



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
 Board of Dental Examiners
 7 Eagle Square, Concord, NH 03301-4980
 Phone: 603-271-2152

NEW HAMPSHIRE BOARD OF DENTAL EXAMINERS
INITIAL APPLICATION TO ADMINISTER GENERAL
ANESTHESIA AND/OR SEDATION (SEE DEN 304)

CHECK ONE AND ONLY COMPLETE THE SECTION YOU ARE APPLYING FOR:

1. Application for a permit to administer general anesthesia, deep sedation and moderate sedation - (Complete Section I)
2. Application for an unrestricted permit to administer moderate sedation (conscious sedation) only. Den 304.04 (a) and (b) - (Complete Section II)
3. Application for a restricted permit to administer moderate sedation (conscious sedation) only. Den 304.04 (a) and (c) - (Complete Section III)

Note: See Den 304, under administrative rules on website <https://www.oplc.nh.gov/board-dental-examiners>

* Please remember to enclose the \$35 fee (per dentist and per location), make check payable to: TREASURER, STATE OF NEW HAMPSHIRE

Name : _____ NH License: _____

Home Address: _____

Primary Email Address: _____

Name of Practice(s), Professional Addresses and Telephone Numbers Where Permits Are To Be Used (A separate permit will be needed for each location.):

1. _____

2. _____

3. _____

I. GENERAL ANESTHESIA, DEEP SEDATION & MODERATE SEDATION Den 304.02(b)

A. Check only one category below and follow the applicable instructions. (Do not check more than one.)

I am applying for this permit based on:

Completion of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in Part III C. of the American Dental Association 2016 "Guidelines for the Use of Sedation and General Anesthesia by Dentists". **Please enclose a copy of your training certificate.**

or

Completion of advanced training in anesthesiology and related academic subjects as described in the Commission on Dental Accreditation (CODA) requirements for each advanced program. **Please enclose a copy of your training certificate.**

B. Do you hold current certificates in ACLS, PALS and BLS-HCP (Basic Life Support for Healthcare Providers) as required by Den 304.03(a):

ACLS? Yes No Exp. Date: _____

BLS-HCP? Yes No Exp. Date: _____

PALS? Yes No Exp. Date: _____

(Required if
treating pre-pubertal
patients)

C. Do you have a properly staffed and equipped facility as set forth in:

1. The 8th edition of the "Office Anesthesia Evaluation Manual" of the American Association of Oral and Maxillofacial Surgeons, 2012; or
2. The American Dental Association 2016 "Guidelines for the Use of Sedation and General Anesthesia by Dentists".

Yes No

D. Please attach a list of all clinical staff members' names and include the current expiration date and status of their BLS-HCP or ACLS cards.

Signature: _____ Date: _____

END OF SECTION I

II. MODERATE SEDATION - UNRESTRICTED PERMIT - Den 304.04(b)

A. If you are applying for an unrestricted permit to administer moderate sedation only, please provide evidence that you have met the applicable requirements of Part V of the ADA 2016 "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students", including 1) 60 hours of instruction; 2) administration of sedation for at least 20 individually managed patients; and 3) certificate of competency in rescuing patients from a deeper level of sedation than intended including managing the airway, intravascular (IV) or intraosseous (IO) access, and reversal medications.

Pursuant to Den 304.04 (b), you are required to document 12 cases in a biennium or 4 hours of continuing education in sedation training. Documentation must be enclosed when renewing. *

B. Do you hold current certificates in ACLS, PALS and BLS-HCP as required by Den 304.03 (a):

ACLS? Yes No Exp. Date: _____

BLS-HCP? Yes No Exp. Date: _____

PALS? Yes No Exp. Date: _____
(Required if
treating pre-pubertal
patients)

C. Do you have a properly staffed and equipped facility, as set forth in Part IV B. of the American Dental Association 2016 "Guidelines for the Use of Sedation and General Anesthesia by Dentists".

D. Please attach a list of all clinical staff members' names and include the current expiration date and status of their BLS-HCP or ACLS cards.

Signature: _____ Date: _____

1. Age and gender of patient.
2. ASA Classification.
3. Procedures.
4. Drugs and dosage .
5. Level of sedation.

END OF SECTION II

III. MODERATE SEDATION - RESTRICTED PERMIT - Den 304.04(c)

- A. If you are applying for a restricted permit to administer moderate sedation only, please provide evidence that you have met the applicable requirements of Part V of the ADA 2016 "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students", including 1) 60 hours of instruction; 2) administration of sedation for at least 20 individually managed patients; and 3) certificate of competency in rescuing patients from a deeper level of sedation than intended including managing the airway, intravascular (IV) or intraosseous (IO) access, and reversal medications.

Pursuant to Den 304.04 (c), you are required to document 12 cases in a biennium or 4 hours of continuing education in sedation training. Documentation must be enclosed when renewing. *

- B. Do you hold current certificates in ACLS, PALS and BLS-HCP as required by Den 304.03 (a):

ACLS? Yes No Exp. Date: _____

BLS-HCP? Yes No Exp. Date: _____

PALS? Yes No Exp. Date: _____
(Required if
treating pre-pubertal
patients)

- C. Do you have a properly staffed and equipped facility, as set forth in Part IV B. of the American Dental Association 2016 "Guidelines for the Use of Sedation and General Anesthesia by Dentists".
- D. Please attach a list of all clinical staff members' names and include the current expiration date and status of their BLS-HCP or ACLS cards.

Signature: _____ Date: _____

* Your report to the Board for each patient should include:

1. Age and gender of patient.
2. ASA Classification.
3. Procedures.
4. Drugs and dosage .
5. Level of sedation.