

**SB 501 ANESTHESIA AND
SEDATION PROPOSED LANGUAGE
AND FORMS INCORPORATED BY
REFERENCE**

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. DENTAL BOARD OF CALIFORNIA

**PROPOSED REGULATORY LANGUAGE
SB 501 (2018) Anesthesia and Sedation**

Legend:	Added text is indicated with an <u>underline</u> . Omitted text is indicated by (* * * *) Deleted text is indicated by strikeout .
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Amend section 1021 of Article 6 of Chapter 1, sections 1043, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, and 1043.8 of Article 5, sections 1044, 1044.1, 1044.2, 1044.3, and 1044.5 of Article 5.5 of Chapter 2, and section 1070.8 of Article 2 of Chapter 3, and add section 1017.1 of Article 4, section 1043.8.1 of Article 5 and sections 1043.9, 1043.9.1, 1043.9.2 of Article 5.1 of Chapter 2, and repeal section 1044.4 of Article 5.5 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1017.1. Processing Times. [Repealed] Continued Competency Requirements for Renewal of Permits with Pediatric Endorsements.

(a) As a condition of renewal, each licensee who holds a general anesthesia permit with a pediatric endorsement shall provide documentation to the Board showing completion of twenty (20) cases of general anesthesia to pediatric patients as provided in Section 1043.8.1, subsections (c)-(e).

(b) As a condition of renewal each dentist licensee who holds a moderate sedation permit with a pediatric endorsement shall confirm to the Board in writing the following:

(1) Whether the licensee completed at least twenty (20) cases of moderate sedation for children under thirteen years of age either independently and/or under the direct supervision of another permit holder;

(2) Whether the licensee completed at least twenty (20) cases of moderate sedation for children under seven years of age either independently and/or under the direct supervision of another permit holder, and;

(3) If applicable, if the licensee lacks sufficient cases, whether the licensee is administering moderate sedation to patients under seven years of age only the direct supervision of a permit holder who meets the qualifications of 1647.3 of the Code.

Note: Authority cited: Section 1614, Business and Professions Code
Reference: Sections 1646.2, and 1647.3, Business and Professions Code.

Article 6. Fees

§ 1021. Examination, Permit and License Fees for Dentists.

The following fees are set for dentist examination and licensure by the board**:

(a) Initial application for those applicants qualifying pursuant to Section 1632(c)(2) <u>of the Business and Professions Code (the Code)</u>	\$400
(b) Initial application for those applicants qualifying pursuant to Section 1634.1 <u>of the Code</u>	\$800
(c) Initial application for those applicants qualifying pursuant to Section 1632(c)(1) <u>of the Code</u>	\$400
(d) Initial application fee for those applicants applying pursuant to Section 1635.5 <u>of the Code</u>	\$525
(e) Initial license	\$650*
(f) Biennial license renewal fee	\$650
(g) Biennial license renewal fee for those qualifying pursuant to Section 1716.1 of the <u>eCode</u> shall be one half of the renewal fee prescribed by subsection (f).	
(h) Delinquency fee -license renewal - The delinquency fee for license renewal shall be the amount prescribed by section 1724(f) of the <u>eCode</u> .	
(i) Substitute certificate	\$50
(j) Application for an <u>A</u> additional <u>O</u> ffice <u>P</u> ermit	\$350
(k) Biennial renewal of <u>A</u> additional <u>O</u> ffice <u>P</u> ermit	\$250
(l) Late change of practice registration	\$50
(m) Fictitious <u>N</u> ame <u>P</u> ermit	
The fee prescribed by Section 1724.5 of the Code	
(n) Fictitious <u>N</u> ame renewal	\$325

