



North Dakota State Board of Dental Examiners

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

Web www.nddentalboard.org • Email info@nddentalboard.org

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

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|-----------------|---------------|---------------|------------------|--------|
| OFFICE USE ONLY | Postmark Date | Date Received | Permit Fee \$235 | Check# |
|-----------------|---------------|---------------|------------------|--------|

CRITERIA AND APPLICATION INSTRUCTIONS

1. You must obtain written notification of approval to administer general anesthesia, deep sedation or moderate sedation. A dentist licensed under North Dakota Century Code chapter 43-28 and practicing in North Dakota may not use general anesthesia, deep sedation or moderate 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. Site evaluations must be renewed prior to the third anniversary of the last site evaluation.
2. Submit application, all documentation including evidence of completion of an advanced dental education program, accredited by the Commission on Dental Accreditation (CODA) in accord with the Accreditation Standards for advanced dental education programs, and application fee of \$235. Incomplete applications will be returned to the applicant. **Prior to the final granting of approval to administer general anesthesia or moderate sedation, however, office inspection and evaluation must be completed for each location where anesthesia/sedation will be administered.**
3. The Anesthesia Committee evaluates the application and identifies any additional information required. The site evaluation must be completed within 60 days of the approval of the initial anesthesia permit application. It is the OMFS's responsibility to schedule an OMFS or Anesthesiologist to provide the office evaluations.
4. The board may seek suspension of a dentist's anesthesia and sedation privileges upon a dentist's failure to timely and successfully undergo a Board-approved anesthesia site evaluation. The applicant shall have thirty days from the date of inspection to correct documented deficiencies. Once the deficiencies are corrected by the applicant and approved by the board, the board may reinstate the sedation and anesthesia privileges.
5. For practitioners requesting authorization for moderate sedation, it is the dentist's responsibility to schedule the Board approved anesthesiologist, or a deep sedation permit holder, or to provide the site evaluation. Site evaluations that conducted as part of the AAOMS certification process may be considered in lieu of the site evaluation required by the Board.
6. The site evaluation fee is assessed by the evaluator and agreed to by the dentist being evaluated. The GSA mileage rate is also paid directly to the site evaluator.
7. Basic life support (BLS) is required for all dentists. Advanced cardiovascular life support (ACLS) is required for the administration of sedation to patients ten years of age and older; pediatric advanced life support (PALS) is required for the administration of sedation to patients AGE 9 and under.
8. Both the permit and the site evaluation are subject to expiration and renewal. Pursuant to N.D.A.C. § 20-02-01-05, the permit holder must have a new site evaluation completed every 3 years. Dentists holding sedation permits must meet requirements specific to their permit. See NDAC 20-02-01-06.
9. Return application and permit application fee of \$235.00 with supporting documentation to: **ATTN: Anesthesia Portfolio; North Dakota State 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.

TYPE OR PRINT LEGIBLY

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|--|---------------|--------------------------|-------------|
| 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 Conscious Sedation Course | | Date of Completion | |
| Accredited Program | | Date of Completion | |
| <p>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, 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 any 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 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. 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. Do you currently have a condition related to an alcohol or other substance use disorder that would otherwise adversely affect your ability to practice dentistry in a competent and professional manner with reasonable skill and safety? If YES, please attach explanation. <i>If you are engaged with the Professional Health Program available to licensees of the Board, answer NO to this question. NOTE: If you disengage from the PHP without obtaining the PHP's written confirmation that you have fully met the terms of engagement, you must immediately report that disengagement to the Board.</i> | | YES | NO |
| 6. Do you currently have any physical, mental health, or cognitive condition that impairs your judgement or that would otherwise adversely affect your ability to practice dentistry in a competent and professional manner with reasonable skill and safety? If YES, please attach explanation. <i>If you are engaged with the Professional Health Program available to licensees of the Board, answer NO to this question. NOTE: If you disengage from the PHP without obtaining the PHP's written confirmation that you have fully met the terms of engagement, you must immediately report that disengagement to the Board.</i> | | 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 10 and under? | | YES | NO |

