ARTICLE 20-02
DENTISTS

Chapter
20-02-01 General Requirements

CHAPTER 20-02-01
GENERAL REQUIREMENTS

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20-02-01-01. Advertising.

1. Advertising by dentists is permitted to disseminate information for the purpose of providing the public a sufficient basis upon which to make an informed selection of dentists. In the interest of protecting the public health, safety, and welfare, advertising which is false, deceptive, or misleading is prohibited.

2. All advertising must contain the legal name of the dentist, or a reasonable variation thereof. In the case of a partnership or corporation, the name used in the advertisement may be the true name of the partnership or corporation. The advertisement must also contain the location, or locations, of the dentist, partnership, or corporation. It is false or misleading for a dentist to hold themselves out to the public as a specialist, or any variation of that term, in a practice area unless the dentist meets the criteria of subsection 3.

3. A dentist engaged in general practice who wishes to announce the services available in the dentist's practice is permitted to announce the availability of those services as long as the dentist avoids using language that expresses or implies that the dentist is a specialist. If a dentist, other than a specialist, wishes to advertise a limitation of practice, such advertisement must state that the limited practice is being conducted by a general dentist. A dentist who is a specialist may announce the dentist's bona fide specialty provided that the dentist has successfully completed a qualifying postdoctoral educational program accredited by an

agency recognized by the United States department of education, of full-time study two or more years in length, resulting in a master of science degree or certificate from an accredited program or be a diplomate of a nationally recognized certifying board approved by this board. Such a dentist may announce that the dentist's practice is limited to the special area of dental practice in which the dentist has or wishes to announce. In determining whether an organization is a qualifying specialty board or organization, the board shall consider the following standards:

a. Whether the organization requires completion of an educational program with didactic, clinical, and experiential requirements appropriate for the specialty or subspecialty field of dentistry in which the dentist seeks certification, and the collective didactic, clinical, and experiential requirements are similar in scope and complexity to a qualifying postdoctoral educational program. Programs that require solely experiential training, continuing education classes, on-the-job training, or payment to the specialty board shall not constitute a qualifying specialty board or organization;

b. Whether the organization requires all dentists seeking certification to pass a written or oral examination, or both, that tests the applicant's knowledge and skill in the specialty or subspecialty area of dentistry and includes a psychometric evaluation for validation;

c. Whether the organization has written rules on maintenance of certification and requires periodic recertification;

d. Whether the organization has written bylaws and a code of ethics to guide the practice of its members;

e. Whether the organization has staff to respond to consumer and regulatory inquiries; and

f. Whether the organization is recognized by another entity whose primary purpose is to evaluate and assess dental specialty boards and organizations.

4. A dentist who advertises on radio or television must retain a recorded copy of such advertising for a period of one year following the termination of the use of such advertising, and is responsible to make recorded copies of such advertising available to the North Dakota state board of dental examiners within thirty days following a request from the board for such copies.

5. No dentist may advertise the dentist, the dentist's staff, the dentist's services, or the dentist's method or methods of delivery of dental services to be superior to those of any other licensed dentist, unless such claim or claims can be substantiated by the advertiser, upon whom rests the burden of proof.

6. This section may not be construed to prohibit a dentist who does not qualify to hold themself out to the public as a specialist under subsection 3 from restricting the dental practice to one or more specific areas of dentistry or from advertising the availability of dental services, provided that such advertisements do not include the term "specialist", or any variation of that term, and must state that the services advertised are to be provided by a general dentist. No advertising by a dentist may contain representations or other information contrary to the provisions of North Dakota Century Code section 43-28-18 or North Dakota Administrative Code title 20.

History: Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; April 1, 2015; July 1, 2022.
General Authority: NDCC 43-28-06
Law Implemented: NDCC 43-28-06, 43-28-10, 43-28-10.1, 43-28-18

20-02-01-02. Office emergency.

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

History: Effective February 1, 1992; amended effective October 1, 1993; May 1, 1996; August 1, 1998; January 1, 2011; October 1, 2024.
General Authority: NDCC 43-20-10, 43-28-06
Law Implemented: NDCC 43-20-01.2, 43-20-01.3, 43-20-10, 43-20-13.2, 43-28-06, 43-28-10.1, 43-28-15

20-02-01-03. Nitrous oxide.

Repealed effective July 1, 2022.

20-02-01-03.1. Requirements for licensure by examination.

The board may grant a license to practice dentistry to an applicant who has met the requirements of North Dakota Century Code section 43-28-10.1 and all the following requirements:

1. The applicant has passed the examination administered by the joint commission on national dental examinations or the national dental examining board of Canada within five years of application.

2. The applicant has passed, within five years of application, a clinical competency examination approved by the board. Required components shall include a periodontal component, posterior composite or amalgam restoration, a class three restorative procedure, and an endodontic component, and after April 1, 2021, a fixed prosthetic component.

3. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.

4. The applicant has the physical health and visual acuity to enable the applicant to meet the minimum standards of professional competence.

History: Effective January 1, 2011; amended effective April 1, 2015; July 1, 2017; April 1, 2021; April 1, 2026.
General Authority: NDCC 43-28-06
Law Implemented: NDCC 43-28-10.1

20-02-01-03.2. Requirements for licensure by credential review.

The board may grant a license to practice dentistry to an applicant who has met the requirements of North Dakota Century Code section 43-28-15 or 43-51.1-02 and all the following requirements:

1. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.

2. The applicant has the physical health and visual acuity to enable the applicant to meet the minimum standards of professional competence.

3. The applicant has completed thirty-two hours of continuing education in accordance with section 20-02-01-06 within two years of application.

4. The applicant has completed an education program, including a certificate program, resulting in the issuance of a doctor of dental surgery or a doctor of dental medicine, or the equivalent.

Determinations of equivalency are made by the board, and are based on the board's review of the application and on an independent assessment carried out by a board-approved assessment or accreditation institution. The applicant shall bear all costs associated with an equivalency assessment. After reviewing the application and assessment, the board may require the applicant to complete additional steps, including completion of additional education, passage of a national written examination, and passage of a clinical competency examination approved by the board. The examination may include a periodontal component, posterior composite or amalgam restoration, a class three restorative procedure, an endodontic component, and a fixed prosthetic component.

5. The applicant has completed a clinical examination, including a hand skills assessment.

History: Effective January 1, 2011; amended effective April 1. 2026.
General Authority: NDCC 43-28-06, 43-51.1-02
Law Implemented: NDCC 43-28-15, 43-51.1-02, 43-51.1-03

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

In addition to the application requirements of sections 20-02-01-03.1 and 20-02-01-03.2 and North Dakota Century Code sections 43-28-10.1, 43-28-11, 43-28-15, 43-28-17, and 43-51.1-02, the board may require an application to be completed within six months of submission of initial application materials and include:

1. Proof of identity, including any name change.

2. An official transcript evidencing the issuance of a doctor of dental surgery or a doctor of dental medicine, or its equivalent as set forth in section 20-02-01-03.2, sent by an accredited dental school directly to the board.

3. Evidence demonstrating the applicant passed the examination administered by the joint commission on national dental examinations within five years of application.

