensed ~~independent clinical~~professional counselor, licensed master social ~~workers~~worker, or advanced clinical practice ~~nurses that possess a master's or doctorate degree in their field of licensure meet the academic requirements~~nurse is eligible to apply for licensure as ~~an~~a licensed addiction counselor ~~or a master addiction counselor~~ if that individual also meets the academic standards set forth by this board ~~for licensure as a licensed addiction counselor or a licensed master addiction counselor~~.

c. An individual who holds licensure in North Dakota as a licensed marriage and family therapist, professional clinical counselor, licensed clinical social worker, or advanced clinical practice nurse is eligible to apply for licensure as a licensed addiction counselor or licensed master addiction counselor if the individual also meets the academic standards set forth by this board.

d. A licensed addiction counselor designated as a registered clinical supervisor that subsequently receives clinical licensure from a North Dakota mental health licensing board is eligible to apply for licensure as a licensed master addiction counselor.

e. As set forth in North Dakota Century Code section 43-45-06, this rule may not be construed as preventing an individual from doing work within the standards and ethics of that individual's profession or within the scope of a license issued in this state.

History: Effective January 1, 2002; amended effective January 1, 2008; July 1, 2014; July 1, 2018; October 1, 2025.
General Authority: NDCC 43-45-04
Law Implemented: NDCC 43-45-04, 43-45-05.1

4.5-02.1-01-04. Clinical training requirements.

1. All clinical training hours must involve the clinical application of addiction counseling and be completed at a training consortium, one or more sites approved by the board, through a university placement or through an individualized training program approved by the board. Clinical training hours must be supervised by a registered clinical supervisor who is either a licensed clinical addiction counselor or a licensed master addiction counselor. Licensed addiction counselors who are registered clinical supervisors may supervise clinical training hours ~~through December 31, 2023~~.

2. During clinical training a supervisee may not work independently with clients and the supervisor shall provide direct observation of all addiction-specific work performed by the supervisee with clients, until the supervisee obtains a score of three or higher in that particular clinical training area as documented by the supervisor on a supervisee ~~monthly~~ progress report. After being rated three or higher in a clinical training area, a supervisor shall provide appropriate indirect supervision to the supervisee on that clinical training area. The clinical supervisor and supervisee shall sign all supervisee ~~monthly~~ progress reports.

3. Clinical training areas include:

a. ~~Screening~~Clinical evaluation, which means screening and American society of addiction medicine assessment;

b. Treatment planning;

c. Referral;

d. Service coordination ~~and documentation~~;

e. Counseling;

f. Client, family, and community education;

g. Documentation; and

h. Professional and ethical responsibilities.

4. The training program director or clinical supervisor shall maintain ~~monthly~~ supervisee progress reports and retain them for at least twenty-four months. The board may carry out audits of ~~monthly~~ supervisee progress reports as it deems appropriate.

5. The training consortium's training program director or the clinical supervisor shall submit to the board completion forms and final performance reviews for each supervisee. The final performance review must demonstrate scores of three or higher in each of the clinical training areas.

6. Clinical training requirements also include a minimum of the following:

a. Licensed addiction counselor. Nine hundred sixty clinical training hours in multiple levels of therapeutic care earned at ~~two~~one or more training sites ~~at a training consortium~~. Completion forms or final performance reviews must include documentation of the provision of at least:

(1) Forty hours of direct, face-to-face supervision in each of the following clinical training areas: screening and American society of addiction medicine assessment; treatment planning; counseling; ~~and~~ client, family, and community education; and referral and service coordination.

(2) Thirty hours in the clinical training area of documentation, which must include the supervisor reviewing and discussing clinical notes with the supervisee.

b. Licensed master addiction counselor.

(1) Seven hundred clinical training hours in multiple levels of therapeutic care earned at one or more training sites. Completion forms or final performance reviews must include documentation of the provision of at least:

(a) Thirty hours of direct, face-to-face supervision in each of the following clinical training areas: screening and American society of addiction medicine assessment; treatment planning; counseling; ~~and~~ client, family, and community education; and referral and service coordination.

(b) Twenty hours in the clinical training area of documentation, which must include the supervisor reviewing and discussing clinical notes with the supervisee.

An individual who meets this clinical hours requirement, the academic requirements for a licensed master addiction counselor, and the examination requirements for either a licensed addiction counselor or a licensed master addiction counselor, upon submission of a completed application to the board, may be granted licensure as ~~an~~a licensed addiction counselor.

(2) Two thousand postclinical training hours earned after the individual has been awarded an appropriate master's or doctorate degree. A minimum of fifty percent of the supervised practice hours must be supervised by a ~~registered clinical~~board-approved supervisor who is ~~either~~ a licensed clinical addiction counselor ~~or a~~,

licensed master addiction counselor~~.~~, or a ~~Licensed~~licensed addiction ~~counselors~~counselor who ~~are~~is a registered clinical ~~supervisors may supervise the clinical training hours through December 31, 2023~~supervisor. No more than fifty percent of the clinical training hours may be supervised by other professionals that the supervising addiction counselor deems competent in the area of practice being supervised, and who are either registered as a clinical supervisor by the board that licenses the other professional or determined by the board to be competent to serve as the supervisor. Supervision of the clinical training hours must consist of a minimum of one hour weekly~~, face-to-face~~ supervision and may be provided by an offsite supervisor.

c. Clinical trainee and intern.

(1) Clinical trainee. ~~Individuals~~An individual accepted into a training consortium, one or more sites approved by the board, or through a university placement approved by the board meet the clinical training requirements for registration by the board as clinical trainees.

(2) Intern.

(a) The supervision of an intern may be direct or indirect. At least one hour of supervision must be direct~~, in-person~~ supervision. At least fifty percent of the clinical training hours for an intern must be supervised by ~~either~~a board-approved supervisor who is a licensed clinical addiction counselor ~~or~~, a licensed master addiction counselor, or a licensed addiction counselor who is a registered clinical supervisor. ~~Licensed addiction counselors who are registered clinical supervisors may supervise the clinical training hours through December 31, 2023.~~ No more than fifty percent of the clinical training hours for an intern may be accumulated under other professionals who are designated by the registered clinical supervisor, approved by the board, and competent in the area of practice being supervised. The other professional must be registered as a clinical supervisor by the board that licenses that other supervisor.

(b) If, ~~previous to having been~~before being registered as an intern, an individual completed clinical training hours at any location other than a board-approved location, ~~then~~ all clinical training hours earned after registration as an intern must be under direct supervision until the intern scores three or higher in a clinical training area as documented on the intern's monthly progress report. After being rated as a three or higher in a particular clinical training area, the intern ~~can~~may receive indirect supervision while performing tasks within that clinical training area. The intern's clinical supervisor ~~is required to~~shall submit the intern's completion form and the final performance review to the board.

d. Licensees of other North Dakota mental health boards.

(1) Individuals licensed in North Dakota as psychologists, psychiatrists, or physicians~~, marriage and family therapists, professional clinical counselors, licensed independent clinical social workers, or advanced clinical practice nurses~~ who possess a ~~master's or~~ doctorate degree in their field of licensure meet the clinical training requirements for licensure as a ~~licensed addiction counselor or a~~ licensed master ~~in~~ addiction ~~counseling~~counselor by completing three hundred fifty supervised addiction-specific clinical training hours.

(2) Individuals licensed in North Dakota as licensed associate marriage and family therapists, licensed associate professional counselors, licensed professional

counselors, licensed master social workers, or advanced clinical practice nurses meet the clinical training requirements for licensure as a licensed addiction counselor by completing three hundred fifty supervised addiction-specific clinical training hours.

(3) Individuals who hold licensure in North Dakota as licensed marriage and family therapists, professional clinical counselors, licensed clinical social workers, or advanced clinical practice nurses meet the clinical training requirements for licensure as a licensed addiction counselor or licensed master addiction counselor by completing three hundred fifty supervised addiction-specific clinical training hours.

(4) The three hundred fifty hours may be supervised only by a board-approved supervisor who is a licensed clinical addiction ~~counselors or~~ counselor, a licensed master addiction ~~counselors~~counselor, or a licensed addiction counselor who is a registered clinical supervisor. As set forth in North Dakota Century Code section 43-45-06, this rule may not be construed as preventing an individual from doing work within the standards and ethics of that individual's profession or within the scope of a license issued in this state.

History: Effective January 1, 2002; amended effective April 1, 2009; July 1, 2014; July 1, 2018; October 1, 2025.
General Authority: NDCC 43-45-04
Law Implemented: NDCC 43-45-01, 43-45-04, 43-45-05.1

4.5-02.1-01-05. Examination.

An applicant must pass the appropriate written examination as approved by the board. A written examination may be taken ~~only~~ after the completion of the required academic coursework.

1. Licensed addiction counselor. ~~The~~An applicant must pass the national certified addiction counselor level II examination or the master addiction counselor examination administered by the national association for alcoholism and drug abuse counselors or other equivalent examination as determined by the board.

2. Licensed master addiction counselor. ~~The~~An applicant must pass the master addiction counselor examination administered by the national association for alcoholism and drug abuse counselors or other equivalent examination as determined by the board.

3. Exemption. ~~Individuals~~An individual licensed in North Dakota as ~~psychologists~~a psychologist, ~~psychiatrists~~psychiatrist, or ~~physicians~~physician who possess a doctorate degree in ~~their~~that field of licensure ~~are~~is not required to complete an examination to be eligible for licensure as a licensed ~~addition~~addiction counselor or a licensed master addiction counselor.

History: Effective January 1, 2002; amended effective April 1, 2009; July 1, 2014; July 1, 2018; October 1, 2025.
General Authority: NDCC 43-45-04
Law Implemented: NDCC 43-45-04, 43-45-05.1

4.5-02.1-01-06.1. Reciprocity.

Pursuant to subsection 3 of North Dakota Century Code section 43-45-05.1, an applicant for reciprocity demonstrating the applicant possesses qualifications or experiences substantially similar to the requirements under this chapter may apply for licensure. The board may grant reciprocity, on such terms and conditions as it may determine necessary, to an applicant for licensure who is in good standing as a licensed, approved, or certified addiction counselor, licensed clinical addiction counselor, or licensed master addiction counselor under the laws of another jurisdiction that imposes at least

substantially the same requirements that are imposed under this chapter. For the purposes of reciprocity as set forth in subsection ~~2~~3 of North Dakota Century Code section 43-45-05.1:

1. ~~A requirement of at least nine hundred sixty hours of supervised clinical experience as an addiction counselor is at least substantially the same as the clinical training requirements for a licensed addiction counselor in section 4.5-02.1-01-04.~~

~~2. A requirement of at least seven hundred hours of supervised clinical experience as an addiction counselor is at least substantially the same as the clinical training requirements for a licensed master addiction counselor in section 4.5-02.1-01-04.~~

~~3.~~ A current national certified addiction counselor level II certification issued by the national association for alcoholism and drug abuse counselors meets the licensure requirements imposed under this chapter for a licensed addiction counselor.

~~4.~~2. A current master addiction counselor certification issued by the national association for alcoholism and drug abuse counselors or the national board for certified counselors meets the licensure requirements imposed under this chapter for a licensed master addiction counselor.

History: Effective April 1, 2009; amended effective July 1, 2018; October 1, 2025.
General Authority: NDCC 43-45-04
Law Implemented: NDCC 43-45-04, 43-45-05.1

4.5-02.1-01-07. Fees.

1. Initial license fee:
   a. Application for license received on or after January first of the even-numbered year and before July first of the even-numbered year — $300.00
   b. Application for license received on or after July first of the even-numbered year and before January first of the odd-numbered year — $250.00
   c. Application for license received on or after January first of the odd-numbered year and before July first of the odd-numbered year — $150.00
   d. Application for license received on or after July first of the odd-numbered year and before January first of the even-numbered year — $100.00
2. Biennial renewal of license fee — $300.00
3. Private practice initial fee — $200.00
4. Late fee — $200.00
5. Annual continuing education provider approval fee — $250.00
6. Provider continuing education program approval fee — $50.00
7. Fee for mailing list — $50.00
8. Written examination fee is the national testing agency fee plus an additional board administrative fee of fifty dollars.

9. ~~An individual who possessed a valid license to practice addition counseling on June 30, 2018, who applies for licensure as a licensed clinical addiction counselor or licensed master addiction counselor prior to January 1, 2024, shall pay an administrative fee of seventy-five dollars at the time of application.~~

~~10.~~ An individual who is granted a license to practice addiction counseling on or after July 1, 2018, who meets the academic requirements for a licensed master addiction counselor and has

completed the two thousand hours of clinical training shall pay an administrative fee of seventy-five dollars at the time of application.

The fees assessed by the board are nonrefundable.

