



North Dakota State Board of Dental Examiners

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RENEWAL APPLICATION FOR PERMIT TO ADMINISTER GENERAL ANESTHESIA, PARENTERAL AND/OR ENTERAL CONSCIOUS SEDATION

CRITERIA

1. You must obtain written notification of approval to administer general anesthesia or deep sedation, moderate parenteral sedation, moderate enteral sedation and minimal sedation if the intent is beyond anxiolysis. A dentist licensed under North Dakota Century Code chapter 43-28 and practicing in North Dakota may not use general anesthesia or conscious sedation on any patient unless such dentist has a permit, currently in effect, issued by the Board, initially for a period of twelve months and renewable biennially thereafter, authorizing the use of such general anesthesia or conscious sedation. Applicants must be in compliance with the American Dental Association's most recent policy statement, *GUIDELINES FOR THE USE OF SEDATION AND GENERAL ANESTHESIA BY DENTISTS*.
2. A dentist who holds a conscious sedation or general anesthesia permit and who relocates his practice or opens a satellite office requires a new site evaluation prior to providing sedation services at that site.
3. Pediatric Advanced Life Support (PALS) is required for administration of general anesthesia and conscious sedation on patients age 12 and under.
4. A minimal sedation permit is not required if the total aggregate dose does not exceed 1.5x the maximum FDA-recommended dose of a single enteral drug, as printed in FDA approved labeling for unmonitored home use. Use of multiple agents in dosing requires a sedation permit. Use of nitrous oxide inhalation with enteral medication requires a sedation permit.
5. The board requires a re-evaluation of the credentials, facilities, equipment, personnel, and procedures of a permit holder five years post initial permit application. You will be notified by the Board 90 days in advance of this anniversary. **All expenses associated with the site evaluation are the sole responsibility of the anesthesia permit applicant.** (Example: anesthesiologist site evaluation fee and travel expenses.)
6. Upon renewal of this permit, the dentist shall submit proof of current Basic Life Support (BLS) for all dental auxiliaries who have direct patient care responsibilities.
7. Return any required supporting documentation including documentation of anesthesia/sedation CE, this application and the permit fee of \$200.00 by December 31st of the odd-numbered year to:

North Dakota State Board of Dental Examiners

ATTN: Anesthesia Committee

PO Box 7246

Bismarck, ND 58507-7246

All applications must include the \$200 fee, and a copy of the BLS, ACLS, and/or PALS card or the application will be returned!

OFFICE USE ONLY - Postmark Date _____ Date Received _____ Amount _____ Check # _____		
Name		ND Dental License Number _____ Specialty
Date of Birth	SSN	Email
Office Address		Office Phone () County
City	State	Zip + 4
Home Address		Home Phone ()
City	State	Zip + 4

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Note: For each "yes" response to question 1, 2, or 3 include for each decided or pending case: a personally written explanation; a copy of the formal complaint/pleadings; the answer to the complaint for malpractice issues; a copy of the final outcome(s) and/or a report of status if judgment is pending; proof of compliance if under criminal probation; and

For each "yes" response to question 4, 5, 6 or 7 include a personally written explanation. For question 5, also give: dates of onset, description of treatment; name and address of treating physician; and your description of the current status of your condition.

1. Has your license to practice dentistry ever been suspended, revoked or otherwise disciplined in any state or territory of the United States, or in any foreign country, related to an anesthesia/analgesia incident?

Yes _____ No _____

2. Have you ever had **any** malpractice judgment, malpractice settlement, or governmental/private agency disciplinary order issued against you or is there any complaint, malpractice claim, or disciplinary action now pending against you?

Yes _____ No _____

3. Have you ever had **any** criminal conviction, deferred judgment or plea of nolo contendere issued against you or is there any criminal charge now pending against you? This includes any judgments/charges related to sales, distribution, possession, manufacture, or dispensation of any controlled substance.

Yes _____ No _____

4. Are you presently engaged in or have you in the last two years been engaged in the excessive use, abuse, addiction to or dependency upon any controlled substance, habit-forming substance or alcohol?

Yes _____ No _____

5. Do you now have, or in the past two (2) years have you had a physical or mental condition, which might affect your ability to practice dentistry?

Yes _____ No _____

6. Are there any other facts concerning your background history, experience, or activities which may have a bearing on your fitness to practice dentistry?

Yes _____ No _____

7. Have you ever had any patient mortality or other incident that resulted in the temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of your use of antianxiety premedication, nitrous oxide inhalation analgesia, conscious sedation or deep sedation/general anesthesia?

Yes _____ No _____

8. Do you utilize anesthesia /sedation on children ages 12 and under?

Yes _____ No _____

A dentist administering or supervising general anesthesia and or/deep sedation, moderate parenteral sedation, moderate enteral sedation or minimal sedation shall at all times be certified in Advanced Cardiac Life Support (ACLS) **It is the dentist's responsibility to maintain current ACLS and/or PALS certification (if required), including CPR, at all times.** A dentist utilizing nitrous-oxide inhalation anxiolysis and his/her auxiliary personnel must meet the requirements for Cardiopulmonary Resuscitation (CPR) as set forth in North Dakota Administrative Code (20-02-01-03).

All applicants MUST submit the following, if required:

- A) ACLS date of issuance or renewal _____
- B) ACLS date of issuance expiration _____
- C) PALS date of issuance or renewal _____
- D) PALS date of expiration _____

ADMINISTRATION OF (check one) the category of anesthesia/sedation for the permit which you are RENEWING (A, B, or C). You must submit documentation of current BLS, ACLS and/or PALS.

- _____ **A. General Anesthesia and/or Deep Sedation**
- _____ **B. Moderate Parenteral Sedation**
- _____ **C. Moderate Enteral Sedation**
- _____ **D. Minimal Sedation**

LIST auxiliary staff who will have direct patient care responsibilities.

Name: _____
 BLS date of issuance or renewal _____ BLS date of expiration _____

Name: _____
 BLS date of issuance or renewal _____ BLS date of expiration _____

Name: _____
 BLS date of issuance or renewal _____ BLS date of expiration _____

Name: _____
 BLS date of issuance or renewal _____ BLS date of expiration _____

Name: _____
 BLS date of issuance or renewal _____ BLS date of expiration _____

ATTESTATION: I hereby certify that I have met ALL the requirements for administration of anesthesia in the State of North Dakota and under the requirements of the North Dakota State Board of Dental Examiners for (check one):

- Category A (General Anesthesia and/or Deep Sedation)
- Category B (Moderate Parenteral Sedation)
- Category C (Moderate Enteral Sedation)
- Category D (Minimal Sedation)

I further attest that I am in full compliance with all the requirements of North Dakota Administrative Code 20-02-01-03 and 20-02-01-05. Furthermore, I attest that I shall remain in compliance during all periods of time that anesthesia is administered, whether in my office or in another dentist's office.

The information contained in this application is true and correct to the best of my knowledge. I understand that under the North Dakota Century Code 43-28-18 providing false information is grounds for denial, suspension, or revocation of a license.

Signature of Applicant _____ Date _____