



# North Dakota Board of Dental Examiners

PO Box 7246, Bismarck, ND 58507 • Phone 701-258-8600 • Fax 701-224-9824

Web [www.nddentalboard.org](http://www.nddentalboard.org) • Email [info@nddentalboard.org](mailto:info@nddentalboard.org)

## Initial Application for Permit to Administer General Anesthesia, Deep Sedation or Enteral Moderate Sedation

OFFICE USE ONLY	Postmark Date	Date Received	Permit Fee \$200	Check #
-----------------	---------------	---------------	------------------	---------

### CRITERIA AND APPLICATION INSTRUCTIONS

1. You must obtain written notification of approval to administer general anesthesia or deep sedation, moderate parenteral sedation, moderate enteral sedation and minimal sedation. A dentist licensed under North Dakota Century Code chapter 43-28 and practicing in North Dakota may not use general anesthesia, moderate sedation or minimal sedation on any patient unless such dentist meets the requirements of the anesthesia permit application, the site evaluation and pays the fee for the anesthesia permit. The permit issued by the Board is renewable at the same time the dental license is renewed. 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 and requirements of application*.
2. Submit application, all documentation and application fee of \$200. Incomplete applications will be returned to the applicant. After review of the application by the Anesthesia Committee, privileges to provide anesthesia services may be temporarily granted to the applicant. Prior to the final granting of approval to administer general anesthesia or moderate sedation, however, office inspection and evaluation must be scheduled for each location where sedation will be administered.
3. The Anesthesia Committee evaluates the application and identifies any additional information required. If the application appears to be in order, the Anesthesia Committee may recommend the Board issue a temporary sedation/anesthesia permit. Temporary permits allow time to complete processing of the application, administer the evaluation and inspect the facility. A temporary permit may be revoked if the applicant fails the site inspection or if the applicant fails to cooperate with the timely scheduling of the site evaluation. Such evaluation must be completed within 60 days of the approval of the initial anesthesia application. Practitioners who fail to schedule and complete the office evaluation may not provide anesthesia or sedation services beyond sixty days of review of the sedation application and provisional granting of privileges by the Board. It is the OMFS's responsibility to schedule an OMFS or Anesthesiologist or other qualified anesthesia provider approved by the Board to provide the office evaluations. *It is the Anesthesia Committee's prerogative to suspend privileges if the permit holder's site evaluation is overdue.* For practitioners requesting authorization for moderate sedation, it is the dentist's responsibility to schedule the Board appointed CRNA to provide the office evaluation. Office inspections conducted as part of the AAOMS certification process may be considered in lieu of the office evaluation required by the Board.
4. Upon final approval of the application and the site evaluation the Anesthesia Committee will recommend a final action to the Board. If an application is denied for failure to meet the requirements of the NDBDE, the applicant may re-apply when the requirements are met. The site evaluation fee is \$550 plus mileage rate of 65.5 cents/mile paid directly to the site evaluator on the day of the evaluation.
5. Pediatric Advanced Life Support (PALS) is required for administration of general anesthesia and moderate sedation on patients AGE 12 and under.
6. Both the permit and the site evaluation are subject to expiration and renewal. Pursuant to N.D.A.C. § 20-02-01-05(5) the permit holder must have the credentials, facilities, satellite facility, equipment, personnel, and procedures re-evaluated every 3 years of the anniversary of the initial site evaluation. Four hours of CE directly related to anesthesia/sedation are required for renewal of the anesthesia/sedation permit.
7. Return application and permit application fee of \$200.00 with supporting documentation to:

**ATTN: Anesthesia Committee, North Dakota Board of Dental Examiners, PO Box 7246, Bismarck, ND 58507-7246.** Documentation includes copies of ACLS/PALS/BLS of auxiliary and a photocopy of the credentials of auxiliary that have direct patient contact during or after surgical procedures. CE directly related to anesthesia/sedation is required for renewal of the permit. Submitting incomplete applications delays the process.

