

ARTICLE 20-01 GENERAL ADMINISTRATION

Chapter

20-01-01 Organization of Board
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CHAPTER 20-01-01 ORGANIZATION OF BOARD

Section

20-01-01-01 Organization and Functions of Board of Dental Examiners

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

1. **History and functions.** In 1895 a five-member board of dental examiners was created to examine dentists as to their qualifications and to license and register qualified dentists. In 1981 the board was authorized to regulate dental hygienists, and its membership expanded to six members. In 1991 board membership was expanded to seven members. In 2005 the board was authorized to regulate dental assistants. In 2023 board membership was expanded to nine members.
2. **Board membership.** The board consists of nine members appointed by the governor. Six members must be licensed dentists, at least one of whom is a board eligible or board-certified oral or maxillofacial surgeon; one member must be a licensed dental_hygienist; one member must be a registered dental assistant; and one member must be an independent consumer member.
3. **Board members.** Members of the board are elected by the board to fill the individual positions of president, president-elect, and secretary-treasurer. The position of executive director has been created to assist the secretary-treasurer in the administration of board operations.
4. **Per diem.** Each member of the board shall receive as compensation for each day actually engaged in the duties of the office per diem in the amount of two hundred dollars, and expense reimbursement as set forth by the office of management and budget.
5. **Inquiries.** Inquiries regarding the board may be addressed to the executive director of the board:

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

History: Amended effective October 1, 1988; November 1, 1988; July 1, 1993; May 1, 1996; June 1, 2002; July 1, 2004; April 1, 2006; January 1, 2011; July 1, 2022; October 1, 2024; April 1, 2026.

General Authority: NDCC 43-28-06

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

CHAPTER 20-01-02 DEFINITIONS

Section
20-01-02-01 Definitions

20-01-02-01. Definitions.

Unless specifically stated otherwise, the following definitions are applicable throughout this title:

1. "Advertising" means any public communication, made in any form or manner, about a licensee's professional service or qualifications, for the purpose of soliciting business.
2. "Aldrete score" means a measurement of recovery after anesthesia that includes gauging consciousness, activity, respiration, and blood pressure.

Aldrete Scoring Guidelines				
Activity	Respiration	Circulation	Consciousness	Oxygenation
2 Able to move four extremities voluntarily on command and/or returned to preprocedure level	2 Patient can cough and deep breathe on command and/or respirations unlabored, oxygen saturation at preprocedure level	2 Blood pressure and heart rate +/- 20 percent of pre sedation level and/or asymptomatic alteration	2 Fully awake (able to answer questions) or at preprocedure level	2 Able to maintain oxygen saturation greater than 92 percent or at preprocedure level Pink or normal skin color
1 Able to move two extremities voluntarily on command and/or moves weakly, unable to stand	1 Dyspnea or limited breathing or requires oxygen greater than baseline level to maintain adequate saturation	1 Blood pressure and heart rate +/- 20 to 50 percent of pre-anesthetic level or mildly symptomatic alteration that requires fluid bolus intervention or dopamine at less than ten micrograms per kilogram per minute for heart failure patients	1 Arousable on calling (arousable only to calling)	1 Needs oxygen to maintain adequate oxygenation Pale, dusky, blotchy, jaundiced, or other
0 Unable to move	0 Apneic or requires airway support	0 Blood pressure and heart rate greater than 50 percent +/- pre sedation levels and/or requires pharmacological intervention, or dopamine at greater than ten micrograms per kilogram per minute for heart failure patients	0 Unresponsive	0 Oxygen saturation less than 90 percent adult, less than 92 percent peds even with oxygen support. Cyanotic
Target 2	Target 2	Target 1-2	Target 1-2	Target 2

A score of less than 8, re-evaluate q 15 minutes, greater than 8 discharge to recovery, or greater than or equal to discharge home

3. "Analgesia" means the diminution or elimination of pain.
4. "Anesthesia" means the art and science of managing anxiety, pain, and awareness. It includes analgesia, local anesthesia, minimal sedation, moderate sedation, deep sedation, and general anesthesia.
5. "Basic full upper and lower denture" means replacement of all natural dentition with artificial teeth. This replacement includes satisfactory tissue adaptation, satisfactory function, and satisfactory aesthetics. Materials used in these replacements must be nonirritating in character and meet all the standards set by the national institute of health and the bureau of standards and testing agencies of the American dental association for materials to be used in or in contact with the human body.
6. "Board certified" means the dentist has been certified in a specialty area in which there is a certifying body approved by an agency recognized by the United States department of education and is a diplomate of a nationally recognized certifying board that meets the criteria as provided by section 20-02-01-01.
7. "Board eligible" means the dentist has successfully completed a duly accredited training program or in the case of a dentist in practice at the time of the adoption of these rules has experience equivalent to such a training program in an area of dental practice in which there is a certifying body approved by an agency recognized by the United States department of education and is a diplomate of a nationally recognized certifying board that meets the criteria as provided by section 20-02-01-01.
8. "Bona fide specialties" means those specialties meeting the qualification as set forth in section 20-02-01-01.
9. "Capnography" means a process to determine the presence and percent of carbon dioxide in a patient's breath through the use of a carbon dioxide monitor, the noninvasive measurement of the partial pressure of carbon dioxide in exhaled breath expressed as carbon dioxide concentration over time and is graphically represented. Carbon dioxide measured at the airway can be displayed as a function of time (carbon dioxide concentration over time) or exhaled tidal volume (carbon dioxide concentration over volume).
10. "Cardiopulmonary resuscitation course" means the American heart association's health care provider course, the American red cross professional rescuer course, or an equivalent course.
11. "Certified dental assistant" means a dental assistant an individual who meets the education or experience prerequisites, or both, established by the dental assisting national board and passes the dental assisting national board's certified dental assistant examination, is currently cardiopulmonary resuscitation-certified, and continues to maintain the credential by meeting the dental assisting national board requirements. A certified dental assistant must be registered by the board ~~as a qualified dental assistant or registered dental assistant to provide any expanded duties prior to carrying out duties other than those listed in subsection one of section 20-03-01-01.~~
12. "Code of ethics" means the November 2020 version of the American dental association's principles of ethics and code of professional conduct.
13. "Complete evaluation" means an examination, review of medical and dental history, the formulation of a diagnosis, and the establishment of a written treatment plan, documented in a written record to be maintained in the dentist's office or other treatment facility or institution.

14. "Contiguous supervision" means that the dentist whose patient is being treated—and has personally authorized the procedures to be performed. The supervising dentist is continuously onsite and physically present in the treatment facility while the procedures are performed by ~~the qualified~~ a trained dental sedation staff member or dental anesthesia assistant, and the dentist is capable of responding immediately in the event of an emergency. The term does not require a supervising dentist to be physically present in the operatory.
15. "Clinical continuing education" means information that relates to the assessment, diagnosis, or treatment of patients and may include the management and administration of a clinical dental practice.
16. "Coronal polishing" is the mechanical polishing of clinical crowns using a rubber cup or brush only and not to include any instrumentation. Coronal polishing may only include air polishing to the extent specifically set forth in section 20-03-01-01
17. "Deep sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
- ~~18. "Dental anesthesia assistant" means an individual who possesses the expertise to provide supportive anesthesia care in a safe and effective manner. The anesthesia assistant is educated in the perioperative and emergent care management of patients undergoing dental office sedation and anesthesia.~~
- ~~19.~~ 18. "Direct supervision" means the dentist is physically present in the dental office or treatment facility, personally diagnoses the condition to be treated, personally authorizes the procedures and remains in the dental office or treatment facility while the procedures are being performed by the dental hygienist or dental assistant, and before dismissal of the patient, evaluates the performance of the dental hygienist or dental assistant.
- ~~20.~~ 19. "Direct visual supervision" means the dentist is physically present to issue a verbal command and under direct line of sight.
- ~~21.~~ 20. "Evaluation" means the act or process by a dentist of assessing and determining the patient's oral health status, the progress of ~~dental therapy~~ the treatment, or the performance of the dental hygienist or dental assistant.
- ~~22.~~ 21. "General anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to maintain ventilatory function is often impaired. Patients often require assistance in maintaining patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
- ~~23.~~ 22. "General supervision" means the dentist has authorized the procedures and they are carried out in accordance with the dentist's diagnosis, if necessary, and treatment plan. The dentist is not required to be in the treatment facility. A new patient who has not been examined by the authorizing dentist may be seen by a dental hygienist authorized to provide duties under general supervision. Limitations are contained in North Dakota Century Code section 43-20-03.
- ~~24.~~ 23. "Host dentist" is a dentist ~~authorized by permit who may provide~~ that provides treatment to a patient who is under moderate sedation, deep sedation, or general anesthesia that is administered either by a qualified dentist who holds a sedation permit issued by the board or by an independently practicing qualified anesthesia health care provider, such as an anesthesiologist or certified registered nurse anesthetist—administration of moderate, or deep sedation, or general anesthesia. The host dentist is subject to site evaluations for the level of sedation provided as per subsection 5 or 6 of section 20-02-01-05, including the requirement

that they complete an approved initial site evaluation before treating patients under sedation.

~~25-24.~~ "Inactive status" means the licensee shall not engage in the practice of dentistry or dental hygiene in the state of North Dakota. The license that is placed on inactive status remains on that status until such time as the license is reinstated.

~~26-25.~~ "Incremental dosing" means administration of multiple doses of a single drug until a desired effect is reached, but not to exceed the maximum recommended dose at the recommended interval.

~~27-26.~~ "Indirect supervision" means that a dentist is in the dental office or treatment facility, has personally diagnosed the condition to be treated, authorizes the procedures, and remains in the dental office or treatment facility while the procedures are being performed by the dental hygienist or dental assistant.

~~28-27.~~ "Local anesthetic" means the elimination or diminution of sensations in one part of the body by regional injection of drugs without causing the loss of consciousness.

~~29-28.~~ "Maximum recommended dose" means the maximum recommended dose of a drug as printed in the United States food and drug administration's approved labeling for unmonitored home use.