History: Effective January 1, 2002; amended effective January 1, 2008; April 1, 2009; July 1, 2014; July 1, 2018; October 1, 2025.
General Authority: NDCC 43-45-04
Law Implemented: NDCC 43-45-04, 43-45-07

CHAPTER 4.5-02.1-02

4.5-02.1-02-02. Continuing education.

1. Continuing education credit is awarded to a participant at a workshop or seminar. To maintain licensure, licensed addiction counselors, licensed clinical addiction counselors, and licensed master addiction counselors are required to complete forty hours of continuing education for the two-year licensing period, at least six hours of which must be on the topic of professional ethics.

   a. ~~Twenty~~Thirty approved continuing education hours are required if an addiction counselor is initially licensed between January first and June thirtieth of ~~the odd-numbered~~an even-numbered year, including six hours of ethics.

   b. Twenty approved continuing education hours are required if an addiction counselor is initially licensed on or after July first of an even-numbered year, including four hours of ethics.

   c. Ten approved continuing education hours are required if an addiction counselor is initially licensed between January first and June thirtieth of the odd-numbered year, including two hours of ethics.

   d. No continuing education hours are required if an addiction counselor is initially licensed on or after July first of an odd-numbered year.

   ~~c.~~e. Continuing education hours cannot be earned until after the license effective date and only within the current licensing period.

   ~~d.~~f. Continuing education hours may only be applied to one licensing period.

   ~~e.~~g. ~~Applicants~~An applicant who ~~were~~was previously licensed in North Dakota but whose license lapsed for a period of less than five years shall complete forty continuing education hours, at least six of which must be on the topic of professional ethics, within the two years prior to application.

   ~~f.~~h. ~~Applicants~~An applicant who ~~were~~was previously licensed in North Dakota but whose licensed lapsed for a period of five years or more shall complete forty continuing education hours, at least six of which must be on the topic of ethics, within the two years prior to application. The board may require such an applicant to take a written examination approved by the board.

   i. A licensed addiction counselor registered as a clinical supervisor, licensed clinical addiction counselor, and licensed master addiction counselor are required to complete three hours of clinical supervision-related continuing education hours within the two-year continuing education cycle to maintain registered clinical supervisor status. Leadership training does not qualify for clinical supervision continuing education hours.

2. Any continuing education program to be used for addiction counseling or supervision of clinical practice continuing education units is subject to board approval, except continuing education programs sponsored or approved by the national association for alcoholism and drug abuse counselors, substance abuse and mental health services administration, the addiction technology transfer centers, the North Dakota addiction counselor's association, the American society of addiction medicine, the North Dakota department of health and human service's division of behavioral health, or the national institute of drug abuse. All other programs shall submit an application on a form provided by the board, and request the board to approve the program.

3. ~~All individuals~~An individual seeking approval of continuing education credits earned from a person other than those listed in this section shall submit a request to the board for approval of continuing education credits. Continuing education, workshops, webinars, and seminars must:

   a. Be related to the practice of addiction counseling, behavioral mental health, or best practice techniques.

   b. Have the potential to increase the licensee's proficiency in addiction counseling.

4. At the end of the two-year reporting cycle, each licensee or registrant shall submit a signed statement on a form provided by the board attesting to satisfaction of the continuing education requirement. ~~The licensee or registrant shall list the activities submitted for continuing education credit and the amount of credit claimed for each one and the date for each session.~~

5. The licensee or registrant may not submit the specific verification of each continuing education experience claimed, but must maintain a file of such verification documentation for two years following the submission of the reporting form.

6. At each reporting period, the board will select a random sample of approximately ten percent of the licensees and require them to provide verification of the continuing education experiences claimed on the reporting form.

7. Any licensed addiction counselor, licensed clinical addiction counselor, or licensed master addiction counselor who is registered as a clinical supervisor shall ensure at least three of the forty continuing education hours contain materials related to clinical supervision techniques and skills, with documentation verifying the content submitted to the board upon request.

8. An approved provider is an entity or an individual approved by the board to provide continuing education without the need for prior board review on a program by program basis. Requirements to obtain and maintain status as an approved provider are as follows:

   a. Completed application.

   b. Application fee.

   c. Provider must ensure all programs offered contain a course outline, learning objectives, and an evaluation of the learning outcome of participants, and provide these documents to the board upon request.

   d. Provider must provide a certificate of completion to participants. Failure to do so may result in the loss of approved provider status.

   e. ~~Complaints~~A complaint against ~~providers~~a provider may be investigated by the board and may result in removal of provider approval status.

   f. Provider must renew the approval annually.

   g. Provider must create a system of monitoring participants' attendance at educational sessions for which the approved provider is awarding continuing education credits. The approved provider must provide documentation of attendance to the board upon request.

9. An approved program is one specific program, with defined continuing education contact hours, approved by the board. Requirements to obtain and maintain program approval status are as follows:

   a. Completed application.

b. Application fee.

c. Program must ensure the program offered contains a course outline, learning objectives, and an evaluation of the learning outcome of participants and provide these documents to the board upon request.

d. Program approval must be approved annually.

History: Effective January 1, 2002; amended effective January 1, 2008; July 1, 2014; July 1, 2018; October 1, 2025.
General Authority: NDCC 43-45-04
Law Implemented: NDCC 43-45-04, 43-45-07

CHAPTER 4.5-02.1-03

4.5-02.1-03-01. Clinical training program.

Clinical training consortium programs for addiction counseling must be approved ~~biennially~~ by the board of addiction counseling examiners and must meet the following conditions:

1. ~~Existing training consortiums~~An entity seeking to create a new training consortium shall apply to the board on a form approved by the board. The entity shall submit documentation to the board, including:

   a. Evidence of licensure by the North Dakota department of health and human services of each addiction treatment facility, or evidence of board approval.

   b. A training program manual which includes policies and procedures, including an organizational chart, which reflects clinical training program director, training facilities and facility supervisors, and admission policies.

   c. A training handbook, which should include trainee grievance procedure.

   d. Evidence of clinical ~~supervisor~~supervision at each treatment facility.

~~c.~~2. ~~Must~~Training consortiums must notify the board in writing of any substantial changes that impact the provision of adequate training, ~~which includes~~including the addition or loss of training facility sites or loss of clinical training program director.

~~f.~~3. ~~If the training consortium seeks to add an entity to its training consortium, the training consortium shall request the addition of that entity in writing and on forms approved by the board, for consideration by the board.~~

~~g.~~ ~~An entity seeking to create a new training consortium shall make a formal application to the board on a form approved by the board. A representative of the proposed training consortium shall appear before the board to discuss the proposal and seek board approval~~The board reserves the right to periodically review the supporting documentation from existing training consortiums.

History: Effective January 1, 2002; amended effective April 1, 2009; July 1, 2014; July 1, 2018; October 1, 2025.
General Authority: NDCC 43-45-04
Law Implemented: NDCC 43-45-04, 43-45-05.1

CHAPTER 4.5-02.1-04

4.5-02.1-04-02. Application for private practice registration.

1. **Qualifications.** To be eligible for registration to provide private practice, an individual must be licensed as a licensed clinical addiction counselor ~~or~~, a licensed master addiction counselor, or a licensed addiction counselor registered as a clinical supervisor.

2. **Registration.** ~~Individuals~~An individual requesting to be registered for private practice shall make a formal application to the board and pay the registration fee.

History: Effective January 1, 2002; amended effective April 1, 2009; July 1, 2014; July 1, 2018; October 1, 2025.
General Authority: NDCC 43-45-04
Law Implemented: NDCC 43-45-04, 43-45-05.3

4.5-02.1-04-04. Application for clinical supervision registration.

1. Qualifications. To be eligible for registration to provide clinical supervision, the following must be met:

   a. ~~Individuals~~An individual who ~~are~~is a licensed clinical addiction ~~counselors~~counselor shall obtain twenty hours of continuing education contact hours in clinical supervision within three years preceding submission of an application.

   b. ~~Individuals~~An individual who ~~are~~is a licensed addiction ~~counselors~~counselor shall provide documentation of the following:

      (1) A minimum of three years of experience as a licensed addiction counselor, including a total of no less than six thousand hours of supervised experience.

      (2) Twenty hours of continuing education contact hours in clinical supervision within four years preceding submission of an application.

      (3) Letters of reference and recommendation from two registered clinical supervisors.

2. Registration. ~~Individuals~~An individual requesting registration for clinical supervision shall make formal application documenting their qualifications on a form approved by the board.

3. ~~All~~A licensed addiction counselor registered as a clinical supervisor, licensed clinical addiction ~~counselors~~counselor, and licensed master addiction ~~counselors~~counselor seeking registration as a clinical supervisor ~~must~~shall submit a signed statement on a form provided by the board verifying three hours of clinical supervision-related ~~coursework~~continuing education within the two-year continuing education cycle. If requested by the board, individuals must provide documentation of the continuing education ~~coursework~~hours.

History: Effective January 1, 2002; amended effective January 1, 2008; July 1, 2014; July 1, 2018; October 1, 2025.
General Authority: NDCC 43-45-04
Law Implemented: NDCC 43-45-01, 43-45-04, 43-45-06

CHAPTER 4.5-02.1-05

4.5-02.1-05-01. Code of ethics.

A licensed addiction counselor and anyone under licensed addiction counselor supervision shall conduct ~~the person's~~ professional practice in conformity with the most recently published national association of alcoholism and drug abuse counselors code of ethics~~, as revised October 9, 2016~~.

History: Effective January 1, 2002; amended effective January 1, 2008; July 1, 2014; July 1, 2018; October 1, 2025.
General Authority: NDCC 43-45-04
Law Implemented: NDCC 43-45-04, 43-45-07.1

TITLE 33

STATE DEPARTMENT OF HEALTH

OCTOBER 2025

ARTICLE 33-03
~~STATE DEPARTMENT OF HEALTH~~PUBLIC HEALTH DIVISION

Chapter	
33-03-01	Free Standing Outpatient Facility - Including Surgical Facilities - Excluding Physicians Clinic [Repealed]
33-03-02	Abortion
33-03-03	Maintenance and Operation of Public Waterworks Systems, Swimming Pools, and Sewerage Systems [Repealed]
33-03-04	Quality of Water [Repealed]
33-03-05	School Water and Sewerage Systems [Repealed]
33-03-06	Sale of Bulk and Bottled Water Supplies Intended for Domestic Purposes [Repealed]
33-03-07	Care and Disposal of Refuse and Garbage [Repealed]
33-03-08	Approval of Plans and Specifications Prior to Construction of Water Works and Sewerage Systems [Repealed]
33-03-09	Health Maintenance Organizations [Repealed]
33-03-10	Home Health Agencies [Repealed]
33-03-10.1	Home Health Agencies
33-03-11	Electronic Hair Removal Technician
33-03-11.1	Electrolysis
33-03-12	Hemophilia
33-03-13	Construction Standards for Residential Facilities for the Physically Disabled
33-03-14	Construction Standards for Small Intermediate Care Facilities for the Mentally Retarded
33-03-15	Hospice Programs
33-03-16	Construction and Location of Toilets [Repealed]
33-03-17	Temporary Work Camps [Repealed]
33-03-18	Milk Sanitation [Repealed]
33-03-19	Food and Drink Sanitation [Repealed]
33-03-20	Minimum Requirements for Sanitation in Places of Employment [Repealed]
33-03-21	Minimum Requirements for Sanitation in Camps [Repealed]
33-03-22	Migrant Labor Housing [Repealed]
33-03-23	Health Care Claims Data
33-03-24	Basic Care Facilities [Repealed]
33-03-24.1	Basic Care Facilities
33-03-24.2	General Standard for Construction and Equipment for Basic Care Facilities
33-03-25	Alternative Health Care Services Projects
33-03-26	Organ Transplant Support Fund
33-03-27	State Community Matching Physician Loan Repayment Program [Repealed]
33-03-28	District Health Units

33-03-29 Residential Care Facilities for Children With Autism
33-03-30 Construction Standards for Residential Care Facilities for Children With Autism
33-03-31 Certificate of Public Advantage [Repealed]
33-03-32 State Community Matching Loan Repayment Program For Nurse Practitioners, Physicians Assistants, and Certified Nurse Midwives [Repealed]
33-03-33 Long-Term Care Nursing Scholarship and Loan Repayment Grant Program
33-03-34 Autism Spectrum Disorder Database
33-03-35 Residential End-of-Life Facility Regulation
33-03-36 Extended Stay Center Registration
33-03-37 Health Care Professional Student Loan Repayment Program
33-03-38 Community Health Workers

CHAPTER 33-03-10.1
HOME HEALTH AGENCIES

Section
33-03-10.1-01 Definitions
33-03-10.1-02 Conflict with Federal Requirements
33-03-10.1-03 Application, Issuance, and Renewal of License
33-03-10.1-04 Inspection by The Department
33-03-10.1-05 Plan of Correction
33-03-10.1-06 Enforcement
33-03-10.1-07 Order and Notice of Order
33-03-10.1-08 Request For Reconsideration
33-03-10.1-09 Appeals
33-03-10.1-10 Governing Body
33-03-10.1-11 Quality ~~Improvement~~Assessment and ~~Program Evaluation~~Performance Improvement
33-03-10.1-12 Education Programs
33-03-10.1-13 Medical Services
33-03-10.1-14 Nursing Services
33-03-10.1-15 Patient Plan of Care
33-03-10.1-16 Clinical Record Services
33-03-10.1-17 Therapeutic Services
33-03-10.1-18 Home Health Aide Training and Competency Evaluation

33-03-10.1-01. Definitions.

