

North Dakota State Board of Dental Examiners

PO Box 7246
Bismarck, ND 58507-7246

SITE INSPECTION AND EVALUATION FORM Anesthesia/Sedation Permit Holders and Host Dentists

DENTIST(S) BEING EVALUATED - Complete page 1, and pages 10-15.

SITE EVALUATOR - Complete pages 2–9 on the day of the site evaluation.

Printed Name of Evaluator			
Signature of Evaluator		Evaluator Phone Number	
Site Address		Site Phone Number	
Name of each Dentist being evaluated and each Sedation Provider/CRNA providing sedation at this site	Are you a Host Dentist, Permit Holder, CRNA?	DEA Number	Email Address
Does any Dentist listed above treat patients under sedation at any other site? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Provide the name of each such Dentist and the address of the other sites:			
Are the Permit holders and sedation providers registered with the Prescription Drug Monitoring Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Date of This Site Evaluation:			
<p>ATTESTATION by DENTIST(S): I am in compliance with the requirements for sedation and anesthesia as set forth in the North Dakota Administrative Rules and understand that:</p> <ul style="list-style-type: none"> - I must provide the documentation sought by this evaluation and demonstrate I have met the requirements of § 20-02-01-05; - the NDSBDE shall determine if the site and Dentist(s) are in compliance with requirements of N.D.A.C. § 20-02-01-05; - the site evaluation is specific to this site only and the Dentists who are physically present for the site evaluation; - if deficiencies are identified, the NDSBDE will provide written notice specifying the deficiencies and corrective measures; - a Dentist has 30 days from the date of evaluation to correct any deficiencies; - upon notification by the Dentist to the NDSBDE that the Dentist has corrected the deficiencies, the evaluator or NDSBDE shall reinspect to the extent necessary to ensure correction; - if the deficiencies have been corrected, the NDSBDE will authorize the Dentist’s anesthesia and sedation privileges; - if the NDSBDE concludes that I failed the evaluation, I hereby waive my right to an administrative hearing and appeal pursuant to N.D.C.C. § 28-32 and agree that the Board may suspend my anesthesia privileges without a hearing. <p>Signatures of Dentists present:</p> <p>_____</p> <p>_____</p>			

ON-SITE EVALUATION - North Dakota licensees who provide moderate sedation, deep sedation or general anesthesia procedures, or are host dentists who treat patients who are under anesthesia are required to have an evaluation **INITIALLY AND EVERY THREE YEARS THEREAFTER** at each location(s) where sedation or anesthesia services are rendered. The purpose of the evaluations is to assess the patient's anesthetic risk and assess a site's ability to provide emergency care; therefore, the site evaluation emphasizes recognition and management of emergencies and complications associated with office administration of sedation and anesthesia. Therefore, each Dentist is subject to the site evaluation. The fee negotiated by the Evaluator and the Dentist, plus the GSA per diem mileage rate, should be paid directly to the site evaluator at the time of the evaluation. The fee shall be no less than \$1,000.00.

PERMIT HOLDER/APPLICANT/HOST DENTIST must be present during the evaluation. The NDSBDE accepts the evaluation conducted for the purpose of certification by the American Association of Oral and Maxillofacial Surgeons.

RENEWAL - Both the sedation permit and the inspection are subject to expiration and renewal. The sedation permit must be renewed biennially, concurrent with the Dentist's license renewal. *The evaluation is conducted within three years of the anniversary of the last evaluation.*

LATE RENEWAL of SEDATION PERMIT results in the permit expiring and requires the Dentist to suspend anesthesia/sedation services until a reinstatement is completed and formally approved by the NDSBDE. A late fee is incurred when the permit renewal is postmarked or submitted electronically after the December 31st deadline of odd numbered years.

SATELLITE/SECONDARY OFFICE - All offices where sedation and anesthesia services are provided must comply with the minimum standards established by the Board for a sedation practice. Separate site evaluations must be completed for each site at which the Dentist treats patients who are sedated or anesthetized.

QUALIFIED DENTAL STAFF MEMBERS

Each Dentist shall maintain current BLS. Dentists who provide services to patients 8 years or under shall maintain PALS certification and Dentists who provide services to patients 9 years or older shall maintain ACLS certification.