~~30-29.~~ "Minimal sedation" means a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes and ventilatory and cardiovascular are unaffected. Minimal sedation may be achieved by the administration of a single drug administered in a single or divided dose not to exceed the maximum recommended dose for unmonitored home use during a single appointment. A permit is not required for minimal sedation.

~~31-30.~~ "Moderate sedation" means a drug-induced depression of consciousness during which a patient responds purposefully to verbal commands either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Administration of sedative drugs exceeding the maximum recommended dose for unmonitored home use during a single appointment or use of more than one enteral drug administered, with or without concomitant use of nitrous oxide is considered moderate sedation.

~~32-31.~~ "Nitrous oxide inhalation analgesia" means a technique in which the inhalation of nitrous oxide enables treatment to be carried out and in which purposeful verbal contact with the patient can be maintained or the patient responds appropriately to light tactile stimulation throughout the administration of nitrous oxide inhalation analgesia, and the drugs and techniques used have a margin of safety wide enough to render unintended loss of consciousness extremely unlikely.

~~33-32.~~ "Oral assessment" means the evaluation of data pertaining to the patient's condition to help identify dental problems leading to a professional treatment plan. The final diagnosis of disease or treatment plan is the sole responsibility of the supervising or collaborative dentist.

~~34-33.~~ "Oral hygiene treatment planning" is a component of a comprehensive treatment plan developed by the hygienist or dentist to provide the hygienist a framework for addressing the preventative, educational, and clinical treatment needs of the patient.

~~35-34.~~ "Parenteral moderate sedation" means the intravenous, intramuscular, intranasal, subcutaneous, sublingual, submucosal, transdermal, or rectal administration of pharmacological agents with the intent to obtain a depressed level of consciousness that meets the definition of moderate sedation.

~~36-35.~~ "Patient of record" means a patient who has undergone a complete dental evaluation, has had a medical and dental history completed and evaluated by a dentist, or a patient who has been

examined, and has had oral conditions diagnosed and a written plan developed by the dentist or dental hygiene treatment authorized by a dentist, and the patient has compensated the dentist or dental facility for a procedure.

~~37. "Pediatric patient" means a dental patient ten years of age or younger.~~

~~38-36.~~ "Primary practice site" means the office location that is to be considered the main location of the dental practice. This office location would be listed first on the biennial registration.

~~39. "Qualified dental assistant" means a dental assistant who has been employed and trained as a dental assistant and has received at least three hundred hours of on-the-job training, has successfully completed the national entry level dental assistant certification administered by the dental assisting national board or a board approved course, and has applied to the board and paid the certificate fee and met any other requirements of section 20-03-01-05."~~

~~40-37.~~ "Provisional license" means a license issued between board meetings by the executive director or a board member pursuant to delegated authority as authorized by subsection two of North Dakota Century Code 43-51.1-03. Provisional licenses may be conditioned, or be restricted in scope or duration.

~~41-38.~~ "Qualified Trained dental sedation staff member" means an individual trained and competent in the use placing and using of monitoring and emergency equipment, identifying adverse changes in patient condition, ~~capable of initiating~~ and assisting with procedures and emergency incidents that may occur as a result of the sedation or secondary to the unexpected medical complication, and who has received documented training acquired directly by an employer- dentist or by a planned sequence of instruction in an educational institution and holds a current basic life support registration.

~~42-39.~~ "Registered dental assistant" means a dental assistant who is a graduate of a dental assistant program accredited by the commission on dental accreditation of the American dental association or a substantially equivalent curriculum approved by the board or has been certified by the dental assistant national board, and has applied to the board and paid the registration fee and met any other requirements of section 20-03-01-05.

~~43-40.~~ "Remedial education" means an educational intervention prescribed by the board that is designed to restore an identified practice deficiency of a licensee. Remediation may include successful demonstration by the licensee that the learned knowledge and skills have been incorporated into the licensee's practice.

~~44-41.~~ "Satellite office" means an office, building, or location used at any time by a dentist for the practice of dentistry other than the office listed on the dentist's biennial registration certificate.

~~45-42.~~ "Screening" means an inspection used for the early identification of individuals at potentially high risk for a specific condition or disorder and can indicate a need for further evaluation or preliminary intervention. A screening is neither diagnostic nor a definitive indication of a specific condition and does not involve making diagnoses that lead to treatment plans.

~~46-43.~~ "Self-study", for the purposes of continuing education requirements, means the licensee engages in obtaining education without direct supervision, without attendance in a classroom setting, or without a proctor during online education. A certificate of completion must be obtained as proof of education.

~~47-44.~~ "Time-oriented anesthesia record" means documentation at appropriate intervals of drugs, doses, and physiologic data obtained during patient monitoring.

~~48-45.~~ "Titration" means administration of incremental doses of an intravenous or inhalation drug until a desired effect is reached.

~~49.46.~~ "Topical anesthesia" means the elimination or diminution of sensation, especially pain, in one part of the body by application of a drug onto the skin or mucous membrane surface application of a drug.

~~50.47.~~ "Webinar", for the purposes of continuing education requirements, means the licensee engages in a live web-based seminar or presentation using video conferencing software. A webinar is interactive and has the ability to give, receive, and discuss information in real-time. A certificate of completion indicating "live webinar" or other evidence of attendance must be maintained as proof of continuing education.

History: Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; June 1, 2002; July 1, 2004; April 1, 2006; October 1, 2007; January 1, 2011; April 1, 2015; July 1, 2017; July 1, 2022; April 1, 2026.

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

Law Implemented: NDCC 43-20-01.1, 43-20-03, 43-20-10, 43-20-12, 43-20-13, 43-28-06, 43-51.1-03

ARTICLE 20-02 DENTISTS

Chapter
20-02-01 General Requirements

CHAPTER 20-02-01

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20-02-01-03.1. ~~Additional requirements~~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.

20-02-01-03.2. ~~Additional requirements~~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 section 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 completion of an education program, including a certificate program, that does not result in the issuance of a doctor of dental surgery or a doctor of dental medicine, or the equivalent, is insufficient for licensure. 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 must bear all costs associated with their 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.

History: Effective January 1, 2011; amended 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.

~~Applications must be completed within six months of filing. The board may require an interview with the applicant.~~ In addition to the application requirements of North Dakota Century Code sections 43-28-10.1, 43-28-11, 43-28-15, and 43-28-17, 43-51.1-02, and North Dakota Administrative Code sections 20-02-01-03.1 and 20-02-01-03.2, 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 for thin 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. ~~Certification~~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.
- ~~10-11.~~An interview of the applicant by the board.
- ~~11-12.~~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 43-28-0643-51.1-02

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

20-02-01-04. 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 ~~provisional~~temporary license if all requirements are met.

1. A temporary license to practice dentistry in North Dakota may be granted to a dentist when 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 and 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 section 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, 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. The applicant has completed thirty-two hours of continuing education in accordance with section 20-02-01-06.

- h. The board shall require a criminal background check if the licensee 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

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

~~A patient who is seen by a dentist who holds a volunteer license to practice dentistry shall not be considered a patient of record of the volunteer dentist. The dentist is not obligated to treat the patient outside of the volunteer practice setting. Between meetings of the board, the executive director of the board may review the volunteer license application and grant a provisional license if all the requirements are met. A volunteer license to practice dentistry in North Dakota, renewable annually by application to the board, may be granted when the following conditions are met:~~

- ~~1. The applicant was formerly licensed and actively practicing in the state of North Dakota or another jurisdiction for at least three of the five years immediately preceding application, where the requirements are at least substantially equivalent to those of this state; or~~
 - ~~a. The applicant is the resident of a board approved specialty program; or~~
 - ~~b. The board determines that the applicant is qualified and satisfies the criteria specified under North Dakota Century Code section 43-28-10.1.~~
- ~~2. The applicant agrees to provide primary health services without remuneration directly or indirectly in a board approved setting.~~
- ~~3. The applicant holds a current cardiopulmonary resuscitation course certification.~~
- ~~4. The applicant has completed continuing education requirements of the board.~~
- ~~5. The applicant has made application for a volunteer dental license in a manner prescribed by the board.~~
- ~~6. The board may collect from the applicant the nonrefundable application and license fee prescribed by the board.~~
- ~~7. The board may apply such restrictions as it deems appropriate to limit the scope of the practice of dentistry under the authority of the volunteer license.~~

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 states where the laws are at least substantially equivalent to those of this state, if the applicant either:

- 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 that 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 that the applicant is qualified and satisfies the criteria specified under North Dakota Century Code section 43-28-10.1.
2. Applicants must 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 ~~the payment of renewal fees, except inactive status renewal fees, and~~ 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 ~~at the board administered~~ written examination on the laws and rules governing the practice of dentistry in this state ~~administered by the board at a meeting 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 must have the training, skills, drugs, and equipment immediately available in order to rapidly identify and manage an adverse occurrence until either emergency medical assistance arrives or the patient returns to the intended level of sedation or full recovery without airway, respiratory, or cardiovascular complications.

