

1 **20:43:03:01. Application for license to practice as a dentist -- Requirements.** An

2 applicant for a license to practice as a dentist shall submit to the State Board of Dentistry:

3 (1) A completed application form and a fee of ~~one hundred fifty~~ two hundred dollars;

4 (2) Certified transcripts or, when approved by the State Board of Dentistry, a certified letter
5 from a dental school official verifying that the applicant has graduated from a United States dental
6 school accredited by the American Dental Association Commission on Dental Accreditation,
7 having obtained a doctor of dental medicine or a doctor of dental surgery degree;

8 (3) Verification of the applicant's passage of the National Board Dental Examination Parts I
9 and II or the Integrated National Board Dental Examination administered by the Joint Commission
10 on National Dental Examinations;

11 (4) Verification of the applicant's passage, within five years preceding the date of application,
12 of a patient-based, simulation-based, or manikin-based clinical competency psychomotor
13 examination approved by the State Board of Dentistry pursuant to § 20:43:03:02. An applicant
14 who fails any combination of State Board of Dentistry-approved clinical competency examinations
15 three times is not eligible for licensure in this state;

16 (5) Verification of the license and status of the license from the board of dentistry in each state
17 in which the applicant is or has been licensed, if applicable;

18 (6) A copy of the applicant's birth certificate or equivalent documentation;

19 (7) A recent photograph of the applicant;

20 (8) A copy of the applicant's current cardiopulmonary resuscitation card from the American
21 Heart Association for the Healthcare Provider, the American Red Cross for the Professional
22 Rescuer, or an equivalent program approved by the State Board of Dentistry; and

1 (9) Completed fingerprint cards necessary to conduct a state and federal criminal background
2 check on the applicant.

3 To be considered for a license to practice as a dentist, an applicant must pass a written
4 examination administered by the State Board of Dentistry on the relevant administrative rules and
5 statutes with a cut score of at least seventy percent.

6 For the State Board of Dentistry to consider an application at ~~the~~ a meeting of the board, a
7 complete application, fee, and all supporting documentation must be received by the board at least
8 thirty days before the board meeting. If requested by the State Board of Dentistry, an applicant
9 must appear for a personal interview conducted by the board on a date set by the board.

10 **Source:** SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 12 SDR 151, 12 SDR 155,
11 effective July 1, 1986; 18 SDR 132, effective February 17, 1992; 20 SDR 166, effective April 11,
12 1994; 26 SDR 37, effective September 20, 1999; 27 SDR 57, effective December 12, 2000; 38
13 SDR 172, effective April 25, 2012; 45 SDR 35, effective September 19, 2018; 46 SDR 75,
14 effective December 4, 2019; 47 SDR 11, effective August 12, 2020; 50 SDR 12, effective August
15 8, 2023.

16 **General Authority:** SDCL 36-6A-14(20), 36-6A-44, 36-6A-50.

17 **Law Implemented:** SDCL 36-6A-14(3), 36-6A-44, 36-6A-44.1, 36-6A-50~~(18)~~(13).

18 **20:43:03:04. Application for license to practice as a dentist -- Credential verification.**

19 An applicant for a license to practice as a dentist by credential verification shall submit to the State
20 Board of Dentistry:

21 (1) A completed application form and fee of ~~five~~ six hundred dollars;

22 (2) A statement from a licensed doctor of medicine, doctor of osteopathic medicine, physician
23 assistant, or certified nurse practitioner attesting to the applicant's physical and mental condition;

1 (3) Verification of the applicant's passage of the National Board Dental Examination Parts I
2 and II or the Integrated National Board Dental Examination administered by the Joint Commission
3 on National Dental Examinations;

4 (4) Verification of the applicant's passage of a patient-based, simulation-based, or manikin-
5 based clinical competency psychomotor examination that has been approved by the State Board
6 of Dentistry or passage of a state examination that the board considers equivalent;