(o) Delinquency fee - F fictitious N ame renewal. The delinquency fee for fictitious name permits shall be one-half of the F fictitious N ame P ermit renewal fee	
(p) Continuing E ducation R egistered P rovider fee	\$410
(q) Application for General A anesthesia or c onscious Moderate S edation P ermit	\$500 <u>524</u>
(r) Oral Conscious Sedation Certificate Renewal <u>Application for Pediatric Minimal Sedation Permit</u>	\$168 <u>459</u>
(s) General A anesthesia or c onscious Moderate S edation P ermit renewal fee	\$325
(t) <u>Pediatric Minimal Sedation Permit renewal fee</u>	<u>\$182</u>
(t <u>u</u>) General A anesthesia or c onscious Moderate S edation O en-site I nspection and E valuation fee	\$2,000
(u <u>v</u>) Application for a Special Permit	\$1,000
(v <u>w</u>) Special Permit Renewal	\$125
(w <u>x</u>) Initial Application for an Elective Facial Cosmetic Surgery Permit	\$850
(x <u>y</u>) Elective Facial Cosmetic Surgery Permit Renewal	\$800
(y <u>z</u>) Application for an Oral and Maxillofacial Surgery Permit	\$500
(z <u>a</u> <u>a</u>) Oral and Maxillofacial Surgery Permit Renewal	\$650
(a <u>a</u> <u>b</u>) Continuing Education Registered Provider Renewal	\$325
(a <u>b</u> <u>c</u>) License Certification	\$50
(a <u>e</u> <u>d</u>) Application for Law and Ethics Examination	\$125
(a <u>d</u> <u>e</u>) <u>Application for Adult or minor O</u> ral C onscious S edation C ertificate	\$368 <u>459</u>
(a <u>f</u>) <u>Adult Oral Conscious Sedation Certificate Renewal</u>	<u>\$168</u>
(a <u>g</u>) <u>Application for Pediatric Endorsement for General Anesthesia Permit</u>	<u>\$532</u>
(a <u>h</u>) <u>Application for Pediatric Endorsement for Moderate Sedation Permit</u>	<u>\$532</u>

*Fee pro-rated based on applicant's birth date.

**Examination, licensure, and permit fees for dentistry may not all be included in this section, and may appear in the ~~Business and Professions Code~~.

Note: Authority cited: Sections 1614, 1635.5, 1634.2(c), 1724 and 1724.5, Business and Professions Code. Reference: Sections 1632, 1634.1, 1646.2, 1646.6, 1647.3, 1647.8, ~~1647.12~~, ~~1647.45~~20, 1647.23, 1647.32, 1647.33, 1715, 1716.1, 1718.3, 1724 and 1724.5, Business and Professions Code.

Chapter 2. Dentists

Article 5. General Anesthesia and ~~(Moderate) Conscious Sedation~~

§ 1043. Definitions.

(a) For purposes of this article, “direct supervision” of deep sedation or general anesthesia means the permittee is in the immediate presence of a patient while deep sedation or general anesthesia is being administered to that patient and that the permittee or a member of the permittee's staff directly monitors the patient at all times.

(b) For purposes of this article, “outpatient” means a patient treated in a treatment facility which is not accredited by the Joint Commission on Health Care Organizations or licensed by the California Department of Health Services as a “general acute care hospital” as defined in subdivision (a) of Section 1250 of the Health & Safety Code.

(c) For purposes of section 1682(a) of the eCode:

(1) a patient under deep sedation or general anesthesia shall be considered “sedated” for that period of time beginning with the first administration of deep sedation or general anesthetic agents until that time when the patient is again conscious with a full return of protective reflexes, including the ability to respond purposely to physical stimulation and/or verbal command, when no additional agents will be administered, the dental procedures have been completed, and after the maximum effects of all agents have been experienced by the patient;

(2) a patient under ~~conscious~~moderate sedation shall be considered “sedated” for that period of time beginning with the first administration of ~~conscious~~moderate sedation agents until that time when no additional agents will be administered, the dental procedures have been completed, and after the maximum effects of all agents have been experienced by the patient.

(d) For purposes of ~~s~~Section 1682(b) of the eCode, a patient shall be deemed to be “recovering from” ~~conscious~~moderate sedation, deep sedation, or general anesthesia from the time the patient is no longer “sedated” as that term is defined in subsection (c) above until the dentist has evaluated the patient and has determined the patient is

responsive, alert, has stable vital signs and is ambulatory and/or capable of being safely transported.

(e) For purposes of this article, “applicant” refers to applicants without permits, as well as permit holders subject to re-evaluation.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.1 and 1682, Business and Professions Code.

§ 1043.1. Permit Application Requirements.