1. Administration of nitrous oxide inhalation analgesia - Requirements. The following standards apply to the administration of nitrous oxide inhalation analgesia:
 - a. Inhalation equipment must have a fail-safe system that is appropriately checked and calibrated. The equipment also must have either a functioning device that prohibits the delivery of less than thirty percent oxygen or an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm. A scavenging system must be available if gases other than oxygen or air are used.
 - b. Patient dental records must include the concentration administered and duration of administration.
 - c. A dentist may not delegate monitoring of nitrous oxide inhalation analgesia once the patient has ingested an enteral drug for the purpose of minimal sedation.
 - d. Before a dentist may authorize authorizing 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 and document training in the permit holder with training on the proper and 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 continually monitored by authorized dental staff as set for in section 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. Administration of minimal sedation. A dentist administering minimal sedation shall maintain basic life support certification and comply with the following standards:
 - a. An appropriate sedative record must be maintained and must contain the names and time of all drugs administered, including local anesthetics and nitrous oxide. The time and condition of the patient at discharge from the treatment area and facility requires documentation.
 - b. Medications used to produce minimal sedation are limited to a single enteral drug, administered either singly or in divided doses, by the enteral route to achieve the desired clinical effect, not to exceed the maximum food and drug administration recommended dose for unmonitored home use in a single appointment. The administration of enteral drugs exceeding the maximum recommended dose during a single appointment is considered to be moderate sedation.
 - c. Drugs and techniques used must carry a margin of safety wide enough to render the unintended loss of consciousness unlikely for minimal sedation, factoring in titration and the patient's age, comorbidities, weight, body mass index, and ability to metabolize drugs.
 - d. Combining two or more enteral drugs, excluding nitrous oxide, prescribing or administering drugs that are not recommended for unmonitored home use, or administering any parenteral drug constitutes moderate sedation and requires that the dentist must hold a moderate sedation permit.
 - e. Facilities and equipment must include:
 - (1) Suction equipment capable of aspirating gastric contents from the mouth and pharynx;
 - (2) Portable oxygen delivery system, including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen enriched ventilation to the patient;
 - (3) Blood pressure cuff (or sphygmomanometer) of appropriate size;
 - (4) Automated external defibrillator or defibrillator;
 - (5) Stethoscope or equivalent monitoring device; and
 - (6) The following emergency drugs must be available and maintained:
 - (a) Bronchodilator;
 - (b) Anti-hypoglycemic agent;
 - (c) Aspirin;
 - (d) Antihistaminic;
 - (e) Coronary artery vasodilator; and
 - (f) Anti-anaphylactic agent.
 - f. A dentist, or qualified 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. Administration of moderate sedation. 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 ~~with a participant faculty ratio of not more than four to one~~. 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, ~~and~~ advanced cardiac life support if treating adult patients or patients that are ten years of age and older, and ~~or~~ pediatric advanced life support if treating ~~pediatric~~ patients that are nine years of age and younger. The dentist shall also ~~and~~ have present a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one qualified trained dental sedation staff member as specified in ~~subsection 40 of 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. Successfully completed 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. Administration of deep sedation and general anesthesia. Before administering deep sedation or general anesthesia, a dentist licensed under North Dakota Century Code chapter 43-28 shall obtain a permit issued by the board and renewable biennially thereafter. An applicant for an initial permit shall submit a completed application and application fee on a form provided by the board and:
 - a. Within the three years before submitting the permit application, shall provide evidence the applicant successfully has completed an advanced education program accredited by the commission on dental accreditation that provides training in deep sedation and general anesthesia and formal training in airway management, and completed a minimum of five months of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program approved by the board; or
 - b. Must be, within the three years before submitting the permit application, a diplomate of the American board of oral and maxillofacial surgeons or eligible for examination by the American board of oral and maxillofacial surgeons, a fellow of the American association of oral and maxillofacial surgeons, a fellow of the American dental society of anesthesiology, a diplomate of the national dental board of anesthesiology, or a diplomate of the American dental board of anesthesiology or eligible for examination by the American dental board of anesthesiology;
 - c. For an applicant who completed the requirements of subdivision a or b more than three years before submitting the permit application, shall provide on a form provided by the board a written affidavit affirming the applicant has administered general anesthesia to a minimum of twenty-five patients within the year before submitting the permit application or seventy-five patients within the last five years before submitting the permit application and the following documentation:
 - (1) A copy of the deep sedation and general anesthesia permit in effect in another jurisdiction or certification of military training in general anesthesia from the applicant's commanding officer; and
 - (2) On a form provided by the board, a written affidavit affirming the completion of thirty-two hours of continuing education pertaining to oral and maxillofacial surgery or general anesthesia taken within three years before application.
 - d. Successfully shall complete the general anesthesia and deep sedation site evaluation required by this chapter. An initial site evaluation must be completed within sixty days of the approval of the initial permit application.
 - e. For a dentist utilizing deep sedation or general anesthesia; shall maintain current certification in basic life support, ~~and~~ advanced cardiac life support if treating adult patients or patients that are ten years of age and older, and pediatric advanced life support if treating pediatric 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 qualified trained dental sedation staff members as specified in ~~subsection 40 of section 20-01-02-01.~~
5. Site evaluations for moderate sedation, deep sedation, and general anesthesia. A licensed and permitted dentist or host dentist utilizing moderate sedation, deep sedation, or general

anesthesia is required to ~~have an~~ undergo a site evaluation of the ~~for each~~ location where sedation or anesthesia services are rendered ~~initially and every three years thereafter and shall maintain a properly equipped facility. Site evaluations must be conducted by Aa~~ North Dakota licensed anesthesia or sedation provider ~~authorized~~ approved by the board. Site evaluators shall re-evaluator 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 following a successful initial application or renewal 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. ~~The~~ Permit holders and host dentist ~~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 qualified trained dental sedation staff member, or medical staff, and anesthesia provider or host dentist;
 - (2) Copy of ~~license~~ licenses that may be held by any of qualified trained dental sedation staff member, or other attending medical staff, or both;
 - (3) Copy of current permit to prescribe and administer controlled substances in this state issued by the United States drug enforcement administration;
 - (4) Copy of patient consent agreement and health history forms;
 - (5) Copy of a blank sedation monitoring form;
 - (6) Preanesthesia sedation instructions; and
 - (7) Post care instructions.
- b. The site evaluator shall submit a completed site evaluation form and documentation to the board. The dentist's facility where anesthesia and sedation are provided must meet the requirements of this chapter and maintain the following properly operating equipment and supplies appropriate for the age and relative size of the patient during the provision of anesthesia and sedation by the permitholder or physician anesthesiologist or certified registered nurse anesthetist or other qualified sedation provider:
 - (1) Emergency drugs as required by the board, including:
 - (a) Vasopressor;
 - (b) Corticosteroid (only deep sedation or general anesthesia permit holders);
 - (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 permit holders);;
 - (m) Antihypoglycemic agent;
 - (n) Antiemetic;
 - (o) Adenosine, for general anesthesia and deep sedation sites;
 - (p) Dantrolene, for general anesthesia and deep sedation sites, if volatile gases are used; and
 - (q) Anticonvulsant;
- (2) Positive pressure oxygen and supplemental oxygen delivery system;
 - (3) Stethoscope;
 - (4) Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device;
 - (5) Oropharyngeal or nasopharyngeal airways, or both;
 - (6) Pulse oximeter;
 - (7) Auxiliary lighting;
 - (8) Blood pressure monitor with an automated time determined capability and method for recording the data;
 - (9) Cardiac defibrillator or automated external defibrillator (AED);
 - (10) End-tidal carbon dioxide monitor;
 - (11) Electrocardiograph monitor;
 - (12) Laryngoscope multiple blades, backup batteries, and backup bulbs;
 - (13) Endotracheal tubes and appropriate connectors;
 - (14) Magill forceps;
 - (15) Appropriate intravenous setup, including appropriate supplies and fluids;
 - (16) Cricothyrotomy equipment;
 - (17) Thermometer; and
 - (18) Scale.
- c. The operatory where moderate sedation, deep sedation, or general anesthesia is to be administered must:
- (1) Be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management;
 - (2) Be equipped with a chair or table adequate for emergency treatment, including a chair or cardiopulmonary resuscitation board suitable to administer cardiopulmonary resuscitation;

- (3) Be equipped with a lighting system to permit the evaluation of the patient's skin and mucosal color with a backup system to permit the completion of any operation underway at the time of a general power failure;
 - (4) Be equipped with suction and backup suction equipment also including suction catheters and tonsil suction; and
 - (5) Be equipped with an oxygen delivery system and backup system complete with full-face masks and appropriate connectors, capable of delivering oxygen to the patient under positive pressure.
- d. An operatory may double as a recovery location. A recovery room must be equipped with the following:
- (1) Suction and backup suction equipment;
 - (2) Positive pressure oxygen;
 - (3) Sufficient light to provide emergency treatment;
 - (4) Be of adequate size and design to allow emergency access and management; and
 - (5) Be situated to allow the patient to be observed by the dentist or a qualified 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, and that each of the following clinical emergencies ~~are~~ 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. ~~Failure to successfully complete the anesthesia inspection results in an automatic suspension of~~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. Other anesthesia providers. Host dentists who intend to use the services of a certified registered nurse anesthetist, anesthesiologist, or another dentist authorized by permit to administer moderate sedation, deep sedation, or general anesthesia, shall notify the board before sedation services are provided and arrange a site evaluation with the board appointed anesthesia ~~professional~~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. ~~Renewal of permit and site evaluation~~. All sedation and anesthesia permits must be renewed biennially, concurrent with the dentist's license renewal. The board of dental examiners may renew such permit biennially provided:
- a. Requirements of the permit have been met;
 - b. Application for renewal and renewal fee is received by the board before the date of expiration of the permit. If the renewal application and renewal fee have not been received by the expiration of the permit, late fees as determined by the board apply; and
 - c. The anesthesia site inspection is in good standing with the board of dental examiners.
8. Documentation. Dentists administering sedation or anesthesia shall maintain adequate documentation.
- a. For the administration of local anesthesia, minimal sedation, and analgesia, the following documentation is required:
 - (1) Pertinent medical history, including weight and height;
 - (2) Medication administered and dosage; and
 - (3) Vital signs include heart rate and blood pressure.
 - b. For administration of moderate sedation, deep sedation, or general anesthesia the following documentation is required:
 - (1) A current and comprehensive medical history, to include current medications;
 - (2) Informed consent of the patient for the administration of anesthesia;
 - (3) An anesthesia record, which includes documentation of the following:
 - (a) Height and weight of the patient to allow for the calculation of body mass index and dosage of emergency medications;

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

9. Personnel.

- a. During the administration of minimal sedation, the supervising dentist and at least one ~~other individual~~ trained dental sedation staff member who is experienced in patient monitoring and documentation must be present.
- b. During the administration of moderate sedation, the anesthesia permit provider and at least one ~~other individual~~ trained dental sedation staff member who is experienced in patient monitoring and documentation must be present.
- c. During the administration of deep sedation or general anesthesia, the anesthesia permit provider and at least two other individuals meeting the following requirements must be present:
 - (1) One individual to assist the host dentist as necessary.
 - (2) One ~~qualified~~ trained dental sedation staff member as defined in section 20-01-02-01 solely responsible to assist with observation and monitoring of the patient.
- d. During any sedation or anesthesia procedure, the anesthesia permit provider retains full accountability, but delegation to trained dental personnel may occur under:
 - (1) Direct, continuous, and visual supervision by the anesthesia 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.
- e. ~~All~~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, ~~or~~ 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 and shall be appropriately trained in emergency procedures through updates or drills that must be held at least quarterly and documented.