4. Evidence demonstrating the applicant passed a clinical competency examination, approved by the board, within five years of application.

5. Anything necessary for a criminal history record check pursuant to North Dakota Century Code section 43-28-11.2.

6. A certification, from the licensing board of every jurisdiction in which the applicant is licensed, that the applicant is licensed in good standing.

7. Verification that the applicant has completed a cardiopulmonary resuscitation course within two years of application.

8. Verification of physical health and visual acuity.

9. For applications for licensure by credential review, the law and rules stating the requirements for licensure, when the applicant was licensed, of the jurisdiction in which the applicant is licensed.

10. For applications for licensure by credential review and reinstatement from inactive status, proof of completion of thirty-two hours of continuing education in accordance with section 20-02-01-06 within two years of application.

11. An interview of the applicant by the board.

12. Any information required by the application forms prescribed by the board.

History: Effective January 1, 2011; amended effective April 1, 2015; October 1, 2024; April 1, 2026.
General Authority: NDCC 43-28-06, 43-51.1-02
Law Implemented: NDCC 43-28-10.1, 43-28-11, 43-28-11.2, 43-28-15, 43-28-17, 43-51.1-02, 43-51.1-03

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

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

1. Submit to the board a detailed plan for remedial training by an accredited dental school or a dental testing agency. The proposed remedial training must be approved by the board.

2. Submit to the board proof of passing the remedial training within twenty-four months of its approval by the board.

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

History: Effective January 1, 2011; amended effective October 1, 2024.
General Authority: NDCC 43-28-06
Law Implemented: NDCC 43-28-06, 43-28-10.1, 43-28-17

20-02-01-04. Temporary license to practice dentistry.

The board may grant a nonrenewable temporary license to practice dentistry in the state of North Dakota for a period not to exceed one year. Between meetings of the board, the executive director of the board may review the temporary license application and grant a temporary license if all requirements are met.

1. A temporary license to practice dentistry in North Dakota may be granted to a dentist if the dentist:

    a. Has applied to the board as prescribed in North Dakota Century Code section 43-28-11.

    b. Has paid the nonrefundable application and license fee that may be prescribed by the board.

    c. Holds an active dental license in another jurisdiction, has been a full-time student or resident of a dental program accredited by the American dental association's commission on dental accreditation within the last six months, provides evidence of a diploma from a program accredited by the commission on dental accreditation of the American dental association, and meets any other requirements to receive a license to practice dentistry under sections 20-02-01-03.1 and 20-02-01-03.2, or has held a North Dakota dental license within the previous five years.

    d. Has provided a statement from the licensing authority of all the states in which the dentist is licensed that the dentist's license is unencumbered and unrestricted and that the dentist's professional record is free of blemish for professional misconduct, substandard care, or violations of the state's practice act.

e. Has certified that no disciplinary actions are pending in other states or jurisdictions.

f. Has authorized the board to seek information concerning the dentist's professional and personal background and agrees to hold harmless those individuals who may provide such information to the board.

g. Has completed thirty-two hours of continuing education in accordance with section 20-02-01-06.

h. Submits to a criminal background check if the dentist anticipates practicing for a period greater than ten days.

2. The board may apply such restrictions as it deems appropriate to limit the scope of the practice of dentistry under the authority of the temporary license.

3. The board may restrict the licensee to engage in dental practice, as may be limited above, only at certain and specifically defined practice locations.

4. The board may require the North Dakota jurisprudence examination.

History: Effective February 1, 1992; amended effective October 1, 2007; January 1, 2011; April 1, 2015; July 1, 2017; April 1, 2026.
General Authority: NDCC 43-28-06
Law Implemented: NDCC 43-28-06

20-02-01-04.1. Restricted license to practice dentistry.

Repealed effective October 1, 2007.

20-02-01-04.2. Volunteer license to practice dentistry.

1. The board may issue a volunteer license to practice dentistry to an applicant who was formerly licensed in North Dakota or who has an active license issued by another state where the laws are at least substantially equivalent to those of this state, if the applicant:

   a. Practiced for three of the five years immediately preceding the application;

   b. Is determined by the board to be sufficiently experienced and qualified to provide volunteer dental care and the dentist will be supervised in the volunteer setting by a dentist who agrees to be responsible for ensuring the care provided by the applicant meets the minimum standards of professional competence;

   c. Is a resident of a board-approved specialty program; or

   d. The board determines the applicant is qualified and satisfies the criteria specified under North Dakota Century Code section 43-28-10.1.

2. Applicants shall complete and submit an application form provided by the board including:

   a. Proof of a current cardiopulmonary resuscitation course certificate.

   b. A nonrefundable application fee.

   c. Any documentation requested by the board related to the applicant's practice or disciplinary history.

3. A volunteer license:

a. May only be used to provide primary health services without direct or indirect remuneration in a board-approved setting.

b. Must be renewed annually.

c. May be limited, conditioned, or restricted by the board as to its scope, duration, or other criteria.

History: Effective April 1, 2000; amended effective January 1, 2011; April 1, 2015; July 1, 2022; April 1, 2026.
General Authority: NDCC 43-28-06
Law Implemented: NDCC 43-28-06, 43-28-10.2

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

Upon payment of the fee determined by the board, a dentist may place the dentist's license on inactive status. A dentist on inactive status is excused from continuing education requirements other than as set forth in this section. Inactive status must be renewed annually by completing the inactive status renewal application and paying the inactive status renewal fee. A dentist on inactive status may not practice in North Dakota. Only licensees in inactive status may apply for licensure reinstatement. To reinstate a license on inactive status, the dentist shall apply on the form as prescribed by the board, pay a reinstatement fee, and meet all of the following requirements:

1. The applicant has passed a clinical competency examination administered by a dental testing service, approved by the board in section 20-02-01-03.1, within five years of application or provides evidence of the clinical practice of dentistry within the previous five years. The board may waive this requirement at the board's discretion.

2. The applicant has passed the board-administered written examination on the laws and rules governing the practice of dentistry in this state within two years of application.

3. The applicant has completed thirty-two hours of continuing education in accordance with section 20-02-01-06 within two years of application.