(a) A licensed dentist does not need a general anesthesia or ~~conscious-moderate~~ sedation permit if the deep sedation, general anesthesia, or conscious-moderate sedation administered in that dentist's office is directly administered by a licensed dentist or physician and surgeon who possesses a general anesthesia or ~~conscious moderate~~ sedation permit, whichever is applicable to the type of anesthesia or sedation services being provided.

(b) For the purposes of Sections 1646.2 and 1646.9 of the Code, Aan applicant for a permit to administer deep sedation or general anesthesia or order the administration of general anesthesia by a nurse anesthetist must be a licensed dentist in California who: shall submit a completed “Application for General Anesthesia Permit” Form GAP-1 (New 05/2021) to the Board, which is hereby incorporated by reference. The application shall be accompanied by the application fee set forth in Section 1021.

~~(1) Has completed a residency program in general anesthesia of not less than one calendar year, that is approved by the board; or~~

~~(2) Has completed a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Dental Accreditation.~~

(c) If the applicant wishes to administer or order the administration of deep sedation or general anesthesia to patients under seven years of age, the applicant shall apply for a pediatric endorsement to their general anesthesia permit as set forth in Section 1043.8.1 and receive approval from the Board.

(ed) For the purposes of Section 1647.2 and 1647.3 of the Code, Aan applicant for a permit to administer or order the administration of ~~conscious-moderate~~ sedation ~~must be a licensed dentist in California who meets the requirements set forth in section 1647.3 of the code~~ shall submit a completed “Application for Moderate Sedation Permit” Form MSP-1 (New 05/2021), which is hereby incorporated by reference. The application shall be accompanied by the following:

(1) A completed “Certification of Moderate Sedation Training” Form MSP-2 (New 05/2021), which is hereby incorporated by reference; and

(2) The application fee set forth in Section 1021.

(e) If the applicant wishes to administer or order the administration of moderate sedation to patients under thirteen years of age, the applicant shall apply for a pediatric endorsement to their moderate sedation permit as set forth in Section 1043.8.1 and receive approval from the Board.

~~(d) The processing times for a general anesthesia or conscious sedation permit are set forth in section 1061.~~

Note: Authority cited: Sections 1614 and 1646.2, Business and Professions Code.
Reference: Sections 1646.1, 1646.2, 1646.9, 1647.2, 1647.3 and 2827, Business and Professions Code.

§ 1043.2. Composition of Onsite Inspection and Evaluation Teams.

(a) An evaluation team shall consist of two or more persons chosen and approved by the board for the first evaluation, or in the event that an applicant has failed an evaluation. For each subsequent evaluation only one evaluator shall be required.

(b) The evaluators must meet one of the criteria in ~~subdivisions~~subsection (b) of ~~s~~Section 1043.1 for general anesthesia or the criteria in ~~s~~Section 1647.3 of the ~~e~~Code for ~~conscious-moderate~~ sedation and must have utilized general anesthesia, deep sedation, or ~~conscious-moderate~~ sedation, whichever is applicable, in a dental practice setting for a minimum of three years immediately preceding their application to be an evaluator, exclusive of any general anesthesia, deep sedation, or ~~conscious-moderate~~ sedation training.

(c) At least one of the evaluators must have experience in evaluation of dentists administering general anesthesia, deep sedation, or ~~conscious-moderate~~ sedation. At least one member of the team must have substantial experience in the administration of the method of delivery of general anesthesia, deep sedation, or ~~conscious-moderate~~ used by the dentist being evaluated.

(d) Evaluators shall possess a current, active, and unrestricted license from the Board or, the Medical Board of California for applicants qualifying under Section 1646.9 of the Code. For purposes of this section, "unrestricted" means not subject to any disciplinary action such as revocation, suspension, or probation.

~~(de)~~ The board may appoint a licensee member of the board to serve as a consultant at any evaluation.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.4 and 1647.7, 1646.9, Business and Professions Code.

§ 1043.3. Onsite Inspections.

