



North Dakota State Board of Dental Examiners

PO Box 7246, Bismarck, ND 58507 • Phone 701-258-8600 • Fax 701-224-9824
Web www.nddentalboard.org • Email info@nddentalboard.org

2020-2021 RENEWAL APPLICATION FOR PERMIT TO ADMINISTER GENERAL ANESTHESIA AND/OR DEEP SEDATION, AND MODERATE/MINIMAL SEDATION

Renewal fee \$200 Late fee \$200 in addition to renewal fee if **postmarked after 12/31/2019**

		OFFICE USE ONLY	
Postmark Date _____	Date Received _____	Amount _____	Check # _____

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, deep sedation, moderate sedation or minimal sedation on any patient unless such dentist has a permit, currently in effect, issued by the Board. Applicants must be in compliance with the American Dental Association’s most recent policy statement, GUIDELINES FOR THE USE OF SEDATION AND GENERAL ANESTHESIAL BY DENTISTS.
2. A dentist who holds a minimal sedation, moderate sedation, deep 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 moderate 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 two to five years post initial permit application (determined by evaluator recommendation). **You will be notified by the Board in advance of this anniversary**. It is the applicant’s responsibility to arrange the site evaluation. The signed and completed evaluation form must be returned to the Board by the site evaluator. The site evaluation fee of \$550 should be paid directly to the evaluator on the day of the site visit.
6. The applicant shall maintain proof of current ACLS or PALS and CPR or BLS. The applicant shall also maintain evidence of 4 hours of anesthesia related CE pursuant to Administrative Rules.
7. Send completed application before December 31, 2019 to:

North Dakota State Board of Dental Examiners
ATTN: Anesthesia Committee
PO Box 7246
Bismarck, ND 58507-7246

DDS/DMD NAME			
NAME OF PRACTICE		OFFICE ADDRESS	
City	State	Zip	
Office Phone		Email Address	
Satellite Practice		Office Address	
City	State	Zip	Office Phone
Date of Birth	SSN	Date of Previous Site Evaluation	
DEA number	Office Phone ()		County
ND Dental License Number	Specialty		
Home Address		Home Phone ()	
City	State	Zip + 4	
Email			

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Note: For each “yes” response to question 1, 2, 3, or 4 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 5, 6, or 7 submit a written explanation detailing your status. Provide 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 patient mortality or any 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, moderate sedation, minimal sedation, deep sedation or general anesthesia?	YES	NO
3. 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
4. Have you ever had any criminal conviction, any hospital or clinical privileges revoked or suspended, 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
5. Are you presently engaged in or have you in the last three years been engaged in the excessive use, abuse, addiction to or dependency upon any controlled substance, habit-forming substance or alcohol?	YES	NO
6. Do you now have, or in the past three (3) years have you had a physical or mental condition, which might affect your ability to practice dentistry?	YES	NO
7. 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
8. Has any action ever been taken against hospital or clinical privileges such as a suspension, revocation or any other action? If “yes”, provide a personally written detailed explanation.	YES	NO

9. Do you utilize capnography?	YES	NO
10. Do you utilize anesthesia /sedation on children ages 12 and under?	YES	NO
11. Are you registered with the Prescription Drug Monitoring Program as required by Administrative Rule 20-02-01-12?		

A dentist administering or supervising general anesthesia and or/deep sedation, moderate parenteral sedation, moderate enteral 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 administering minimal sedation shall maintain BLS certification at all times. **Online CPR courses must contain a hands-on component.** A dentist utilizing nitrous-oxide inhalation anxiolysis and his/her auxiliary personnel must meet the requirements for Cardiopulmonary Resuscitation or Basic Life Support as set forth in North Dakota Administrative Code (NDAR 20-02-01-05 and 20-02-01-06).

All applicants MUST maintain current documentation of the following:

- ACLS
- PALS if required by permit
- CPR or BLS
- Proof of 4 hours of anesthesia/sedation related continuing education
- A copy of the most recent site evaluation for each location where sedation or anesthesia is provide

LIST auxiliary staff and credentials (RN, RDA or CRNA, etc.) of all staff that will have direct patient care responsibilities during and after surgical procedures. The permit holder must maintain copy of credentials and a copy of BLS, ACLS, or PALS certification for each auxiliary having direct contact with sedation/ anesthesia patients. Dental assistants must hold current registration with the NDBDE.

Name: _____ Credential _____ license no. _____ BLS expires _____
Name: _____ Credential _____ license no. _____ BLS expires _____
Name: _____ Credential _____ license no. _____ BLS expires _____
Name: _____ Credential _____ license no. _____ BLS expires _____
Name: _____ Credential _____ license no. _____ BLS expires _____

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):

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

A percentage of license renewal applications may be randomly selected for audit. If selected, you must submit copies of certificates or other acceptable proof that you satisfied the continued competency requirements as you have stated on this application. You are required to save your documents so you can respond to audits. Licensees unable to comply with the audit may be subject to disciplinary action against your license.

I hereby certify and affirm that I have successfully completed the required hours of continuing education during the licensing period of January 1, 2018 through December 31, 2019. If audited, I agree to provide documentation that verifies I have met the requirements as claimed. If the North Dakota Dental Board conclude that I have not complied with the requirements set forth in N.D.C.C. 43-28-16.2, and the Board does not grant an extension or waiver under N.D.C.C. § 43-28-16.2(6)(2)(d), I hereby agree to waive my right to an administrative hearing and appeal pursuant to N.D.C.C. Ch. 28-32 and agree that the Board may issue an order taking disciplinary action against my license.

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 _____

05/10/2018