- For Deep Sedation/ General Anesthesia: The sedation team consists of the surgeon and two additional persons trained and currently competent in BLS for Healthcare Providers. The individual designated to monitor the patient's level of sedation should have no other responsibilities.
- For Moderate Sedation: The sedation team consists of the anesthesia permit holder and at least one other individual experienced with patient monitoring and documentation.

Provide with this application photocopy of the following to the site evaluator:

- Completion of an OMFS residency program or advanced dental education program, accredited by the ADA Commission on Dental Accreditation. Date of completion _____
- ACLS/PALS Certificate – Provide photocopy of Dentist's ACLS certification and PALS Certificate.
- Provide photocopy of credentials for all qualified auxiliary who provide direct patient care, i.e., current NDSBDE registration card; BLS, PALS, or ACLS certification.
- Provide photocopy of patient consent agreement(s) and health history form.

RECORDS – For Dentists who have treated sedated patients as a Host Dentist or Permit Holder prior to this Site Evaluation, the Evaluator will randomly select 5 dental records of patients for whom sedation or anesthesia services were provided. The evaluator will review preoperative, intraoperative, and postoperative anesthesia assessment, drug logs and monitoring records. Health history of random patients who have been treated in your facility will also be reviewed. Treatment of medically compromised patients will be a point of discussion. The evaluator will check for:

1. An adequate medical history of the patient.
2. An adequate physical evaluation of the patient.
3. Anesthesia records showing: continuous monitoring of the heart rate, blood pressure and respiration utilizing electrocardiographic monitoring and pulse oximetry.
4. Registration of monitoring every (five) 5 minutes.
5. Evidence of continuous recovery monitoring, with notation of patient's condition upon discharge and to whom patient was discharged.
6. Accurate recording of medications administered, including amounts and time administered.
7. Records demonstrating length of procedure.
8. Records reflecting any complications of anesthesia.
9. Evidence of mock codes being provided **quarterly**.

COMMENT:

OFFICE FACILITY AND EQUIPMENT

Checked box indicates item is available:

- BP | Non invasive BP monitor
 - ECG
 - Defibrillator/Automated External Defibrillator
 - Pulse Oximeter
 - Capnography
-

Comments:

Operating Theater		
Does the operating theater allow easy access for emergency personnel and transportation equipment?	Yes	No
Operating Chair or Table		
Does operating chair or table permit the patient to be positioned so the operating team can maintain the airway?	Yes	No
Does operating chair or table permit the team to quickly alter the patient's position in an emergency?	Yes	No
Does operating chair or table provide a firm platform for the management of cardiopulmonary resuscitation?	Yes	No
Lighting System		
Does lighting system permit evaluation of the patient's skin and mucosal color?	Yes	No
Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	Yes	No
Suction Equipment		
Does suction equipment permit aspiration of the oral and pharyngeal cavities?	Yes	No
Is there a backup suction device available?	Yes	No
Oxygen Delivery System		
Does oxygen delivery system have adequate full-face masks and appropriate connectors, and is it capable of delivering oxygen to the patient under positive pressure?	Yes	No
Is there an adequate backup oxygen deliver system?	Yes	No
Recovery Area (recovery area can be the operating theater)		
Does recovery area have available oxygen?	Yes	No
Does recovery area have available adequate suction?	Yes	No
Does recovery area have adequate lighting?	Yes	No
Does recovery area have available adequate electrical outlets?	Yes	No
Can the patient be observed by a qualified member of the staff at all times during the recovery period?	Yes	No
Ancillary Equipment		
Laryngoscope complete with an adequate selection of blades, spare batteries, and bulbs?	Yes	No
Endotracheal tubes and appropriate connectors?	Yes	No
Oral / Nasal airways?	Yes	No
Supraglottic devices including laryngeal mask airways?	Yes	No
Tonsillar or pharyngeal type suction tip adaptable to all office outlets?	Yes	No
Endotracheal tube forceps?	Yes	No
Is there a sphygmomanometer and stethoscope?	Yes	No
Is there an electrocardio monitor?	Yes	No
Is there a pulse oximeter?	Yes	No
Cardiac defibrillator or automated external defibrillator?	Yes	No
Is there adequate equipment for the establishment of an intravenous infusion?	Yes	No
Is there a capnography monitor?	Yes	No
How are respiratory gases monitored? Capnography? or list other:		
ALL EQUIPMENT – FACILITY _____ ADEQUATE _____ INADEQUATE		