4. The applicant successfully has completed a cardiopulmonary resuscitation course within two years of application.

5. Grounds for denial of the application under North Dakota Century Code section 43-28-18 do not exist.

History: Effective April 1, 2006; amended effective January 1, 2011; July 1, 2017; July 1, 2022; October 1, 2024; April 1, 2026.
General Authority: NDCC 43-28-06
Law Implemented: NDCC 43-28-17

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

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

1. The following standards apply to the administration of nitrous oxide inhalation analgesia:

   a. Inhalation equipment must have a fail-safe system that is appropriately checked and calibrated. The equipment also must have either a functioning device that prohibits the delivery of less than thirty percent oxygen or an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm. A scavenging system must be available if gases other than oxygen or air are used.

   b. Patient dental records must include the concentration administered and duration of administration.

   c. A dentist may not delegate monitoring of nitrous oxide inhalation analgesia once the patient has ingested an enteral drug for the purpose of minimal sedation.

   d. Before a dentist may authorize a dental hygienist or registered dental assistant who holds a nitrous oxide administration permit to administer nitrous oxide inhalation analgesia to a patient, the dentist shall provide the permitholder with training on the safe operation of the office's nitrous oxide inhalation analgesia equipment. The dentist shall retain documentation of the training and provide it to the board upon request.

   e. A patient receiving nitrous oxide inhalation analgesia must be monitored continually by dental staff as set forth in articles 20-03 and 20-04. A dental hygienist or a registered dental assistant may terminate or reduce the amount of nitrous oxide previously administered by the authorized nitrous oxide inhalation analgesia provider.

   f. The board may issue a permit authorizing the administration of nitrous oxide inhalation to a dentist, dental hygienist, or registered dental assistant if the dentist, dental hygienist, or registered dental assistant provides:

      (1) Evidence of successful completion of a twelve-hour, board-approved course of training or course provided by a program accredited by an accrediting body recognized by the United States department of education, and has either:

         (a) Completed the course within thirteen months before application; or

         (b) Completed the course more than thirteen months before application, legally administered nitrous oxide inhalation analgesia for a period of time during the three years preceding application, and provided written documentation confirming the applicant's proficiency, which may include a statement from a dentist that has employed or supervised the applicant, attesting to the current clinical proficiency of the applicant to administer nitrous oxide inhalation analgesia.

      (2) Evidence of current certification in basic life support by the American heart association for the health care provider, or an equivalent program approved by the board.

2. A dentist administering minimal sedation shall maintain basic life support certification and comply with the following standards:

   a. An appropriate sedative record must be maintained and must contain the names and time of all drugs administered, including local anesthetics and nitrous oxide. The time and condition of the patient at discharge from the treatment area and facility requires documentation.

   b. Medications used to produce minimal sedation are limited to a single enteral drug, administered either singly or in divided doses, by the enteral route to achieve the desired

clinical effect, not to exceed the maximum food and drug administration recommended dose for unmonitored home use in a single appointment. The administration of enteral drugs exceeding the maximum recommended dose during a single appointment is considered to be moderate sedation.

c. Drugs and techniques used must carry a margin of safety wide enough to render the unintended loss of consciousness unlikely for minimal sedation, factoring in titration and the patient's age, comorbidities, weight, body mass index, and ability to metabolize drugs.

d. Combining two or more enteral drugs, excluding nitrous oxide, prescribing or administering drugs that are not recommended for unmonitored home use, or administering any parenteral drug constitutes moderate sedation and requires that the dentist must hold a moderate sedation permit.

e. Facilities and equipment must include:

(1) Suction equipment capable of aspirating gastric contents from the mouth and pharynx;

(2) Portable oxygen delivery system, including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen enriched ventilation to the patient;

(3) Blood pressure cuff (or sphygmomanometer) of appropriate size;

(4) Automated external defibrillator or defibrillator;

(5) Stethoscope or equivalent monitoring device; and

(6) The following available and maintained emergency drugs:

(a) Bronchodilator;

(b) Anti-hypoglycemic agent;

(c) Aspirin;

(d) Antihistaminic;

(e) Coronary artery vasodilator; and

(f) Anti-anaphylactic agent.

f. A dentist, or a trained dental sedation staff member as defined in section 20-01-02-01, responsible for patient monitoring must be continuously in the presence of the patient in the office, operatory, and recovery area before administration or, if the patient self-administered the sedative agent, immediately upon arrival and throughout recovery until the patient is discharged by the dentist.

g. A dentist shall ensure any advertisements related to the availability of antianxiety premedication, or minimal sedation clearly reflect the level of sedation provided and are not misleading.

3. Before administering moderate sedation, a dentist licensed under North Dakota Century Code chapter 43-28 shall obtain a permit issued by the board, renewable biennially thereafter. An applicant for an initial permit shall submit a completed application and application fee on a form provided by the board and meet the following requirements:

a. An applicant for an initial moderate sedation permit shall meet the following educational requirements. This section does not apply to a dentist who has maintained a parenteral sedation permit in North Dakota and has been administering parenteral sedation in a dental office before July 1, 2022.

(1) The applicant successfully shall complete a comprehensive sixty-hour predoctoral dental school, postgraduate education or continuing education in moderate sedation. The course must include courses in enteral and parenteral moderate sedation plus individual management of twenty live patient clinical case experiences by the intravenous route and provide certification of competence in rescuing patients from a deeper level of sedation than intended, including managing the airway, intravascular or intraosseous access, and reversal medications. The formal training program must be sponsored by or affiliated with a university, teaching hospital, or other facility approved by the board or provided by a curriculum of an accredited dental school and have a provision by course director or faculty of additional clinical experience if participant competency has not been achieved in allotted time.

(2) The course must be directed by a dentist or physician qualified by experience and training with a minimum of three years of experience, including formal postdoctoral training in anxiety and pain control. The course director must possess a current permit or license to administer moderate or deep sedation and general anesthesia in at least one state.

b. A dentist utilizing moderate sedation shall maintain current certification in basic life support, advanced cardiac life support if treating adult patients or patients that are ten years of age and older, and pediatric advanced life support if treating patients that are nine years of age and younger. The dentist also shall have present a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one trained dental sedation staff member as specified in section 20-01-02-01.

c. A permitholder may not administer or employ any agents that have a narrow margin for maintaining consciousness, including ultra-short acting barbiturates, propofol, ketamine, or similarly acting drugs, agents, or techniques, or any combination thereof that likely would render a patient deeply sedated, generally anesthetized, or otherwise not meeting the conditions of moderate sedation.

d. During moderate sedation the adequacy of ventilation must be evaluated by continual observation of qualitative clinical signs and monitoring for the presence of exhaled carbon dioxide unless precluded or invalidated by the nature of the patient, procedure, or equipment.

e. An applicant successfully shall complete the moderate site evaluation required by this chapter. An initial site evaluation must be completed within sixty days of the approval of the initial permit application.

f. Administering intranasal versed or fentanyl, or both, is considered deep sedation. Rules for deep sedation and general anesthesia site evaluations apply for administration of intranasal versed or fentanyl, or both.

4. Before administering deep sedation or general anesthesia, a dentist licensed under North Dakota Century Code chapter 43-28 shall obtain a permit issued by the board and renewable biennially thereafter. An applicant for an initial permit shall submit a completed application and application fee on a form provided by the board and:

a. Within the three years before submitting the permit application, shall provide evidence the applicant successfully has completed an advanced education program accredited by the commission on dental accreditation that provides training in deep sedation and general anesthesia and formal training in airway management, and completed a minimum of five months of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program approved by the board; or

b. Must be, within the three years before submitting the permit application, a diplomate of the American board of oral and maxillofacial surgeons or eligible for examination by the American board of oral and maxillofacial surgeons, a fellow of the American association of oral and maxillofacial surgeons, a fellow of the American dental society of anesthesiology, a diplomate of the national dental board of anesthesiology, or a diplomate of the American dental board of anesthesiology or eligible for examination by the American dental board of anesthesiology;

c. For an applicant who completed the requirements of subdivision a or b more than three years before submitting the permit application, shall provide on a form provided by the board a written affidavit affirming the applicant has administered general anesthesia to a minimum of twenty-five patients within the year before submitting the permit application or seventy-five patients within the last five years before submitting the permit application and the following documentation:

(1) A copy of the deep sedation and general anesthesia permit in effect in another jurisdiction or certification of military training in general anesthesia from the applicant's commanding officer; and

(2) On a form provided by the board, a written affidavit affirming the completion of thirty-two hours of continuing education pertaining to oral and maxillofacial surgery or general anesthesia taken within three years before application.

d. Successfully shall complete the general anesthesia and deep sedation site evaluation required by this chapter. An initial site evaluation must be completed within sixty days of the approval of the initial permit application.

e. For a dentist utilizing deep sedation or general anesthesia, shall maintain current certification in basic life support, advanced cardiac life support if treating adult patients or patients that are ten years of age and older, and pediatric advanced life support if treating patients that are nine years of age or younger.

f. For a dentist authorized to provide deep sedation and general anesthesia, shall utilize and have present a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least two trained dental sedation staff members as specified in section 20-01-02-01.