10. Standards for patient monitoring.

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

(7) Level of anesthesia or sedation.

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

younger.

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

15. Controlled pharmaceuticals.

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

History: Effective October 1, 1993; amended effective May 1, 1996; June 1, 2002; July 1, 2004; April 1, 2006; October 1, 2007; January 1, 2011; April 1, 2015; July 1, 2017; July 1, 2022; October 1, 2024; 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 permit holders:
 - (1) At least six hours related to sedation or anesthesia; and
 - (2) At least two hours related to anesthesia emergencies that are based on actual adverse anesthesia events or actual closed insurance claims. Content offered by insurance providers or licensees of the board, 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. ~~For continuing education courses utilizing a proctor, the certificate of attendance must be signed by the proctor.~~
5. All dentists must hold a current cardiopulmonary resuscitation certificate. General anesthesia, deep sedation, and moderate sedation providers shall maintain current advanced cardiac life support or pediatric advanced life support certification as determined by the age of the patients treated. A dentist who utilizes minimal sedation shall maintain basic life support certification.
6. Effective January 1, 2028, all dentists who administer general anesthesia, deep sedation, ~~and/or~~ moderate sedation shall successfully complete 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 ~~inspector's~~ 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

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

~~These rules are adopted for the purpose of avoiding practice abandonment. A licensed dentist shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of the patient or patient's legal guardian, the dentist shall furnish the dental records or copies of the records, including dental radiographs or copies of the radiographs. 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.~~

1. ~~A licensee, upon retirement, or upon discontinuation of the practice of dentistry, or upon moving from a community, shall notify all active patients in writing and by publication once a week for three consecutive weeks in a newspaper of general circulation in the community that the licensee intends to discontinue the practice of dentistry. The licensee shall make reasonable arrangements with active patients for the transfer of patient records, or copies thereof, to the succeeding licensee. In the event of a transfer of patient records to another licensee assuming the practice, written notice must be furnished to all patients as hereinbefore specified. For the purpose of this section, "active patient" is defined as a person whom the licensee has examined, treated, cared for, or otherwise consulted with during the two-year period prior to the discontinuation of the practice of dentistry by the licensee. In the event of a nontransfer of records, a licensee shall have the ongoing obligation of at least two years to afford the licensee's prior patients access to those records not previously provided to the patient. Dentists who are either discontinuing the practice of dentistry or who are discontinuing practicing within a particular community must 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 to maintain the patient 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 must 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 licensed 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 shall 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. 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 licensed dentist dies or becomes unable to practice dentistry due to disability, for the purpose of selling or otherwise disposing of the deceased or disabled licensee's 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 twenty-four months.
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 licensed dentist retires from a group practice and continuity of patient dental care will not be interrupted, the dentist is exempt from notifying active patients in writing. The licensed dentist shall, however, notify patients by publication once a week for three consecutive weeks in a newspaper of general circulation in the community that the licensed 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.

~~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. For purposes of this section:~~

- ~~1. "Patient" means an individual who has received dental care services from a provider for treatment of a dental condition.~~
- ~~2. "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 record must contain the following components:~~
 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 must release patient dental records within a reasonable time of request. Failure to do so can 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 section 43-28-18 of the North Dakota Century Code.
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. "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.
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 section 23 of North Dakota Century Code 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 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 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 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.
 - j. 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.

8. "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 shall 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 shall 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.
9. "Billing information" as set forth in 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.

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

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06, 43-28-18

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

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

The board may approve a dentist to supervise student externships as set forth in North Dakota Century Code under subsection two of 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. Grounds for denial of the applicant under section 43-28-18 do not exist.
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 three 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 30 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 three of North Dakota Century Code section 43-28-25, must 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 non-clinical 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 must timely 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

ARTICLE 20-03 DENTAL ASSISTANTS

Chapter
20-03-01 Duties

CHAPTER 20-03-01 DUTIES

Section
20-03-01-01 Duties

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20-03-01-01. Duties.

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

1. A dental assistant who is not registered with the board and who is employed by a dentist may:
 - a. Perform the following duties under direct supervision:
 - (1) Take and record pulse, blood pressure, and temperature.
 - (2) Take and record preliminary dental and medical history for the interpretation by the dentist.
 - (3) Apply topical medications and drugs to oral tissues, including topical anesthetic, topical fluoride, fluoride varnish, and desensitizing agents, but not including caustic agents.
 - (4) Receive removable dental prosthesis for cleaning or repair.
 - (5) Take impressions for study casts, bleaching trays, or orthodontic retainers.
 - (6) Hold impression trays in the mouth (e.g., reversible hydrocolloids, rubber base).
 - (7) Retract patient's cheek, tongue, or other tissue parts during a dental procedure.
 - (8) Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes, and water.
 - (9) Isolate the operative field, not to include rubber dams.
 - (10) Hold a curing light for any dental procedure. Curing lights may not include a laser capable of cutting, burning, or damaging hard or soft tissue or for electrosurgery for tissue retraction.
 - (11) Produce on a patient of record, a final scan by digital capture for review and inspection by the authorizing dentist for a prescriptive fixed or removable appliance.

- (12) Monitor of a patient who has been induced into nitrous oxide analgesia if the dentist has provided sufficient training to the dental assistant completed after January 1, 2024. The dentist shall maintain documentation of the training for the duration of the delegation and shall provide documentation of the training to the board upon request.
 - b. Perform the following duties under general supervision:
 - (1) Provide oral hygiene instructions and education.
 - ~~(2) Remove periodontal dressings.~~
 - c. An unregistered dental assistant enrolled in a board-approved qualified dental assistant program and working under the direct supervision of a dentist may perform the duties of a qualified dental assistant
2. A qualified dental assistant-limited radiology registrant may perform the duties listed in subsection 1, and may take dental radiographs under the general supervision of a dentist.
- 2.3. A qualified dental assistant may:
- a. Perform the following duties under the direct supervision of a dentist:
 - (1) Duties set forth in subsection 1 and subsection 2.
 - (2) Acid etch enamel surfaces as directed by the dentist.
 - (3) Dry root canal with paper points.
 - (4) Apply resin infiltration.
 - (5) Orally transmit a prescription that has been authorized by the supervising dentist.
 - (6) Remove band and bracket adhesives with a slow-speed handpiece.
 - (7) Place and remove matrix bands and wedges.
 - b. Perform the following duties under the indirect supervision of a dentist:
 - (1) Polish coronal surfaces of teeth with a rubber cup or brush after the dentist provides the dental assistant with sufficient training. The dentist shall maintain documentation of the training completion for the duration of the delegation and provide it to the board upon request.
 - (2) Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a licensed dentist.
 - c. Perform the following duties under the general supervision of a dentist:
 - (1) Produce on a patient of record, a final scan by digital capture for review and inspection by the authorizing dentist for a prescriptive fixed or removable appliance.
 - (2) Take and record pulse, blood pressure, and temperature.
 - (3) Take and record preliminary dental and medical history for the interpretation by the dentist.
 - (4) Apply topical medications and drugs to oral tissues, including topical anesthetic and anticariogenic agents, and desensitizing agents.

- (5) Place and remove arch wires or appliances that have been activated by the dentist.
- (6) Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative care.
- (7) Remove sutures.
- (8) Place, tie, and remove ligature wires and elastic ties, and select and place orthodontic separators.
- (9) Preselect and prefit orthodontic bands.
- (10) Repack dry socket medication and packing for palliative care.
- (11) Take dental radiographs.

~~d. Perform the following duties under the indirect supervision of a dentist:~~

- ~~(1) Polish coronal surfaces of teeth with a rubber cup or brush after the dentist provides the dental assistant with sufficient training. The dentist shall maintain documentation of the training completion for the duration of the delegation and provide it to the board upon request.~~
- ~~(2) Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a licensed dentist.~~

~~3.4. A qualified dental assistant limited radiology registrant may perform the duties listed in subsection 1, and may take dental radiographs under the general supervision of a dentist.~~

4.5. A registered dental assistant may perform the duties set forth in subsection 2 and subsection 3, and the following duties, under the direct supervision of a dentist:

- a. Acid etch enamel surfaces prior to direct bonding of orthodontic brackets or composite restorations.
- b. Take face bow transfers.
- c. Adjust permanent crowns outside of the mouth.
- d. Administer emergency medications to a patient in order to assist the dentist in an emergency.
- e. Hold impression trays in the mouth (e.g., reversible hydrocolloids, rubber base).

~~5.6.~~ A registered dental assistant may perform the following duties ~~on a patient of record~~ under the indirect supervision of a dentist:

- a. Place and remove rubber dams.
- b. Place retraction cord in the gingival sulcus of a prepared tooth prior to the dentist taking an impression of the tooth.
- c. Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments or a slow-speed handpiece.

~~d. Place and remove periodontal dressings.~~

~~e.d.~~ Monitor a patient who has been inducted by a dentist into nitrous oxide inhalation analgesia.

~~f.e.~~ Apply bleaching solution, activate light source, and monitor and remove bleaching materials.

~~g.f.~~ Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a licensed dentist.