**TYPE OR PRINT LEGIBLY**

Full Name (First, Middle, Last)			
DEA Number	Date of Birth	Email	
Office Address		Office Phone	Fax Number
City	State	Zip Code + 4	
Home Address		Home Phone	
City	State	Zip Code + 4	
Specialty		ND Dental License Number	
Name of Sedation Course		Date of Completion	
Accredited Program		Date of Completion	
<p><b>NOTE:</b> 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</p> <p>For each “yes” response to question 4, 5, 6, 7, 8 or 9 include a personally written explanation. For question 5 or 6 provide dates of onset, description of treatment; name and address of treating physician; and your description of the current status of your condition. The Board will require evidence that any recommendations from counselors or physicians have been met.</p>			
1. Have you ever had <b>any</b> criminal conviction, deferred judgment or plea of nolo contendere issued against you or is there any criminal charge now pending against including any judgments, charges related to sales, distribution, possession, manufacture, or dispensation of any controlled substance.		YES	NO
2. Have you ever had <b>any</b> 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. Do you have any criminal charges pending against you?		YES	NO
4. 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
5. Are you presently engaged in or have you in the last four 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 four (4) years have you had a physical or mental condition, which might affect your ability to practice dentistry?		YES	NO
7. Has any action ever been taken against hospital or clinical privileges such as a suspension, revocation or any other action?		YES	NO
8. Are there any other facts concerning your background history, experience, or activities which may have a bearing on your fitness to practice dentistry? If YES provide written explanation.		YES	NO
9. 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, minimal, moderate sedation, deep sedation, or general anesthesia? If YES provide written explanation and supporting documents.		YES	NO
10. Do you utilize anesthesia /sedation on children ages 12 and under?		YES	NO
11. Is your practice limited to an ADA recognized specialty? Specialty:		YES	NO
12. Do you have a number from the Drug Enforcement Agency? DEA Number:		YES	NO
13. Has your DEA number ever been revoked or suspended? If YES provide written explanation.		YES	NO

## GENERAL ANESTHESIA/DEEP SEDATION

SUBMIT DOCUMENTATION FOR THE FOLLOWING EDUCATIONAL REQUIREMENTS:

- ☐ Successful completion of a post-doctoral training program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage general anesthesia and deep sedation commensurate with the American Dental Association's most recent **GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO DENTISTS AND DENTAL STUDENTS.**  
**AND**
- ☐ A current certification in BLS for Healthcare Providers and ACLS and or PALS

## MODERATE SEDATION (parenteral and enteral)

SUBMIT DOCUMENTATION FOR THE FOLLOWING EDUCATIONAL REQUIREMENTS:

- ☐ A comprehensive training program in **moderate parenteral sedation** that satisfies the requirements as prescribed in the American Dental Association's most recent **GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO DENTISTS AND DENTAL STUDENTS PLUS individual management of 20 adult live patient clinical case experiences** by the intravenous route. Additional supervised clinical experience is required to manage children and medically compromised adults. The course should be directed by a dentist or physician qualified by experience and training. This individual should have had at least three years of experience, including formal postdoctoral training in anxiety and pain control. Attach documentation  
**OR**
- ☐ Successful completion of the ND requirements for administration of General Anesthesia/Deep Sedation  
**AND**
- ☐ A current certification in BLS for Healthcare Providers and ACLS and or PALS
- ☐ **Attach documentation of course work and live clinical case experiences; attach patient medical history to each live case documentation.**

List live clinical cases:

A dentist administering or supervising general anesthesia or deep sedation, or moderate parenteral/enteral sedation, shall at all times be certified in Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Cardiac Life Support (PALS). It is the dentist's responsibility to maintain current ACLS and/or PALS certification if treating patients 12 years of age or less.

List below and submit evidence of current Basic Life Support (BLS) certification, and Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) certification as appropriate. It is the dentist's responsibility to maintain current CPR or BLS and ACLS or PALS certification at all times. Include photo copy of:

CPR or BLS certification issue date: _____	Expiration date: _____
<b>AND;</b>	
ACLS certification issue date: _____	Expiration date: _____
<b>OR</b>	
PALS certification issue date: _____	Expiration date: _____

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

<input type="checkbox"/> General Anesthesia and/or Deep Sedation	<input type="checkbox"/> Moderate Parenteral/Enteral Sedation
--	---

**LIST auxiliary staff and credentials (RN, RDA or CRNA). Submit copy of credentials for staff that have direct patient care responsibilities during and after surgical procedures. Submit copy of auxiliary BLS, ACLS, or PALS certification. Submit copies of dental assistant's current NDBDE registration . Use additional pages if necessary.**

Name: _____	Credential _____	Life Support date of expiration _____
Name: _____	Credential _____	Life Support date of expiration _____
Name: _____	Credential _____	Life Support date of expiration _____
Name: _____	Credential _____	Life Support date of expiration _____
Name: _____	Credential _____	Life Support date of expiration _____
Name: _____	Credential _____	Life Support date of expiration _____

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 and understand the scope of practice for the auxiliary utilized in the direct patient care of sedation patients. Furthermore, I attest that I shall remain in compliance with the NDBDE requirements 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.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_