5. A licensed and permitted dentist or host dentist utilizing moderate sedation, deep sedation, or general anesthesia is required to undergo a site evaluation for each location where sedation or anesthesia services are rendered. Site evaluations must be conducted by a North Dakota licensed anesthesia or sedation provider approved by the board. Site evaluators shall review the credentials, facilities, equipment, personnel, and procedures of a permitholder or host dentist. Site evaluations must be scheduled by the dentist and must be conducted initially and within every three years thereafter. The purpose of the evaluation is to assess the patient's anesthetic risk and assess a site's ability to provide emergency care; therefore, the site evaluation emphasizes recognition and management of emergencies and complications associated with office administration of sedation and recordkeeping. Requirements of the site evaluation are as follows:

a. The applicant is responsible for scheduling a site evaluation with a board-appointed anesthesia site evaluator. Permitholders and host dentists must be present during the site evaluation and submit the site evaluation form to the site evaluator no less than two weeks before the scheduled site evaluation and must include the following:

(1) Life support credentials of the dentist and any trained dental sedation staff member, medical staff, and anesthesia provider;

(2) Copy of licenses that may be held by any trained dental sedation staff member, other attending medical staff, or both;

(3) Copy of current permit to prescribe and administer controlled substances in this state issued by the United States drug enforcement administration;

(4) Copy of patient consent agreement and health history forms;

(5) Copy of a blank sedation monitoring form;

(6) Preanesthesia sedation instructions; and

(7) Post care instructions.

b. The site evaluator shall submit a completed site evaluation form and documentation to the board. The dentist's facility where anesthesia and sedation are provided must meet the requirements of this chapter and maintain the following properly operating equipment and supplies appropriate for the age and relative size of the patient during the provision of anesthesia and sedation by the permitholder or physician anesthesiologist or certified registered nurse anesthetist or other qualified sedation provider:

(1) Emergency drugs as required by the board, including:

(a) Vasopressor;

(b) Corticosteroid (only deep sedation or general anesthesia permitholders);

(c) Bronchodilator;

(d) Muscle relaxant;

(e) Intravenous medication for treatment of cardiopulmonary arrest;

(f) Narcotic antagonist;

(g) Benzodiazepine antagonist;

(h) Antihistamine;

(i) Antiarrhythmic;

(j) Anticholinergic;

(k) Coronary artery vasodilator;

(l) Antihypertensive (only deep sedation or general anesthesia permitholders);

(m) Antihypoglycemic agent;

(n) Antiemetic;

(o) Adenosine, for general anesthesia and deep sedation sites;

(p) Dantrolene, for general anesthesia and deep sedation sites, if volatile gases are used; and

(q) Anticonvulsant;

(2) Positive pressure oxygen and supplemental oxygen delivery system;

(3) Stethoscope;

(4) Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device;

(5) Oropharyngeal or nasopharyngeal airways, or both;

(6) Pulse oximeter;

(7) Auxiliary lighting;

(8) Blood pressure monitor with an automated time determined capability and method for recording the data;

(9) Cardiac defibrillator or automated external defibrillator (AED);

(10) End-tidal carbon dioxide monitor;

(11) Electrocardiograph monitor;

(12) Laryngoscope multiple blades, backup batteries, and backup bulbs;

(13) Endotracheal tubes and appropriate connectors;

(14) Magill forceps;

(15) Appropriate intravenous setup, including appropriate supplies and fluids;

(16) Cricothyrotomy equipment;

(17) Thermometer; and

(18) Scale.

c. The operatory where moderate sedation, deep sedation, or general anesthesia is to be administered must:

(1) Be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management;

(2) Be equipped with a chair or table adequate for emergency treatment, including a chair or cardiopulmonary resuscitation board suitable to administer cardiopulmonary resuscitation;

(3) Be equipped with a lighting system to permit the evaluation of the patient's skin and mucosal color with a backup system to permit the completion of any operation underway at the time of a general power failure;

(4) Be equipped with suction and backup suction equipment also including suction catheters and tonsil suction; and

(5) Be equipped with an oxygen delivery system and backup system complete with full-face masks and appropriate connectors, capable of delivering oxygen to the patient under positive pressure.

d. An operatory may double as a recovery location. A recovery room must be equipped with the following:

(1) Suction and backup suction equipment;

(2) Positive pressure oxygen;

(3) Sufficient light to provide emergency treatment;

(4) Be of adequate size and design to allow emergency access and management; and

(5) Be situated to allow the patient to be observed by the dentist or a trained dental sedation staff member at all times.

e. The applicant or permitholder shall provide the site evaluator with documentation confirming that the applicant or permitholder maintains written emergency protocol and conducts staff training on all patient emergencies listed below. The written documentation must demonstrate that the applicant or permitholder conducted quarterly mock codes with staff. Not every emergency listed below needs to be included in each quarterly training. Instead, each of the following clinical emergencies must be included in a quarterly mock code training at least once every two years:

(1) Laryngospasm;

(2) Bronchospasm;

(3) Emesis and aspiration;

(4) Airway blockage by foreign body;

(5) Angina pectoris;

(6) Myocardial infarction;

(7) Hypertension/hypotension;

(8) Hypertensive crisis;

(9) Hematoma;

(10) Extravasation;

(11) Phlebitis;

(12) Intra-arterial injection;

(13) Syncope;

(14) Hyperventilation/hypoventilation;

(15) Seizures;

(16) Allergic and toxicity reactions; and

(17) Malignant hypothermia, deep sedation and general anesthesia only.

f. The board may suspend a dentist's anesthesia and sedation privileges upon a dentist's failure to timely and successfully undergo a board-approved anesthesia site evaluation. The applicant shall have thirty days from the date of inspection to correct documented deficiencies. Once the deficiencies are corrected by the applicant and approved by the board, the board may reinstate the sedation and anesthesia privileges.

g. Effective January 1, 2028, completion of a board-approved anesthesia simulation course within twelve months prior to or after that date and the completion of anesthesia simulation training successfully every five years thereafter as required by section 20-02-01-06.