7 (5) Verification of the license and status of the license from the board of dentistry in each state
8 in which the applicant is or has been licensed;

9 (6) Certified transcripts or, when approved by the State Board of Dentistry, a certified letter
10 from a dental school official verifying that the applicant has graduated from a United States dental
11 school accredited by the American Dental Association Commission on Dental Accreditation,
12 having obtained a doctor of dental medicine or a doctor of dental surgery degree;

13 (7) A copy of the applicant's birth certificate or equivalent documentation;

14 (8) A copy of the applicant's current cardiopulmonary resuscitation card from the American
15 Heart Association for the Healthcare Provider, the American Red Cross for the Professional
16 Rescuer, or an equivalent program approved by the State Board of Dentistry;

17 (9) A recent photograph of the applicant; and

18 (10) Completed fingerprint cards necessary to conduct a state and federal criminal background
19 check on the applicant.

20 To be considered for a license to practice as a dentist by credential verification, an applicant
21 must pass a written examination administered by the State Board of Dentistry on the relevant
22 administrative rules and statutes with a cut score of at least seventy percent.

1 For the State Board of Dentistry to consider an application at ~~the~~ a meeting of the board, a
2 complete application, fee, and all supporting documentation must be received by the board at least
3 thirty days before the board meeting. If requested by the State Board of Dentistry, an applicant for
4 licensure by credential verification must appear for a personal interview conducted by the board
5 on a date set by the board.

6 **Source:** SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 8 SDR 95, effective February
7 15, 1982; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 19 SDR 32, effective September 6,
8 1992; 26 SDR 37, effective September 20, 1999; 38 SDR 172, effective April 25, 2012; 45 SDR
9 35, effective September 19, 2018; 47 SDR 11, effective August 12, 2020; 50 SDR 12, effective
10 August 8, 2023.

11 **General Authority:** SDCL 36-6A-14(20), 36-6A-47, 36-6A-50.

12 **Law Implemented:** SDCL 36-6A-14(3), 36-6A-44.1, 36-6A-47, 36-6A-50(18).

13 **20:43:03:04.02. Requirements for temporary registration of dentists and dental**
14 **hygienists.** ~~The board~~ State Board of Dentistry may issue a temporary registration for a specified
15 period of time ~~if to~~ an applicant has met who meets all requirements for a license to practice as a
16 dentist or a dental hygienist ~~or if to~~ an applicant has met who meets all requirements of SDCL 36-
17 6A-49 and submits a fee of ~~\$50~~ one hundred dollars.

18 **Source:** 18 SDR 132, effective February 17, 1992; 20 SDR 166, effective April 11, 1994;
19 38 SDR 172, effective April 25, 2012; 45 SDR 35, effective September 19, 2018.

20 **General Authority:** SDCL ~~36-6A-14(3)~~, 36-6A-44, 36-6A-44.2, 36-6A-47, 36-6A-47.1,
21 ~~36-6A-49, 36-6A-49.1~~, 36-6A-50(9).

22 **Law Implemented:** SDCL 36-6A-14(3), 36-6A-44, 36-6A-44.2, 36-6A-47, 36-6A-
23 47.1, 36-6A-49, 36-6A-49.1, 36-6A-50(9).

1 **20:43:03:05. Jurisprudence examination -- Fee.** ~~Each~~ The jurisprudence examination
2 ~~must be submitted to the board with the examination fee of \$225~~ is three hundred dollars for a
3 dentist ~~or \$115~~ and one hundred thirty-five dollars for a dental hygienist.

4 **Source:** Transferred from § 20:43:02:02, 45 SDR 35, effective September 19, 2018.