All offices in which general anesthesia, deep sedation, or ~~conscious-moderate~~ sedation is conducted under the terms of this article shall, unless otherwise indicated, meet the standards set forth below. In addition, an office may in the discretion of the board be required to undergo an onsite inspection. For the applicant who administers in both an outpatient setting and at an accredited facility, the onsite must be conducted in an outpatient setting. The evaluation of an office shall consist of three parts:

(a) Office Facilities and Equipment. All equipment should be maintained, tested and inspected according to the manufacturers' specifications. In an office where anesthesia services are to be provided to pediatric patients, the required equipment, medication and resuscitative capabilities shall be appropriately sized for use on a pediatric population. The following office facilities and equipment shall be available ~~and shall be maintained in good operating condition:~~

- (1) An operating theatre large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least three individuals to freely move about the patient.
- (2) An operating table or chair which permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.
- (3) A lighting system which is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system which is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure.
- (4) Suction equipment which permits aspiration of the oral and pharyngeal cavities. A backup suction device which can operate at the time of general power failure must also be available.
- (5) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of allowing the administering of greater than 90% oxygen at a 10 liter/minute flow at least sixty minutes (650 liter "E" cylinder) to the patient under positive pressure, together with an adequate backup system which can operate at the time of general power failure.
- (6) A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets. The recovery area can be the operating theatre.
- (7) Ancillary equipment:

(A) Laryngoscope complete with adequate selection of blades and spare batteries and bulb. (This equipment is not required for ~~conscious~~ moderate sedation.)

(B) Endotracheal tubes and appropriate connectors. (This equipment is not required for ~~conscious~~ moderate sedation.)

(C) Emergency airway equipment (oral airways, laryngeal mask airways or combitubes, cricothyrotomy device).

(D) Tonsillar or pharyngeal type suction tip adaptable to all office outlets.

(E) Endotracheal tube forceps. (This equipment is not required for ~~conscious~~ moderate sedation.)

(F) Sphygmomanometer and stethoscope.

(G) Electrocardioscope and defibrillator. (This equipment is not required for ~~conscious~~ moderate sedation.)

(H) Adequate equipment for the establishment of an intravenous infusion.

(I) Precordial/pretracheal stethoscope.

(J) Pulse oximeter.

(K) Capnograph and temperature device. ~~A capnograph and temperature measuring device are required for the intubated patient receiving general anesthesia. (This equipment is not required for conscious sedation.)~~ Patients receiving moderate sedation, deep sedation, or general anesthesia shall have ventilation continuously monitored during the procedure by two of the following three methods:

(i) Auscultation of breath sounds using a precordial stethoscope.

(ii) Monitoring for the presence of exhaled carbon dioxide with capnography.

(iii) Verbal communication with a patient under moderate sedation. This method shall not be used for a patient under deep sedation or general anesthesia.

(b) Records. The following records shall be maintained:

(1) Adequate medical history and physical evaluation records updated prior to each administration of ~~general anesthesia or conscious sedation~~ moderate sedation, deep

sedation, or general anesthesia. Such records shall include, but are not limited to the recording of the age, sex, weight, physical status (American Society of Anesthesiologists Classification), medication use, any known or suspected medically compromising conditions, rationale for sedation of the patient, and visual examination of the airway, and for general anesthesia or deep sedation only, auscultation of the heart and lungs ~~as medically required~~.

(2) Moderate sedation, deep sedation, and/or general anesthesia ~~General Anesthesia and/or conscious sedation~~ records, which shall include a time-oriented record with preoperative, multiple ~~intraoperative~~ intraoperative, and postoperative pulse oximetry (every 5 minutes intraoperatively and every 15 minutes postoperatively for general anesthesia or deep sedation) and blood pressure and pulse readings, (both every 5 minutes intraoperatively for general anesthesia or deep sedation), drugs [amounts administered and time administered], length of the procedure, any complications of anesthesia or sedation and a statement of the patient's condition at time of discharge.

(3) Records shall include the category of the provider responsible for sedation oversight, the category of the provider delivering sedation, the category of the provider monitoring the patient during sedation, and whether the person supervising the sedation performed one or more of the procedures. Categories of providers are defined in Section 1680(z)(3) of the Code.

(34) Written informed consent of the patient or, as appropriate, patient's conservator, or the informed consent of a person authorized to give such consent for the patient, or if the patient is a minor, his or her parent or guardian, pursuant to Section 1682(e) of the Code.

(c) Drugs. Emergency drugs of the following types shall be available:

(1) Epinephrine

(2) Vasopressor (other than epinephrine)

(3) Bronchodilator

(4) Muscle relaxant (This is not required for ~~conscious~~ moderate sedation.)