6. Host dentists who intend to use the services of a certified registered nurse anesthetist, anesthesiologist, or another dentist authorized by permit to administer moderate sedation, deep sedation, or general anesthesia, shall notify the board before sedation services are provided and arrange a site evaluation with the board appointed anesthesia site evaluator. The sedation provider is responsible for discharge assessment. The host dentist shall run a mock code quarterly with the sedation team and maintain a record of the mock code schedule and attendance. The anesthesia provider and the host dentist shall remain at the facility until the sedated patient is discharged.

7. All sedation and anesthesia permits must be renewed biennially, concurrent with the dentist's license renewal. The board of dental examiners may renew such permit biennially provided the:

   a. Requirements of the permit have been met;

   b. Application for renewal and renewal fee is received by the board before the date of expiration of the permit. If the renewal application and renewal fee have not been received by the expiration of the permit, late fees as determined by the board apply; and

   c. Anesthesia site inspection is in good standing with the board of dental examiners.

8. Dentists administering sedation or anesthesia shall maintain adequate documentation.

   a. For the administration of local anesthesia, minimal sedation, and analgesia, the following documentation is required:

      (1) Pertinent medical history, including weight and height;

      (2) Medication administered and dosage; and

      (3) Vital signs include heart rate and blood pressure.

   b. For administration of moderate sedation, deep sedation, or general anesthesia the following documentation is required:

      (1) A current and comprehensive medical history, to include current medications;

      (2) Informed consent of the patient for the administration of anesthesia;

      (3) An anesthesia record, which includes documentation of the following:

         (a) Height and weight of the patient to allow for the calculation of body mass index and dosage of emergency medications;

         (b) American society of anesthesiologist's physical status classification;

         (c) Fasting or nothing by mouth status;

(d) Dental procedure performed on the patient;

(e) Time anesthesia commenced and ended;

(f) Parenteral access site and method, if utilized;

(g) Medication administered, including oxygen, dosage, route, and time given;

(h) Vital signs before and after anesthesia is utilized, to include heart rate, blood pressure, respiratory rate, and oxygen saturation for all patients;

(i) Intravenous fluids, if utilized;

(j) Response to anesthesia, including any complications;

(k) Condition and Aldrete score of patient at discharge;

(l) Records showing continuous monitoring of blood pressure, heart rate, and respiration using electrocardiographic monitoring and pulse oximetry recorded every five minutes, if utilized;

(m) Emergency protocols followed in the instance of an adverse event; and

(n) Staff participating in the administration of anesthesia, treatment, and monitoring.

9. During the administration of minimal sedation, the supervising dentist and at least one trained dental sedation staff member who is experienced in patient monitoring and documentation must be present.

a. During the administration of moderate sedation, the anesthesia permit provider and at least one trained dental sedation staff member who is experienced in patient monitoring and documentation must be present.

b. During the administration of deep sedation or general anesthesia, the anesthesia permit provider and at least two other individuals meeting the following requirements must be present:

(1) One individual to assist the host dentist as necessary.

(2) One trained dental sedation staff member as defined in section 20-01-02-01 solely responsible to assist with observation and monitoring of the patient.

c. During any sedation or anesthesia procedure, the anesthesia permit provider retains full accountability, but delegation to trained dental personnel may occur under:

(1) Direct, continuous, and visual supervision by the anesthesia permitholder if medication, excluding local anesthetic, is being administered to a patient in the intraoperative phase of surgery. A patient under general anesthesia, deep sedation, and moderate sedation is in the intraoperative phase of surgery from the first administration of anesthetic medication until:

(a) End of the surgical procedure;

(b) No additional anesthetic medication will be administered;

(c) Peak effect of the anesthesia medication has been reached; or

(d) The patient has regained consciousness with a full return of protective reflexes, including the ability to respond purposely to physical and verbal commands; or

(2) Direct supervision by the dentist and anesthesia permitholder if a patient is being monitored in the postoperative phase of surgery.

d. The dentist, anesthesia provider, and all individuals assisting the anesthesia permitholder during sedation or anesthesia shall maintain current basic life support. The dentist and the anesthesia provider shall maintain advanced cardiovascular life support if treating patients that are ten years of age and older and pediatric advanced life support if treating patients that are nine years of age and younger. The dentist, anesthesia provider, and all individuals assisting the anesthesia provider during sedation or anesthesia must be appropriately trained in emergency procedures through updates or drills that must be held at least quarterly and documented.

10. For the administration of local anesthesia and analgesia, patient monitoring must include the general state of the patient.

a. For the administration of minimal sedation, patient monitoring must include the following:

(1) Pre- and post-procedure heart rate and respiratory rate;

(2) Pre- and post-procedure blood pressure; and

(3) Level of anesthesia or sedation.

b. For the administration of moderate sedation, patient monitoring must include the following:

(1) Continuous heart rate, respiratory rate, and oxygen saturation;

(2) Intermittent blood pressure every five minutes or more frequently;

(3) Continuous electrocardiograph, if clinically indicated by patient history, medical condition, or age;

(4) End-tidal carbon dioxide monitoring (capnography); and

(5) Level of anesthesia or sedation.

c. For the administration of deep sedation or general anesthesia, patient monitoring must include the following:

(1) Continuous heart rate, respiratory rate, and oxygen saturation;

(2) Continuous ventilatory status (spontaneous, assisted, controlled) for the administration of general anesthesia to a patient with an advanced airway in place (e.g. endotracheal tube or laryngeal mask airway);

(3) Intermittent blood pressure every five minutes or more frequently;

(4) Continuous electrocardiograph;

(5) Continuous temperature for the administration of volatile anesthesia gases or medications which are known triggers of malignant hyperthermia, otherwise the ability to measure temperature should be readily available;

(6) End-tidal carbon dioxide monitoring; and

(7) Level of anesthesia or sedation.

d. Monitoring equipment must be checked and calibrated in accordance with the manufacturer's recommendations and documented on an annual basis.

11. The decision to administer controlled drugs for dental treatment must be based on a documented evaluation of the health history and current medical condition of the patient in accordance with the class I through V risk category classifications of the American society of anesthesiologists. The findings of the evaluation, the American society of anesthesiologists risk assessment class assigned, and any special considerations must be recorded in the patient's record.

12. Before administration of any level of sedation or general anesthesia, the dentist shall discuss the nature and objectives of the planned level of sedation or general anesthesia along with the risks, benefits, and alternatives and shall obtain informed, written consent from the patient or other responsible party for the administration and for the treatment to be provided. The written consent must be maintained in the patient record.

13. Only dentists holding a moderate sedation permit or deep sedation or general anesthesia permit may prescribe anxiolytic medication for out-of-office distribution to minors. Prior to doing so, the permitholder shall evaluate the patient and shall consult with the patient and the parent or legal guardian to determine whether the parent or guardian can safely administer the medication to the minor outside the office. The permitholder also shall provide the parent or guardian with relevant instructions on protocols for the out-of-office administration of the medication and for the patient's arrival at the office.