~~6-7.~~ A registered dental assistant may perform the following duties under the general supervision of a dentist:

- a. Take and record pulse, blood pressure, and temperature.
- b. Take and record preliminary dental and medical history for the interpretation by the dentist.
- c. Apply topical medications and drugs to oral tissues, including topical anesthetic, topical fluoride, fluoride varnish, silver diamine fluoride, hemostatic agents, and desensitizing agents.
- d. Receive removable dental prosthesis for cleaning or repair.
- e. Take impressions or occlusal bite registrations for study casts.
- f. Fabricate, adjust, place, recement, or remove a temporary crown, bridge, or onlay or temporary restorative material. This applies only to dentitions actively under treatment for which a permanent restoration is being fabricated.
- g. Remove sutures.
- h. Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative treatment.
- i. Place, tie, and remove ligature wires and elastic ties, and place orthodontic separators.
- j. Provide oral hygiene education and instruction.
- k. Provide an oral assessment for interpretation by the dentist.
- l. Repack dry socket medication and packing for palliative treatment.
- m. Apply pit and fissure sealants, including acid etch, if the registered dental assistant has provided documentation of a board-approved sealant course or training that includes hand skills, and has received an endorsement from the board. Adjust sealants with slow-speed handpiece.
- n. Polish the coronal surfaces of the teeth with a rubber cup or brush or by use of air polishing.
- o. Polish and smooth existing restorations with a slow-speed handpiece.
- p. Take dental radiographs.
- q. Take final impressions for fixed or removable ~~orthodontic appliances, athletic mouth guards, bleaching trays, bite splints, flippers, and removable prosthetic repairs.~~ Impressions must be reviewed and approved by the dentist before being used for fabrication.
- r. Preselect and prefit orthodontic bands.
- s. Perform nonsurgical clinical and laboratory diagnosis tests, including pulp testing, for interpretation by the dentist.
- t. Place and remove arch wires or appliances that have been activated by a dentist.

- u. Provide screenings as defined by subsection 44 of section 20-01-02-01.
- v. ~~Adjust a temporary denture~~dentures or partial for dentitions actively under treatment for which permanent dentures or partial dentures are being fabricatedpartials that have previously been fitted by the dentist.
- w. Place and remove dry socket medications and packing.
- x. Hold a curing light for any dental procedure. Curing lights may not include a laser capable of cutting, burning, or damaging hard or soft tissue or for electrosurgery for tissue retraction.

History: Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; June 1, 2002; July 1, 2004; April 1, 2006; January 1, 2011; April 1, 2015; July 1, 2017; July 1, 2022; October 1, 2024; April 1, 2026.

General Authority: NDCC 43-20-10

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

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

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

1. A registered dental assistant authorized by permit and under the direct supervision of a dentist may perform the following restorative functions:
 - a. Place, contour, carve, and adjust amalgam, glass ionomer, or composite restorations where the margins are entirely within the enamel, with hand instruments ~~or a slow speed handpiece~~;
 - b. Adapt and cement stainless steel crowns; and
 - c. Place, ~~contour, and adjust composite restorations where the margins are entirely within the enamel with hand instruments or a slow speed handpiece~~ a temporary sedative filling.
2. A dental anesthesia assistant authorized by a class I permit and under the contiguous supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia may:
 - a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation or general anesthesia;
 - b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open;
 - c. Prepare and monitor anesthesia equipment ~~and perform patient monitoring; and~~
 - d. Perform patient monitoring including vital signs, adverse events, and patient positioning; and
 - e. Assist with emergency treatment and protocols, including the use of suction, automated defibrillators, and crash cart equipment.
3. A dental anesthesia assistant authorized by a class II permit and under the direct visual supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia may carry out all duties of a class I permit holder and:
 - a. Draw up, label, ~~and prepare, and waste~~ medications;
 - b. Follow instructions to deliver medication into an intravenous line upon verbal command of the supervising dentist;

- c. Adjust the rate of intravenous fluids infusion beyond a keep-open rate upon verbal command of the supervising dentist; and
 - d. Adjust an electronic device to provide medications, such as an infusion pump upon verbal command of the supervising dentist.
4. A registered dental assistant authorized by permit and under the indirect supervision of a dentist may administer nitrous oxide analgesia to a patient who has not taken sedative medications before treatment in accordance with subsection 2 of section ~~20-03-01-05~~20-02-01-05.

History: Effective April 1, 2015; amended effective July 1, 2017; July 1, 2022; October 1, 2024; April 1, 2026.

General Authority: NDCC 43-20-10

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

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

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

1. A class I dental anesthesia permit holder is authorized to provide anesthesia assistance under the supervision of a host dentist or a dentist who is authorized by permit to provide moderate sedation, or deep sedation or general anesthesia. The board may issue or renew a class I dental anesthesia assistant permit ~~authorizing to~~ a registered dental assistant or any other individual ~~to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide general anesthesia, deep sedation, or moderate sedation, upon successful completion of~~meeting the following:
 - a. The applicant submits evidence of completing hands-on training in intravenous access or phlebotomy that includes live experience in starting and maintaining intravenous lines, an infection control. The evidence may be either a certificate of completion issued by a board-approved dental anesthesia assistant education and training course or an attestation by a supervising dentist who provided the training. A supervising dentist providing the training shall retain documentation of the training and provide it to the board upon request.
 - b. The applicant submits ~~proof of current certification status from the American association of oral and maxillofacial surgeon's dental anesthesia assistant national certification evidence of completing a board-approved competency examination~~dental anesthesia assistant education and training course that includes vital sign monitoring, training on emergency oxygen administration, suction, use of advanced automated external defibrillators, and crash cart equipment.
 - c. The applicant holds current and valid certification for health care provider basic life support, advanced cardiac life support, or pediatric advanced life support; and
 - d. The applicant provides a copy of a valid North Dakota general anesthesia, deep sedation, or moderate sedation permit of the dentist where the registered dental assistant will be performing anesthesia assistant services.
2. A class II dental anesthesia permit holder is authorized to provide anesthesia assistance under the supervision of a host dentist or a dentist who is authorized by permit to provide moderate sedation, or deep sedation or general anesthesia. The board may issue or renew a class II dental anesthesia assistant permit ~~authorizing to~~ a registered dental assistant or any other individual ~~to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide general anesthesia, deep sedation, or moderate sedation, upon successful completion of~~meeting the following criteria:

- a. The applicant submits evidence of completing the dental anesthesia assistant national course or an equivalent board-approved ~~dental anesthesia assistant education and training~~pharmacology course.
 - b. The applicant submits either proof of current dental anesthesia assistant national certification or an equivalent pharmacology certification, or proof of passage within the two years preceding application of a board-approved competency examination;
 - c. The applicant ~~has~~submits evidence of successfully completed~~completing a board-approved~~ hands-on training in intravenous access or phlebotomy that includes live experience starting and maintaining intravenous lines;
 - d. The applicant holds current and valid certification for health care provider basic life support, advanced cardiac life support, or pediatric advanced life support; and
 - e. The applicant provides a copy of a valid North Dakota general anesthesia, deep sedation, or moderate sedation permit of the dentist where the registered or qualified dental assistant will be performing anesthesia assistant services.
3. The board may issue or renew a permit on forms prescribed by the board authorizing a registered dental assistant under the direct supervision of a dentist to provide restorative functions under the following conditions:
 - a. The applicant meets any of the following requirements:
 - (1) The applicant has successfully completed a board-approved curriculum from a program accredited by the commission on dental accreditation of the American dental association or other board-approved course ~~and successfully passed a dental testing agency examination approved by the board,~~ within the last five years. The course must include a clinical and written examination. The board may require successful completion of the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination; or
 - (2) The applicant has successfully passed a board-approved dental testing agency examination over five years from the date of application, and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination or other board-approved examination and provides evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least twenty-five restorative procedures within the immediate five years from the date of application.
 - b. A registered dental assistant may perform the placement and finishing of direct alloy or direct composite restorations, under the direct supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.
 - c. The restorative functions only may be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental assistant.
 - d. Before the patient is released, the final restorations must be checked and documented by the supervising dentist.

History: Effective July 1, 2022; amended effective October 1, 2024; April 1, 2026.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-13.2

20-03-01-02. Prohibited services.

~~A~~No dental assistant, ~~qualified dental assistant, or registered dental assistant~~ may not perform the following services:

1. Diagnosis and treatment planning.
2. Surgery on hard or soft tissue.
3. Administer local anesthetics, sedation or general anesthesia drugs or titrate local anesthetics, sedation or general anesthesia drugs without a board authorized permit.
4. Any irreversible dental procedure or procedures which require the professional judgment and skill of a licensed dentist.
5. Adjust a crown which has been cemented by a dentist.
6. Activate any type of orthodontic appliance or fabricate orthodontic impressions for an individual who is not a patient of record.
7. Cement or bond orthodontic bands or brackets that have not been previously placed by a dentist.
8. Place bases or cavity liners.
9. Scaling, root planing, or gingival curettage.
10. Measure the gingival sulcus with a periodontal probe.
11. Use a high-speed handpiece inside the mouth, unless authorized to do so through a permit issued pursuant to section 20-03-01.1.
12. ~~Unless authorized by permit in accordance with subsection 1 of section 20-02-01-05.1 acting as a trained dental sedation staff member or holding a dental anesthesia assistant permit,~~ monitor a patient who has been induced to a level of moderate sedation, deep sedation, or general anesthesia until the dentist authorized by permit to administer sedation or anesthesia determines the patient may be discharged for recovery.

History: Effective February 1, 1992; amended effective October 1, 1993; April 1, 2000; June 1, 2002; July 1, 2004; January 1, 2011; April 1, 2015; July 1, 2022; October 1, 2024; April 1, 2026.

General Authority: NDCC 43-20-10

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

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

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

1. The board may grant registration as a registered dental assistant to an applicant meeting all the following requirements:
 - a. The applicant meets any of the following requirements:
 - (1) The applicant successfully completed a dental assisting program, accredited by the commission on dental accreditation of the American dental association or approved by the board, within one year of application.
 - (2) The applicant ~~was certified by~~earned the dental assisting national ~~board~~board's certified dental assistant designation:
 - a. Within one year of application; or

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

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

History: Effective January 1, 2011; amended effective July 1, 2022; October 1, 2024; April 1, 2026..

General Authority: NDCC 43-20-10, 43-51.1-02

Law Implemented: NDCC 43-20-13.2, 43-51.1-02, 43-51.1-03

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

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

1. Continuing education activities include publications, seminars, symposiums, lectures, college courses, and online education.
2. The continuing education hours accumulate on the basis of one hour of credit for each hour spent in education. Subject matter directly related to clinical dentistry will be accepted by the

board without limit.