DRUGS / DRUG CART REVIEW and DISCUSSION - Applicant will pull each of the following classification of drugs to demonstrate expiration date discuss antagonists: Evaluator - Record drug and expiration dates.					
Vasopressor	Yes	No	Corticosteroid	Yes	No
Bronchodilator	Yes	No	Muscle relaxant	Yes	No
Narcotic antagonist	Yes	No	Antihistamine	Yes	No
Antiarrhythmic	Yes	No	Atropine	Yes	No
Antihypertensive	Yes	No	Coronary artery vasodilator	Yes	No
Intravenous medication for treatment of cardiopulmonary arrest?				Yes	No
Benzodiazepine antagonist drug available?				Yes	No
<p>INFECTION CONTROL – Numerous publications have described iatrogenic hepatitis C virus (HCV) transmission unrelated to transfused blood products or transplantation procedures. Nearly all were due to unsafe therapeutic injection practices related to multiple dose vials and infusion bags contaminated by reinsertion of used needles/syringes, use of a single needle/syringe for IV medication administration to multiple patients or use of a contaminated finger-stick glucose measurement device on multiple patients. In some situations, syringes or needles used on HCV-infected people were directly reused on other people. In others, syringes or needles used on HCV-infected people were reused to draw medication from a vial or infusion bag; the vial or bag contents were subsequently drawn up and administered to multiple people.</p>					
<p>Evaluator check credentials of individual(s) responsible for monitoring expiration dates, inventory, log and security of Schedule II and III or Schedule IV drugs.</p> <p>Is more than one person present to witness the waste/disposal of scheduled drugs/vials? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Evaluator reviewed documentation.</p>					
OBSERVE drug log and location of Schedule II and III and Schedule IV drugs. Drug cabinet secured to wall or floor?				Yes	No
DO YOU ADMINISTER drugs from single dose vials or ampules to multiple patients or combine leftover contents for later use?				Yes	No
IF A DRUG (or other solution) is not available in the single-dose form and a multiple dose vial must be used (e.g., neostigmine, succinylcholine) are residual contents discarded after single patient use				Yes	No
Explain office policy for multi-dose vial use.				Yes	No
Evaluator comment:					
Do the anesthesia providers or auxiliary personnel reuse needles or syringes either from one patient to another or to withdraw medication from a vial?				Yes	No

The CDC defines the “immediate patient treatment area” to include, at minimum, surgery/procedure rooms where anesthesia is administered and any anesthesia medication carts used in or for those rooms. The CDC indicates that anesthesia drug carts —represent mobile surfaces that can come into contact with body fluids or other soiled materials.

Does the site transport the sedation patient via a wheelchair to their car? Is a wheelchair available?	Yes	No
Can the site accommodate a wheeled stretcher/gurney?	Yes	No
Is there a transport protocol in place? Provide Evaluator copy of pt. transport protocol.	Yes	No
Does the site maintain a level of preparedness in the office setting practicing for an emergency by conducting a quarterly mock code? Submit copy of documentation of mock code drills to evaluator.	Yes	No

THE EVALUATOR AND PRACTITIONER’S ANESTHESIA TEAM SHOULD TALK ABOUT EMERGENCY SITUATIONS AND HOW THEY SHOULD BE MANAGED. THE TEAM SHOULD DEMONSTRATE THEIR METHODS FOR MANAGING THE FOLLOWING SPECIFIC EMERGENCIES:

- LARYNGOSPASM
- BRONCHOSPASM
- EMESIS AND ASPIRATION
- AIRWAY OBSTRUCTION
- ANGINA/MYOCARDIAL INFARCTIONS
- HYPOTENSION
- HYPERTENSION
- VENIPUNCTURE COMPLICATIONS
- NEUROCARDIOGENIC (VASOVAGAL) SYNCOPE
- HYPERVENTILATION SYNDROME
- SEIZURES
- ALLERGIC REACTION
- LOCAL ANESTHETIC TOXICITY
- MALIGNANT HYPERTHERMIA.