5 **General Authority:** SDCL ~~36-6A-47(10), 36-6A-47.1(10), 36-6A-50(1)(2).~~

6 **Law Implemented:** SDCL ~~36-6A-47(10), 36-6A-47.1(10), 36-6A-50(1)(2).~~

7 **20:43:03:06. Annual renewal of license -- Renewal fees.** Each person licensed to
8 practice as a dentist or dental hygienist in ~~South Dakota~~ this state shall annually ~~procure~~ renew a
9 ~~certificate of registration~~ license from the ~~board~~ State Board of Dentistry by July first and display
10 an annual license certificate. Each person licensed to practice as a dentist or a dental hygienist shall
11 maintain a current cardiopulmonary resuscitation ~~(CPR)~~ card. ~~The board accepts only from~~
12 American Heart Association for the Healthcare Provider, the American Red Cross for the
13 Professional Rescuer, or an equivalent program approved by the board. A dentist shall pay an
14 annual registration fee of ~~\$150~~ two hundred dollars plus a continuing education fee of ~~\$20~~ twenty
15 ~~dollars, and a.~~ A dental hygienist shall pay an annual registration fee of ~~\$75~~ nintety-five dollars
16 plus a continuing education fee of ~~\$20~~ twenty dollars.

17 **Source:** SL 1975, ch 16, § 1; 6 SDR 87, effective March 2, 1980; 8 SDR 95, effective
18 February 15, 1982; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 164, effective May
19 10, 1987; 16 SDR 133, effective February 15, 1990; 38 SDR 172, effective April 25, 2012; 45
20 SDR 35, effective September 19, 2018.

21 **General Authority:** SDCL ~~36-6A-14(5)(6), 36-6A-50(3)(4)(7)(10)(17), 36-6A-52.~~

22 **Law Implemented:** SDCL 36-6A-48, ~~36-6A-50(3)(4)(7)(10)(17), 36-6A-52.~~

1 **20:43:03:08. Application for license to practice as a dental hygienist -- Requirements.**

2 An applicant for a license to practice as a dental hygienist shall submit to the State Board of
3 Dentistry:

4 (1) A completed application form and a fee of one hundred forty dollars;

5 (2) Certified transcripts or, when approved by the State Board of Dentistry, a certified letter
6 from a dental hygiene school official verifying that the applicant has graduated from a United
7 States dental hygiene program accredited by the American Dental Association Commission on
8 Dental Accreditation, having obtained a dental hygiene degree;

9 (3) Verification of the applicant's passage of the National Board Dental Hygiene Examination;

10 (4) Verification of the applicant's passage, within five years preceding the date of application,
11 of a patient-based, simulation-based, or manikin-based clinical competency psychomotor
12 examination approved by the board pursuant to § 20:43:03:09. An applicant who fails any
13 combination of the State Board of Dentistry-approved clinical competency examinations three
14 times is not eligible for licensure in ~~South Dakota~~ this state;

15 (5) Verification of the license and status of the license from the board of dentistry in each state
16 in which the applicant is or has been licensed, if applicable;

17 (6) A copy of the applicant's birth certificate or equivalent documentation;

18 (7) A recent photograph of the applicant; and

19 (8) A copy of the applicant's current cardiopulmonary resuscitation card from the American
20 Heart Association for the Healthcare Provider, the American Red Cross for the Professional
21 Rescuer, or an equivalent program approved by the State Board of Dentistry.

1 To be considered for a license to practice as a dental hygienist, an applicant must pass a written
2 examination administered by the State Board of Dentistry on the relevant administrative rules and
3 statutes with a cut score of at least seventy percent.

4 For the State Board of Dentistry to consider an application at ~~the~~ a meeting of the board, a
5 complete application, fee, and all supporting documentation must be received by the board at least
6 thirty days before the board meeting. If requested by the State Board of Dentistry, an applicant
7 must appear for a personal interview conducted by the board on a date set by the board.

8 **Source:** 45 SDR 35, effective September 19, 2018; 47 SDR 11, effective August 12, 2020; 50
9 SDR 12, effective August 8, 2023.

10 **General Authority:** 36-6A-14(20), 36-6A-44.2, 36-6A-50.