14. The licensed dentist authorized by permit to administer sedation or anesthesia and staff with patient care duties must be trained in emergency preparedness. Written protocols must include training requirements and procedures specific to the permitholder's equipment and drugs for responding to emergency situations involving sedation or anesthesia, including information specific to respiratory emergencies. The permitholder shall document this review of office training or mock codes. Protocols must include the American heart association's basic life support or cardiopulmonary resuscitation and advanced cardiac life support, or pediatric advanced life support for any practitioner administering moderate sedation, deep sedation, or general anesthesia.

a. If a patient enters a deeper level of sedation than the dentist is qualified and prepared to provide, the dentist shall stop the dental procedure until the patient returns to and is stable at the intended level of sedation.

b. Quarterly mock codes to simulate office medical emergencies must be documented and available during a site evaluation.

c. A dentist who authorizes the administration of general anesthesia, deep sedation, or moderate sedation in the dentist's dental office is responsible for assuring that:

(1) The equipment for administration and monitoring is readily available and in good working order before performing dental treatment with anesthesia or sedation. The equipment either must be maintained by the dentist in the dentist's office or provided by the anesthesia or sedation provider;

(2) The person administering the anesthesia or sedation is appropriately licensed;

(3) The individual authorized to monitor the patient is qualified;

(4) A physical evaluation and medical history is taken before administration of general anesthesia or sedation. A dentist holding a permit shall maintain records of the

physical evaluation, medical history, and general anesthesia or sedation procedures; and

(5) If administration of sedation is done by another qualified provider, the operating dentist maintains advanced cardiac life support if the patient is ten years of age or older and pediatric advanced life support if the patient is nine years of age or younger.

d. All licensed dentists in the practice of dentistry in this state shall submit a report within a period of seven days to the board office of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of, minimal sedation, nitrous oxide inhalation analgesia, moderate sedation, deep sedation, or general anesthesia.

(1) The report must include responses to at least the following:

(a) Description of dental procedure;

(b) Description of preoperative physical condition of patient;

(c) List of drugs and dosage administered;

(d) Description, in detail, of techniques utilized in administering the drugs utilized;

(e) Description of adverse occurrence:

[1] Description, in detail, of symptoms of any complications, to include onset and type of symptoms in patient.

[2] Treatment instituted on the patient.

[3] Response of the patient to the treatment.

(f) Description of the patient's condition on termination of any procedures undertaken; and

(g) The unique reporting identification issued by the dental anesthesia incident reporting system, indicating a report has been submitted to the national database.

(2) A violation of any provision of this article constitutes unprofessional conduct and is grounds for the revocation or suspension of the dentist's permit, license, or both, or the dentist may be reprimanded or placed on probation.

15. A dentist shall secure and maintain controlled pharmaceuticals in accordance with the state and federal guidelines.

Used controlled pharmaceuticals or medications must be discarded immediately with documentation of disposal in conformance with drug enforcement administration guidelines.

History: Effective October 1, 1993; amended effective May 1, 1996; June 1, 2002; July 1, 2004; April 1, 2006; October 1, 2007; January 1, 2011; April 1, 2015; July 1, 2017; July 1, 2022; October 1, 2024; April 1, 2026.
General Authority: NDCC 43-28-06
Law Implemented: NDCC 43-28-01, 43-28-06, 43-28-15, 43-28-18.1

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

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

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.

2. The continuing dental education hours accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry will be accepted by the board without limit.

3. The minimum number of hours required within a two-year cycle for dentists is thirty-two. Of these hours, a dentist may earn no more than sixteen hours from self-study. Self-study is an educational process designed to permit a participant to learn a given subject without involvement of a proctor or without the opportunity to interact in real-time with the proctor. A qualified professional may act as a proctor who oversees a clinical continuing education course which may be used for classroom style continuing education credits. Cardiopulmonary resuscitation courses must provide hands-on training. All other continuing education requirements may be satisfied from online education that allows for real-time interaction between attendees and the proctor. The continuing education must include:

   a. At least two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.

   b. At least two hours of infection control. This requirement may be met by attending a federal occupational safety and health course for dental providers.

   c. A cardiopulmonary resuscitation course.

   d. For sedation and anesthesia permitholders:

      (1) At least six hours related to sedation or anesthesia; and

      (2) At least two hours related to anesthesia emergencies based on actual adverse anesthesia events or actual closed insurance claims. Content offered by insurance providers or licensees of the board, including content offered by dentists who hold sedation permits issued by the board, may be approved by the board.

   e. No more than two hours related to practice management or administrative aspects of dentistry.

4. Mere registration at a dental convention without specific attendance at continuing education presentations is not creditable toward the continuing dental education requirement. Certificates awarded for continuing education must indicate the name of the continuing education provider, date, and number of hours of continuing education. Certificates obtained from webinar courses must indicate the course was a live webinar.

5. All dentists shall hold a current cardiopulmonary resuscitation certificate. General anesthesia, deep sedation, and moderate sedation providers shall maintain current advanced cardiac life support or pediatric advanced life support certification as determined by the age of the patients treated. A dentist who utilizes minimal sedation shall maintain basic life support certification.

6. Effective January 1, 2028, all dentists who administer general anesthesia, deep sedation, or moderate sedation shall complete successfully an approved anesthesia simulation training course within one year prior to or after this date and complete anesthesia simulation training

successfully every five years thereafter. Proof of completion of this requirement must be submitted to the anesthesia site evaluator as required in subsection 5 of section 20-02-01-05.

7. The board may audit the continuing education credits of a dentist. Each licensee shall maintain certificates or records of continuing education activities from the previous renewal cycle. Upon receiving notice of an audit from the board, a licensee shall provide satisfactory documentation of attendance at, or participation in the continuing education activities. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the license.

8. A dentist who maintains a license on inactive status is not subject to continuing education requirements.

History: Effective October 1, 1993; amended effective May 1, 1996; August 1, 1998; June 1, 2002; April 1, 2006; October 1, 2007; January 1, 2011; April 1, 2015; July 1, 2017; July 1, 2022; October 1, 2024; April 1, 2026.
General Authority: NDCC 43-28-06
Law Implemented: NDCC 43-28-06, 43-28-16.2, 43-51.1-03

20-02-01-07. Removable dental prostheses owner identification.

1. Every complete upper and lower denture or removable dental prosthesis fabricated by a dentist or fabricated pursuant to the dentist's work order must be marked with the name of the patient for whom the prosthesis is intended. The markings must be done during the fabrication process and must be permanent, and cosmetically acceptable. The exact location of the markings and methods used to apply or implant them shall be determined by the dentist or dental laboratory fabricating the prosthesis. If in the professional judgment of the dentist or dental laboratory this identification is not practical, identification must be provided as follows:

   a. The initials of the patient may be used if the entire name is not practical.

   b. The identification marks may be omitted in their entirety if no form of identification is practical or clinically safe.

2. Failure of any dentist to comply with this section shall be deemed to be a violation of the rules of the board and the dentist may be liable to penalty as permitted under statute.

History: Effective October 1, 1993; amended effective April 1, 2006.
General Authority: NDCC 43-28-06
Law Implemented: NDCC 43-28-06

20-02-01-08. Discontinuance of the practice of dentistry - Termination of a dentist-patient relationship.