3. The minimum number of hours required within a two-year cycle is sixteen. Of these hours, a qualified or registered dental assistant may earn no more than eight hours from self-study. Self-study is an educational process designed to permit a participant to learn a given subject without involvement of a proctor or without the opportunity to interact in real-time with the proctor. A qualified professional may act as a proctor who oversees a clinical continuing education course which may be used for classroom style continuing education credits. Cardiopulmonary resuscitation courses must provide hands-on training. All other continuing education requirements may be satisfied from webinars or classroom style learning that allows for real-time interaction between attendees and the proctor. The continuing education must include:
 - a. Two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.
 - b. Two hours of infection control. This requirement may be met by attending a federal occupational and safety and health administration course for dental providers.
 - c. A cardiopulmonary resuscitation course.
 - d. For registered dental assistants or qualified dental assistants that hold a dental anesthesia assistant permit, at least two hours related to sedation or anesthesia.
 - e. For registered dental restorative assistant permitholders, two hours related to restorative dentistry.
 - f. No more than one hour related to practice management or administration.
4. For qualified dental assistant-limited radiology registrants, the continuing education must include:
 - a. At least two hours related to infection control. This requirement may be met by attending a federal occupational and safety and health administration course for dental providers.
 - b. A cardiopulmonary resuscitation course.
5. For individuals whose sole registration with the board is that of a dental anesthesia assistant, the continuing education must include:
 - a. At least two hours related to sedation or anesthesia.
 - b. A cardiopulmonary resuscitation course.
6. Mere registration at a dental convention without specific attendance at continuing education presentations will not be creditable toward the continuing dental education requirement. Certificates awarded for continuing education must indicate the name of the continuing education provider, date, and number of hours of continuing education. Certificates obtained from webinar courses must indicate the course was a webinar. For continuing education courses utilizing a proctor, the certificate of attendance must be signed by the proctor.
7. All ~~qualified or registered~~ dental assistants registered with the board must hold a current cardiopulmonary resuscitation certificate.
8. The board may audit continuing education credits of ~~any dental assistant that is registered dental assistant with the board~~. Proof of continuing education shall be maintained from the previous renewal cycle. Upon receiving notice of an audit from the board, ~~a registered dental assistant~~ the audited dental assistant shall provide satisfactory documentation of attendance at, or participation in, the continuing education activities. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the registration.

History: Effective January 1, 2011; amended effective April 1, 2015; July 1, 2017; July 1, 2022; October 1, 2024; April 1, 2026.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-13.1, 43-51.1-03

ARTICLE 20-04 DENTAL HYGIENISTS

Chapter
20-04-01 Duties

**CHAPTER 20-04-01
DUTIES**

Section
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20-04-01-01. Duties.

1. A dental hygienist may perform the following services under the direct supervision of a dentist:
 - a. Apply resin infiltration.
 - b. Hold impression trays in the mouth ~~after placement by a dentist~~ (e.g., reversible hydrocolloids, rubber base, etc.).
 - c. Place and remove matrix bands or wedges.
 - d. Adjust permanent crowns outside of the mouth.
 - e. Acid-etch enamel surfaces ~~before~~prior to direct bonding of orthodontic brackets or composite restorations.
 - f. Take face bow transfers.
 - g. Administer emergency medications to a patient in order to assist the dentist.
 - h. Dry root canal with paper points.
- ~~2. A dental hygienist authorized by permit and under the direct supervision of a dentist may:~~
 - ~~a. Place, carve, and adjust amalgam, glass ionomer restorations, or composite restorations with hand instruments or a slow speed handpiece;~~
 - ~~b. Adapt and cement stainless steel crowns; and~~
 - ~~c. Place, contour, and adjust composite restorations where the margins are entirely within the enamel with hand instruments or a slow speed handpiece.~~
3. A dental hygienist may perform the following services under the indirect supervision of a dentist:
 - a. Administer local anesthesia to an individual under the age of eighteen as authorized by section 20-04-01-03.
 - ~~b. Dry root canal with paper points.~~
 - ~~e.b.~~ Place and remove rubber dams.
 - ~~d.c.~~ Place retraction cord in the gingival sulcus of a prepared tooth before the dentist taking an impression of the tooth.
 - ~~e.d.~~ Monitor a patient who has been inducted by a dentist into nitrous oxide inhalation analgesia.
 - ~~f.e.~~ Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a dentist.

~~g.f.~~ Assist a dentist authorized by permit as set forth in section 20-02-01-05 as follows:

- (1) Sedation procedure preparation and presedation documentation, including date of procedure, nothing by mouth status, availability of responsible adult escort, and allergies.
- (2) Emergency equipment and use preparedness.
- (3) Monitor a patient discharged by a dentist once the patient is in recovery.
- (4) Documentation of patient responsiveness, vital signs, including heart rate, respiratory rate, blood pressure, oxygen saturation, and expired carbon dioxide.
- (5) Training must be documented and may be acquired directly by an employer-dentist, by a planned sequence of instruction in an educational institution, or by in-office training.

~~h.g.~~ A dental hygienist authorized by permit may administer nitrous oxide analgesia to a patient who has not taken sedative medications before treatment in accordance with section 20-02-01-05.

4. A dental hygienist authorized by permit and under contiguous supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia may:
 - a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation, or general anesthesia.
 - b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open.
 - c. Prepare anesthesia equipment and perform patient monitoring.
 - d. Assist with emergency treatment and protocols.
5. A dental hygienist authorized by permit and under direct visual supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia may:
 - a. Draw up, label, and prepare, and waste medications;
 - b. Follow instructions to deliver medication into an intravenous line upon verbal command of the supervising dentist;
 - c. Adjust the rate of intravenous fluids infusion beyond a keep-open rate upon verbal command of the supervising dentist; and
 - d. Adjust an electronic device to provide medications, such as an infusion pump upon the verbal command of the supervising dentist.
6. A dental hygienist may perform the following services under the general supervision of a dentist:
 - a. Complete prophylaxis to include removal of accumulated matter, deposits, accretions, or stains from the natural and restored surfaces of exposed teeth. The dental hygienist also may perform root planing and soft tissue curettage upon direct order of the dentist.
 - b. Polish and smooth existing restorations with a slow-speed handpiece.
 - c. Apply topical applications of medications and drugs to the oral tissues including topical anesthetic, topical fluoride, fluoride varnish, silver diamine fluoride, hemostatic agents, and desensitizing agents and ~~anticariogenic caries-arresting and desensitizing solutions to the teeth.~~

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

which permanent dentures or partial dentures are being fabricated.

~~dd.cc.~~ Produce on a patient of record, a final scan by digital capture for review and inspection by the authorizing dentist for a prescriptive fixed or removable appliance.

~~ee.dd.~~ Administer local anesthesia to individuals that are eighteen years of age and older as authorized by section 20-04-01-03.

History: Effective September 1, 1980; amended effective February 1, 1992; October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; July 1, 2004; April 1, 2006; January 1, 2011; April 1, 2015; July 1, 2017; April 1, 2021; July 1, 2022; October 1, 2024; April 1, 2026.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.2, 43-20-03, 43-20-11, 43-20-12, 43-20-12.3

20-04-01-02. Prohibited services.

A dental hygienist may not perform the following services:

1. Diagnosis and treatment planning.
2. Surgery on hard or soft tissue.
3. Administer anesthetics, except topical and local anesthetic, as permitted under sections 20-04-01-01 and 20-04-01-03, or titrate local anesthetics, sedation or general anesthesia drugs without a board authorized permit.
4. Unless authorized by permit in accordance with section 20-04-01-03.1 monitor a patient who has been induced to moderate sedation, deep sedation, or general anesthesia until the dentist authorized by permit to administer sedation or anesthesia determines the patient may be discharged for recovery.
5. Any irreversible dental procedure or procedures which require the professional judgment and skill of a dentist.
6. Adjust a crown which has been permanently cemented.
7. Activate any type of orthodontic appliance or fabricate impressions for an individual who is not a patient of record.
8. Cement or bond orthodontic bands or brackets that have not been previously placed by a dentist.
9. Place bases or cavity liners.
10. Use a high-speed handpiece inside the mouth, unless authorized to do so through a permit issued pursuant to section 20-03-01-01.2.

History: Effective February 1, 1992; amended effective October 1, 1993; July 1, 2004; January 1, 2011; April 1, 2015; April 1, 2021; July 1, 2022; April 1, 2026.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-03; 43-20-11, 43-20-12, 43-20-12.3

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

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

1. A licensed dental hygienist may apply for authorization to administer local anesthesia to a patient.
2. Requirements for local anesthesia authorization are as follows:

- a. A licensed dental hygienist shall submit evidence that the hygienist successfully completed a didactic and clinical course in local anesthesia within the last five years sponsored by a dental or dental hygiene program accredited by the commission on dental accreditation of the American dental association resulting in the dental hygienist becoming clinically competent in the administration of local anesthesia; or
 - b. A licensed dental hygienist shall submit evidence that the hygienist has been authorized to administer local anesthesia in another jurisdiction and provide verification of clinical competency during the previous five years. Verification may consist of the following:
 - (1) A letter from the accredited school with the school seal affixed. Photocopies will not be accepted.
 - (2) A notarized copy of the certification of the local anesthesia course .
 - (3) A notarized letter from a licensed dentist stating the licensed dental hygienist has competently administered local anesthesia.
3. Once issued a permit to administer local anesthesia:
- a. A dental hygienist may
 - (1) under general supervision administer local anesthetic to a patient who is eighteen years of age or older, and
 - (2) under indirect supervision administer local anesthetic to a patient who is under eighteen years of age.
 - b. A dental hygienist may, if provided with a direct written order from a dentist pertaining to a specific patient who is over the age of eighteen, administer local anesthetic to and carry out root planing and soft tissue curettage under general supervision.

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

General Authority: NDCC 43-20-10

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

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

The board may issue or renew ~~an expanded function~~ permit to a dental hygienist ~~for the following who meets the requirements set forth in section 20-03-01-01.2.~~ A dental hygienist holding an expanded function permit may perform duties as set forth in section 20-03-01-01.1.