11 **Law Implemented:** 36-6A-14(3), 36-6A-44.2, 36-6A-50(14).

12 **20:43:03:10. Application for license to practice as a dental hygienist -- Credential**
13 **verification.** An applicant for a license to practice as a dental hygienist by credential verification
14 shall submit to the State Board of Dentistry:

15 (1) A completed application form and fee of ~~two~~ three hundred dollars;

16 (2) A statement from a licensed doctor of medicine, doctor of osteopathic medicine, physician
17 assistant, or certified nurse practitioner attesting to the applicant's physical and mental condition;

18 (3) Verification of the applicant's passage of the National Board Dental Hygiene Examination;

19 (4) Verification of the applicant's passage of a patient-based, simulation-based, or manikin-
20 based clinical competency psychomotor examination that has been approved by the State Board
21 of Dentistry or passage of a state examination that the board considers equivalent;

22 (5) Verification of the license and status of the license from the board of dentistry in each state
23 in which the applicant is or has been licensed;

1 (6) Certified transcripts or, when approved by the State Board of Dentistry, a certified letter
2 from a dental hygiene school official verifying that the applicant has graduated from a United
3 States dental hygiene school accredited by the American Dental Association Commission on
4 Dental Accreditation, having obtained a dental hygiene degree;

5 (7) A copy of the applicant's birth certificate or equivalent documentation;

6 (8) A copy of the applicant's current cardiopulmonary resuscitation card from the American
7 Heart Association for the Healthcare Provider, the American Red Cross for the Professional
8 Rescuer, or an equivalent program approved by the State Board of Dentistry; and

9 (9) A recent photograph of the applicant.

10 To be considered for a license to practice as a dental hygienist, an applicant must pass a written
11 examination administered by the State Board of Dentistry on the relevant administrative rules and
12 statutes with a cut score of at least seventy percent.

13 For the State Board of Dentistry to consider an application at ~~the~~ a meeting of the board, a
14 complete application, fee, and all supporting documentation must be received by the board at least
15 thirty days before the board meeting. If requested by the State Board of Dentistry, an applicant
16 must appear for a personal interview conducted by the board on a date set by the board.

17 **Source:** 45 SDR 35, effective September 19, 2018; 47 SDR 11, effective August 12, 2020; 50
18 SDR 12, effective August 8, 2023.

19 **General Authority:** SDCL 36-6A-14(20), 36-6A-47.1, 36-6A-50.

20 **Law Implemented:** SDCL 36-6A-14(3), 36-6A-47.1, 36-6A-50(18).

21 **20:43:07:05. Dental radiographers -- Qualification by endorsement.** A person who has
22 been legally practicing dental radiography in a state within the three years prior to application ~~shall~~

1 may be eligible for registration by endorsement to practice as a dental radiographer in this state.

2 To apply, the applicant must submit to the board the following State Board of Dentistry:

3 (1) A completed application form and an application fee of ~~\$40~~ forty-five dollars;

4 (2) A copy of government-issued documentation sufficient to identify the applicant;

5 (3) Verification that the applicant successfully completed a course that included at least
6 sixteen hours of training in the areas outlined in ~~§ 20:43:07:06~~ subdivision 20:43:07:06(3); and

7 (4) One of the following:

8 (a) If currently registered as a dental radiographer, verification of the registration number
9 and status of the registration from the board of dentistry in each state in which the applicant is or
10 has been registered to practice as a dental radiographer; or

11 (b) If not currently registered as a dental radiographer, verification that the applicant has
12 legally practiced dental radiography for a period of time during the three years preceding
13 application. ~~Written~~ The board may require written documentation from a dentist that has
14 employed or supervised the applicant attesting to the current clinical proficiency of the applicant
15 to practice dental radiography ~~may be required~~.

16 The board may issue a registration to practice as a dental radiographer ~~if~~ to an applicant who
17 meets the requirements in this section.