1. Dentists who are either discontinuing the practice of dentistry or who are discontinuing practicing within a particular community shall provide written notice to their active patients explaining the extent of the discontinuation. For the purpose of this section, "active patient" is defined as a individual whom the licensee has examined, treated, cared for, or otherwise consulted with during the two-year period prior to the discontinuation.

   a. In the event no other dentist is assuming the practice, the discontinuing dentist shall provide notice to all active patients in writing and also provide advance notice by publication once a week for three consecutive weeks in a newspaper of general circulation in the community where the dentist intends to discontinue the practice of dentistry. The discontinuing dentist shall make reasonable arrangements with active patients for the transfer of patient records to other dentists as requested by each patient. In the event no request for the transfer of records is made by a patient or the records are not provided directly to the patient, a discontinuing dentist shall have the ongoing

obligation of maintaining the patients records for at least two years in order to afford the active patients access to the records.

b. In the event another dentist is assuming the discontinuing dentist's practice, the discontinuing dentist or the assuming dentist shall provide written notice to all active patients explaining the discontinuance of practice, identifying the dentist who is assuming the practice, and explaining the extent to which active patient records are being transferred to the assuming dentist. In the event of a nontransfer of records for any active patient, a discontinuing dentist shall have the ongoing obligation of at least two years to afford the discontinuing dentist's prior active patients access to those records not previously provided to the patient.

2. In the event of termination of a dentist-patient relationship by a dentist, notice of the termination must be provided to the patient. A dentist-patient relationship exists if a dentist has provided treatment to a patient on at least one occasion within the preceding year. The dentist who is the owner or custodian of the patient's dental records shall mail notice of the termination of the dentist's relationship to the patient, which must provide the following:

   a. The date that the termination becomes effective, and the date on which the dentist and patient relationship may resume, if applicable;

   b. A location at which the patient may receive emergency dental care for at least thirty days following the termination of the dentist and patient relationship;

   c. A statement of further dental treatment required, if any; and

   d. A statement providing the dentist shall respond to a written request to examine or copy a patient's record within ten working days after receipt. A dentist shall comply with North Dakota Century Code section 23-12-14 for all patient record requests.

3. If a dentist dies or becomes unable to practice dentistry due to disability, for the purpose of selling or otherwise disposing of the deceased or disabled dentist's dental practice, a person who is not licensed to practice dentistry but who is the personal representative of the estate of a deceased dentist or the personal representative of a disabled dentist may contract with a dentist to manage the dental practice for a period not to exceed two years.

4. If a dentist agrees to provide dental care without remuneration to underserved patients in the absence of a public health setting, the patient may not be considered a patient of record of the dentist providing the donated dental service.

5. If a dentist retires from a group practice and continuity of patient dental care is not interrupted, the dentist is exempt from notifying active patients in writing. The dentist shall, however, notify patients by publication once a week for three consecutive weeks in a newspaper of general circulation in the community in which the dentist intends to discontinue the practice of dentistry.

History: Effective April 1, 2006; amended effective April 1, 2015; July 1, 2022; April 1, 2026.
General Authority: NDCC 43-28-06
Law Implemented: NDCC 43-28-06, 43-28-18

20-02-01-09. Patient records.

1. A dentist shall maintain a patient's dental records in a manner consistent with the protection of the welfare of the patient.

2. Dentists shall release patient dental records within a reasonable time of request. Failure to do so may result in violations of North Dakota Century Code chapter 43-28 and section 23-12-14.

3. A dentist who fails to release dental records within ten days of receipt of the request shall provide a written statement to the patient or authorized requestor detailing the cause of delay and an estimation of when records will be produced. Failure to provide the written statement may result in violations of subsection 23 of North Dakota Century Code section 43-28-18.

4. The dentist may charge a nominal fee for duplication of records as provided by North Dakota Century Code section 23-12-14, but may not refuse to transfer records for nonpayment of any fees.

5. Dental records must be legible and include a chronology of the patient's progress throughout the course of all treatment and postoperative visits. All entries in the patient record must be dated, initialed, and handwritten in ink or computer printed. Digital radiographs must be transferred by compact or optical disc, electronic communication, or printing on high quality photographic paper. All transferred film or digital radiographs must reveal images of diagnostic quality using proper exposure settings and processing procedures.

6. "Billing information" as set forth in North Dakota Century Code section 43-28-18 means records providing complete and accurate explanations of all dollar amounts assessed to the patient, the date the amount was assessed to the patient, and the date the assessed service was provided to the patient.

7. "Dental record" or "patient's chart" means the detailed history of the physical examination, diagnosis, treatment, patient-related communications, and management of a patient documented in chronological order. The dental records include any document, charting, study models, doctor's notations, billing information, insurance document, or combination of documents that pertains to a patient's medical history, diagnosis, prognosis, or medical condition, which is generated and maintained in the process of the patient's dental health care treatment, and any other materials as set forth in subsection 23 of North Dakota Century Code section 43-28-18, and the following components:

    a. Personal data to include name, address, date of birth, name of patient's parent or guardian, name and telephone number of a person to contact in case of an emergency, and patient's insurance information.

    b. Patient's reason for visit or chief complaint.

    c. Dental and physical health history.

    d. Clinical examination must include record of existing oral health status, radiographs used, and any other diagnostic aids used.

    e. Diagnosis.

    f. Dated treatment plan except for routine dental care, such as preventive services.

    g. Informed consent, which must include notation of treatment options discussed with the patient, including prognosis of the treatment plan, benefits and risks of each treatment, and documentation of the treatment the patient has chosen.

    h. Corrections of records, which must be legible, unless electronic and written in ink, and contain no erasures or use of "white-outs". If incorrect information is placed in the record, it must be crossed out with one single line and initialed by the dental health care worker.

    i. Progress notes, which must include a chronology of the patient's progress throughout the course of all treatment and postoperative visits of treatment provided; medications used and materials placed; the treatment provider by name or initials; name of collaborating

dentist; administration information of nitrous oxide inhalation or any medication dispensed before, during, or after discharge, and patient status at discharge.

8. Each patient shall have access to health provider information as it pertains to their treating doctor or potential doctors. Any entity utilizing telehealth shall provide upon request of a patient the name of the dentist, telephone number, practice address, and state license number of any dentist who was involved with the provision of services to a patient before or during the rendering of dental services.

9. "Patient", for the purposes of this section, means an individual who has received dental care services from a provider for treatment of a dental condition.

10. "Retention of records" means a dentist shall retain a patient's dental record for a minimum of six years after the patient's last examination, prescription, or treatment. Records for minors must be retained for a minimum of either one year after the patient reaches the age of eighteen or six years after the patient's last examination, prescription, or treatment, whichever is longer. Proper safeguards must be maintained to ensure safety of records from destructive elements. The requirements of this rule apply to electronic records as well as to records kept by any other means or maintained by a permissible ownership entity as identified by North Dakota Century Code section 43-28-25.

History: Effective April 1, 2006; amended effective January 1, 2011; July 1, 2022; April 1, 2026.
General Authority: NDCC 43-28-06
Law Implemented: NDCC 43-28-06, 43-28-18

20-02-01-10. Authorization of laboratory services.

