



# NITROUS OXIDE MONITORING CERTIFICATE APPLICATION AND INSTRUCTIONS

## 1. APPLICATION PROCESS - INSTRUCTIONS:

The application, practice and renewal as a dental assistant is governed by the Texas Occupations Code (Dental Practice Act) Section 265 and Texas State Board of Dental Examiners (TSBDE) Rules in Chapter 114.

1. All application fees are non-refundable.
2. All documents must be mailed directly to:

Texas State Board of Dental Examiners  
333 Guadalupe Street, Tower 3, Suite 800  
Austin, TX 78701-3942

3. Allow fourteen (14) business days for your information to be received and processed. The use of Federal Express, United Parcel Service (UPS) or other special courier services will not reduce the processing time. Additionally, if special courier services are used, you are responsible for contacting the courier to confirm receipt of your package by the TSBDE.
4. If your application is not complete upon receipt by the TSBDE Licensing Division, a deficiency letter will be sent to you along with the return of your application.
5. If you change your mailing address, you must notify the TSBDE, **in writing**, either by mail, e-mail or by fax within 60 days. Failure to notify the TSBDE may impact your certificate, since failure to receive your renewal notification does not relieve you of the responsibility for timely renewal.
6. **ANSWER ALL QUESTIONS ON THE APPLICATION. DO NOT LEAVE ANY AREA BLANK.**

## 2. THE QUALIFICATION PROCESS

Select the option below that applies to you:

### Option 1

• **If you completed a Texas Nitrous Oxide Monitoring Course:**

1. Application and fee. (Military Active Duty, Veterans, and Active Duty Military Spouses do not pay a fee.)
2. Proof of successful completion of the TSBDE Nitrous Oxide Monitoring Certification Examination prior to February 1, 2007 **OR** completion of the TSBDE-approved qualifying course which must be dated after February 1, 2007.
3. Copy of current Basic Life Support CPR Certification Card.
4. Military Active Duty, Veterans and Military Active Duty Spouses must send a copy of Military Orders or Military I.D. Card or document showing proof of Honorable or General Discharge.
5. NPDB and AADB Self-Query Report results. (See Below for Instructions)

### Option 2

• **If you completed a CODA-accredited Nitrous Oxide Monitoring Course in another State:**

1. Application and fee. (Military Active Duty, Veterans, and Active Duty Military Spouses do not pay a fee.)
2. Proof of successful completion of the TSBDE Nitrous Oxide Monitoring Certification Examination prior to February 1, 2007 **OR** Completion of the SBDE-approved qualifying course which must be dated after February 1, 2007.
3. Copy of current Basic Life Support CPR Certification Card.
4. Copy of Texas Jurisprudence Assessment Certificate of Completion dated within the last 12 months.
5. Military Active Duty, Veterans and Military Active Duty Spouses must send a copy of Military Orders or Military I.D. Card or document showing proof of Honorable or General Discharge.
6. NPDB and AADB Self-Query Report results. (See Below for Instructions)

## 3. SELF-QUERY REPORT REQUIREMENT

### 1. Complete a National Practitioner Data Bank (NPDB) Self-Query Report.

**Instructions - NPDB Self-Query Report:** All applicants are required to complete a self-query of the NPDB. *The report results must remain in the original sealed envelope and be attached to your application to the TSBDE.* NPDB self-query reports are valid for 30 days. NPDB charges a minimal fee to furnish this information. You can contact the NPDB at Post Office Box 10832, Chantilly, VA 22021, telephone number (800) 767-6732, or website at: <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.

### 2. Complete a American Association of Dental Boards (AADB) Self-Query Report.

**Instructions - AADB Self-Query Report:** All applicants are required to complete a self-query to the AADB Clearinghouse. *The report results must remain in the original sealed envelope and be attached to your application to the TSBDE.* AADB charges a minimal fee to furnish this information. The AADB self-query form should be mailed to: American Association of Dental Boards, 211 East Chicago Avenue, Suite 760, Chicago, IL 60611. The AADB telephone number is (312) 440-7464. The AADB self-query form can be downloaded from the AADB website at: <https://www.dentalboards.org/ClearinghouseQueryForm.htm>.