18 **Source:** 11 SDR 73, effective November 27, 1984; 12 SDR 151, 12 SDR 155, effective July
19 1, 1986; 47 SDR 11, effective August 12, 2020.

20 **General Authority:** SDCL 36-6A-14(20), 36-6A-50(11).

21 **Law Implemented:** SDCL 36-6A-14(4)(6)(7).

1 **20:43:07:07. Dental radiographers -- Application for registration.** An applicant for a
2 registration to practice as a dental radiographer shall submit to the ~~board~~ the following State Board
3 of Dentistry:

4 (1) A completed application form and an application fee of ~~\$40~~ forty-five dollars;

5 (2) A copy of government-issued documentation sufficient to identify the applicant;

6 (3) Proof of one of the following within the thirteen months prior to application:

7 (a) Successful completion of a dental radiography course taken through a dental
8 assisting, dental hygiene, or dental program accredited by the American Dental Association
9 Commission on Dental Accreditation. If the radiography course is taken as part of an ongoing
10 dental assisting program, the thirteen-month period prior to application begins after completion of
11 the dental assisting program;

12 (b) Passage of the Radiation Health and Safety Examination administered by the Dental
13 Assisting National Board, Incorporated (DANB);

14 (c) Successful completion of a program approved by the State Board of Dentistry
15 pursuant to § 20:43:07:06; or

16 (d) Certification as a Certified Dental Assistant through DANB; and

17 (4) If applicable, verification of the registration number and status of the registration from
18 the board of dentistry in each state in which the applicant is or has been registered to practice as a
19 ~~dental radiography~~ radiographer.

20 The ~~board~~ State Board of Dentistry may issue a registration to practice as a dental
21 radiographer ~~if~~ to an applicant who meets the requirements in this section.

22 **Source:** 11 SDR 73, effective November 27, 1984; 12 SDR 151, 12 SDR 155, effective July
23 1, 1986; 18 SDR 132, effective February 17, 1992; 47 SDR 11, effective August 12, 2020.

1 **General Authority:** SDCL 36-6A-14(20), 36-6A-50(11).

2 **Law Implemented:** SDCL 36-6A-14(4)(6)(7), 36-6A-50(11).

3 **20:43:07:09. Dental radiographers -- Certificate of registration -- Renewal fee and**
4 **display.** ~~By July 1 of each year, a dental radiographer shall submit a renewal fee of \$20. The~~
5 ~~registrant shall display the registration in the office.~~ Each person registered to practice as a dental
6 radiographer in this state shall annually renew a registration from the State Board of Dentistry by
7 July first and display an annual registration certificate. A dental radiographer shall pay an annual
8 registration fee of thirty-five dollars.

9 **Source:** 11 SDR 73, effective November 27, 1984; 12 SDR 151, 12 SDR 155, effective July
10 1, 1986; 38 SDR 172, effective April 25, 2012; 47 SDR 11, effective August 12, 2020.

11 **General Authority:** SDCL 36-6A-14(20), 36-6A-50(10).

12 **Law Implemented:** SDCL 36-6A-14(6), 36-6A-50(10), 36-6A-52.

13 **20:43:08:03. Registered dental assistant -- Requirements.** An applicant for a registration
14 to practice as a registered dental assistant ~~must be at least eighteen years of age and~~ shall submit
15 to the ~~board~~ State Board of Dentistry:

16 (1) A completed application form and an application fee of ~~\$40~~ forty-five dollars;

17 (2) A copy of the applicant's birth certificate or equivalent documentation;

18 (3) Proof of one of the following:

19 (a) Graduation from an American Dental Association Commission on Dental
20 Accreditation (CODA) accredited dental assisting program;

21 (b) Current certification as a Certified Dental Assistant through the Dental Assisting
22 National Board, Inc.; or

1 (c) Completion of a program approved by the State Board of Dentistry pursuant to §
2 20:43:08:05 resulting in a registered dental assistant certificate of competency;

3 (4) A certified letter verifying the registration number and status of the registration from the
4 board of dentistry in each state in which the applicant is or has been registered to perform expanded
5 functions; and

6 (5) A copy of the applicant's current, board approved cardiopulmonary resuscitation card-
7 ~~The board accepts only~~ from the American Heart Association for the Healthcare Provider,
8 American Red Cross for the Professional Rescuer, or an equivalent program approved by the ~~board~~
9 State Board of Dentistry.

