



North Dakota 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

2021-2022 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 12/31/2021

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 in a single appointment. 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 five years post initial permit application. **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. Upon renewal of this permit, the applicant shall attest to maintaining current ACLS or PALS and CPR or BLS. The applicant shall attest to current Basic Life Support (BLS) for all dental auxiliaries who have direct patient care responsibilities. The applicant shall also attest to completion of 4 hours of anesthesia related CE as required by rule. Do not submit proof of CE to the Board. Evidence of CE must be maintained for audit purposes.
7. Application for renewal and \$200 fee must be received or postmarked by December 31, 2021. Make checks payable to:

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

Applications postmarked after December 31, 2021, must pay the late fee of \$200 in addition to the \$200 renewal fee. Incomplete applications will be returned.

Name		Practice Name & Address	
City		State	Zip + 4
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		Date of most recent site evaluation / /	
Military Status: Are you are a member of OR a spouse of a member of the armed forces of the United States or a reserve component of the armed forces of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please provide proof of military/spouse status, such as military orders or current base ID)			

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Note: For each YES answer, if you have previously submitted and reported the information to the Board, please indicate. If you have not reported to the Board, 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 questions 5, 6, 7 or 8 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. Since the last anesthesia permit renewal, has your license to practice dentistry 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. Since the last anesthesia permit renewal have you had any patient mortality or any incident that resulted in 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. Since the last anesthesia permit renewal have you had any malpractice judgment, malpractice settlement, 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. Since the last anesthesia permit renewal have you 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 may 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. Since the last anesthesia permit renewal have you has any action ever been taken against hospital or clinic privileges such as a suspension, revocation or any other action?	YES	NO

9. Do you utilize capnography?	YES	NO
10. 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 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 have 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 (See NDAC 20-02-01-05 and 20-02-01-06).

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. Submit copy of credentials and a copy of BLS, ACLS, or PALS certification for each auxiliary. Dental assistants must hold current registration with the NDBDE.

Name: _____ Credential _____ BLS date of expiration _____

Name: _____ Credential _____ BLS date of expiration _____

Name: _____ Credential _____ BLS date of expiration _____

Name: _____ Credential _____ BLS date of expiration _____

Name: _____ Credential _____ BLS date of expiration _____

ATTESTATION: I hereby certify that I am in compliance with NDAC § 20-02-01-12 (Dental prescribers and use of the prescription drug monitoring program) and NDAC § 20-02-01-13 (Exceptions to the review requirement). I further attest that I am in full compliance with all the requirements of North Dakota Administrative Code for continuing education, permit requirements for anesthesia and sedation use, and maintain life support certification as required by the authorizing sedation or anesthesia permit.

I am renewing (check one):

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

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** _____