The following definitions, in addition to the definitions in North Dakota Century Code section 23-17.3-01, apply to this chapter:

1. "Agency" means home health agency.

2. "Branch" means a location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the home health agency and is located close enough to share administration, supervision, and services.

3. "Clinical note" means a notation of a contact with a patient that is written and dated by a member of the health care team and that describes signs and symptoms, treatment and drugs administered and the patient's reaction, and any changes in physical or emotional condition.

4. "Companion services" includes staying or traveling with a patient and may include provision of guided maneuvering or nonweight bearing assistance.

5. "Department" means the ~~state~~ department of health and human services.

6. "Governing body" means the individual or group in whom the ultimate authority and legal responsibility is vested for the conduct of the agency.

7. "Homemaker services" include preparing meals, shopping, assistance with bill paying, housework, laundry, transportation, communication, and mobility outside the patient's residence.

8. "Parent" means the agency office that develops and maintains administrative control of the branch offices.

9. "Progress notes" means a written notation, dated and signed by a member of the health care team, which summarizes facts about care furnished and the patient's response during a given period of time.

10. "Supervised practical training" means training in a laboratory or other setting in which the home health aide trainee demonstrates tasks on an individual under the direct supervision of a registered or licensed practical nurse.

History: Effective January 1, 1998; amended effective October 1, 2025.
General Authority: NDCC 23-01-04, 23-17.3-08
Law Implemented: NDCC 23-17.3-01, 23-17.3-08

33-03-10.1-10. Governing body.

The governing body is legally responsible for the quality of patient care services; for patient safety and security; for the conduct, operation, and obligations of the agency; and for ensuring compliance with all federal, state, and local laws. Contracts, arrangements, or other agreements may not limit the responsibility of the governing body in any way. The governing body shall:

1. Have bylaws or the equivalent, which shall be reviewed annually and be revised as needed. They must be made available to all members of the governing body. The bylaws or equivalent must specify the duties and responsibilities of the governing body.

2. Approve an overall plan and budget for the agency which includes an annual operating budget and capital expenditure plan.

3. Provide and maintain an office facility adequately equipped for efficient work and which provides a safe working environment in compliance with local ordinances and fire regulations.

4. Employ a qualified administrator who is designated in writing as administratively responsible and available for all aspects of agency operation including the employment of qualified staff, accuracy of public information, and implementation of the budget.

    a. A qualified administrator is:

        (1) A licensed physician, registered nurse, or college graduate with a bachelor's degree who has a minimum of three years of health care management; or

        (2) A person without a college degree may qualify by obtaining the equivalent of six years of supervisory experience in health care management.

    b. The administrator and nurse executive may be the same individual if the individual is dually qualified.

    c. The administrator must identify in writing an individual who is qualified and authorized to act in place of the administrator when the administrator is not available.

5. Organize agency services to ensure quality of patient care. An organizational chart, from the governing body to the patients, with a written description of the organization, authorities, responsibilities, accountabilities, and relationships must be maintained which must include:

   a. A description of each service offered;

   b. Policies and procedures pertaining to each service;

   c. Job descriptions for each discipline; and

   d. A description of the system for maintenance of patient records.

6. Ensure the development, implementation, review and revision of policies and procedures as changes in standards of practice occur. ~~All policies~~Policies and procedures ~~must be reviewed at a minimum of every three years and~~ must include the following:

   a. Operation and administration of the agency, including:

      (1) Provision of therapeutic and supportive services under the direction of a physician or registered nurse.

      (2) Acceptance of only patients for whom they can provide the needed services. Acceptance is based on medical, nursing, and social information provided by the patient's physician, the facility the patient is being discharged from, and the staff of the agency, as applicable.

      (3) Provision of services to patients consistent with the treatment plan established, signed, and regularly reviewed by the physician responsible for the patient's care. Supportive services may be provided, without a physician's order, consistent with the care plan established, signed, and regularly reviewed by the registered nurse when therapeutic services are not needed by the patient.

      (4) ~~When~~If therapeutic services are ordered, review of the total plan of care ~~shall be reviewed~~ by the patient's physician at such intervals as the patient's condition requires, but no less than once every two months. Verbal authorization to change the plan of treatment shall be reviewed and signed by the physician consistent with agency policy.

      (5) Availability of services to patients regardless of age, sex, religion, or ethnic background.

      (6) Clinical records that are accurate, concise, and consistent with current medical records standards of practice must be maintained for each patient which cover the services the agency provides directly or through arrangement, and contain pertinent past and current medical, nursing, and social information including the plan of treatment and care.

      (7) A means to ensure all records must be maintained in a confidential manner.

      (8) A means to report, investigate, and document action taken on grievances, including follow-through with the patient or the patient's family.

   b. Personnel records that include the following documentation:

      (1) Checking of state registries and licensure boards prior to employment for findings of inappropriate conduct, employment, disciplinary actions, and termination;

      (2) Job descriptions;

(3) Orientation records;

(4) Training and education records;

(5) Disciplinary action records;

(6) Verification of current licensure or registration status, if applicable;

(7) Documentation of annual performance reviews; and

(8) Documentation of competency evaluation of home health aides~~, at a minimum, every two years~~.

c. Notification of each patient in writing of the patient's rights during the initial evaluation visit prior to the initiation of treatment. Patient rights, at a minimum, include the right to:

(1) Be given care without discrimination as to race, color, creed, sex, age, or national origin.

(2) Exercise the person's right as a patient of the agency. If the patient has been judged incompetent, the patient's family or guardian may exercise the patient's rights.

(3) Choose care providers and the right to communicate with those providers.

(4) Be fully informed of the patient's medical condition and to have access to the patient's medical record.

(5) Be informed, in advance, about the care to be furnished and any changes in the care to be furnished, the disciplines that will furnish the care, the frequency of visits proposed, any changes in the plan of care before the change is made, and of the patient's right to participate in planning the care and planning any changes in the care.

(6) Refuse care and to be informed of possible health consequences of this action.

(7) Be provided information regarding advanced directives prior to the initiation of treatment.

(8) Be informed of the need for transfer, referral, or discharge from the agency.

(9) Be treated with dignity, privacy, respect, and consideration as well as freedom from abuse, neglect, or misappropriation of the patient's property.

(10) Voice grievances regarding treatment or care that is, or fails to be, furnished or regarding lack of respect for property by anyone who is furnishing services on behalf of the agency and to not be subjected to discrimination or reprisal for doing so.

(11) Confidentiality regarding the patient's medical condition and medical records.

(12) ~~Advise~~Advice, before care is initiated, of the extent to which payment for agency services may be expected from Medicare, Medicaid, or other sources and the extent to which payment may be required from the patient. The patient must also be informed orally and in writing of any changes in payment sources no later than thirty calendar days after the agency becomes aware of the changes.

(13) Use of the toll-free hotline established by the department to receive complaints or questions about local agencies and the hours of operation of the hotline.

7. Ensure there is a written agreement or contract in place and signed by both parties ~~when~~if arranging for services from individuals not employed directly by the agency or from other agencies.

   a. The written agreement or contract must at a minimum state the following:

      (1) Patients may be accepted for care only by the agency;

      (2) The specific service to be provided;

      (3) The period of time the contract is in effect;

      (4) The availability of the service;

      (5) Financial arrangements;

      (6) Verification that any individual providing service is appropriately licensed or registered as required by state statute or regulation;

      (7) Provisions for supervision of contract personnel where applicable;

      (8) Assurance that individuals providing services under contractual arrangements meet the same requirements as those specified for agency personnel;

      (9) Provision for the documentation of services rendered in the patient's record;

      (10) Provision for the sharing of assessment and plan of care data;

      (11) The geographic area the contractor agrees to serve;

      (12) Specify that only the contracting agency shall bill for services provided under the written agreements and collect the applicable payments pertaining to the contracted services; and

      (13) Evaluation of the acceptability of the contracted services.

   b. ~~All contract~~Contract services must be provided in accordance with the patient's plan of care.

   c. The agency shall assure that all contract services are provided in accordance with the agreement. Agreements must be reviewed on an annual basis and updated as necessary.

   d. The agency that is subcontracting its work must maintain or produce a complete home care record for each patient.

8. Ensure the agency obtains and maintains compliance with the applicable parts of the clinical laboratory improvement amendments of 1988, 42 CFR part 493, if the agency provides any laboratory testing service, regardless of the frequency or the complexity of the testing.

9. Meet with agency administrative staff to review the operation of the agency at a frequency sufficient to ensure safe and effective patient care.

10. Keep minutes of all meetings including actions taken.

History: Effective January 1, 1998; amended effective October 1, 2025.
General Authority: NDCC 23-01-04, 23-17.3-08
Law Implemented: NDCC 23-17.3-05, 23-17.3-08

33-03-10.1-11. Quality ~~improvement~~assessment and ~~program evaluation~~performance improvement.

1. The agency shall develop, implement, and document an ongoing agencywide quality ~~improvement~~assessment program to monitor, evaluate, and improve the quality of patient care, administrative, and support services, including all contracted services, and to ensure services are provided in compliance with professional standards of practice.

   a. The quality ~~improvement~~assessment program must include a written plan that identifies a mechanism to identify problems, recommend appropriate action, implement recommendations, and monitor results.

   b. ~~Each quarter a sample of active and closed clinical records must be reviewed, by a group of appropriate professionals representing the home health services provided during the previous quarter, to determine whether established policies are followed in furnishing services directly or through contract. This review must be documented as a part of the quality improvement program.~~

   ~~c. The clinical records for all patients must be reviewed each sixty-two-day period to determine adequacy of the plan of treatment and the appropriateness of continuance of care.~~

   ~~d.~~ The administrator shall maintain a record of the activities of the quality ~~improvement~~assessment program and ensure findings, conclusions, and recommendations are reported to the governing body.

2. The agency shall complete ~~an overall evaluation of its program~~a performance improvement project annually and documentation of the reviews must be maintained as a part of the administrative records. ~~The evaluation must, at a minimum, include an overall policy review, administrative review, and a clinical record review.~~

History: Effective January 1, 1998; amended effective October 1, 2025.
General Authority: NDCC 23-01-04, 23-17.3-08
Law Implemented: NDCC 23-17.3-05, 23-17.3-08

33-03-10.1-14. Nursing services.

1. Skilled nursing services must be provided under the direction of a nurse executive ~~(~~or director of nursing~~)~~ who is a registered nurse licensed to practice in North Dakota, with at least one year's full-time experience in providing direct patient care in a home health setting and three years' experience as a registered nurse. The nurse executive ~~must~~shall have written administrative authority, responsibility, and accountability for the integration and coordination of nursing services consistent with the overall agency organization and plan for patient care. The nurse executive shall:

   a. Be a full-time, salaried employee of the agency;

   b. Supervise all patient care activities to assure compliance with current standards of accepted nursing and medical practice;

   c. Develop, maintain, periodically review, and cause to implement philosophy, objectives, standards of practice, policies and procedures, and job descriptions for each level of nursing service personnel;

   d. Ensure there are sufficient qualified nursing personnel to meet the nursing care needs of the patients in accordance with the plan of care;

e. Ensure there is a registered nurse available by telephone during operating hours and when home health services are being provided to receive referrals, orders, patient phone calls, and any other concerns that may arise; and

f. Identify an alternate registered nurse in writing to function as the nurse executive when the nurse executive is not available.

2. A registered nurse shall:

a. Make the initial evaluation visit, initiate the plan of care, regularly reevaluate the patients' nursing needs, and make necessary revisions to the plan of care.

(1) If the patient receives skilled nursing services and home health aide services, the registered nurse ~~must~~shall make supervisory visits no less frequently than every two weeks.

