VIRGINIA BOARD OF DENTISTRY
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
Tel: (804)367-4538 Fax :(804)527-4428

APPLICATION FOR A PERMIT TO ADMINISTER DEEP SEDATION/GENERAL ANESTHESIA

First Name in Full:	Middle/Maiden:	Last Name in Full:
*Address of record for Board business:	City:	State / Zip Code:
*Address for public information:	City:	State / Zip Code:
*Telephone Number:	*Email address:	Virginia Dental License Number:

*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 :

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

Check if you have an advanced/specialty degree or certificate in : ____ General Dentistry ____ Periodontics ____ Endodontics
____ Public Health ____ Pediatrics ____ Orthodontics ____Prosthodontics ____ Oral & Maxillofacial Pathology
____ Oral & Maxillofacial Radiology ____ Oral & Maxillofacial Surgery ____Other; Specify _____
Are you currently Board Certified? ____ Yes ____ No
Enter the name of the school or hospital where the advanced/specialty education was completed: _____
Location: _____ Dates of Attendance (i.e. Sept 1990 – Sept 1994): _____

INSTRUCTIONS

1. Please read these instructions and the application carefully, Information in bold print which is underlined identifies the documentation you must provide with your application. If you have any questions regarding this application please call the Board at (804) 367-4538.

2. You should know and understand the law in Virginia regarding sedation and anesthesia before completing the application. Read the definitions in 18VAC60-21-10(D) and the provisions for administration Part VI, 18VAC60-21-260 through 18VAC60-21-301 of the Regulations Governing Dental Practice, which are available on our website at www.dhp.virginia.gov/dentistry/dentistry_laws_regs.htm. Please be aware that sedation and anesthesia laws change with time. You are responsible for knowing the current law.

3. Failure to comply with legal requirements, failure to properly complete the application or failure to provide required documentation will result in the delay or denial of your application. Please check carefully to assure that all required information is provided with your application. Please print and write legibly.

4. Return the completed application, all required documentation, and a check or money order made payable to the "Treasurer of Virginia" for the amount of $100,to the Virginia Board of Dentistry at the above address. Fees are non-refundable pursuant to 18VAC60-21-40(G).

5. 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,

6. All permits, regardless of the issuance date, will expire March 31 each year and are subject to annual renewal. A renewal notice will be sent in conjunction with your dental license renewal notice.

A. I am applying for a permit to administer deep sedation/general anesthesia and am **attaching the transcript, certification and documentation of training content which confirms that I meet the education requirement checked below**:

_____ Completion of a minimum one calendar year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program in conformity with published guidelines by the American Dental Association (Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry) in effect at the time the training occurred.

_____ Completion of a CODA accredited residency in any dental specialty which incorporates into its curriculum a minimum of one year of full-time training in clinical anesthesia and related clinical medical subjects (i.e. medical evaluation and management of patients), comparable to those set forth in published guidelines by the American Dental Association for Graduate and Post Graduate Training in Anesthesia in effect at the time training occurred.

B. I hold **current** certification in advanced resuscitation techniques with hands-on simulated airway and megacode training for health care providers, including basic electrocardiographic interpretation 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.**

C. 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.**

D. By signing below, I certify that all licensed and auxiliary 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. I further certify that such personnel are required to maintain current certification.

E. By signing below, I certify that I maintain a properly equipped facility for the administration of Deep Sedation/General Anesthesia, which is staffed with auxiliary personnel who are capable of reasonably handling procedures, problems and emergencies incident there to as required by the Regulation Governing Dental Practice.

F. Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia? _____Yes _____No

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 REFERENCED IN THE APPLICATION:

1. A check or money order for $100 made payable to the "Treasurer of Virginia" -see instruction #4.
2. The transcript, certification and documentation of training content for a permit to administer deep sedation/general anesthesia- see section A.
3. A photocopy of my certification card for advanced resuscitation techniques- see section B.
4. A photocopy of my current DEA registration (**must contain your Virginia place of business/practice address**) - see section C

Virginia Board of Dentistry
(804) 367-4538 **FAX (804) 527-4428** **denbd@dhp.virginia.gov**

PRE-INSPECTION SURVEY FORM

Each dentist applying to hold a permit to administer conscious/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

- **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.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE- FOR BOARD USE ONLY

Permit number _____ was issued on _____