(5) Intravenous medication for treatment of cardiopulmonary arrest (This is not required for ~~conscious~~ moderate sedation.)

(6) Appropriate drug antagonist

(7) Antihistaminic

(8) Anticholinergic

- (9) Antiarrhythmic (This is not required for ~~conscious-moderate~~ sedation.)
- (10) Coronary artery vasodilator
- (11) Antihypertensive (This is not required for ~~conscious-moderate~~ sedation.)
- (12) Anticonvulsant
- (13) Oxygen
- (14) 50% dextrose or other antihypoglycemic

(d) Prior to an onsite inspection and evaluation, the dentist shall provide a complete list of his/her emergency medications to the evaluator.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.2, 1646.3, 1647.3 and 1647.6, Business and Professions Code.

§ 1043.4. Evaluation Standards.

The evaluation of an applicant for a permit shall consist of two parts:

(a) Demonstration of a General Anesthesia or Deep Sedation. A dental procedure utilizing general anesthesia or deep sedation administered by the applicant must be observed and evaluated. Any anesthesia or deep sedation technique that is routinely employed can be demonstrated. The patient shall be monitored while anesthetized or sedated and during recovery from anesthesia or sedation in the manner prescribed by ~~§~~Section 1682 of the ~~e~~Code.

The applicant for a permit must demonstrate that he or she has knowledge of the uses of the equipment required by ~~§~~Section 1043.3(a) and is capable of using that equipment.

(b) Demonstration of a ConsciousModerate Sedation. A dental procedure utilizing ~~conscious-moderate~~ sedation administered by the applicant must be observed and evaluated. Any ~~conscious-moderate~~ sedation technique that is routinely employed can be demonstrated. The patient shall be monitored while sedated and during recovery from sedation in the manner prescribed by ~~§~~Section 1682 of the ~~e~~Code. The applicant for a permit must demonstrate that he or she has knowledge of the uses of the equipment required by ~~§~~Section 1043.3(a) and is capable of using that equipment.

(c) Simulated Emergencies. Knowledge of and a method of treatment must be physically demonstrated by the dentist and his or her operating team for the following emergencies:

- (1) Airway obstruction
- (2) Bronchospasm
- (3) Emesis and aspiration of foreign material under anesthesia
- (4) Angina pectoris
- (5) Myocardial infarction
- (6) Hypotension
- (7) Hypertension
- (8) Cardiac arrest
- (9) Allergic reaction
- (10) Convulsions
- (11) Hypoglycemia
- (12) Syncope
- (13) Respiratory depression

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.4 and 1647.7, Business and Professions Code.

§ 1043.5. Cancellation of an Onsite Inspection and Evaluation.

(a) Whenever a ~~conscious-moderate~~ sedation or general anesthesia permittee or applicant cancels an onsite inspection and evaluation, that permittee or applicant shall provide the board with a written reason for the cancellation. If the first cancellation occurs 14 calendar days or more before the date of the scheduled inspection and evaluation, the fee paid shall be applied toward the next scheduled inspection and evaluation. If the cancellation occurs less than 14 calendar days before the scheduled inspection and evaluation, the fee shall be forfeited and a new fee shall be paid before the inspection and evaluation will be rescheduled.

(b) If a permittee or applicant cancels the inspection and evaluation for a second time, all fees are forfeited and the permit shall be automatically suspended or denied unless a new fee has been paid and an onsite inspection and evaluation has been completed within 30 calendar days from the date of the second cancellation.

(c) If a permittee or applicant cancels the scheduled onsite inspection and evaluation for a third time, all fees are forfeited and that cancellation shall be deemed a refusal to submit to an inspection and evaluation, and in accordance with Sections 1646.4 and 1647.7 of the eCode, the permit shall be automatically revoked or denied as of the date of the third cancellation.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.4 and 1646.7, Business and Professions Code.

§ 1043.6. Grading of Inspection and Evaluation.

(a) The inspection and evaluation shall be graded on a pass/fail system. The grade shall be determined by the board, based upon a recommendation of the evaluators, who shall make independent evaluations and recommendations.