Reminder: Clinical staff involved in the delivery of sedation/anesthesia dental services must be BLS certified

PART OF THE SITE EVALUATION CONSISTS OF DISCUSSION BETWEEN THE EVALUATOR AND THE DENTIST WHICH INVOLVES A CRITIQUE OF THE EMERGENCY DEMONSTRATIONS AND/OR FACILITY. THIS DISCUSSION IS NOT AN EXAMINATION; RATHER A MEANS OF COMMUNICATING SUGGESTIONS TO IMPROVE ANESTHESIA SAFETY.

RESPIRATORY

Bronchospasm: Satisfactory Unsatisfactory

- Problem recognition
- Bronchial dilators
- Positive pressure oxygen & airway maintenance

Respiratory Complications: Satisfactory Unsatisfactory

- Airway obstruction
- Hyperventilation syndrome
- Problem recognition & monitoring
- Proper patient position
- Oxygen with respiratory support
- Narcotic antagonist when appropriate
- Apnea
- Foreign body obstruction

Laryngospasm:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Problem recognition Stop procedure & pack off bleeding Evaluation of head position & upper airway Suction Positive pressure oxygen with a full face mask Use of muscle relaxant Airway maintenance		

Vomiting/Aspiration:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Problem recognition & proper patient positioning Removal of foreign bodies & adequate suction Secure & evaluate adequacy of airway Positive pressure oxygen Tracheal intubation when necessary Recognition of complication of associated Bronchospasm Activate EMS		

NEUROLOGICAL		
Convulsion/Seizures	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Problem recognition & etiology Patient position & supportive measures Anticonvulsant drug therapy		

ALLERGY		
Allergic Reaction:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Minor & Anaphylactic Immediate & Delayed Epinephrine Vasopressors Bronchodilators Antihistamines Corticosteroids		

CARDIOVASCULAR		
Syncope:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Problem recognition Patient position Oxygen Drug therapy		

Hypotension/Hypertension:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Problem recognition; preoperative pulse & blood pressure Patient position Oxygen Continuous monitoring & recording Drug therapy		

Angina Pectoris (chest pain):	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Problem recognition & differential diagnosis		

Patient position & supportive measures
Oxygen
Monitoring
Drug therapy, Nitroglycerine **or** Amyl Nitrate
Transfer when indicated

Bradycardia: Satisfactory Unsatisfactory

Problem recognition & differentiation of hemo-dynamically significant bradycardia
Monitor & record keeping
Oxygen
Drug therapy, Atropine

Cardiac Arrest: Satisfactory Unsatisfactory

Problem recognition & differential diagnosis
CPR ACLS/PALS to the extent the facility is capable
Activation of EMS

Myocardial Infarction: Satisfactory Unsatisfactory

Problem recognition of differential diagnosis
Oxygen
Aspirin
Patient positioning
Pain relief
Monitoring & record keeping
Activation of EMS

ENDOCRINE

Hypoglycemia: Satisfactory Unsatisfactory

Problem recognition & diagnosis
Office testing available
Oral and/or IV drug therapy

DRUG OVERDOSE

Local Anesthetic Overdose Satisfactory Unsatisfactory

Sedative Drug Overdose Satisfactory Unsatisfactory

Benzodiazepine overdose i.e., valium vs. narcotic i.e., midazolam
Local anesthesia toxicity

STROKE

Cerebrovascular Accident Satisfactory Unsatisfactory

Recognition of signs & symptoms
Activation of EMS

OTHER

Satisfactory Unsatisfactory

Venipuncture Complications
Malignant Hypothermia

EVALUATOR COMMENTS AND RECOMMENDATIONS:

DEFICIENCY:

EVALUATOR USE ONLY:

Evaluator

Signature: _____

Date ____/____/____

SITE EVALUATOR: Please submit signed and completed document to:

ND STATE BOARD OF DENTAL EXAMINERS

ATTN: EXECUTIVE DIRECTOR

PO BOX 7246

BISMARCK, ND 58507-7246

EVALUATOR FEE: \$ _____ (no less than \$1000)

TRAVEL EXPENSE: Current GSA Rate x _____miles =

Total: _____

DENTIST: AT LEAST TWO WEEKS PRIOR TO THE SITE EVALUATION DATE, RETURN via USPS PAGES 1-13 TO THE SITE EVALUATOR WITH DOCUMENTED CASES (SEND DOCUMENTED CASES FOR INITIAL SITE EVALUATIONS ONLY) DENTIST MUST COMPLETE PAGES 1 AND 10-15 ONLY.

