



MINNESOTA BOARD OF DENTISTRY

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SEDATION CONTRACTOR INITIAL/RENEWAL FORM - \$250

Dentists who contract with another licensed health care professional to administer Moderate Sedation and/or Deep/General Anesthesia in a dental facility in which they either own or are employed, must complete Sections 1-3 of this form and return it along with the nonrefundable application fee of \$250 and any necessary documentation to the Board office.

Minnesota Rule 3100.3600, subpart 9b, requires that a dentist who employs or contracts another licensed health care professional with the qualified training and legal qualification to administer general anesthesia or conscious sedation must notify the board that these services are being provided in the office facility. The dentist is also responsible for maintaining the appropriate facilities, equipment, emergency supplies, and a record of all general anesthesia or conscious sedation procedures performed in the facility.

SECTION 1

I am a licensed dentist who has contracted with a certified health care provider to provide sedation services in the dental facilities indicated below. Therefore, I acknowledge and accept full responsibility for the office facilities I have indicated in meeting the requirements in Minnesota Rule 3100.3600.

I am contracting with a sedation specialist to provide the following:

- Moderate Sedation Deep/General Anesthesia

Name (Please Print) _____

License Number _____

Signature _____

Date _____

SECTION 2

Please list the name and addresses of all office facilities where moderate sedation and/or general anesthesia services are being administered by another licensed health care professional. (Please attach additional pages as needed.) **NOTE:** you will need to pay an additional \$10 fee every additional facility certificate you require.

Name of Practice _____

Name of Practice _____

Address _____

Address _____

City, State & Zip _____

City, State & Zip _____

Phone _____

Phone _____

Please list the names and license numbers for all health care professionals that are administering moderate sedation or general anesthesia in these facilities. **Attach photocopies of documentation for each health care provider showing their certification to administer conscious sedation or general anesthesia to this form.** (Please attach additional pages as needed.)

Name _____

License # _____

Name _____

License # _____

Name _____

License # _____

Name _____

License # _____

Over →

SECTION 3

Please check the boxes below confirming compliance with the requirements. These requirements must be met in all of the dental facilities indicated in Section 2 of this form:

- Emergency protocols are written and routinely reviewed by all dental professionals.
- All office facilities are equipped with the following equipment:
 - * Automated external defibrillator or full function defibrillator (immediately accessible)
 - * Positive pressure oxygen delivery system and back up system
 - * Functional suction device and back up suction device
 - * Auxiliary lighting
 - * Gas storage facility
 - * Recovery area
 - * Method to monitor respiratory function
 - * Method to continuously monitor cardiac activity
 - * Appropriate emergency cart or kit (readily accessible)
- Complete and accurate record keeping procedures.

I certify that the facility is in compliance with the aforementioned requirements and everywhere that sedation will be administered, pursuant to Minnesota Rules 3100.3600, subparts 3, 9 & 10.

Name (*Please Print*) _____ License Number

Signature: _____ Date: _____

Email address (mandatory): _____

SECTION 4

I certify that I am **NOT** currently administering conscious sedation to patients in any office facilities. I am returning this form and signing below to attest to the fact that **I wish to Voluntarily Terminate my certification.**

Signature _____ Date

SECTION 5

In addition to completing the sections above, you **MUST** submit the following with this form:

| | |
|---|----------|
| 1. Renewal of contracting sedation certification nonrefundable fee of \$250. (Check or Money Order payable to the Minnesota Board of Dentistry and mailed with attachments to the address in the letterhead.) | \$250.00 |
| 2. You will receive one sedation certificate automatically. You are required to display a certificate in every office in which you offer sedation services to your patients. | |
| <ul style="list-style-type: none"> • I would like an additional _____ duplicate certificate(s) @ \$10 each. | \$ _____ |
| TOTAL AMOUNT ENCLOSED: | \$ _____ |