(2) If the patient is not receiving skilled nursing services, but is receiving home health aide, homemaker, or companion services, the registered nurse ~~must~~shall make contact at least every ~~sixty-two~~sixty days to determine the appropriateness of the plan of care and the acceptability of the care provided.

b. Initiate preventive and rehabilitative nursing procedures, prepare clinical notes, coordinate therapeutic and supportive services, inform the physician and other personnel of changes in the patient's condition and needs, and counsel the patient and family regarding patient care needs.

c. Assign home health aides to specific patients dependent upon the needs of the patient and the skill of the home health aide.

d. Participate in inservice programs, supervise and teach other nursing personnel.

3. Licensed practical nurses shall furnish patient care services in accordance with agency policies, prepare clinical and progress notes, and assist the physician and registered nurse in performing specialized procedures and patient teaching.

4. If home health aide services are provided, either directly or by contract, the services must be provided by individuals who meet the training and competency or competency requirements specified in section 33-03-10.1-18 and meet registry requirements as specified by state statute. Individuals providing home health aide services shall:

a. Be supervised by a registered nurse; and

b. Provide patient care and services that home health aides are permitted to provide by state statute and rules, which are consistent with the physician's orders~~,~~; assigned by the registered nurse for a specific patient~~,~~; and contained in the patient's plan of care ~~and~~, written instructions from the registered nurse or other appropriate professionals, and agency policies and procedures.

History: Effective January 1, 1998; amended effective October 1, 2025.
General Authority: NDCC 23-01-04, 23-17.3-08
Law Implemented: NDCC 23-17.3-05, 23-17.3-08

CHAPTER 33-03-38
COMMUNITY HEALTH WORKERS

Section
33-03-38-01 Definitions
33-03-38-02 Scope of Practice
33-03-38-03 Competencies
33-03-38-04 Community Health Worker Certification Requirements
33-03-38-05 Student and Intern Supervision
33-03-38-06 Community Health Worker Certification by Reciprocity
33-03-38-07 Recertification
33-03-38-08 Denial of Certification or Recertification
33-03-38-09 Disciplinary Actions

33-03-38-01. Definitions.

1. "Abuse" means mental, physical, sexual, or verbal abuse.
2. "Chronic condition" means a condition that lasts twelve months or longer and requires ongoing medical attention or limits a member's activities of daily living.
3. "Competence" means the application and integration of knowledge, skills, ability, and judgment necessary to meet standards.
4. "Deny" means the department's refusal to issue a certification or recertification.
5. "Mental abuse" includes humiliation, harassment, threats of punishment, or deprivation.
6. "Physical abuse" includes hitting, slapping, pinching, kicking, or controlling behavior through corporal punishment.
7. "Revoke" means the withdrawal by the department of the community health worker certification for a specified period of time of no less than one year. If no specified period of time is identified by the department, revocation is permanent.
8. "Sexual abuse" includes sexual harassment, sexual coercion, sexual contact, or sexual assault.
9. "Supervision" means maintaining accountability to determine whether services provided by a community health worker are adequate and delivered appropriately.
10. "Suspend" means the temporary withholding by the department of the ability to practice as a community health worker for a specified or indefinite period of time not to exceed one year.
11. "Verbal abuse" includes any use of oral, written, or gestured language that includes disparaging and derogatory terms to or within hearing distance of a client or the client's family to describe a client's ability to comprehend or disability, regardless of the client's age.

History: Effective October 1, 2025.
General Authority: NDCC 43-66-01, 43-66-03
Law Implemented: NDCC 43-66-01, 43-66-03

33-03-38-02. Scope of practice.

1. A community health worker is a frontline public health worker who is certified by the department to provide preventative services.

2. A community health worker may not perform services that require licensure or training outside what is required for community health worker certification.

History: Effective October 1, 2025.
General Authority: NDCC 43-66-03
Law Implemented: NDCC 43-66-03

33-03-38-03. Competencies.

An applicant for community health worker certification, community health worker, or community health representative shall have competencies in the following areas:

1. Roles, advocacy, and outreach;

2. Organization and resources;

3. Teaching and capacity building;

4. Legal and ethical responsibilities and conduct;

5. Coordination and documentation;

6. Communication and cultural competency; and

7. Health promotion.

History: Effective October 1, 2025.
General Authority: NDCC 43-66-03
Law Implemented: NDCC 43-66-03

33-03-38-04. Community health worker certification requirements.

An applicant for community health worker certification shall file an application on forms provided by the department showing to the department's satisfaction that the applicant has satisfied all the requirements of North Dakota Century Code chapter 43-66 and under this chapter, including:

1. The applicant shall successfully complete one of the following:

    a. Community health worker training program approved by the department and internship. An applicant's training program must include the following components and the associated competencies identified in section 33-03-38-03:

        (1) Understanding the scope;

        (2) How to find local health systems and resources;

        (3) Coaching and reinforcing health education;

        (4) Confidentiality, mandatory reporting, conflict of interest, and ethical practice;

        (5) Working with a care team under a care plan and service documentation;

        (6) Motivational interviewing, active listening, trauma informed care, and knowledge of cultural practices in the community;

        (7) Health promotion and disease prevention; and

        (8) An internship of two hundred hours or more. The internship may include supervised work or be exclusively supervised work.

b. Community health representative training by the Indian health service to provide community-based and medically guided health care, which may include traditional native concepts.

c. Functioning within the scope of practice of a community health worker under supervision.

(1) The supervised work experience must:

(a) Equal or exceed one thousand hours; and

(b) Have occurred within three years prior to the date of application.

(2) The applicant's supervisor shall provide a letter of recommendation attesting to the applicant's knowledge and abilities while functioning within the scope of practice of a community health worker.

2. The applicant shall be eighteen years of age or older.

3. The applicant shall submit the required initial certification fee of thirty dollars.

4. The application must be accompanied by the documents, affidavits, and certificates necessary to establish that the applicant has satisfied the requirements of this chapter.

History: Effective October 1, 2025.
General Authority: NDCC 43-66-03
Law Implemented: NDCC 43-66-03

33-03-38-05. Student and intern supervision.

1. A student and an intern each may function within a community health worker scope of practice while directly supervised by a qualified supervisor or community health worker.

2. A qualified supervisor must be one of the following:

a. A community health worker certified in good standing with the department;

b. A community health worker training program instructor;

c. A physician;

d. A registered nurse; or

e. A licensed social worker.

History: Effective October 1, 2025.
General Authority: NDCC 43-66-03
Law Implemented: NDCC 43-66-03

33-03-38-06. Community health worker certification of reciprocity.

An application for community health worker certification by reciprocity must be considered by the department if the applicant has filed an application on forms provided by the department and the following requirements are met:

1. The applicant holds a current valid license or certification in good standing to practice as a community health worker or community health representative in another state or jurisdiction. Official written verification of licensure or certification status must be received by the department from the other state or jurisdiction;

2. The licensure or certification requirements of the other state or jurisdiction are substantially similar as in North Dakota at the time the application for reciprocal certification is submitted; and

3. The applicant has submitted the required initial certification fee.

History: Effective October 1, 2025.
General Authority: NDCC 43-66-03
Law Implemented: NDCC 43-66-03

33-03-38-07. Recertification.

1. A community health worker certification expires on December thirty-first of even-numbered years.

2. A certification may be renewed by December thirty-first of even-numbered years by filing a recertification application on forms provided by the department and a recertification fee of thirty dollars if the community health worker's certification is current and in good standing with the department and grounds for denial under section 33-03-38-08 do not exist.

3. For an applicant who receives initial certification after July first of an even-numbered year, the certification is automatically recertified on December thirty-first for one additional certification period without payment of an additional recertification fee or submission of a recertification application.

4. The applicant shall complete twelve hours of department-approved virtual or in-person continuing education in topics related to the scope of practice of a community health worker, including two hours of legal and ethical responsibilities.

5. If the recertification application and recertification fee are not received by December thirty-first, the certification expires, and the community health worker may not practice as a community health worker.

6. If an individual with an expired community health worker certification is identified as continuing to practice, the department shall notify the individual and the individual's employer, if known, that the individual immediately shall cease practicing as a community health worker until the recertification process is completed and the individual's certification status becomes current.

7. For thirty days after expiration, an expired license may be renewed by complying with subsections 2 and 4, notwithstanding the deadline under subsection 2.

8. If an expired certification is not renewed within thirty days after expiration, an expired certification may not be renewed, and an applicant shall apply for initial certification.

History: Effective October 1, 2025.
General Authority: NDCC 43-66-03
Law Implemented: NDCC 43-66-03

33-03-38-08. Denial of certification or recertification.

1. The department may deny an application for the issuance of a certification or recertification made by an applicant who:

   a. Failed to comply with North Dakota Century Code chapter 43-66 or this chapter;

   b. Has been convicted of a crime determined by the department to be substantially related to the qualifications, functions, or duties of a community health worker;

c. Has knowingly provided false information to the department to obtain or attempt to obtain certification or recertification;

d. Is currently under certification or license suspension or discipline in any jurisdiction for any type of professional licensure related to health care;

e. Has previously had a community health worker or community health representative certification or license revoked in any jurisdiction;

f. Has otherwise violated the laws or rules regarding community health workers; or

g. Has operated as a community health worker without a current certification from the department.

2. If a certification or recertification application is denied by the department, an applicant may request a hearing pursuant to North Dakota Century Code chapter 28-32, in writing, within thirty days of notification of the denial.

History: Effective October 1, 2025.
General Authority: NDCC 43-66-03
Law Implemented: NDCC 43-66-03

33-03-38-09. Disciplinary actions.

1. The department may suspend, revoke, or take other action provided in this section regarding the certification of a community health worker who:

a. Has obtained or attempted to obtain certification or recertification as a community health worker by fraud, deceit, or intentional misrepresentation;

b. Has been convicted of a crime determined by the department to be substantially related to the qualifications, functions, or duties of a community health worker;

c. Has impersonated a licensed health care provider;

d. Has operated as a community health worker without a certification from the department;

e. Has intentionally or negligently engaged in conduct that has been determined by the department to have resulted in a significant risk to the health or safety of a client or in injury to a client;

f. Used alcohol or drugs to such a degree as to interfere with the community health worker's ability to safely operate;

g. Has a physical or mental disability materially affecting the ability of the community health worker to perform the duties of the profession in a competent manner;

h. Has violated this chapter or North Dakota Century Code chapter 43-66;

i. Has failed to cooperate with an investigation or disciplinary action by the department;

j. Is incapable of working with reasonable skill, competence, or safety for the public; or

k. Has misappropriated the property of, abused, or neglected a client.

2. A person may file a complaint against a community health worker with the department. The complaint must be signed and state the claims on a form provided by the department. The complaint may include supporting documentation.

3. Upon receiving the complaint, the department shall provide a copy of the complaint and any supporting documentation to the community health worker.

4. The community health worker has twenty days from the date the individual receives the complaint within which to file a response with the department. The response may include supporting documentation.

5. If the community health worker files a timely response, the department shall consider the complaint, response, and any documentation submitted by the parties, and based on this information, the department may:

   a. Dismiss the complaint as unfounded; or

   b. Determine there is a reasonable basis to believe the claims are true and subject to disciplinary action by the department.

6. If the department determines formal disciplinary action against the community health worker is proper, the department shall prepare a complaint and serve the complaint, along with a notice of hearing, on the community health worker and then proceed with the matter under North Dakota Century Code chapter 28-32. If the matter is unable to be informally resolved and a hearing is held under North Dakota Century Code chapter 28-32, all hearings must be held in Bismarck unless the department and the community health worker agree otherwise.

7. If the community health worker's employer continues to use the individual during the disciplinary action process, the employer shall take reasonable steps to prevent further harm to clients.