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| 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 |

SUBMIT DOCUMENTATION FOR THE FOLLOWING EDUCATIONAL REQUIREMENTS:

GENERAL ANESTHESIA & DEEP SEDATION

- Within the three years before submitting the permit application, shall provide evidence the applicant successfully has completed an advanced education program accredited by the commission on dental accreditation that provides training in deep sedation and general anesthesia and formal training in airway management, and completed a minimum of five months of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program approved by the board; or
- Must be, within the three years before submitting the permit application, a diplomate of the American board of oral and maxillofacial surgeons or eligible for examination by the American board of oral and maxillofacial surgeons, a fellow of the American association of oral and maxillofacial surgeons, a fellow of the American dental society of anesthesiology, a diplomate of the national dental board of anesthesiology, or a diplomate of the American dental board of anesthesiology or eligible for examination by the American dental board of anesthesiology;
- For an applicant who completed the requirements of subdivision a or b more than three years before submitting the permit application, shall provide on a form provided by the board a written affidavit affirming the applicant has administered general anesthesia to a minimum of twenty-five patients within the year before submitting the permit application or seventy-five patients within the last five years before submitting the permit application and the following documentation:
 - (1) A copy of the deep sedation and general anesthesia permit in effect in another jurisdiction or certification of military training in general anesthesia from the applicant's commanding officer; and
 - (2) On a form provided by the board, a written affidavit affirming the completion of thirty-two hours of continuing education pertaining to oral and maxillofacial surgery or general anesthesia taken within three years before application.

MODERATE SEDATION

- Successfully completed a comprehensive sixty-hour predoctoral dental school, post graduate education or continuing education in moderate sedation. The course must include courses in enteral and parenteral moderate sedation plus individual management of twenty live patient clinical case experiences by the intravenous route and provide certification of competence in rescuing patients from a deeper level of sedation than intended, including managing the airway, intravascular or intraosseous access, and reversal medications. The formal training program must be sponsored by or affiliated with a university, teaching hospital, or tother facility approve by the board or provided by a curriculum of an accredited dental school and have a provision by course director or faculty of additional clinical experience if participant competency has not been achieved in allotted time. The course must be directed by a dentist or physician qualified by experience and training with a minimum of three years of experience, including formal postdoctoral training in anxiety and pain control. The course director must possess a current permit or license to administer moderate or deep sedation and general anesthesia in at least one state. See NDAC 20-02-01-05 (3).

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 or if treating pediatric patients PALS
Attach documentation of course work and live clinical case experiences; attach patient medical history to each live case documentation.

For license by credential applicants (you completed educational requirements three years before submitting the permit application) please review carefully requirements of the ND Administrative Code 20-02-01-05 (4) for detailed information regarding documentation requirements.

A dentist administering or supervising general anesthesia or deep sedation, or moderate sedation shall at all times be certified in Advanced Cardiac Life Support (ACLS) if sedating patients 10 years of age and older, and Pediatric Advanced Cardiac Life Support (PALS) if sedating patients 9 years and younger.

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: _____
AND;
 ACLS certification issue date: _____ Expiration date: _____
OR
 PALS certification issue date: _____ Expiration date: _____

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

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|-------------|------------------|--|
| 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 _____ |

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):

General Anesthesia & Deep Sedation
 Moderate Sedation

The documentation I have provided verifies I have met the requirements as claimed. 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 43-38-18, providing false information is grounds for denial, suspension, or revocation of a license. I further attest that I am in full compliance with all the requirements of the North Dakota Administrative Code 20-02-01-05 and understand the scope of practice for the auxiliary/staff utilized in the direct patient care of sedation of patients. Furthermore, I attest that I shall remain in compliance with the NDSBDE requirements including CE requirements during all periods of time that anesthesia is administered, whether in my office or in another dentist's office.

SIGNATURE OF LICENSEE _____ DATE _____

revised 04-01-2026