



**North Dakota State Board of Dental Examiners**  
PO Box 7246, Bismarck, ND 58507 • Phone 701-258-8600 • Fax 701-224-9824  
Web [www.nddentalboard.org](http://www.nddentalboard.org) • Email [ndsbd@aptnd.com](mailto:ndsbd@aptnd.com)

## **INITIAL APPLICATION FOR PERMIT TO ADMINISTER GENERAL ANESTHESIA, PARENTERAL AND/OR ENTERAL CONSCIOUS SEDATION**

### **CRITERIA AND APPLICATION INSTRUCTIONS**

1. You must obtain written notification of approval to administer general anesthesia or deep sedation, moderate parenteral sedation and moderate enteral sedation. A permit for minimal sedation must be obtained if the enteral dosing is in combination with nitrous oxide inhalation analgesia. A dentist licensed under North Dakota Century Code chapter 43-28 and practicing in North Dakota may not use general anesthesia or conscious sedation on any patient unless such dentist has a permit, currently in effect, issued by the Board, initially for a period of twelve months and renewable biennially thereafter, authorizing the use of such general anesthesia or conscious sedation. Applicants must be in compliance with the American Dental Association's most recent policy statement, GUIDELINES FOR THE USE OF SEDATION AND GENERAL ANESTHESIA BY DENTISTS.
2. After review of the application by the Anesthesia Committee, provisional privileges to provide anesthesia services may be granted to the applicant. Prior to the final granting of approval to administer general anesthesia or conscious sedation, however, office inspection and evaluation must be scheduled for each location where sedation will be administered. **Such evaluation must be completed within 90 days of the approval of the initial anesthesia application. Practitioners who fail to schedule and complete the office evaluation may not provide anesthesia or sedation services beyond ninety days of review of the sedation application and provisional granting of privileges by the Board. It is the applicant's responsibility to schedule office evaluations with the Board's designated anesthesia evaluator.** A dentist who holds a conscious sedation or general anesthesia permit and who relocates his/her practice requires a new site evaluation. Office inspections conducted as part of the AAOMS certification process may be considered in lieu of the office evaluation required by the Board.
3. The Anesthesia Committee evaluates the application and identifies any additional information required. If the application appears to be in order, the Anesthesia Committee may recommend the Board issue a temporary permit. Temporary permits allow time to complete processing of the application, administer the evaluation and inspect the facility. A temporary permit may be revoked if the applicant fails the site inspection or if the applicant fails to cooperate with the timely scheduling of the site inspection. Upon final approval of the application and the site evaluation the Anesthesia Committee will recommend a final action to the Board. If an application is denied for failure to meet the requirements of the NDSBDE, the areas of non-compliance will be identified and the applicant may re-apply when the requirements are met. **Any expenses incurred for the site evaluation process are the sole responsibility of the anesthesia permit applicant.** (Example: Anesthesiologist fee for site inspection including travel expenses.).
4. Pediatric Advanced Life Support (PALS) is required for administration of general anesthesia and conscious sedation on patients AGE 12 and under.
5. A minimal sedation permit is not required if the total aggregate dose does not exceed 1.5x the maximum FDA recommended dose of a single enteral drug, as printed in FDA approved labeling for unmonitored home use. Use of multiple agents in dosing requires a sedation permit. Use of nitrous oxide inhalation with enteral medication requires a sedation permit.
6. The board requires a re-evaluation of the credentials, facilities, equipment, personnel, and procedures of a permit holder five (5) years following a successful initial application. The permit holder will receive notice from the Board 90 days prior to this anniversary.
7. Return application and application fee of \$200.00 with supporting documentation to:  
**North Dakota State Board of Dental Examiners**  
**ATTN: Anesthesia Committee**  
**PO Box 7246**  
**Bismarck, ND 58507-7246**

Documentation includes copy of ACLS/PALS/BLS of all staff who have direct patient contact and applicant's anesthesia related CE taken within the last two years as required by Administrative Rule. New graduates are not required to submit CE.

OFFICE USE ONLY - Postmark Date \_\_\_\_\_ Date Received \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_

**Please print clearly**

Name	ND Dental License Number _____ DEA Number _____ Specialty _____
Date of Birth                      SSN	Email
Office Address	Office Phone (    )                      County
City                                      State	Zip + 4
Home Address	Home Phone (    )
City                                      State	Zip + 4

**ANSWER THE FOLLOWING QUESTIONS:**

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 or 7 include a personally written explanation. For question 5, also give: dates of onset, description of treatment; name and address of treating physician; and your description of the current status of your condition.

1. 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 \_\_\_\_\_

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. 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 you? This includes any judgments/charges related to sales, distribution, possession, manufacture, or dispensation of any controlled substance.

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are you presently engaged in or have you in the last two years been engaged in the excessive use, abuse, addiction to or dependency upon any controlled substance, habit-forming substance or alcohol?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do you now have, or in the past two (2) years have you had a physical or mental condition, which might affect your ability to practice dentistry?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Are there any other facts concerning your background history, experience, or activities which may have a bearing on your fitness to practice dentistry?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. 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, conscious sedation or deep sedation/general anesthesia?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Do you utilize anesthesia /sedation on children ages **12** and under?