10 Applicants who have completed a CODA accredited dental assisting program or obtained a
11 certificate of competency must apply within five years of completion of the program or, if the
12 program was completed more than five years prior to application, must have legally provided
13 expanded functions within five years preceding application. ~~Written~~ The board may require
14 written documentation verifying the current clinical proficiency of the applicant to perform
15 expanded functions ~~may be required~~ from a dentist who has employed or supervised the applicant
16 within the five years prior to application.

17 ~~The board~~ State Board of Dentistry may issue a registration to practice as a registered dental
18 assistant ~~if to~~ an applicant who is at least eighteen years of age and meets the requirements in this
19 section. A registered dental assistant may perform expanded functions under the direct supervision
20 of a dentist as authorized by this article.

21 **Source:** 19 SDR 32, effective September 6, 1992; 42 SDR 19, effective August 17, 2015; 46
22 SDR 75, effective December 4, 2019.

23 **General Authority:** SDCL 36-6A-14(20), 36-6A-50(15).

- 1 20:43:09:04.01 Employing or contracting with licensed anesthesia provider that provides general
2 anesthesia, deep sedation, or moderate sedation in dental office.
- 3 20:43:09:04.02 Utilizing licensed anesthesia provider for general anesthesia and deep sedation
4 or moderate sedation in ambulatory surgery center or hospital.
- 5 20:43:09:04.03 Moderate sedation course requirements.
- 6 20:43:09:04.04 Host permit requirements.
- 7 20:43:09:04.05 Host course requirements.
- 8 20:43:09:04.06 Anesthesia or sedation education -- Other.
- 9 20:43:09:05 Nitrous oxide sedation and analgesia permit requirements -- Dentists.
- 10 20:43:09:06 Nitrous oxide sedation and analgesia permit requirements and authorization --
11 Dental hygienists and registered dental assistants.
- 12 20:43:09:06.01 Local anesthesia permit requirements and authorization -- Dental hygienists.
- 13 20:43:09:06.02 Minimal sedation.
- 14 20:43:09:07 Noncompliance.
- 15 20:43:09:08 ~~Application for permits~~ Permits – Application fees – Temporary permits --
16 Renewal.
- 17 20:43:09:09 Reports of adverse conditions.
- 18 20:43:09:10 Permit requirements to monitor patients under general anesthesia, deep sedation,
19 or moderate sedation.
- 20 20:43:09:10.01 Delegation of injection of medication.
- 21 20:43:09:10.02 Injecting medication.
- 22 20:43:09:11 Inspection.
- 23 20:43:09:12 Requirements of inspection.

- 1 20:43:09:13 Equipment -- Moderate sedation.
- 2 20:43:09:13.01 Equipment -- General anesthesia and deep sedation.
- 3 20:43:09:14 Clinical guidelines.
- 4 20:43:09:15 Intravenous line.
- 5 20:43:09:16 Anesthesia credentials committee.
- 6 20:43:09:17 Emergency response protocol.

7 **20:43:09:08. ~~Application for permits~~ Permits – Application fees – Temporary permits --**

8 **Renewal.** The application fee for a general anesthesia and deep sedation, moderate sedation, or
9 host permit ~~must include a fee of \$50~~ is fifty dollars. The application fee for a permit for a dentist,
10 dental hygienist, or registered dental assistant to administer nitrous oxide sedation and analgesia
11 ~~must include a fee of \$40~~ is forty-five dollars. The application fee for a permit for a dental hygienist
12 to administer local anesthesia ~~must include a fee of \$40~~ is forty-five dollars.

