

INSTRUCTIONS FOR REINSTATEMENT OF A PERMIT TO ADMINISTER MODERATE SEDATION or DEEP SEDATION/GENERAL ANESTHESIA

1. Please read these instructions and the application carefully and ensure that all required information is provided and that all required documentation is included. An incomplete application will delay the processing of your application. Incomplete applications are kept for one year, then destroyed.
2. Return the completed application and all required documentation, to the Virginia Board of Dentistry at the above address.
3. It is your responsibility to maintain a copy of this application and all documents submitted to the Board or received from the Board for your future reference,
4. You are required to know and understand the laws and regulations in Virginia which govern the administration of sedation and anesthesia before completing the application. Particular attention should be given to the definitions in **18VAC60-21-10.D** and the provisions for administration **18VAC60-21-260** through **18VAC60-21-301** in the Regulations Governing the Practice of Dentistry. Please be aware that sedation and anesthesia laws and regulations change over time. You are responsible for knowing the current legal requirements.
5. To qualify for reinstatement of a sedation permit, the applicant must include documentation in the application sufficient to **demonstrate continuing competence**. To evaluate continuing competence, the Board shall consider hours of continuing education that meet the requirements of section 18VAC60-21-250.G; evidence of active practice in another state or in federal service or a refresher or training course on the administration of the specified permit type which meets the education requirements of sections 18VAC60-21-290 and 18VAC60-21-300. Completion of only home study, journal or internet courses is generally not sufficient to demonstrate continuing competence.
6. **NOTICE:** The [Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students](#) adopted by the American Dental Association in October 2016 detail the current education standards for a moderate sedation course. In keeping with these Guidelines and the Regulations Governing the Practice of Dentistry, the Board no longer issues permits for enteral administration of moderate sedation and such permits cannot be reinstated.



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REINSTATEMENT APPLICATION
PERMIT TO ADMINISTER MODERATE SEDATION or DEEP SEDATION/GENERAL ANESTHESIA Page 1

GENERAL INFORMATION: COMPLETE ALL SECTIONS (PRINT OR TYPE)

Name: Full Last**		Full First	Full Middle/Maiden	Suffix
Address of record (Mailing Address)*		City	State	Zip Code
Publically Disclosable Address*		City	State	Zip Code
Telephone Number*				
Email Address*		Virginia Dental License #	Virginia Sedation Permit Number #	
Date of Birth*		Social Security Number or Virginia DMV control Number***		
____ / ____ / ____ Month Day Year		____ - ____ - ____		

If any of the information starred () above is different than the information on file for your dental license, initial here to request that your dental license information be update: _____

Provide the addresses for additional offices where you will administer sedation (use separate page if necessary):

Address:	City	State	Zip Code
Address:	City	State	Zip Code

Reinstatement is sought for: MODERATE SEDATION PERMIT DEEP SEDATION/GENERAL ANESTHESIA PERMIT

Please check below:

- I hold **current** certification in advanced resuscitation techniques with hands-on simulated airway and megacode training for health care providers, such as Advanced Cardiac Life Support (ACLS) for Health Professionals or Pediatric Advanced Life Support (PALS) for Health Professionals. For a Deep Sedation/General Anesthesia Permit, I verify that the training included basic electrocardiographic interpretation. **I am attaching a photocopy of my certification card.**
- I hold a **current** Drug Enforcement Administration (DEA) registration which contains my **Virginia** place of business/practice address as required pursuant to **§21-1301.12 of the Code of Federal Regulations** in accordance with **21 U.S.C §822(e)** of the **U.S. Code**. **I am attaching a photocopy of my DEA registration card.**
- I am attaching documentation to demonstrate that I am currently competent to practice the applicable level of sedation.

****Name change:** Documentation must be provided to show name change(s) if name has ever been changed from the time you attended school or while you were licensed in other jurisdictions.

*****In accordance with § 54.1-116 of the Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities.**

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

Fee:	Applicant #:	Date Issued:	Permit #:

**REINSTATEMENT
PERMIT TO ADMINISTER MODERATE SEDATION or DEEP SEDATION/GENERAL ANESTHESIA**

Application Page 2

- A. I hold **current** certification in advanced resuscitation techniques with hands-on simulated airway and megacode training for health care providers, such as Advanced Cardiac Life Support (ACLS) for Health Professionals or Pediatric Advanced Life Support (PALS) for Health Professionals. **I am attaching a photocopy of my certification card.**
- B. I hold a **current** Drug Enforcement Administration (DEA) registration which contains my **Virginia** place of business/practice address as required pursuant to **§21-1301.12 of the Code of Federal Regulations** in accordance with **21 U.S.C §822(e)** of the **U.S. Code**. **I am attaching a photocopy of my DEA registration card.**
- C. I have completed the **PRE-INSPECTION SURVEY FORM** and **I am submitting it with my application.**
- D. By signing below, I certify that all licensed and ancillary personnel who assist in the administration of controlled substances and who monitor patients during administration hold current certification in basic resuscitation techniques with hands-on airway training for health care providers and are trained in implementing my written emergency procedures. I further certify that such personnel are required to maintain the required certification.
- E. By signing below, I certify that I maintain a properly equipped facility for the administration of moderate sedation as required by the Regulations Governing the Practice of Dentistry.
- F. Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia?
_____Yes _____No **If "YES", include a copy of the official military orders with the application.**
- G. Are you active-duty military? _____Yes _____No **If "YES", include a copy of your official military orders with the application.**
- H. I hereby certify that I am the person referred to in the forgoing application and the attached supporting documents and that the information on this application and in the attachments is true, complete, and correct to the best of my knowledge.

Applicant Signature

Date

LIST OF SUPPORTING ATTACHMENTS:

1. A check or money order for \$100 made payable to the "Treasurer of Virginia" -.
2. A photocopy of my certification card for advanced resuscitation techniques- see section B.
3. A photocopy of my current DEA registration (**must contain your Virginia place of business/practice address**) -see section C.
4. All supporting attachments and pages of this application including the pre-inspection survey form must be submitted to the Board.

PRE-INSPECTION SURVEY FORM

Each dentist applying to hold a permit to administer moderate sedation or deep sedation and general anesthesia (hereinafter referred to as a Permit Holder) is required to provide the following information. This completed form must be returned with your application.

Permit Holder's full name is: _____

Permit Holder practices: general dentistry
 in the specialty of _____

Permit Holder practices at the following location(s):

Full name of the practice: _____

Full address of the practice: _____

Full name of the primary contact person: _____

Telephone number of the primary contact person: _____

E-mail address of the primary contact person: _____

The number of other permit holders at this location: _____

Is this location a licensed hospital as defined in §32.1-123 of the Code of Virginia? **YES NO**

Is this location a state-operated hospital? **YES NO**

Is this location a facility directly maintained or operated by the federal government? **YES NO**

And

Full name of the practice: _____

Full address of the practice: _____

Full name of the primary contact person: _____

Telephone number of the primary contact person: _____

E-mail address of the primary contact person: _____

The number of other permit holders at this location: _____

Is this location a licensed hospital as defined in §32.1-123 of the Code of Virginia? **YES NO**

Is this location a state-operated hospital? **YES NO**

Is this location a facility directly maintained or operated by the federal government? **YES NO**

Use a separate piece of paper to provide information on all additional locations.

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Permit number _____ was issued on _____