History: Effective October 1, 2025.
General Authority: NDCC 43-66-03
Law Implemented: NDCC 43-66-03

CHAPTER 33-44-01
MEDICAL MARIJUANA

Section
33-44-01-01 Definitions
33-44-01-02 Cardholder Notification of Change
33-44-01-03 Fees for Failure to Provide Notice
33-44-01-03.1 Minor Application
33-44-01-03.2 Application Fees for Registry Identification Cards
33-44-01-03.3 Replacement Fees for Registry Identification Cards
33-44-01-04 Cardholder Disposal of Usable Marijuana
33-44-01-05 Expiration of Registry Identification Cards
33-44-01-06 Compassion Center Application Process
33-44-01-07 Establishing Additional Compassion Centers
33-44-01-07.1 Additional Categories of Registered Medical Marijuana Establishments
33-44-01-07.2 Compassion Center Application Fees
33-44-01-07.3 Compassion Center Certification Fees
33-44-01-07.4 Compassion Center Additional Certification Fees
33-44-01-08 Compassion Center Inventory Limits
33-44-01-09 Use of Pesticides Prohibited
33-44-01-10 Pesticide Presence
33-44-01-11 Operations Manual
33-44-01-12 Restricted Access Areas
33-44-01-13 Dispensary Display Areas
33-44-01-14 Usable Marijuana Take Back
33-44-01-15 Medical Marijuana Waste Disposal
33-44-01-16 Recall Procedures
33-44-01-17 Surveillance Requirements
33-44-01-18 Alarm System Requirements
33-44-01-19 Inventory Control Measures
33-44-01-20 Conducting Inventory
33-44-01-21 Personnel Record Retention
33-04-01-22 Compassion Center and Laboratory Incidents
33-44-01-23 Advertising and Marketing
33-44-01-24 Strain or Brand Names
33-44-01-24.1 Medical Cannabinoid Product Formulation
33-44-01-24.2 Cannabinoid Edible Product
33-44-01-25 Usable Marijuana Packaging
33-44-01-26 Manufacturing Facility Labeling
33-44-01-27 Dispensary Labeling
33-44-01-28 Removal of Product Labels
33-44-01-29 Transportation Authorization
33-44-01-30 Transportation Requirements
33-44-01-31 Compassion Center Inspections and Compliance
33-44-01-32 Plan of Correction
33-04-01-33 Data Reporting
33-44-01-34 Law Enforcement Reportable Incidents
33-44-01-35 Reporting Adverse Reactions
33-44-01-36 Laboratory Procurement Process
33-44-01-37 Laboratory Authority
33-44-01-38 Laboratory Agent Registry Identification Cards
33-44-01-39 Laboratory Inspection
33-44-01-40 Usable Marijuana Testing
33-44-01-41 Ordering Tests

33-44-01-42 Compliance Testing Requirements for Dried Leaves and Flowers
33-44-01-43 Compliance Testing Requirements for Cannabinoid Concentrates
33-44-01-44 Compliance Testing Requirements for Medical Cannabinoid Products
33-44-01-44.1 Terpene Analysis
33-44-01-45 Batch Requirements for Compliance Testing
33-44-01-46 Manufacturing Facility Requirements for Labeling, Storing, and Securing Usable Marijuana Batches
33-44-01-47 Standards for Pesticides and Degradation Compounds Compliance Testing
33-44-01-48 Standards for Microbiological Contaminants and Mycotoxin Compliance Testing
33-44-01-48.1 Standards for Heavy Metals Compliance Testing
33-44-01-49 Standards for Solvents Compliance Testing
33-44-01-50 Standards for Water Activity and Moisture Content Compliance Testing
33-44-01-51 Standards for Concentration Compliance Testing
33-44-01-52 Failed Test Samples
33-44-01-53 Tentative Identification of Compounds
33-44-01-54 Random Testing
33-44-01-55 Manufacturing Facility Quality Control and Quality Assurance Program

33-44-01-03.2. Application fees for registry identification cards.

The department shall collect nonrefundable original application fees and nonrefundable renewal application fees for registry identification cards as follows:

1. For resident qualifying patient applications, ~~twenty-five~~forty dollars.

2. For nonresident qualifying patient applications, forty dollars.

3. For compassion center agent application fees, two hundred dollars.

History: Effective October 1, 2022; amended effective October 1, 2025.
General Authority: NDCC 19-24.1-03, 19-24.1-18
Law Implemented: NDCC 19-24.1-03, 19-24.1-03.3, 19-24.1-18

33-44-01-03.3. Replacement fees for registry identification cards.

~~The~~For a cardholder's first time losing a qualifying patient registry identification card or compassion center agent registry identification card, the department shall collect no fees for issuing a new registry identification ~~cards when an original application or renewal application is not submitted as follows:~~card.

~~1.~~ For a ~~lost~~cardholder's second and subsequent times losing a qualifying patient registry identification card or compassion center registry identification card, ~~twenty-five dollars.~~

~~2. For a change in name of a registered qualifying patient or registered compassion center agent, five dollars~~the department shall collect a twenty-five-dollar fee for issuing a new registry identification card.

History: Effective October 1, 2022; amended effective October 1, 2025.
General Authority: NDCC 19-24.1-10, 19-24.1-18
Law Implemented: NDCC 19-24.1-10, 19-24.1-18

33-44-01-20. Conducting inventory.

1. Each compassion center, prior to commencing business, shall:

   a. Conduct an initial inventory of all marijuana and usable marijuana at the compassion center. If a compassion center commences business with no marijuana or usable marijuana, the compassion center shall record the initial inventory as zero.

b. After the initial inventory, ~~a compassion center shall~~ conduct an inventory of marijuana and usable marijuana once a week for a period of at least six months, and upon department approval, at least monthly thereafter.

c. Conduct each inventory in a manner that includes two individuals. ~~One of the two individuals may not be involved in the production and processing of marijuana, the dispensing of usable marijuana, or the preparation of the compassion center financial records.~~ One of the two individuals must be a supervisor or manager.

2. Inventory documentation must include:

a. The date of the inventory;

b. Detailed inventory results; and

c. The name, signature, and title of the individuals who conducted the inventory and an attestation by both individuals as to the accuracy of the inventory.

History: Effective April 1, 2018; amended effective October 1, 2025.
General Authority: NDCC 19-24.1-26
Law Implemented: NDCC 19-24.1-26

33-44-01-23. Advertising and marketing.

1. A dispensary may:

a. Display its business name and logo on labels, signs, websites, and informational material provided to registered qualifying patients and registered designated caregivers. The name or logo may not include:

(1) Images of marijuana or marijuana paraphernalia.

(2) Colloquial references to marijuana.

(3) Names of marijuana plant strains.

(4) Medical symbols that bear a reasonable resemblance to established medical associations, including the American medical association or American academy of pediatrics.

b. Maintain a website that may contain:

(1) The facility name.

(2) Contact information.

(3) Hours of operation.

(4) The usable marijuana offered.

(5) Product pricing.

(6) Other information as approved by the department.

2. A manufacturing facility may ~~display~~:

a. Display its business name and logo on labels, websites, and informational material.

~~a.~~ The name or logo may not include:

(1) Images of marijuana or marijuana paraphernalia.

(2) Colloquial references to marijuana.

(3) Names of marijuana plant strains.

(4) Medical symbols that bear a reasonable resemblance to established medical associations, including the American medical association or American academy of pediatrics.

b. Maintain a website that may contain:

(1) The facility name.

(2) Phone number.

(3) Other information as approved by the department.

3. A dispensary only may dispense usable marijuana ~~when~~if it has been purchased by a registered qualifying patient or registered designated caregiver. A dispensary may not provide free usable marijuana to a registered qualifying patient or registered designated caregiver.

4. ~~All marketing~~Marketing or advertising activities of a compassion center may not be marketed to a minor.

5. Marketing or advertising activities, not covered under subsections 1 and 2, are subject to department approval. The compassion center shall request approval from the department, and the department shall approve or deny the request within thirty calendar days.

History: Effective April 1, 2018; amended effective October 1, 2025.
General Authority: NDCC 19-24.1-36
Law Implemented: NDCC 19-24.1-24.1, 19-24.1-36

33-44-01-24.1. Medical cannabinoid product formulation.

A manufacturing facility must have a certificate of authenticity or similar documentation approved by the department for all ingredients used in formulating a medical cannabinoid product. A certificate of authenticity or similar documentation approved by the department must include the date of expiration. Nonmarijuana ingredients for a medical cannabinoid product intended for ingestion must be of food-grade quality.

History: Effective July 1, 2022; amended effective October 1, 2025.
General Authority: NDCC 19-24.1-36
Law Implemented: NDCC 19-24.1-24.1, 19-24.1-36

33-44-01-24.2. Cannabinoid edible product.

1. A cannabinoid edible product must be marked, stamped, or otherwise imprinted with the letters "THC" or other marking approved by the department.

2. A cannabinoid edible product may not be covered or coated with sugar, candy, or a flavor enhancing ingredient. With written department approval, a cannabinoid edible product may be covered or coated in a nonflavored enhancing wax or oil to enhance shelf stability or usage of the product.

3. Depictions of the product, cartoons, or images other than the universal symbol, pediatric symbol, or manufacturing facility logo may not be included on the cannabinoid edible product packaging.

History: Effective October 1, 2025.
General Authority: NDCC 19-24.1-36
Law Implemented: NDCC 19-24.1-24.1, 19-24.1-36

33-44-01-25. Usable marijuana packaging.

~~All usable~~Usable marijuana packaging used by a manufacturing facility must be approved by the department. A manufacturing facility shall package all usable marijuana intended for distribution according to the following standards:

1. Usable marijuana containers must be:
   a. Plain and opaque.
   b. Tamper-evident.
   c. Child-resistant.
2. Usable marijuana must be packaged to minimize its appeal to ~~children~~minors.
3. Usable marijuana packaging may not be similar to or bear a reasonable resemblance to any commercially available product.
4. Usable marijuana packaging must be resealable if intended for more than a single use.

History: Effective April 1, 2018; amended effective October 1, 2019; October 1, 2025.
General Authority: NDCC 19-24.1-36
Law Implemented: NDCC 19-24.1-24.1, 19-24.1-36

33-44-01-51. Standards for concentration compliance testing.

1. Usable marijuana concentration testing must include:
   a. Tetrahydrocannabinol (THC).
   b. Tetrahydrocannabinolic acid (THCA).
   c. Cannabidiol (CBD).
   d. Cannabidiolic acid (CBDA).
2. The total tetrahydrocannabinol and total cannabidiol must be calculated as follows:
   a. Total tetrahydrocannabinol, where M is the mass or mass fraction of tetrahydrocannabinol or tetrahydrocannabinolic acid:

      M total THC = THC + (0.877 x M THCA)

   b. Total cannabidiol, where M is the mass or mass fraction of cannabidiol and cannabidiolic acid:

      M total CBD = M CBD + (0.877 x M CBDA)
3. Test results must report tetrahydrocannabinol, tetrahydrocannabinolic acid, cannabidiol, and cannabidiolic acid content by dry weight calculated as follows:
   a. P THC(dry) = P THC(wet) / [1-(P moisture/100)].
   b. P THCA(dry) = P THCA(wet) / [1-(P moisture/100)].

c. P CBD(dry) = P CBD(wet) / [1-(P moisture/100)].

d. P CBDA(dry) = P CBDA(wet) / [1-(P moisture/100)].

4. The concentration test fails if the total amount of tetrahydrocannabinol and tetrahydrocannabinolic acid, as calculated pursuant to this section, exceeds the maximum concentration or amounts permitted in North Dakota Century Code chapter 19-24.1.

5. The concentration test fails if the tetrahydrocannabinol or cannabidiol content of a medical cannabinoid product is determined through testing not to be homogenous. A medical cannabinoid product is considered not to be homogenous if ~~ten percent of the infused portion of the medical cannabinoid product contains more than twenty percent of the total tetrahydrocannabinol or cannabidiol contained within the entire~~test results identify a total tetrahydrocannabinol or cannabidiol variation of plus or minus fifteen percent. A medical cannabinoid product intended for ingestion must include concentration homogeneity testing.

6. If the samples do not pass testing standards for concentration, the manufacturing facility must comply with section 33-44-01-52.

History: Effective April 1, 2018; amended effective October 1, 2019; July 1, 2022; October 1, 2025.
General Authority: NDCC 19-24.1-36
Law Implemented: NDCC 19-24.1-36

33-44-01-55. Manufacturing facility quality control and quality assurance program.

1. A manufacturing facility shall develop and follow a written quality control and quality assurance program. The program must be established to protect qualifying patient health and implemented in a manner to assist in complying with testing required in sections 33-44-01-42, 33-44-01-43, and 33-44-01-44. A manufacturing facility is not prohibited by these rules to test marijuana and usable marijuana as part of a quality control and quality assurance program.

2. A quality control and quality assurance program must include an assessment of the profile of the active ingredients, including expiration date, and the presence of inactive ingredients and contaminants. Testing results must be used to determine appropriate conditions and expiration dates.

3. A manufacturing facility shall develop and follow written procedures for sampling marijuana and usable marijuana. Procedures must be developed related to sampling methods, sample collection, and documentation of sampling. Test results from random samples must be retained for at least three years.

4. The manufacturing facility shall develop and follow written procedures for performing stability testing of usable marijuana to determine product expiration date. Once an expiration date has been determined through testing described in subsection 5, a manufacturing facility must perform periodic stability testing to verify expiration dates.

5. If stability testing has not been completed within one year of production, a manufacturing facility may assign a tentative expiration date based on available stability information. Stability testing is to include, at a minimum, an assessment of microbiological contaminants and mycotoxins, heavy metals, and concentration. ~~When~~If applicable, the stability testing must include water activity and moisture content or solvents. If an expiration date is one year or less, at a minimum, a stability test must be performed once before fifty percent of the period has expired and at the end of the expiration date. If an expiration date is more than one year, at a minimum, a stability test must be performed at no less than six-month intervals and at the end of the expiration date. After the manufacturing facility verifies the tentative expiration date, or determines the appropriate expiration date, the manufacturing facility shall include the expiration date on each batch of marijuana or usable marijuana.