(b) The evaluation team shall recommend one of the following grades:

(1) Passed Evaluation. Permit holder met all required components of the onsite inspection and evaluation as provided in sections 1043.3 and 1043.4; or

(2) Conditional Approval for failing to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping. "Conditional approval" means the applicant must submit written proof of correcting the deficiencies to the Board within fifteen (15) days of receiving notice of the deficiencies by showing the action taken by the applicant, including retention of proper equipment or documentation, to correct the deficiencies before a permit is issued; or

(3) Failed Simulated Emergency. Permit holder failed one or more simulated emergency scenario(s) required for the on-site inspection and evaluation; or

(4) Failed Evaluation. Permit holder failed due to multiple deficient components required for the on-site inspection and evaluation or failed to comply with the conditions for issuance of a conditional approval as provided in subsection (b)(2) of this section.

~~(bc) An applicant who has failed the evaluation may appeal that decision to the board and request a reevaluation. This appeal must be made in writing to the board stating the grounds for the appeal within thirty (30) days after the date on which the evaluation results were mailed. However, pursuant to sSections 1646.4(a), 1646.9(d) and 1647.7(a) of the eCode, the permit of any applicant who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the board notifies the applicant of the failure unless, within that time period, the applicant has retaken and passed an onsite inspection and evaluation. Upon receipt of the appeal request and an additional evaluation fee, the board will schedule an independent reevaluation of the appellant. If an applicant has failed two~~

evaluations, the board will decide the matter and may grant or deny a permit or request further evaluation of the appellant with a board member or other board appointed representative being present. The applicant must successfully complete remedial education in a subject within the scope of the onsite inspection and evaluation as determined by the Board prior to being retested if a third onsite inspection and evaluation is granted or prior to the issuance of a new permit.

(ed) An applicant who has failed the inspection and evaluation solely on the basis of a failure to demonstrate knowledge and ability in recognition and treatment of any or all of the simulated emergencies may be reevaluated only on the simulated emergencies provided the reevaluation is within 30 days.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.4, 1646.9, and 1647.7, Business and Professions Code.

§ 1043.7. Manner of Giving Notice of Evaluation.

Upon receipt of either an application for a general anesthesia permit or a ~~conscious~~ moderate sedation permit or where the board determines in any other case that there shall be an onsite inspection and evaluation, the board shall determine the date and time of such evaluation and shall so inform the dentist.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.4 and 1647.7, Business and Professions Code.

§ 1043.8. Renewal.

A general anesthesia or ~~conscious-moderate~~ sedation permit shall be renewed biennially upon certification by the permit holder that he/she has met all applicable continuing education requirements in section 1017 and continuing competency requirements for the particular permit in section 1017.1, payment of the required fee in section 1021 and if required, successful completion of an onsite inspection and evaluation.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.1, 1646.2, 1646.5, 1646.6, 1647.2, 1647.3, 1647.5 and 1647.8, Business and Professions Code.

§ 1043.8.1. Application for Pediatric Endorsement; Documentation of 20 General Anesthesia or Moderate Sedation Cases; Additional Requirements for Applicant Investigation; Legible Copies of Records.

(a) For the purposes of Sections 1646.2(c) and 1646.9 of the Code, submission of a completed application to the Board for a pediatric endorsement for a general anesthesia permit shall include the following information and documents:

- (1) Name, mailing address or address of record, physical address, dental or medical license number, and applicant's general anesthesia permit number, if any;
- (2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1646.2 for a dental licensee or Section 1646.9 for a physician and surgeon licensee;
- (3) A completed Form PE-1 (05/2021) "Documentation of Deep Sedation and General Anesthesia or Moderate Sedation Cases for Pediatric Endorsement," which is hereby incorporated by reference;
- (4) A certificate or other documentary evidence of current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);
- (5) An application fee as set forth in section 1021; and,
- (6) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.

(b) For the purpose of Section 1647.3(d) of the Code, submission of a completed application to the Board for a pediatric endorsement for a moderate sedation permit for patients under thirteen years of age shall include the following information and documents:

- (1) Name, mailing address or address of record, physical address, dental license number, and applicant's moderate sedation permit number, if any;
- (2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1647.3 of the Code;
- (3) A completed Form PE-1 as provided in this section;
- (4) A certificate or other documentary evidence of current certification in Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);
- (6) An application fee as set forth in section 1021; and,
- (7) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.