13 ~~The board~~ State Board of Dentistry may issue a temporary permit to an applicant ~~that~~ who has
14 met the applicable requirements of this chapter. ~~The board shall determine the~~ duration of this the
15 temporary permit ~~shall be determined by the board, but, which~~ may not exceed one year. The
16 temporary permit of ~~an applicant~~ a permit holder who fails an inspection is automatically
17 suspended. Upon suspension, the applicant may request another inspection.

18 A general anesthesia and deep sedation permit, moderate sedation permit, or host permit must
19 be renewed annually. ~~The annual renewal~~ fee for a general anesthesia and deep sedation permit, a
20 moderate sedation permit, or a host permit is ~~\$50~~ fifty dollars. ~~A~~ The board may conduct a re-
21 evaluation of the credentials and facility of the permit holder ~~may be conducted~~ for permit renewal.
22 Any dentist renewing a general anesthesia and deep sedation permit or moderate sedation permit
23 ~~shall~~ must be able to demonstrate continued competency as required by the board. A dentist ~~that~~

1 who holds a general anesthesia and deep sedation permit shall complete at least ~~50~~ fifty cases of
2 general anesthesia or deep sedation annually. A dentist ~~that~~ who holds a moderate sedation permit
3 shall complete at least ~~12~~ twelve cases of moderate sedation annually. If a dentist is unable to
4 complete the required number of annual sedation or anesthesia cases, the dentist ~~may~~ must
5 complete three hours of board-approved continuing education that pertain to the administration
6 and management of the applicable level of sedation or anesthesia for each case not completed. This
7 continuing education is in addition to other continuing education permit requirements. A dentist
8 ~~that~~ who holds a general anesthesia and deep sedation, moderate sedation, or host permit shall
9 document completion of team training on emergency response protocols at least annually in the
10 setting where the anesthesia or sedation is being provided. ~~Documentation~~ The permit holder must
11 ~~be provided~~ provide documentation of the requirements outlined in this section to the board upon
12 request.

13 A nitrous oxide sedation and analgesia permit, local anesthesia permit, and permit to monitor
14 patients under general anesthesia, deep sedation, or moderate sedation must be renewed annually.
15 The ~~annual~~ renewal fee for a nitrous oxide sedation and analgesia permit for a dentist is ~~\$40~~ fifty
16 dollars. The ~~annual~~ renewal fee for a nitrous oxide sedation and analgesia permit for a dental
17 hygienist is ~~\$20~~ thirty-five dollars. The ~~annual~~ renewal fee for a nitrous oxide sedation and
18 analgesia permit for a registered dental assistant is ~~\$20~~ thirty-five dollars. The ~~annual~~ renewal fee
19 for a permit to administer local anesthesia for a dental hygienist is ~~\$20~~ thirty-five dollars. There is
20 no ~~annual~~ renewal fee for a permit to monitor patients under general anesthesia, deep sedation, or
21 moderate sedation.

22 Failure to properly renew a general anesthesia and deep sedation permit, moderate sedation
23 permit, host permit, nitrous oxide sedation and analgesia permit, local anesthesia permit, or a

1 permit to monitor patients under general anesthesia, deep sedation, or moderate sedation
2 constitutes an automatic suspension of the permit.

3 **Source:** 19 SDR 32, effective September 6, 1992; 37 SDR 131, effective January 6, 2011; 38
4 SDR 172, effective April 25, 2012; 42 SDR 19, effective August 17, 2015; 42 SDR 83, effective
5 December 3, 2015; 48 SDR 62, effective December 13, 2021.

6 **General Authority:** SDCL 36-6A-14(20), 36-6A-50(12).

7 **Law Implemented:** SDCL 36-6A-14(9)(14)(22), 36-6A-23(2), 36-6A-50(12).