- ~~1. The board may issue or renew a class I dental anesthesia assistant permit authorizing a dental hygienist to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia, upon successful completion of the following:~~
 - ~~a. The applicant submits evidence of a board approved dental anesthesia assistant education and training course.~~
 - ~~b. The applicant submits proof of current certification status from the American association of oral and maxillofacial surgeons dental anesthesia assistant national certification, or a board approved competency examination;~~
 - ~~c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support; and~~
- ~~2. The applicant provides a copy of a valid North Dakota general anesthesia, deep sedation, or moderate sedation permit of the dentist where the registered dental hygienist will be performing anesthesia assistant services. The board may issue or renew a class II dental anesthesia~~

~~assistant permit authorizing a registered dental hygienist to provide anesthesia assistance under the supervision of a dentist authorized by permit to provide moderate sedation, deep sedation, or general anesthesia upon successful completion of the following:~~

- ~~a. The applicant submits evidence of a board approved dental anesthesia assistant education and training course and has proof of current certification status from the American association of oral and maxillofacial surgeons dental anesthesia assistant national certification or a board approved competency examination;~~
 - ~~b. The applicant successfully has completed hands-on training in intravenous access or phlebotomy that includes live experience starting and maintaining intravenous lines;~~
 - ~~c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support; and~~
 - ~~d. The applicant provides a copy of a valid North Dakota general anesthesia, deep sedation, or moderate sedation permit of the dentist where the registered dental hygienist will be performing anesthesia assistant services.~~
- ~~3. The board may issue or renew a permit on forms prescribed by the board authorizing a registered dental hygienist under the direct supervision of a dentist to provide restorative functions under the following conditions:~~
- ~~a. The applicant meets any of the following requirements:~~
 - ~~(1) The applicant successfully has completed a board approved curriculum from a program accredited by the commission on dental accreditation of the American dental association or other board approved course and successfully passed a dental testing agency restorative examination or other equivalent examinations approved by the board within the last five years. The board may require successful completion of the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination; or~~
 - ~~(2) The applicant has successfully passed a dental testing agency restorative examination or other board approved examination over five years from the date of application and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification examination or other board approved examination and provided evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least twenty five restorative procedures within the immediate five years before the date of application.~~
 - ~~b. A dental hygienist may perform the placement and finishing of direct alloy or direct composite restorations, under the direct supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.~~
 - ~~c. The restorative functions may be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental hygienist.~~
 - ~~d. Before the patient is released, the final restorations must be checked and documented by the supervising dentist.~~

History: Effective April 1, 2015; amended effective July 1, 2017; July 1, 2022; October 1, 2024; April 1, 2026.

General Authority: NDCC 43-20-10

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

20-04-01-05.1. Refresher course Reentry.

~~An eligible dental hygienist may return to the practice of dental hygiene upon submitting an application fee and application on a form provided by the board, providing proof of having successfully completed a refresher course approved by the board, and meeting the following requirements:~~

- ~~1. Was previously licensed to practice dental hygiene in another state or jurisdiction where the licensure requirements were substantially equivalent.~~
- ~~2. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.~~
- ~~3. The applicant has passed, within one year of making application, a written examination on the laws and rules governing the practice of dentistry in this state.~~
- ~~4. Has successfully completed a cardiopulmonary resuscitation course within the previous two years.~~
- ~~5. Has the physical health and visual acuity to enable the applicant to meet the minimum standards of professional competence.~~
- ~~6. Has practiced dental hygiene.~~
- ~~7. Has successfully completed a refresher course approved by the board that meets the following minimum criteria:~~
 - ~~a. Taught at a dental hygiene school accredited by the American dental association's commission on dental accreditation;~~
 - ~~b. Consists of a minimum of forty-three clock hours, including a minimum of thirty-two clock hours of clinical instruction;~~
 - ~~c. Includes didactic coursework, which may be presented in a classroom or independent study setting, or both, and clinical coursework covering the following:~~
 - ~~(1) Infection control and sterilization;~~
 - ~~(2) Patient assessment, including the taking of health histories, an oral inspection and evaluation, and charting;~~
 - ~~(3) Radiographic techniques;~~
 - ~~(4) Instrumentation techniques, including periodontal procedures and instrument sharpening;~~
 - ~~(5) Current techniques in the polishing of teeth and the application of fluoride;~~
 - ~~(6) Patient education; and~~
 - ~~(7) Office emergency situations.~~
- ~~8. A formerly licensed dental hygienist who is returning to the practice of dental hygiene may not administer local anesthesia or nitrous oxide until having completed courses of instruction in local anesthesia and nitrous oxide approved by the board.~~
- ~~9. Anything necessary for a criminal history record check pursuant to North Dakota Century Code section 43-28-11.2.~~
- ~~10. The applicant may be required to appear before the board.~~

Hygienists formerly licensed either in North Dakota or in any state or jurisdiction where the licensure requirements were substantially equivalent may apply for licensure reentry as follows:

1. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.
2. The applicant has passed, within one year of making application, a written examination on the laws and rules governing the practice of dentistry in this state.
3. The applicant successfully completed a cardiopulmonary resuscitation course within the previous two years.
4. The applicant has the physical health and visual acuity to enable the applicant to meet the minimum standards of professional competence.
5. The applicant has practiced dental hygiene.
6. The applicant has:
 - a. Provided anything necessary for a background check, or a criminal history record check pursuant to North Dakota Century Code section 43-28-11.2.
 - b. If required by the board, appeared before the board.
 - c. If required by the board, undergone a clinical competency assessment conducted by a dental education provider approved by the board.
 - d. If required by the board, has successfully completed all aspects of the clinical competency assessment and a reeducation program or refresher course approved by the Board that meets the following minimum requirements:
 - (1) Clinical instruction, clinical skills practice, and a clinical post-assessment to demonstrate clinical competency;
 - (2) Proof of competency in periodontal probing, calculus detection, and calculus removal;
 - (3) Didactic education must include education on the staging and grading of periodontal conditions;
7. A formerly licensed hygienist who is reentering the practice of dental hygiene may not administer sealants, local anesthetic, or nitrous oxide, without first completing courses of instruction approved by the board and being issued a permit by the board.

History: Effective July 1, 2022; amended April 1, 2026.

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-20-01.3, 43-20-10

20-04-01-06. Additional requirements for applications.

Applications must be completed within twelve months of filing. The board may require an interview with the applicant. In addition to the application requirements of North Dakota Century Code sections 43-20-01.2, 43-20-01.3, and 43-20-06, the board may require an application to include:

1. Proof of identity, including any name change.
2. An official transcript sent by an accredited dental school directly to the board.
3. Evidence demonstrating the applicant passed the examination administered by the joint commission on national dental examinations within two years of application.

4. Evidence demonstrating the applicant passed a clinical competency examination, approved by the board, within two years of application.
5. A certification, from the licensing board of every jurisdiction in which the applicant is licensed, that the applicant is licensed in good standing.
6. ~~Certification~~Verification that the applicant has completed a cardiopulmonary resuscitation course within two years of application.
7. Verification of physical health and visual acuity.
8. 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.
9. For applications for licensure by credential review and reinstatement from inactive status, proof of completion of sixteen hours of continuing education in accordance with section 20-04-01-08 within two years of application.
10. Any information required by the application forms prescribed by the board.

History: Effective January 1, 2011; April 1, 2015; April 1, 2026.

General Authority: NDCC 43-20-10, 43-51.1-02

Law Implemented: NDCC 43-20-01.2, 43-20-01.3, 43-20-06, 43-51.1-02, 43-51.1-03

20-04-01-07. Inactive status - License reinstatement.

A dental hygienist may, upon payment of the fee determined by the board, place the dental hygienist's license on inactive status. A dental hygienist on inactive status shall be 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 dental hygienist on inactive status shall not practice dental hygiene in North Dakota. Only licensees on inactive status may apply for licensure reinstatement. To reinstate a license that is on inactive status, the dental hygienist shall apply on a form 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 regional dental testing service, approved by the board in section 20-04-01-04, within two years of application. The board may, within the board's discretion, waive this requirement.
2. The applicant passes a written examination on the laws and rules governing the practice of dentistry in this state administered by the board at a meeting within two years of application.
3. The applicant has completed sixteen hours of continuing education in accordance with section 20-04-01-08 within two years of application.
4. The applicant has successfully completed a cardiopulmonary resuscitation course within two years of application.
5. Grounds for denial of the application under North Dakota Century Code section 43-20-05 do not exist.

History: Effective January 1, 2011; amended effective July 1, 2017; April 1, 2021; April 1, 2026.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-06

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

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

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

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

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.4, 43-51.1-03

20-04-01-09. Volunteer license.

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

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

1. The Board may issue volunteer licenses to practice dental hygiene to applicants who were formerly licensed in North Dakota or who have active licenses issued by other states where the laws are at least substantially equivalent to those of this state if the applicants either:
 - a. Have practiced for three of the five years immediately preceding the application;
 - b. Are determined by the board to be sufficiently experienced and qualified to provide volunteer dental hygiene care and 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; or
 - c. The board determines that the applicant is qualified and satisfies the criteria specified under North Dakota Century Code section 43-20-01.2
2. Applicants must complete and submit an application form provided by the board including:
 - a. 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 remuneration directly or indirectly 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 October 1, 2024; April 1, 2026.

General Authority: NDCC 43-20-10

Law Implemented: NDCC 43-20-01.2, 43-20-01.3, 43-20-01.4, 43-20-01.5

**ARTICLE 20-05
FEES**

Chapter
20-05-01 Fees

**CHAPTER 20-05-01
FEES**

Section
20-05-01-01 Fees

20-05-01-01. Fees.