6. A manufacturing facility shall retain a uniquely labeled reserve sample representing each harvest lot, process lot of cannabinoid concentrate to be packaged in a container for transfer to a dispensary, and process lot of medical cannabinoid product for at least ~~one year~~six months following the expiration date. The reserve sample must be stored in the same immediate container-closure system the usable marijuana is packaged in for dispensaries, or in one that has similar characteristics. The reserve sample must consist of ~~at least twice~~ the quantity necessary to perform all required tests.

History: Effective April 1, 2018; amended effective October 1, 2019; October 1, 2025.
General Authority: NDCC 19-24.1-36
Law Implemented: NDCC 19-24.1-36

TITLE 67

PUBLIC INSTRUCTION, SUPERINTENDENT OF

OCTOBER 2025

CHAPTER 67-19-01
ACCREDITATION: PROCEDURES, STANDARDS, AND CRITERIA

Section

67-19-01-01 Definitions [Repealed]
67-19-01-02 Accreditation Status [Repealed]
67-19-01-03 Loss of Accreditation Status - Penalties [Repealed]
67-19-01-04 Nonclassified [Repealed]
67-19-01-05 Identification of Accreditation Status [Repealed]
67-19-01-06 Classification by School Grade Description and Authority
67-19-01-07 Enrollment Categories [Repealed]
67-19-01-08 Qualifications and Time Assignments for Administrators, Counselors, and Library Media Specialists [Repealed]
67-19-01-09 Types of Standards and Criteria - Penalties [Repealed]
67-19-01-10 Review Cycle [Repealed]
67-19-01-11 Appeals Procedure [Repealed]
67-19-01-12 Alternative Formats and Procedures [Repealed]
67-19-01-13 Calculation Tables for Secondary, Middle Level, and Junior High Schools [Repealed]
67-19-01-14 Calculation Tables for Elementary Schools [Repealed]
67-19-01-15 Education Improvement Process [Repealed]
67-19-01-16 Administration - Superintendent Qualifications and Time Assignments [Repealed]
67-19-01-17 Qualifications of an Administrative Assistant or Assistant Superintendent [Repealed]
67-19-01-18 Administration - Secondary School Principal Qualifications and Time Assignments [Repealed]
67-19-01-19 Administration - Middle Level and Junior High School Principal and Assistant Principal - Qualifications and Time Assignments [Repealed]
67-19-01-20 Administration - Elementary School Principal Qualifications and Time Assignments [Repealed]
67-19-01-21 Administration - Shared Elementary School Principal - Elementary School Principal Qualifications and Time Assignments [Repealed]
67-19-01-22 Administration - Assistant Elementary School Principal - Elementary School Principal Qualifications and Time Assignments [Repealed]
67-19-01-23 Instructional Personnel - Curriculum or Instructional Area Director [Repealed]
67-19-01-24 Instructional Personnel - Secondary School Teacher Qualifications [Repealed]
67-19-01-25 Instructional Personnel - Secondary School Teacher Qualifications - Specific Subject Area Preparation [Repealed]
67-19-01-26 Instructional Personnel - Middle Level or Junior High School Teacher Qualifications - General Preparation [Repealed]
67-19-01-27 Instructional Personnel - Middle Level or Junior High School Teacher Qualifications - Specific Subject Area Preparation [Repealed]

67-19-01-28 Instructional Personnel - Elementary School Teacher Qualifications - General Preparation [Repealed]
67-19-01-29 Instructional Personnel - Elementary School Teacher Qualifications - Specific Subject Preparation [Repealed]
67-19-01-29.1 Instructional Personnel - Specialized Credential Preparation
67-19-01-30 Professional Development Plan [Repealed]
67-19-01-31 Written Curriculum Plan for Kindergarten Through Grade Twelve [Repealed]
67-19-01-32 Instructional Program - Enrollments in Grades Nine Through Twelve [Repealed]
67-19-01-33 Middle Level or Junior High School - Enrollment in Grade Nine [Repealed]
67-19-01-34 Instructional Program - Enrollments in Grades Seven and Eight [Repealed]
67-19-01-35 Instructional Program - Enrollments in Prekindergarten Through Grade Six [Repealed]
67-19-01-36 Class Size [Repealed]
67-19-01-37 Teacher Preparation Time - Prekindergarten Through Grade Twelve [Repealed]
67-19-01-38 Student Evaluation [Repealed]
67-19-01-39 Pupil Personnel Services [Repealed]
67-19-01-40 Counseling and Guidance Services - Prekindergarten Through Grade Six [Repealed]
67-19-01-40.1 Counseling and Guidance Services - Grades Seven Through Twelve for the 2009-10 School Year [Repealed]
67-19-01-40.2 Counseling and Guidance Services - Grades Seven Through Twelve After the 2009-10 School Year [Repealed]
67-19-01-41 Library Media Services [Repealed]
67-19-01-42 School Policies - Handbooks [Repealed]
67-19-01-43 Driver's Education Program - Administrative Requirements [Repealed]
67-19-01-44 ~~Approval~~Accreditation of Public Schools - Review Process - Adoption of ~~Approval and~~ Accreditation Process

67-19-01-44. ~~Approval~~Accreditation of public schools - Review process - Adoption of ~~approval and~~ accreditation process.

1. ~~To be certified as an approved public school, a school must participate and meet the requirements of a school improvement review process.~~

~~2. To meet approval requirements, the review process must be:~~

~~a. Designed to improve student achievement;~~

~~b. Designed as a continuous cycle of improvement; and~~

~~c. Approved by the superintendent of public instruction.~~

~~3. a. The AdvancED Accreditation Policies and Procedures for AdvancED accreditation in effect on June 25, 2015, are adopted by reference.~~

~~b. Copies of these policies and procedures for accreditation may be obtained from:~~

~~North Dakota Department of Public Instruction~~
~~State Capitol~~
~~600 East Boulevard Avenue~~
~~Bismarck, ND 58505-0440~~
~~https://www.nd.gov/dpi~~

The superintendent of public instruction shall contract with a nationally recognized accreditation organization to provide accreditation to public schools at no cost.

2. "State-approved list", for the purpose of this section, means a list of nationally recognized accreditation organizations that meet the criteria determined by the superintendent of public instruction to award accreditation to schools.

3. To be considered for addition to the state-approved list, at a minimum a school accreditation organization shall:

   a. Be nationally recognized;

   b. Include standards that require measurable outcomes for student academic achievement, curriculum and instruction, educator qualifications, leadership and governance, student support services, and continuous improvement; and

   c. Complete and submit the approval request form, including all required documentation and evidence satisfying determined criteria.

4. A school may use the state-provided accreditation option or select an accreditation option from the state-approved list that best aligns to the instructional goals and operational needs of the school.

5. If a school chooses to use a nationally recognized accreditation organization from the state-approved list rather than the state-provided option, the school is responsible for any accreditation-related costs.

6. Within thirty days, the department of public instruction shall review the submitted approval request form and approve or deny the request. If an accreditation organization is approved, it must be added to the state-approved list.

7. The state-approved list must be created and maintained by the department of public instruction, available on the department's website, and shared upon request.

8. The superintendent of public instruction may remove organizations from the state-approved list if they are not in compliance with the determined criteria.

9. The superintendent of public instruction shall periodically review and evaluate the effectiveness of each accreditation option in improving student achievement and school performance.

History: Effective October 1, 2016; amended effective October 1, 2025.
General Authority: NDCC 15.1-02-04(1), 15.1-02-11
Law Implemented: NDCC 15.1-06-06(1)(d)

CHAPTER 67-23-01

67-23-01-01. Definitions.

As used in this article, the following definitions apply:

1. "Individualized education program" or "IEP" means a written statement for each child with a disability that is developed, reviewed, and revised in accordance with the IDEA section 614(d) [20 U.S.C. 1414(d)].

2. "Individuals With Disabilities Education Act" or "IDEA" means the Individuals With Disabilities Education Improvement Act of 2004, Public Law 108-446 [118 Stat. 2647; 20 U.S.C. 1400-1420].

3. "Least restrictive environment" means that to the maximum extent appropriate, children with disabilities are educated with children who are not disabled and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

4. "Local education agency" means a school district, multidistrict special education unit organized under North Dakota Century Code chapter 15.1-33, or other legally constituted public authority for administrative control or direction of, or to perform a service function for, public elementary or secondary schools.

5. "Multidisciplinary team" means a team of professionals and parents which develops an IEP for a student with disabilities.

6. "Multidistrict special education unit" means a public corporation organized under North Dakota Century Code chapter 15.1-33 for purposes of planning and delivering special education and related services.

7. "Nonsectarian" means not affiliated with or restricted to a particular religion.

8. "Organization" includes school districts, multidistrict local education agencies, child care centers, vocational education centers, private or public residential facilities, counties, and nonprofit agencies.

9. "Related services" means transportation and developmental, corrective, or supportive services needed to help a student with disabilities to benefit from special education.

10. "Resident district" means the school district of residence of the student as determined by law.

11. "Special education unit" means a single-district special education unit or a multidistrict special education unit.

12. "Student with disabilities" or "child with disabilities" means an individual who:

    a. Is at least three years of age but ~~who~~ has not reached the age of twenty-one before August first of the year in which the individual turns twenty-one, and ~~who~~ because of mental, physical, emotional, or learning characteristics requires regular or special education and related services designed to meet the individual's educational needs; and

    b. Is an individual with intellectual disability, ~~hearing impairment including deafness~~deaf or hard of hearing, speech or language impairment, visual impairment including blindness, emotional ~~disturbance~~disability, orthopedic impairment, autism, traumatic brain injury,

other health impairment, specific learning disability, deaf-blindness, or ~~multiple disabilities~~noncategorical delay.

History: Effective February 1, 2000; amended effective January 1, 2008; January 1, 2020; October 1, 2021; October 1, 2025.
General Authority: NDCC 15.1-32-09
Law Implemented: NDCC 15.1-32-01, 15.1-32-09; 20 U.S.C 1400-1419

TITLE 72

SECRETARY OF STATE

OCTOBER 2025

CHAPTER 72-02.2-01.1

72-02.2-01.1-04. Licensing.

1. Licenses are issued for a calendar year beginning January first and ending December thirty-first. ~~When~~If applying for a license, the applicant shall ~~sign~~submit the application affirming ~~by oath~~ the information provided is correct.

2. The licenses available and the fees for each license are as follows:

   a. Boxer or kickboxer - Twenty-five dollars.

   b. Cornerperson or second or trainer - Twenty-five dollars.

   c. Judge - Twenty-five dollars.

   d. Knockdown counter - Twenty-five dollars.

   e. Manager - Fifty dollars.

   f. Matchmaker - Fifty dollars.

   g. Physician - No fee.

   h. Promoter - Two hundred fifty dollars.

   i. Referee - Twenty-five dollars.

   j. Timekeeper - Twenty-five dollars.

History: Effective February 1, 1997; amended effective February 26, 1997; July 1, 2016; October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07
Law Implemented: NDCC 53-01-07

72-02.2-01.1-05. Terms and conditions of license.

1. Except for a contestant and as otherwise indicated, every licensee shall:

   a. ~~Be at least~~Provide proof that the applicant is eighteen years of age or older. A valid form of proof is a photo driver's license, state-issued identification card, tribal-issued identification card, passport, or birth certificate combined with additional photo identification.

b. Have at least one year of verifiable experience and proficiency in either professional or amateur boxing.

c. Be licensed for each role the licensee has in the event, and if more than one, only may be required to pay the fee for the highest priced license issued to the licensee.

d. Understand the commissioner will honor the actions of other regulatory jurisdictions.

e. Understand the commissioner or commission may issue a verbal warning for the first infraction of the law or rules, a written warning for a second infraction, and a suspension up to six months for a third infraction. The commissioner or commission, without warning, may suspend a license for a violation that endangers the life or health of any person.

2. ~~To become licensed, a contestant shall:~~Every applicant for a judge, referee, or timekeeper license shall submit proof of qualifications, including certified training from the association of boxing commissions and combative sports.

3. Every applicant for a physician (medical doctor or doctor of osteopathic medicine) license shall submit proof of licensure to practice medicine in the state of North Dakota and proof of certification through the association of ringside physicians.