A dentist using the services of any person, not licensed to practice dentistry in this state, to construct, alter, repair, or duplicate any orthodontic or prosthetic device, must furnish the unlicensed person a written prescription which shall include all of the following:

1. The name and address of the unlicensed person.

2. The patient's name or patient number.

3. The date on which the prescription was written.

4. The description of the work to be done, with a diagram, if necessary.

5. A specification of the materials to be used if necessary.

6. The signature of the dentist and the number of the dentist's North Dakota license.

The dentist shall retain a duplicate copy of the prescription for inspection by the board or the board's agent for two years.

History: Effective January 1, 2011.
General Authority: NDCC 43-28-06
Law Implemented: NDCC 43-28-02, 43-28-06, 43-28-18, 43-28-25

20-02-01-11. Dermal fillers permits and botulinum toxin permits.

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

purpose of functional, therapeutic, and aesthetic dental treatment purposes under the following conditions if the dentist provides evidence demonstrating one of the following:

1. The applicant has completed a course and received satisfactory training in a residency or other educational program accredited by the commission on dental accreditation of the American dental association;

2. The applicant successfully has completed a board-approved continuing education course of instruction within the previous three months of application which includes neurophysiology, including facial tissues, parasympathetic, sympathetic, and peripheral nervous systems relative to the peri-oral tissue, and facial architecture, and:

   a. Patient assessment and consultation for botox or dermal fillers;

   b. Indications and contraindications for techniques;

   c. Proper preparation and delivery techniques for desired outcomes;

   d. Enhancing and finishing esthetic dentistry cases with dermal fillers;

   e. Botulinum neurotoxin treatment of temporomandibular joint syndrome and bruxism;

   f. Knowledge of adverse reactions and management and treatment of possible complications;

   g. Patient evaluation for best esthetic and therapeutic outcomes;

   h. Integrating botulinum neurotoxin or dermal filler therapy into dental therapeutic and esthetic treatment plans; and

   i. Live patient hands-on training, including diagnosis, treatment planning, and proper dosing and delivery of botox or dermal fillers; or

3. The applicant successfully has completed a continuing education course of instruction substantially equivalent to the requirements of this state and provides evidence from another state or jurisdiction where the applicant legally is or was authorized to administer dermal fillers or botulinum toxin.

History: Effective April 1, 2015; amended effective July 1, 2017; July 1, 2022; October 1, 2024; April 1, 2026.
General Authority: NDCC 43-28-06
Law Implemented: NDCC 43-28-01, 43-28-06

20-02-01-12. Dental prescribers and use of the prescription drug monitoring program.

Subject to the exceptions described in section 20-02-01-13, prior to the initial prescribing of any controlled substance, including samples, a dentist authorized by the drug enforcement administration to prescribe, administer, sign for, dispense, or procure pharmaceuticals shall authorize an employee to review or personally request and review the prescription drug monitoring program report for all available prescription drug monitoring program data on the patient within the previous twelve months, and shall do all of the following:

1. Assess a patient's drug monitoring program data every twelve months during the patient's treatment with a controlled substance.

2. Review the patient's prescription drug monitoring program data if the patient requests early refills or demonstrates a pattern of taking more than the prescribed dosage.

3. Review the patient's prescription drug monitoring program data if there is a suspicion of or a known drug overuse, diversion, or abuse by the patient.

4. Document the assessment of the patient's prescription drug monitoring program data.

5. Discuss the risks and benefits of the use of controlled substances with the patient, the patient's parent if the patient is an unemancipated minor child, or the patient's legal guardian or health care surrogate, including the risk of tolerance and drug dependence.

6. Request and review prescription drug monitoring program data on the patient if the practitioner becomes aware that a patient is receiving controlled substances from multiple prescribers.

7. Request and review the patient's prescription drug monitoring program data if the prescriber has a reasonable belief that the patient may be seeking the controlled substance, in whole or in part, for any reason other than the treatment of an existing medical condition.

History: Effective July 1, 2017.
General Authority: NDCC 19-03.5-09, 43-28-01(7), 43-28-06
Law Implemented: NDCC 19-03.5-09, 43-28-06

20-02-01-13. Exceptions to the review requirement.

A practitioner may not be required to review a patient's prescription drug monitoring program data if any of the following apply:

1. The controlled substance is prescribed or dispensed for a patient who is currently receiving hospice care.

2. The controlled substance is prescribed or dispensed to a patient of record as a nonrefillable prescription as part of treatment for a surgical procedure.

3. The dentist prescribes a controlled substance after the performance of oral surgery and no more than a seventy-two hour supply of the controlled substance is prescribed.

4. The dentist prescribes pre-appointment medication for the treatment of procedure anxiety.

5. The dentist obtains a report through a board-approved risk assessment tool for health care providers that accesses patient prescription information from prescription drug monitoring program databases, analyzes the data, and provides a risk-based score that includes prescription drug monitoring program data.

History: Effective July 1, 2017.
General Authority: NDCC 43-28-01(7), 43-28-06
Law Implemented: NDCC 19-03.5-09, 43-28-06(1)

20-02-01-14. Supervision of dental externships.

The board may approve a dentist to supervise student externships as set forth in subsection 2 of North Dakota Century Code section 43-28-02 provided the dentist meets all of the following requirements:

1. Has been licensed to practice dentistry for no less than three years.

2. Possesses a current license issued by the board.

3. Has actively practiced for at least three years recently preceding the application.

4. Maintains active practice and licensure in this state throughout all externships.

5. Provides documentation that the externship is conducted through a program accredited by the commission on dental accreditation, or a program approved by the board.

6. Has not demonstrated grounds for denial of the applicant under North Dakota Century Code section 43-28-18.

7. Provides documentation evidencing the agreement or relationship between the supervising dentist and the accredited program. The documentation must provide details sufficient to allow the board to confirm public and patient safety is maintained, including the scope of the student's practice, the level of supervision to be provided by the dentist, and other relevant documentation as may be requested by the board.

History: Effective April 1, 2026.
General Authority: NDCC 43-28-01(7), 43-28-02, 43-28-06
Law Implemented: NDCC 19-03.5-09, 43-28-06(1)

20-02-01-15. Ownership of dental office practice or business.

1. Pursuant to subsection 3 of North Dakota Century Code section 43-28-25, it is a class A misdemeanor for any person except a dentist to own more than forty-nine percent of an office practice or business at which the practice of dentistry is performed. On or before June thirtieth of each year, any person having any ownership interest in such an office practice or business, other than a dentist, an entity wholly owned by a dentist, or an entity exempt from the ownership restrictions of subsection 3 of North Dakota Century Code section 43-28-25, shall submit under penalty of perjury, annual statements setting forth a complete accounting of the valuations and the percentage of ownership of all:

   a. Real property or leasehold interests at which the office practice or business is located.

   b. Clinical and nonclinical equipment, hardware, software, and all other materials, regardless of where located, used by the office practice or business.

   c. Any other information sought by the board.

2. To the extent a dentist submits a professional corporation annual report as required by the North Dakota office of the secretary of state, the dentist timely shall submit a copy of the report to the board.

History: Effective April 1, 2026.
General Authority: NDCC 43-28-01(7), 43-28-02, 43-28-06
Law Implemented: NDCC 19-03.5-09, 43-28-06(1), 43-28-25