INCLUDE A COPY OF THE FOLLOWING:

- A medical history
- Qualified personnel credentials (see page 2)
- Informed consent forms
- A blank sedation monitoring form
- Pre anesthesia/sedation instructions
- Post care instructions

EMERGENCY SERVICE. Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record. Dentists shall be obliged when consulted in an emergency by patients not of record to make reasonable arrangements for emergency care. If treatment is provided, the dentist, upon completion of treatment, is obliged to return the patient to the patient’s regular dentist unless the patient expressly reveals a different preference.

<American Dental Association’s 2023 Principles of Ethics and Code of Conduct>

Provide the names of practitioners who agree to assist you in the event that you are unavailable to care for your post-surgical patients.

QUARTERLY MOCK DRILL MUST BE DOCUMENTED.

PROVIDE A COPY TO THE SITE EVALUATOR.

Practitioners providing Intramuscular Injections (IM):

1. Yes No Do you use **IM injection** for pediatric cases? If this is not your primary mechanism of anesthesia delivery, Explain the criteria you use for selecting this mode of anesthetics delivery.

2. Provide the explanation you share with the guardian(s) prior to **IM administration** of anesthetics, to include description risks of injury, risks of damage to vessels, the use of preventative measures including restraints, etc.

3. Into which muscle(s) do you choose to administer your **IM anesthetics** medication?

- a. If you choose the muscles of neck, how do you assure that patient will not move during the administration of the drug(s) so that no injury occurs to the great vessels of the neck?

4. Do you establish IV access once the **IM patient** is suitably sedated? Yes/No

5. How long is the patient recovered at your office after **IM anesthetic** has been administered?

6. What is your discharge criteria for patients that have been administered **IM anesthetic**

Site evaluator’s sample questions for PERMITHOLDER OR INITIAL APPLICANT:

1. What is the criterion for Dentist dismissing himself from recovering patient?
2. What are qualifications for staff attending recovering patient?
3. Pre-op assessment and form
4. What is the max recommended dose of.....? How soon can you re-dose i.e., what is clinical affective ½ life of? What is the ½ life of ?
5. If patient cardiac arrests your 1st steps would be..... ?
6. If patient respiratory arrests your first response would be?
7. Patient is in chair and complains of chest pain. You ?
8. Health and physical/ what is patient assessment?
9. How do you classify airway?
10. What is your discharge criterion?
11. Mod sedation/ Pulse ox? Auto BP? 3 lead EKG? Continuous O2 thru nasal cannula?
12. Staff meetings: IF control, CPR, Emergency protocols? Mock codes?
13. Identify signs and symptoms of local toxicity.

Sedation Facility, and Equipment – Requirements

The following equipment is recommended for the emergency kit/cart for sedation/anesthesia emergency management. The equipment should be readily accessible and should be used in a manner that is consistent with the practitioner’s level of training and skill. The equipment must be age and weight appropriate for pediatric and adult patients. There must be a routine equipment maintenance record kept by the Dentist to ensure that the equipment is kept in working order. Please attach a separate sheet (if needed) with rationale for absent or substituted medications.

Applicant review - Initial each of the following to indicate compliance.

- ___ Blood pressure sphygmomanometer/cuffs of appropriate sizes with stethoscope or automatic blood pressure monitor
- ___ Stethoscope
- ___ ECG monitoring device
- ___ Pulse oximetry device
- ___ Capnography
- ___ IV and IM equipment:
 - ___ IV fluids, tubing and infusion sets
 - ___ Tape
 - ___ Sterile water
 - ___ Gauze sponges
 - ___ Needles of various sizes
 - ___ Syringes
 - ___ Tourniquet
 - ___ Several types/sizes of resuscitation masks
 - ___ Magill forceps
 - ___ Laryngoscope
 - ___ Advanced airway management equipment
 - ___ LMA various sizes
 - ___ ET tubes various sizes
 - ___ Combi Tube, King Airway
 - ___ oral airway various sizes
 - ___ nasal airway, various sizes