## **NITROUS OXIDE MONITORING APPLICATION CHECKLIST**

Select the option below that applies to you:

### **Option 1**

• **If you completed a Texas Nitrous Oxide Monitoring Course you should mail the following to the TSBDE:**

- \_\_\_\_\_ Application and fee. (Military Active Duty, Veterans, and Active Duty Military Spouses do not pay a fee.)
- \_\_\_\_\_ Proof of successful completion of the TSBDE Nitrous Oxide Monitoring Certification Examination prior to February 1, 2007 **OR** completion of the TSBDE-approved qualifying course which must be dated after February 1, 2007.
- \_\_\_\_\_ Copy of current Basic Life Support CPR Certification Card.
- \_\_\_\_\_ Military Active Duty, Veterans and Military Active Duty Spouses must send a copy of Military Orders or Military I.D. Card or document showing proof of Honorable or General Discharge.
- \_\_\_\_\_ Sealed envelope containing your NPDB Self-Query Report results.
- \_\_\_\_\_ Sealed envelope containing your AADB Self-Query Report results.

### **Option 2**

• **If you completed a CODA-accredited Nitrous Oxide Monitoring Course in another State you should mail the following to the TSBDE:**

- \_\_\_\_\_ Application and fee. (Military Active Duty, Veterans, and Active Duty Military Spouses do not pay a fee.)
- \_\_\_\_\_ Proof of successful completion of the TSBDE Nitrous Oxide Monitoring Certification Examination prior to February 1, 2007 **OR** Completion of the SBDE-approved qualifying course which must be dated after February 1, 2007.
- \_\_\_\_\_ Copy of current Basic Life Support CPR Certification Card.
- \_\_\_\_\_ Copy of Texas Jurisprudence Assessment Certificate of Completion dated within the last 12 months.
- \_\_\_\_\_ Military Active Duty, Veterans and Military Active Duty Spouses must send a copy of Military Orders or Military I.D. Card or document showing proof of Honorable or General Discharge.
- \_\_\_\_\_ Sealed envelope containing your NPDB Self-Query Report results.
- \_\_\_\_\_ Sealed envelope containing your AADB Self-Query Report results.



# Application for Nitrous Oxide Monitoring Certificate

TEXAS STATE BOARD OF DENTAL EXAMINERS  
333 Guadalupe Street  
Tower 3, Suite 800  
Austin, Texas 78701-3942  
Website: [www.tsbde.texas.gov](http://www.tsbde.texas.gov)

**APPLICATION FEE \$12.00**

MILITARY ACTIVE DUTY, VETERANS, MILITARY ACTIVE DUTY SPOUSES: NO FEE  
PERSONAL CHECK OR MONEY ORDER ACCEPTED

FOR STAFF USE ONLY:

**1. NAME:** (Print Clearly)

\_\_\_\_\_  
FIRST MIDDLE LAST

**2. PROFESSION:** (✓ Check the option that applies to you and enter a license or registration number)

\_\_\_\_\_ I am a Texas Dental Hygienist and my Texas License Number is: \_\_\_\_\_

\_\_\_\_\_ I am a Texas Registered Dental Assistant (RDA) and my RDA Registration Number is: \_\_\_\_\_

\_\_\_\_\_ I am not a Texas Registered Dental Assistant nor am I a Texas Dental Hygienist.

**3. MAILING ADDRESS:** (Reminder: You are required to notify the Board within 60 days of a move)

\_\_\_\_\_  
NUMBER AND STREET CITY STATE ZIP CODE

**4. MILITARY STATUS** (Check One)

If you are military or a veteran include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge.

\_\_\_\_\_ Not Military \_\_\_\_\_ Active Duty Military \_\_\_\_\_ Veteran \_\_\_\_\_ Military Active Duty Spouse

**5. DATE OF BIRTH**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YYYY

**6. SOCIAL SECURITY NUMBER\***

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
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\* - The TSBDE requires an applicant to provide a SSN as a part of the licensure, certification or registration process. The SSN of an applicant for a license, certificate, or registration or other legal authorization issued by the TSBDE is confidential and not subject to disclosure under Chapter 552 of the Texas Government Code.

**7. TELEPHONE NUMBER & EMAIL ADDRESS**

\_\_\_\_\_  
Area Code Phone Number E-Mail Address

**8. BACKGROUND INFORMATION** If you answer **YES** to any question below you **must** write a letter of explanation and provide certified copies of official court documents concerning each conviction or deferred adjudication.

\_\_\_ Yes \_\_\_ No Been chronically or habitually intoxicated or addicted to intoxicants, drugs, or controlled substances?

\_\_\_ Yes \_\_\_ No Have you ever received a deferred adjudication, been arrested, or been convicted of a felony or misdemeanor?

**9. SELF-QUERY REPORTING:**

\_\_\_ Yes \_\_\_ No I have attached the sealed envelopes containing my NPDB and AADB Self-Query Reports to this application?

**10. ATTESTATION**

By my signature below I hereby attest that I have completed one of the program options listed above and fully meet the requirements for Nitrous Oxide Monitoring Certification in accordance with the State Board of Dental Examiners Rules and Regulations.

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_