The board shall charge the following nonrefundable fees:

1. For dentists:

a. License by examination application fee	\$515.00 <u>540.00</u>
b. License by credential review application fee	\$1,420.00 <u>1,490.00</u>
c. Renewal fee	\$475.00 <u>500.00</u>
d. Late fee	\$475.00 <u>500.00</u>
e. Temporary license application and license fee	\$300.00 <u>315.00</u>
f. Volunteer license application and license fee	\$25.00 <u>30.00</u>
g. Inactive status application fee	\$40.00 <u>45.00</u>
h. Inactive status annual renewal fee	\$40.00 <u>45.00</u>
i. Inactive status reinstatement fee	\$485.00 <u>540.00</u>
j. Dermal fillers and botulinum toxin permit	\$225.00 <u>235.00</u>
k. Dermal fillers and botulinum toxin permit renewal	\$125.00 <u>135.00</u>

2. For dental hygienists:

a. License by examination application fee	\$240.00 <u>250.00</u>
b. License by credential review application fee	\$535.00 <u>560.00</u>
c. Renewal fee	\$185.00 <u>195.00</u>
d. Late fee	\$185.00 <u>195.00</u>
e. Inactive status application fee	\$42.00 <u>45.00</u>
f. Volunteer license application and license fee	\$25.00 <u>30.00</u>
g. Inactive status annual renewal fee	\$40.00 <u>45.00</u>
h. Inactive status reinstatement fee	\$220.00 <u>250.00</u>

3. For registered dental assistants:

a. Application fee	\$155.00 <u>160.00</u>
b. Renewal fee	\$120.00 <u>125.00</u>

c. Late fee	\$120.00 <u>125.00</u>
4. For dentist anesthesia permits:	
a. Application fee	\$225.00 <u>235.00</u>
b. Inspection fee	actual cost
c. Renewal fee	\$200.00 <u>210.00</u>
d. Late fee	\$225.00 <u>235.00</u>
5. For a duplicate license, registration, or permit	\$50.00 <u>55.00</u>
6. For qualified dental assistants	
a. Application fee	\$155.00 <u>160.00</u>
b. Renewal fee	\$120.00 <u>125.00</u>
c. Late fee	\$120.00 <u>125.00</u>
7. <u>For qualified dental assistant-limited radiology registrants</u>	
a. <u>Application fee</u>	<u>\$100.00</u>
b. <u>Renewal fee</u>	<u>\$80.00</u>
c. <u>Late fee</u>	<u>\$80.00</u>
8. <u>For alternative to discipline professional health program</u>	
a. <u>Dentist fee upon initial licensure and upon renewal</u>	<u>\$75.00</u>
b. <u>Dentist one-time fee upon enactment of rule</u>	<u>\$75.00</u>
9. <u>For expanded duty permits</u>	
a. <u>Application fee</u>	<u>\$50.00</u>
b. <u>Renewal fee</u>	<u>\$25.00</u>
10. <u>For hygienist local anesthetic permit</u>	
a. <u>Application fee</u>	<u>\$50.00</u>
b. <u>Renewal fee</u>	<u>\$25.00</u>

History: Effective May 1, 1992; amended effective October 1, 1993; May 1, 1996; August 1, 1998; April 1, 2000; June 1, 2002; July 1, 2004; April 1, 2006; January 1, 2008; January 1, 2011; April 1, 2015; April 1, 2021; October 1, 2024; April 1, 2026.

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

Law Implemented: NDCC 43-20-01.2, 43-20-01.3, 43-20-01.4, 43-20-06, 43-20-13.1, 43-20-13.2, 43-28-06, 43-28-11, 43-28-15, 43-28-16.2, 43-28-17, 43-28-24, 43-28-27

ARTICLE 20-06
PROFESSIONAL HEALTH PROGRAM: ALTERNATIVE TO DISCIPLINE

Chapter
20-06-01 Administration

CHAPTER 20-06-01
ADMINISTRATION

<u>Section</u>	
<u>20-02-01-01</u>	<u>Definitions</u>
<u>20-02-01-02</u>	<u>Agreement</u>
<u>20-02-01-03</u>	<u>Requirements and procedures</u>
<u>20-02-01-04</u>	<u>Evaluation</u>
<u>20-02-01-05</u>	<u>Self-reporting and self-referral</u>
<u>20-02-01-06</u>	<u>Mandated reporting</u>
<u>20-02-01-07</u>	<u>Confidentiality of records</u>
<u>20-02-01-08</u>	<u>Liability</u>

20-06-01-01. Definitions.

As used in this chapter:

1. "Administrator" means the professional health program that is designated through the agreement set forth in section 43-28-06.
2. "Agreement" means the agreement set forth in section 43-28-06.
3. "Impairment" means the presence of any physical, mental, or behavioral disorder or pattern of alcohol or substance use which interferes with a licensee's ability to engage safely in professional activities.
4. "Licensee" means an individual who hold a license or registration issued by the board and who is encompassed by the agreement.
5. "Participant" means an individual enrolled in the program.
6. "Treatment plan" means a plan of care, rehabilitation, monitoring and maintenance, follow-up, or aftercare services or combination of any of these services provided by an organization or by an individual authorized by the board or administrator to provide such services for a licensee taking part in the program.

History: Effective April 1, 2026

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06

20-06-01-02. Agreement.

1. The board may enter an agreement with the administrator to undertake those functions and responsibilities specified in the agreement. The functions and responsibilities of the agreement may include any or all of the following:
 - a. Contracting with agencies or providers of diagnostic, monitoring, or treatment services;
 - b. Receiving and evaluating reports of licensees who may be experiencing potentially impairing conditions;
 - c. Intervening in cases in which a licensee is determined to be in need of treatment;
 - d. Referring licensees to appropriate services;
 - e. Monitoring the treatment and aftercare services provided to licensees;
 - f. Educating licensees and the public about the functions of the administrator and the licensee health program, and their relationship to the board; and
 - g. Performing other activities as agreed upon by the board and the administrator.
2. The board may participate, through its licensing fees or other specified funds, in the funding of the operations of the administrator.

History: Effective April 1, 2026

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06

20-06-01-03. Requirements and procedures.

In consultation with the board, the administrator shall develop procedures for:

1. Periodic reporting of statistical information regarding program activity.
2. Periodic disclosure and joint review of information the board deems appropriate regarding reports received, contacts of investigations made, and the disposition of each case. Except as expressly provided under this article and section 43-28-06, the administrator may not disclose any personally identifiable information about participants other than board-ordered participants.
3. Immediate reporting to the board the identity and results of any contact or investigation concerning an impaired licensee who is believed to constitute an imminent danger to the public or to the individual.
4. Reporting a licensee to the board, in a timely fashion, the identity and results of any contact or investigation concerning a potentially impaired participant:
 - a. Who refuses to cooperate with the administrator;
 - b. Who refuses to submit to evaluation or treatment;
 - c. Who is not in compliance with a contractual treatment plan; or
 - d. Whose possible impairment is not substantially alleviated through treatment and:
 - (1) Who the administrator determines is unable to practice professionally with reasonable skill and safety by reason of illness related to the abuse of alcohol or other substances or as a result of any physical or mental condition; or
 - (2) Who may pose a threat to the health or safety of any individual.
5. Reporting to the board, in a timely fashion, the identity of any licensee participant regarding whom the administrator learns of the filing of any disciplinary charges or actions or violations of chapter 43-28.
6. Entering contractual agreements with each participant in the program which make clear the administrator and program procedures, the responsibilities of participants, and the consequences of noncompliance with the program or with contractual agreements, including the administrator's reporting obligations to the board.
7. A policy by which a participant may obtain a second opinion review of recommendations by the administrator regarding assessment, monitoring, or treatment.

History: Effective April 1, 2026

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06

20-06-01-04. Evaluation.

If the board determines a licensee currently exhibits possible impairment, the board may direct that an evaluation of the licensee be facilitated by the administrator for the purpose of determining whether there is a current need for treatment or monitoring of the licensee to assure the licensee is able to practice safely. The administrator shall report the findings of this evaluation to the board.

History: Effective April 1, 2026

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06

20-06-01-05. Self-reporting and self-referral.

1. A licensee may voluntarily refer or self-report to the administrator or the board for a potentially impairing condition.
2. A licensee:
 - a. Who under this section voluntarily seeks the assistance of the administrator in assessing or dealing with a condition that could possibly lead to impairment will not be reported to the board solely on the basis of this self-referral. However, if a licensee who self-refers or self-reports refuses evaluation by the administrator; if the evaluation reveals

evidence of a condition or impairment that could affect the licensee's ability to practice or constitutes a threat to the safety of patients or the public; or the licensee refuses to cooperate with the treatment plan, monitoring and follow-up, or aftercare devised by the administrator, including any recommendation about current continuation in practice, the administrator shall report the identity and findings of the evaluation of the licensee to the board. Participation in the program does not protect a licensee from board action resulting from a report of the licensee's possible violations of chapter 43-28.

- b. Who self-reports or self-refers to the board for a potentially impairing condition may be referred by the board to the administrator in the manner prescribed by board policies, and subsequent reporting by the administrator to the board will be at the discretion and in the manner prescribed by the board.
- c. Who is participating in or who has completed a contract for treatment with and has been discharged from the program by the administrator, who is in full compliance with all facets of the treatment plan or has completed treatment and is compliant with aftercare, may answer in the negative on any question on the application to the board for licensure or licensure renewal regarding current impairment by that condition or those conditions for which the licensee is currently participating in or has been discharged from the program by the administrator. However, any recurrence of the impairing condition or conditions or the existence of other potentially impairing conditions that are not currently known to the administrator must be reported on the application.

History: Effective April 1, 2026

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06

20-06-01-06. Mandated reporting.

A report by a health professional, including a self-report or self-referral by a licensee to the administrator, must be deemed to be a report to the board for the purposes of mandated reporting of impairment.

History: Effective April 1, 2026

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06

20-06-01-07. Confidentiality of records.

Records of the program may only be disclosed pursuant to section 43-28-06 or section 43-17.3-07.

History: Effective April 1, 2026

General Authority: NDCC 43-28-06

Law Implemented: NDCC 43-28-06

20-06-01-08. Liability.

1. Notwithstanding any other provision of law, the board, the administrator, or delegated individuals and members of any of these entities are not liable to any person for any acts, omissions, or recommendations made in good faith within the scope of responsibilities pursuant to this chapter.
2. A person that in good faith and without malice which makes a report to the administrator or the board under this section is not liable to any person for that report.

History: Effective April 1, 2026

General Authority: NDCC 43-28-06
Law Implemented: NDCC 43-28-06