Yes \_\_\_\_\_ No \_\_\_\_\_

**LIST auxiliary staff and credentials (RN, RDA or CRNA) of all staff that will have direct patient care responsibilities during and after surgical procedures. Submit copy of BLS, ACLS, or PALS certification. Dental assistants must hold current registration with the NDSBDE.**

Name: \_\_\_\_\_ BLS date of expiration \_\_\_\_\_

Name: \_\_\_\_\_ BLS date of expiration \_\_\_\_\_

Name: \_\_\_\_\_ BLS date of expiration \_\_\_\_\_

A dentist administering or supervising general anesthesia or deep sedation, moderate parenteral sedation, moderate enteral conscious sedation or minimal sedation shall at all times be certified in Advanced Cardiac Life Support (ACLS) **It is the dentist's responsibility to maintain current ACLS and/or PALS certification (if required), including CPR, at all times.** A dentist utilizing nitrous-oxide inhalation anxiolysis and his/her auxiliary personnel must meet the requirements for Cardiopulmonary Resuscitation (CPR) as set forth in North Dakota Administrative Code (20-02-01-03).

**All applicants MUST submit the following, if required:**

A) ACLS date of issuance or renewal \_\_\_\_\_

B) ACLS date of expiration \_\_\_\_\_

C) PALS date of issuance or renewal \_\_\_\_\_

D) PALS date of expiration \_\_\_\_\_

**Qualifications must be submitted under only one category (A, B, C or D).**

**CHECK the category of anesthesia/sedation for which you are applying (A, B, C or D) and CIRCLE the number which corresponds to the requirements which you have met. All applicants must submit with this application proof of successful completion of education requirements and documentation of all applicable requirements as specified.**

**ADMINISTRATION OF (check one):**

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**A. General Anesthesia/ Deep Sedation: Licensee has met one of the following (circle one):**

1. Successful completion of a residency program in general anesthesia of not less than two calendar years that is approved by the Board of Directors of the American Dental Society of Anesthesiology for eligibility for the Fellowship in General Anesthesia; **Submit Documentation**

**OR**

2. Successful completion of an accepted post-doctoral training program (e.g. oral and maxillofacial surgery) which affords comprehensive and appropriate training necessary to administer and manage general anesthesia and deep sedation commensurate with the American Dental Association's **Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry.**

**Submit Documentation**

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**B. Moderate Parenteral Sedation: Licensee has met one of the following (circle one):**

1. Successful completion of the education requirements listed above in subsection A.1. or A.2 (circle one); **Submit Documentation**

**OR**

2. Successful completion of a specialty residency or general practice residency recognized by the Commission on Dental Accreditation that includes comprehensive and appropriate training to administer and manage parenteral conscious sedation. The documentation MUST verify that the training included anesthesia or sedation training (e.g. a letter from the Director of the training program);

**Submit Documentation**

OR

3. Successful completion of a course consistent with those described in the American Dental Association's

**Guidelines for Teaching the Pain Control and Sedation to Dentists and Dental Students**, which provides a minimum of 60 hours of instruction plus management of at least 20 patients by the intravenous route per participant. Submit educational/training documentation to the Board for approval with your application. After notification of acceptance of courses by the Board, submit documentation of 20 treatment cases. See sections a. and b. as follows:

**Submit Documentation**

a. Documentation for training shall include syllabus, course outline, certificate/other documentation from course sponsors or instructors indicating the number of course hours, content, and date of successful completion. Courses must consist of 30 hours of classroom instruction as well as 30 hours of supervised clinical training in parenteral conscious sedation. All courses must have been completed within the past five (5) years. BLS and ACLS courses cannot be considered as part of the classroom and clinical instruction.

b. Documentation of 20 treatment cases with the applicant listed as the provider of conscious sedation. At least 10 treatment cases must be under the on-site instruction and supervision of a person qualified to administer parenteral conscious sedation. The applicant must be the provider of parenteral conscious sedation in at least 10 of the cases. Cases must meet generally accepted standards for the provision of parenteral conscious sedation and documentation. Cases may include those rendered as part of the required 60 hours of education and training and/or completed by the licensee during the one-year period immediately after completion of the course.

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**C. Moderate Enteral Sedation: Licensee has met one of the following (circle one):**

1. Successful completion of the education requirements listed above in subsection A.1 or A.2 (circle one);:

**Submit Documentation**

OR

2. Successful completion of the educational requirements listed above in subsection B.1., B.2., or B.3 (circle one);:

**Submit Documentation**

OR

3. Successful completion of a course consistent with those described in the American Dental

Association's **Guidelines for Teaching the Pain Control and Sedation to Dentists and Dental Students**, which provides a minimum of 24 hours of instruction, plus management of at least 10 adult case experiences by the enteral and/or enteral-nitrous oxide/oxygen route are required to achieve competency. These ten cases must include at least three live clinical dental experiences managed by participants in groups no larger than five.

**Submit Documentation**

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**D. Minimal Sedation: Licensee has met one of the following: (circle one):**

1. Successful completion of a course consistent with those requirements set forth in the

American Dental Association's **Guidelines for Teaching the Pain Control and Sedation to Dentists and Dental Students**, which should provide a minimum of 16 hours plus clinically-oriented experiences during which competency in enteral and/or combined inhalation-ental minimal sedation techniques is demonstrated. Provide patient-based clinical experiences with application.

**Submit Documentation**

OR

2. An advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage minimal sedation commensurate with the **Guidelines For the Use of Sedation and General Anesthesia By Dentists**.

**Submit Documentation**

## ATTESTATION

I hereby certify that I have met the requirements for administration of anesthesia in the State of North Dakota and under the requirements of the North Dakota State Board of Dental Examiners for (check one):

- ☐ Category A - General Anesthesia and/or Deep Sedation
- ☐ Category B - Moderate Parenteral Sedation
- ☐ Category C - Moderate Enteral Sedation
- ☐ Category D - Minimal Sedation

I further attest that I am in full compliance with all the requirements of North Dakota Administrative Code 20-02-01-03 and 20-02-01-05. Furthermore, I attest that I shall remain in compliance during all periods of time that anesthesia is administered, whether in my office or in another dentist's office.

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 43-28-18 providing false information is grounds for denial, suspension, or revocation of a license.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_