



**Texas State Board of Dental Examiners**

1801 Congress Avenue, Suite 8.600  
 Austin, Texas 78701  
 (512) 463-0235 / Fax: (512) 649-1658

**2x2 Passport Photo  
 Required**

**PLACE HERE**

**Nitrous Oxide Monitoring Application**

**Instructions:** Print legibly or type all information. All fields are required. Submitting an incomplete application will delay your application process. All supporting documentation should be submitted with this application. Fees are Non-Refundable. Make your check or money order payable to TSBDE and mail to the Texas State Board of Dental Examiners at 1801 Congress Avenue, Suite 8.600 Austin, TX 78701. A 2x2 passport photo is required.

In order to apply for Nitrous Oxide Monitoring, you must hold an active license or registration.

RDH License Number: \_\_\_\_\_ RDA Registration Number: \_\_\_\_\_

**Application fee is \$25**

Military Active Duty, Veteran, & Spouse: NO FEE:

- Active Duty\*\*       Veteran\*\*       Active Duty Spouse\*\*

\*\* Please include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge

|                     |                                  |
|---------------------|----------------------------------|
| Social Security #*: | Date of Birth:<br>MM / DD / YYYY |
|---------------------|----------------------------------|

|            |            |        |
|------------|------------|--------|
| Last Name: | First Name | Middle |
|------------|------------|--------|

|                  |       |        |     |
|------------------|-------|--------|-----|
| Mailing Address: | City: | State: | Zip |
|------------------|-------|--------|-----|

|                  |                |
|------------------|----------------|
| Daytime Phone #: | Email Address: |
|------------------|----------------|

\*Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.

**Employer Information: You may mark N/A if you are not currently employed at a dental office. Notify TSBDE when you have primary employer information.**

Do you work for a corporate dental practice?     Yes     No    If Yes, list the name and locations. You may attach another sheet if necessary.

|              |                    |              |
|--------------|--------------------|--------------|
| Dentist Name | Dentist License #: | Phone Number |
|--------------|--------------------|--------------|

|         |      |       |     |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

|                |
|----------------|
| Business Email |
|----------------|

**LICENSE HISTORY: Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a “Yes” or “No” response as no other response is acceptable. All “Yes” answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.**

**NOTE: If you answer “Yes” to any of the questions below and you have already submitted a detailed affidavit to this licensing authority explaining your response you need not submit another detailed affidavit. Please note the date of your previous submission next to the applicable question(s).**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Since your last renewal, have you had any application for any professional license, registration, certification, or permit refused or denied by any licensing authority or government agency?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Since your last renewal, have you had a professional license, registration, certification, or permit revoked, suspended, or canceled, by any licensing authority or government agency, or voluntarily surrendered?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Since your last renewal, have you been the subject of disciplinary action by any licensing authority or government agency with regard to any professional license, registration, certification, or permit?<br><b>If you answer “Yes” you must attach documentation of disciplinary action not previously reported to TSBDE.</b>   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. For any criminal offense, including those pending appeal, since your last renewal, have you:<br><br>A. been convicted of a misdemeanor (other than minor traffic violations)?<br>B. been convicted of a felony?<br>C. pled nolo contendere, no contest, or guilty?<br>D. received deferred adjudication?<br>E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?<br>F. been sentenced to serve jail or prison time? court-ordered confinement?<br>G. been granted pre-trial diversion?<br>H. been arrested or have any pending criminal charges?<br>I. been cited or charged with any violation of the law?<br>J. been subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action?<br><br><b>If YES</b> , in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer. Also, provide a copy of an Order of Non-Disclosure or the Court Order expunging or sealing (non-disclosure) any conviction, offense, arrest, or citation. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Since your last renewal, have you been diagnosed with any condition or impairment (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) that in any way affects your ability to practice as a Dentist in a competent, ethical, and professional manner?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**ATTESTATION**

In addition to the foregoing: I acknowledge this is a legal document and I attest that I understand and meet all the requirements to practice for the type of licensure requested. Further, I understand that it is a violation of the Texas Administrative Code and the Penal Code to submit a false statement to a government agency and I consent to the release of confidential information to the Texas State Board of Dental Examiners and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application for licensure.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

## Nitrous Oxide Monitoring Application Checklist

- Application and fee. (Military Active Duty, Veterans, and Active Duty Military Spouses do not pay a fee.)
- 1- 2x2 passport photo
  - Your head must face the camera directly with full face in view
  - You must have a neutral facial expression or a natural smile, with both eyes open.
  - Use a plain white or off-white background.
  - Be sized correctly
- Copy of driver's license, naturalization papers, or passport.
- Proof of successful completion of the TSBDE approved Nitrous Oxide Monitoring Certification Examination completed within the last five (5) years.
- 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.
- National Practitioner Data Bank (NPDB) Self-Query Report. *The report results must remain in the original sealed envelope. Do not mail TSBDE a copy or an opened query. You will only further delay your process.* NPDB self-query reports are valid for 60 days. You may contact the NPDB at (800) 767-6732 or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>

## Board approved nitrous oxide monitoring courses

- Austin Community College
- Collin College
- Texas A&M University – Baylor College of Dentistry
- El Centro College (Dallas County Community College)
- El Paso Community College
- Grayson Community College
- Houston Community College – Coleman College of Health Sciences
- Lone Star College – Kingwood
- Lamar Institute of Technology- **Dental Hygiene Students only**
- Midwestern State University – **Dental Hygiene Students only**
- PIMA Medical Institute – **Dental Hygiene Students only**
- San Antonio College
- Tarrant County College
- Texas State Technical College – Harlingen
- Texas Woman's University – **Dental Hygiene Students only**
- University of Texas School of Dentistry at Houston
- University of Texas Health Science Center at San Antonio
- Tyler Junior College
- Northeast Texas Community College

## General information

Once your application has been approved, an approval letter will be mailed out to your mailing address on file. Please allow 7-10 business days to receive this letter via mail. The nitrous oxide monitoring endorsement will be reflected on your renewal certificate. The nitrous oxide monitoring endorsement is renewed at the same time your license or registration is renewed. It does not require a separate renewal. Should you have any questions, please email the licensing division at [licensinghelp@tsbde.texas.gov](mailto:licensinghelp@tsbde.texas.gov).