4. Before the commissioner issues a license to a contestant, the applicant shall:

a. ~~Be at least~~Provide a valid form of proof that the applicant is eighteen years of age or older. A valid form of proof is a photo driver's license, state-issued identification card, tribal-issued identification card, passport, or birth certificate combined with additional photo identification.

b. Have and provide a boxer's federal identification card issued by the association of boxing commissions and combative sports ~~and if not, make application~~or apply for one through the commissioner.

c. Provide the contestant's legal name ~~and professional name~~, photo identification, address, contact telephone number, social security number, birth date, height, weight, eye color, ~~and~~ any distinguishing marks and, if applicable, professional name.

d. Provide the names and ~~addresses~~contact information of the contestant's manager and trainer.

e. Disclose whether the contestant has been suspended during the preceding twelve months, by which jurisdiction, and for what reason.

f. ~~Present documented evidence the contestant has been tested within six months of application by a laboratory in the United States that possesses a certificate under the Clinical Laboratory Improvement Act [42 U.S.C. 263a], to detect the presence of bloodborne pathogens, as identified by the commissioner, with negative results.~~

g. ~~Disclose the date of the contestant's most recent physical examination, any serious bodily injuries, any serious head injuries, any surgeries, and whether the contestant is using any prescriptions or medications. If the commissioner or commission member determines a question exists as to the medical condition of a boxer, a complete physical examination may be required, at the contestant's expense. Upon completion of the examination, the physician chosen shall submit a report directly to the commissioner and to the contestant. The physician's report must affirmatively state whether the contestant has the health and fitness to safely box. The physician's report must be filed with the commissioner in the boxer's permanent medical record~~Submit to the commissioner the results of current laboratory work and medical examinations on forms prescribed by the

commissioner, which state the contestant is cleared to participate in a combative sports match, including bloodwork results for hepatitis B surface antigen (HBsAg), hepatitis C virus (HCV), and HIV. Bloodwork results are valid for six months from the date the blood was drawn. The commissioner may not issue a license to an applicant submitting positive test results for HBsAg, HCV, or HIV.

g. Undergo at the discretion of the commissioner and the contestant's expense any of the following medical examinations and submit the results for approval to participate:

(1) A physical examination performed by a licensed medical doctor, doctor of osteopathic medicine, advanced practice nurse practitioner, or physician assistant. Physical examinations are valid for one year from the date of examination.

(2) An ophthalmological examination performed by an ophthalmologist or optometrist which includes dilation designed to detect any retinal defects or other damage or condition of the eye that may be aggravated by combative sports. Ophthalmological examinations are valid for one year from the date of examination.

(3) Other appropriate neurological or physical examinations before any contest, if the commissioner determines the examination is desirable to protect the health of the contestant.

h. Understand the contestant may not compete in a contest or exhibition within seven days ~~after~~of the contestant's previous contest or within ninety days of a contest in which they were unable to defend themselves.

i. Understand a suspension must be reported to the registry.

j. Wear trunks, without buckles or ornaments, which are belted at the contestant's waistline.

k. Use a mouthpiece that fits the contestant's mouth.

l. If a female contestant, ~~shall~~ wear a breast protector and groin protector, and if a male contestant, ~~shall~~ wear a protection cup.

m. Secure hair, so it does not impede the vision or safety of the contestant or the other contestant in a match.

n. Use only minimum cosmetics.

o. If a female contestant, certify the contestant is not pregnant.

p. Understand the commissioner may honor the actions of other regulatory jurisdictions. However, the commissioner may allow a contestant suspended by another jurisdiction to box if permitted under the Professional Boxing Safety Act of 1996 [Pub. L. 104-272].

q. Understand the commissioner may hold an informal hearing to determine whether a contestant ~~should~~may be licensed or whether an existing license ~~should~~may be suspended or revoked. The contestant or designated representative may attend.

r. Understand ~~that~~ if, in the judgment of the commissioner or commission, a contestant is guilty of an act detrimental to the integrity of boxing, or to the public interest, the commissioner may deny the contestant's license or suspend or revoke an existing license.

s. Understand the commissioner or commission may issue a verbal warning for the first infraction of the law or rules, a written warning for a second infraction, and a suspension

up to six months for a third infraction. The commissioner or commission may, without warning, suspend a license for a violation that endangers the life or health of any person.

t. Understand the contestant may request an informal hearing before the commissioner to review the suspension or revocation of a license for a recent knockout, injury, or other medical reason to provide proof of a sufficiently improved physical condition. The contestant also may request an informal hearing before the commissioner to review a suspension or revocation of a license for a positive drug test, providing a false alias, ~~or~~ having a false boxer's federal identification card, or providing a false document or information to obtain a license.

History: Effective February 1, 1997; amended effective July 1, 1997; October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07
Law Implemented: NDCC 53-01-07

72-02.2-01.1-06. Duties of promoter.

A promoter shall:

1. ~~Make application~~Apply to the commissioner or commission to produce, arrange, or stage a match a minimum of two months prior to the event.

2. Provide proof of adequate insurance covering contestants, officials, and the public present at the event.

3. Provide medical insurance and pay the deductibles for each contestant covering injuries sustained by a contestant during the competition with a minimum benefit of two thousand five hundred dollars and at least two thousand five hundred dollars for an accidental death.

4. Provide a completed notification of contest form to the commissioner a minimum of five days prior to the event.

5. Seek approval from the commissioner for a change in the announced or advertised programs for any main match a minimum of forty-eight hours prior to the scheduled weigh-in for the event. The change must be included in any public announcement or advertisement relating to the match and posted at ticket offices and announced from the ring prior to the opening match. If, because of the change, a patron requests a refund of the purchase price of their ticket, the promoter shall grant the refund if it is presented at the ticket office before the start of the second match or the main match, whichever comes first.

6. Select and hire all ring officials, including judges, knockdown counter, physician, referees, and timekeeper, with the approval and assignment of the commissioner, and shall pay the officials for their services.

7. Provide the commissioner with copies of all contracts between the promoter and contestants, which are subject to the commissioner's review to verify consistency with the requirements of state law and these rules.

8. Understand the failure to follow state law or these rules or failure to cooperate with the commissioner or a commission member may result in a future denial of a match.

9. Pay an administrative fee to reimburse the commissioner for the costs of regulating the event by making a monetary deposit with the commissioner, in an amount satisfactory to the commissioner, prior to the event and paying the balance within thirty days ~~after~~of being invoiced for the event. The deposit only is refundable when an event is canceled due to

circumstances which are, in the opinion of the commissioner, extreme and beyond the control of the promoter.

History: Effective February 1, 1997; amended effective October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07
Law Implemented: NDCC 53-01-07

72-02.2-01.1-11. Duties of physician.

1. A physician shall examine each contestant ~~at the weigh-in prior to the match and~~within thirty-six hours before entering the ring. The examining physician immediately shall file with the commissioner a written report of the examination to certify to the commissioner the contestant is in acceptable physical condition to box.

2. The examination must include an examination of the following: the contestant's heart and general physical and neurological condition, including the eyes, ears, mouth and jaw, nose, chest, head, hands, abdomen, blood pressure, and resting heart rate.

3. If more than one physician is present, the commissioner shall select one to be the head physician. If the physician also is a commission member, the physician may not serve concurrently as the ringside physician and commission member during the match.

4. The physician shall sit near the ring steps and remain there during the match unless required in the ring. After the match, the physician shall examine and certify each contestant's physical condition.

5. The physician may enter the ring during a match and terminate the match if the physician determines the contestant has or may have a serious physical injury. The physician immediately shall render emergency treatment as required and shall recommend further treatment, or hospitalization as required. The physician may require for a period the contestant or contestant's manager to remain in the ring or on the premise. For the commissioner's records, the physician shall file a report of the incident.

History: Effective February 1, 1997; amended effective October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07
Law Implemented: NDCC 53-01-07

72-02.2-01.1-16. Weight and weighing ceremony.

1. At a time and place approved by the commissioner, the commission members shall administer a weigh-in event in which each contestant must be weighed before the opposing contestant at least eight but not more than ~~twenty-four~~thirty-six hours before the match.

2. The official scales must be available to all contestants a minimum of two hours before the scheduled start time of the weigh-in event. A title fight must have two scales, the official scale and a second for the contestants. The commissioner shall provide the official scale. The promoter shall provide the ~~scales~~scale for the contestants. For a title match, the official scale must be certified and calibrated by a qualified technician.

3. Only contestants approved for the event may be weighed during the weigh-in event.

4. A contestant who has contracted to participate in a specific weight class may not compete if the contestant's weight exceeds the standards for that weight class unless the contract allows the weight differential to be agreed to by the opposing contestant and the opposing contestant agrees to it.

5. If a contestant does not meet the weight requirements during the weigh-in event for the weight class and the opposing contestant does not agree, the contestant or both contestants have two additional hours to make the prescribed weight.

6. If the contestants fail in making the weight after the two-hour period, both contestant managers shall come to an agreement, or the match is canceled. If allowed by the promoter and agreed to by the commissioner, the contestants may have an exhibition match.

History: Effective February 1, 1997; amended effective October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07
Law Implemented: NDCC 53-01-07

72-02.2-01.1-18. Bandage and glove requirements.

1. A contestant's gloves must be furnished by the promoter.

2. A promoter shall provide at an event the following number of gloves in each size:

   a. Eight ounces [226.8 grams] - Twenty pairs; and

   b. Ten ounces [283.5 grams] - Twenty pairs.

3. The gloves furnished by a promoter must be new or freshly sanitized for every contestant.

4. A commission member shall be present during the wrapping of a contestant's hands.

~~2.~~5. A contestant's bandage for each hand must consist of soft gauze a maximum of twelve yards [10.97 meters] long and a maximum of two inches [50.8 millimeters] wide.

~~3.~~6. The gauze, which may not contain water or any other substance, must be held in place by a maximum of three feet [0.91 meters] of medical tape per hand. The tape may not be applied over the knuckles of the hand.

~~4.~~7. Unless otherwise directed by the commissioner, the gloves for a male contestant weighing less than one hundred forty-seven pounds [66.68 kilograms] must be eight ounces [226.8 grams] and the gloves for a male contestant weighing one hundred forty-seven pounds [66.68 kilograms] or more must be ten ounces [283.5 grams]. The gloves for a female boxer must be ten ounces [283.5 grams].

   a. The commissioner shall approve thumbless boxing gloves, or gloves with the thumb section locked, fastened, tied, or immovable set to the balance of the glove, unless waived by the commission for a title match of twelve rounds.

   b. A commission member shall inspect the gloves to assure the gloves are not broken or unclean, or do not have misplaced or lumpy padding. After approval, the gloves must be kept in the commission's possession until the match. A commission member shall be present when the gloves are placed on the contestant's hands.

   c. The laces on the gloves must be tied on the outside of the back of the wrist and secured and covered with athletic tape to the top of the glove, which tape is then signed by a commission member.

History: Effective February 1, 1997; amended effective October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07
Law Implemented: NDCC 53-01-07

CHAPTER 72-02.2-02

72-02.2-02-03. General provisions.

The rules in this chapter govern all mixed fighting style contests or exhibitions.

1. The commissioner and the commission are the administrators of all professional mixed fighting style contests within the state and over amateur contests, upon request, with the approval of the commissioner.

2. Unless stated otherwise within these rules, the commissioner and commission shall follow the unified rules of mixed martial arts as adopted by the association of boxing commissions and combative sports in effect on October 1, ~~2020~~2025.

3. The commission may not approve the following:

   a. Matches in which more than two contestants appear in the ring at the same time;

   b. Matches in which the contestants are of the opposite sex; and

   c. Matches in which the contestants are not using gloves.

History: Effective October 1, 2006; amended effective October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07
Law Implemented: NDCC 53-01-01.1, 53-01-02

72-02.2-02-04. Licensing - Terms and conditions.

1. Licenses are issued for a calendar year beginning January first and ending December thirty-first. When applying for a license, the applicant shall ~~sign~~submit the application ~~form~~ affirming ~~by oath~~ the information provided is correct.

2. The licenses available and the fees for each license are as follows:

   a. Contestant - Twenty-five dollars.

   b. Judge - Twenty-five dollars.

   c. Manager - Fifty dollars.

   d. Matchmaker - Fifty dollars.

   e. Physician - No fee.

   f. Promoter - Two hundred fifty dollars.

   g. Referee - Twenty-five dollars.

   h. Second or trainer - Twenty-five dollars.

   i. Timekeeper - Twenty-five dollars.

3. Except for a contestant and as otherwise indicated, every licensee shall:

   a. ~~Be at least~~Provide proof that the applicant is eighteen years of age or older. A valid form of proof is a photo driver's license, state-issued identification card, tribal-issued identification card, passport, or birth certificate combined with additional photo identification.

b. Have at least one year of verifiable experience and proficiency in either professional or amateur mixed fight style competition.

c. Be licensed for each role the licensee has in the event, and if more than one, only may be required to pay the fee for the highest ~~prices~~priced license issued to the licensee.

d. Understand the commissioner will honor the actions of other regulatory jurisdictions.

e. Understand the commissioner or commission may issue a verbal warning for the first infraction of the law or rules, a written warning for a second infraction, and a suspension up to six months for a third infraction. The commissioner or commission, without warning, may suspend a license for a violation that endangers the life or health of any person.