Additional Items to be evaluated:

- Supplemental gas delivery system & back-up system
- Patient transportation protocol in place
- Sterilization area
- Designated sterile area
- Sterilization manual and protocol
- Designated non-sterile area
- Preparation of sedation medication
- Storage for medication
- Mode/method of administration
- Equipment readily accessible - consistent with licensee's level of training and skill.
- Equipment age and weight appropriate for pediatric and/or adult patients.
- Treatment room/s
- Treatment room permits the team (consisting of at least two individuals) to move freely about the patient.
- Chair utilized for treatment permits patient to be positioned so the team can maintain the airway.
- Treatment chair permits the team to alter patient's position quickly in an emergency.
- Treatment chair provides a firm platform for the management of CPR.
- Equipment for establishment of an intravenous infusion.
- Licensee has emergency protocol.

Emergency Medications

A. Emergency Medications or Equivalent – Recommendations - These drugs may be included in the emergency cart/kit in forms/doses that the dentist can knowledgeably administer, and in typical routes of administration for enteral/parenteral sedation. These drugs are listed by category, not by order of importance. These medications must be used appropriately for both pediatric and adult emergency situations. Please attach a separate sheet (if needed) with rationale for absent or substituted medications.

B. Documentation that all emergency medications are checked and maintained on a prudent and regularly scheduled basis.

LIST ALL SEDATION DRUGS YOUR PRACTICES USES

LIST ANY SEDATION DRUGS YOUR PRACTICE PRESCRIBED TO PATIENTS PRIOR TO THE PROCEDURE AND PRIOR TO THE DAY OF THE PROCEDURE

LIST ALL RESCUE DRUGS THAT YOUR PRACTICE HAS ON SITE

PROVIDE name of individual(s) responsible for monitoring expiration dates, inventory, log and security of Schedule II and III or Schedule IV drugs:

DESCRIBE the office policy and procedure for “wasting” multi-dose or single dose vial contents if sterility of unused vial is compromised or not completely used during a procedure.

List the drug(s) you are using and indicate the expiration date of the following medications available in your practice.

Enter emergency medications or current equivalents

- ___ Analgesic _____
- ___ Anticonvulsant _____
- ___ Antihypoglycemic _____
- ___ Allergic Reaction, Anaphylaxis _____
- ___ Epinephrine _____
- ___ Corticosteroid _____
- ___ Bronchodilator _____
- ___ Respiratory Stimulant _____
- ___ Histamine Blocker _____

_____ Narcotic Antagonist _____
 _____ Benzodiazepine Antagonist _____
 _____ Dantrolene - Mechanism of response? Does the office have succinylcholine? _____
 _____ Cardiac Medications _____
 _____ Anticholinergic, antiarrhythmic _____
 _____ Vasopressor _____
 _____ Vasodilator _____
 _____ Antianginal _____
 _____ Antihypertensive _____
 _____ Antiarrhythmic _____
 _____ Tachycardia _____
 _____ Ventricular fibrillation _____
 _____ Antihypertensive, antianginal, beta-adrenergic blocker _____
 _____ ASA) _____
 _____ Alkalinizing agent _____
 _____ Calcium Salt _____
 _____ Neuromuscular Blocker _____
 _____ Reversal agent _____

DENTISTS:

You must complete page 1 and pages 10-15. Then, **at least two weeks before your scheduled site evaluation**, send the entire form and supporting documents to the Evaluator. Deliver it to the Evaluator via email or US Mail, depending on arrangements you have made. The Evaluator will complete pages 2-9.

Your Evaluator may be a Deep Sedation Permit Holder, or may be a Board-Approved CRNA or MD with sedation credentials. Two Board-approved site evaluators are:

Kellie Pierce, CRNA: piercecrna@aol.com

Bridgett Bumann, CRNA: bridgette.bumann@gmail.com

If you seek to use a different CRNA or an MD, you must seek the Board's pre-approval of that Evaluator.

Evaluators may not be affiliated with the Site or the Dentist being evaluated.