4. ~~To become licensed, a contestant shall:~~Every applicant for a judge, referee, or timekeeper license shall submit proof of qualifications, including certified training from the association of boxing commissions and combative sports.

5. Every applicant for a physician (medical doctor or doctor of osteopathic medicine) license shall submit proof of licensure to practice medicine in the state of North Dakota and proof of certification through the association of ringside physicians.

6. Before the commissioner issues a license to a contestant, the applicant shall:

a. ~~Be at least~~Provide proof that the applicant is eighteen years of age or older. A valid form of proof is a photo driver's license, state-issued identification card, tribal-issued identification card, passport, or birth certificate combined with additional photo identification.

b. Have and provide a mixed martial arts national identification card issued by the association of boxing commissions and combative sports ~~and if not, make application~~or apply for one through the commissioner.

c. Provide the contestant's legal name ~~and professional name~~, photo identification, address, contact telephone number, social security number, birth date, height, weight, eye color, ~~and~~ any distinguishing marks and, if applicable, professional name.

d. Provide the names and ~~addresses~~contact information of the contestant's manager and trainer.

e. If a female contestant, certify the contestant is not pregnant.

f. Disclose whether the contestant has been suspended during the preceding twelve months, by which jurisdiction, and for what reason.

g. ~~Present documented evidence the contestant has been tested within six months of application by a laboratory in the United States which possesses a certificate under the Clinical Laboratory Improvement Act [42 U.S.C. 263a], to detect the presence of bloodborne pathogens, as identified by the commissioner, with negative results~~Submit to the commissioner the results of current laboratory work and medical examinations on forms prescribed by the commissioner, which state the contestant is cleared to participate in a combative sports match including bloodwork results for hepatitis B surface antigen (HBsAg), hepatitis C virus (HCV), and HIV. Bloodwork results are valid for six months from the date the blood was drawn. The commissioner shall not issue a license to an applicant submitting positive test results for HBsAg, HCV, or HIV.

h. ~~Disclose the date of the contestant's most recent physical examination, any serious bodily injuries, any serious head injuries, any surgeries, and whether the contestant is~~

~~using any prescriptions or medications. If the commissioner or commission member determines a question exists as to the medical condition of a contestant, a complete physical examination may be required, at the contestant's expense. Upon completion of the examination, the physician chosen shall submit a report directly to the commissioner and to the contestant. The physician's report shall affirmatively state whether the contestant has the health and fitness to safely compete in a mixed fighting style competition. The physician's report must be filed with the commissioner in the contestant's permanent medical record~~Undergo at the discretion of the commissioner and the contestant's expense any of the following medical examinations and submit the results for approval to participate:

(1) A physical examination performed by a licensed medical doctor, doctor of osteopathic medicine, advanced practice nurse practitioner, or physician assistant. Physical examinations are valid for one year from the date of examination.

(2) An ophthalmological examination performed by an ophthalmologist or optometrist which includes dilation designed to detect any retinal defects or other damage or condition of the eye that may be aggravated by combative sports. Ophthalmological examinations are valid for one year from the date of examination.

(3) Other appropriate neurological or physical examinations before any contest, if the commissioner determines the examination is desirable to protect the health of the contestant.

i. Understand the contestant may not compete in a contest or exhibition within seven days ~~after~~of their previous contest ~~nor~~or within ninety days of a contest in which the contestant was unable to defend himself or herself.

j. Understand the commissioner may honor the actions of other regulatory jurisdictions.

k. Understand the commissioner may hold an informal hearing to determine whether a contestant ~~should~~may be licensed or whether an existing license ~~should~~may be suspended or revoked. The contestant or designated representative may attend.

l. Understand the commissioner may deny the contestant's license application or suspend or revoke an existing license if, in the judgment of the commissioner or commission, the contestant is guilty of an act detrimental to the integrity of mixed fighting style competition, or to the public interest.

m. Understand the commissioner or commission may issue a verbal warning for the first infraction of the law or rules, a written warning for a second infraction, and a suspension up to six months for a third infraction. The commissioner or commission, without warning, may suspend a license for a violation that endangers the life or health of any person.

n. Understand the contestant may request an informal hearing before the commissioner to review the suspension or revocation of a license for a recent knockout, injury, or other medical reason to provide proof of sufficiently improved physical condition. The contestant also may request an informal hearing before the commissioner to review a suspension or revocation of a license for a positive drug test, providing a false alias, or having false identification or providing a false document or information to obtain a license.

History: Effective October 1, 2006; amended effective July 1, 2016; October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07
Law Implemented: NDCC 53-01-01.1, 53-01-02

72-02.2-02-05. Duties of promoter.

A promoter shall:

1. ~~Make application~~Apply to the commissioner or commission to produce, arrange, or stage a match a minimum of two months prior to the event.

2. Provide proof of adequate insurance covering contestants, officials, and the public present at the event.

3. Provide medical insurance and pay the deductibles for each contestant covering injuries sustained by a contestant during the competition with a minimum benefit of two thousand five hundred dollars and at least two thousand five hundred dollars for an accidental death.

4. Provide a completed notification of contest form to the commissioner a minimum of five days prior to the event.

5. Seek approval from the commissioner for a change in the announced or advertised programs for any main match a minimum of forty-eight hours prior to the scheduled weigh-in for the event. The change must be included in any public announcement or advertisement relating to the match and posted at ticket offices and announced from the ring prior to the opening match. If, because of the change, a patron requests a refund of the purchase price of their ticket, the promoter shall grant the refund if it is presented at the ticket office before the start of the second match or the main match, whichever comes first.

6. Select and hire all ring officials, including judges, knockdown counter, physician, referees, timekeeper, with the approval and assignment of the commissioner, and shall pay the officials for their services.

7. Provide the commissioner with copies of all contracts between the promoter and contestants, which are subject to the commissioner's review to verify consistency with the requirements of state law and these rules.

8. Understand the failure to follow state law or these rules or failure to cooperate with the commissioner or commission member may result in a future denial of a match.

9. Pay an administrative fee to reimburse the commissioner for the costs of regulating the event by making a monetary deposit with the commissioner, in an amount satisfactory to the commissioner, prior to the event and paying the balance within thirty days ~~after~~of being invoiced for the event. The deposit is refundable only when an event is canceled due to circumstances which are, in the opinion of the commissioner, extreme and beyond the control of the promoter.

History: Effective October 1, 2006; amended effective October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07
Law Implemented: NDCC 53-01-01.1, 53-01-02

72-02.2-02-10. Duties of physician.

1. A physician shall examine each contestant ~~at the weigh-in prior to the match and~~within thirty-six hours before entering the ring. The examining physician immediately shall file with the commission a written report of the examination to certify to the commissioner the contestant is in acceptable physical condition to ~~box~~fight.

2. The examination must include an examination of the following: the contestant's heart and general physical and neurological condition, including the eyes, ears, mouth and jaw, nose, chest, head, hands, abdomen, blood pressure, and resting heart rate.

3. If more than one physician is present, the commissioner shall select one to be the head physician. If the physician also is a commission member, the physician may not serve concurrently as the ringside physician and commission member during the match.

4. The physician shall sit near the ring steps and remain there during the match unless required in the ring. After the match, the physician shall examine and certify each contestant's physical condition.

5. The physician may enter the ring during a match and terminate the match if the physician determines the contestant has or may have a serious physical injury. The physician immediately shall render emergency treatment as required and shall recommend further treatment, or hospitalization as required. The physician may require for a period the contestant or contestant's manager to remain in the ring or on the premise. For the commissioner's records, the physician shall file a report of the incident.

History: Effective October 1, 2006; amended effective October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07
Law Implemented: NDCC 53-01-01.1, 53-01-02

72-02.2-02-15. Weight classes - Weigh-in and weight differences.

1. At a time and place approved by the commissioner, the commission members shall administer a weigh-in event in which each contestant must be weighed before the opposing contestant at least eight but not more than ~~twenty-four~~thirty-six hours before the match.

2. The weight classes are as identified in the unified rules of mixed martial arts as adopted by the association of boxing commissions and combative sports and in effect on October 1, ~~2020~~2025.

3. The official scales must be available to all contestants a minimum of two hours before the scheduled start time of the weigh-in event. A title fight must have two scales, the official scale and a second for the contestants. The commissioner shall provide the official scale. The promoter shall provide the ~~scales~~scale for the contestants. For a title match, the official scale must be certified and calibrated by a qualified technician.

4. Only contestants approved for the mixed fighting style competition event may be weighed during the weigh-in event.

5. A contestant who has contracted to participate in a specific weight class may not compete if the contestant's weight exceeds the standards for that weight class unless the contract allows the weight differential to be agreed to by the opposing contestant and the opposing contestant agrees to it.

6. If a contestant does not meet the weight requirements during the weigh-in event for the weight class and the opposing contestant does not agree, the contestant or both contestants have two additional hours to make the prescribed weight provided that a weight loss in excess of two pounds [907.18 grams] is not permitted for a contestant weighing less than one hundred forty-five pounds [65.77 kilograms] and a weight loss of three pounds [1360.77 grams] is not permitted for a contestant weighing more than one hundred forty-five pounds [67.77 kilograms].

7. If the contestants fail in making the weight after the two-hour period, both contestant managers shall come to an agreement, or the match is canceled. If allowed by the promoter and agreed to by the commissioner, the contestants may have an exhibition match.

History: Effective October 1, 2006; amended effective October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07

Law Implemented: NDCC 53-01-01.1, 53-01-02

72-02.2-02-17. Proper appearance and attire.

Proper appearance and attire are subject to the unified rules of mixed martial arts as adopted by the association of boxing commissions and combative sports and in effect on October 1, ~~2020~~2025.

History: Effective October 1, 2006; amended effective October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07
Law Implemented: NDCC 53-01-01.1, 53-01-02

72-02.2-02-18. Bandage and glove requirements.

1. ~~The~~A contestant's gloves must be furnished by the promoter~~, examined, and approved at the weigh-in by the commissioner to assure the gloves are whole (not broken, rough, or twisted), in sanitary condition, have padding that is not misplaced or lumpy, and fit the hands of the contestant~~.

2. A promoter shall provide at an event the following number of gloves in each of the following sizes:

   a. Size small - eight pairs;

   b. Size medium - twelve pairs;

   c. Size large - twelve pairs;

   d. Size extra large - twelve pairs; and

   e. Size double extra large - eight pairs.

3. A contestant's gloves must be examined and approved at the weigh-in by the commissioner to ensure the gloves are whole and not broken, rough, or twisted; in sanitary condition; have padding that is not misplaced or lumpy; and fit the hands of the contestant.

4. The gloves furnished by ~~the~~a promoter must be new or freshly sanitized for every ~~contest or exhibition that is designated as a main event~~contestant.

~~3.~~5. The gloves of each contestant must weigh a minimum of four ounces [113.4 grams] and a maximum of eight ounces [226.8 grams].

~~4.~~6. The gloves of each contestant must be placed on the contestant hands in the presence of a commission member according to the wrapping requirements of the unified rules of mixed martial arts, as adopted by the association of boxing commissions and combative sports and in effect on October 1, 2020.

History: Effective October 1, 2006; amended effective October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07
Law Implemented: NDCC 53-01-01.1, 53-01-02

72-02.2-02-22. Scoring system.

The judges shall use the "ten point must system" scoring system based on the guidelines as adopted by the association of boxing commissions and combative sports and in effect on October 1, ~~2020~~2025. The contestant winning the round is awarded ten points and the other contestant is awarded nine or fewer points. If the round is even, each contestant receives ten points. Fractions of points are not permitted. If the referee deducts points, the referee shall inform each judge, who then shall make the deduction on a scorecard.

History: Effective October 1, 2006; amended effective October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07
Law Implemented: NDCC 53-01-01.1, 53-01-02

72-02.2-02-23. Fouls, deduction of points, and stoppage of match.

This section follows the guidelines as adopted by the association of boxing commissions and combative sports and in effect on ~~October 1, 2020~~January 1, 2026.

History: Effective October 1, 2006; amended effective October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07
Law Implemented: NDCC 53-01-01.1, 53-01-02

72-02.2-02-25. Results of contests.

The results of the contest will follow the guidelines adopted by the association of boxing commissions and combative sports and in effect on October 1, ~~2020~~2025.

History: Effective October 21, 2006; amended effective October 1, 2020; October 1, 2025.
General Authority: NDCC 53-01-07
Law Implemented: NDCC 53-01-01.1, 53-01-02