(c) An applicant for a pediatric endorsement who seeks to use general anesthesia or moderate sedation in the treatment of pediatric patients under 13 years of age or seven years of age shall submit to the Board information to document each of the 20 cases of deep sedation and general anesthesia or moderate sedation required by Sections 1646.2 and 1647.3 of the Code on Form PE-1 which is hereby incorporated by reference.

(d) Upon request by the Board in any investigation of the information provided on Form PE-1, applicants shall also provide documentation or patient records for each deep sedation and general anesthesia or moderate sedation pediatric case listed on Form

PE-1, including preoperative evaluation, medical history, monitoring of vital signs throughout the procedure, and condition at discharge.

(e) Applicants shall submit legible copies of the information required by this section with pediatric patient identifying information redacted.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 27, 108, 1611.5, 1646.1, 1646.2, 1647.2 and 1647.3, 1646.9, Business and Professions Code.

Article 5.1. Pediatric Minimal Sedation

§ 1043.9. Definitions.

For purposes of this Article, the terms set forth below shall be defined as follows:

(a) "Another sedation permit" means a current permit for deep sedation or general anesthesia, a current moderate sedation permit with pediatric endorsement, or a current permit described in subdivision (a)(2) of Section 1647.31 of the Code.

(b) "Outpatient basis" as used in Section 1647.31 of the Code means all settings where pediatric minimal sedation is being provided to dental patients with the exception of a treatment facility which is accredited by the Joint Commission on Health Care Organizations or licensed by the California Department of Health Services as a "general acute care hospital" as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

(c) "Pediatric patient" means a patient under 13 years of age.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1647.31, Business and Professions Code.

§ 1043.9.1. Requirements; Standards.

(a) A licensed dentist who desires to administer or order the administration of pediatric minimal sedation on an outpatient basis is not required to apply to the Board for a pediatric minimal sedation permit if they possess another sedation permit from the Board.

(b) For the purposes of Sections 1647.31 and 1647.32 of the Code, an applicant for a pediatric minimal sedation permit shall submit a completed "Application for Pediatric Minimal Sedation Permit" PMSP-1 (New 05/2021), which is hereby incorporated by reference, to the Board and shall be accompanied by the applicable fee as set by Section 1021. The application shall be accompanied by a "Certification of Pediatric Minimal Sedation Training" Form PMSP-2 (New 05/2021), which is hereby incorporated by reference.

(c) The office in which the pediatric minimal sedation is administered shall meet the facilities and equipment standards set forth in Section 1043.9.2.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1647.31 and 1647.32, Business and Professions Code.

§ 1043.9.2. Facility and Equipment Standards.

A facility in which minimal sedation is administered to pediatric patients pursuant to this article shall meet the standards set forth herein.

(a) Facility and Equipment. A facility shall possess:

(1) An operatory large enough to adequately accommodate the pediatric patient and permit a team consisting of at least three individuals to freely move about the patient.

(2) A table or dental chair that permits the patient to be positioned so the attending team can maintain the airway, quickly alter a patient's position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.

(3) A lighting system adequate to permit evaluation of the pediatric patient's skin and mucosal color and a backup lighting system that is battery powered and of sufficient intensity to permit completion of any treatment that may be underway at the time of a general power failure.

(4) An appropriate functional suctioning device that permits aspiration of the oral and pharyngeal cavities. A backup suction device that can function at the time of general power failure must also be available.

(5) A positive-pressure oxygen delivery system capable of administering greater than 90% oxygen at a 10 liter/minute flow for at least sixty minutes (650 liter "E" cylinder), even in the event of a general power failure. All equipment must be appropriate for use on and capable of accommodating the pediatric patients being seen at the permit-holder's office.

(6) Inhalation sedation equipment. If used in conjunction with oral sedation, it must have the capacity for delivering 100%, and never less than 25%, oxygen concentration at a flow rate appropriate for a pediatric patient's size and have a fail-safe system. The equipment must be maintained and checked for accuracy at least annually.

(b) An emergency cart or kit available and readily accessible that shall include the necessary and appropriate emergency drugs and size-appropriate equipment to resuscitate a nonbreathing and unconscious pediatric patient and provide

continuous support while the pediatric patient is transported to a medical facility. Emergency drugs of the following types shall be available:

- (1) Epinephrine,
- (2) Bronchodilator,
- (3) Appropriate drug antagonists,
- (4) Antihistaminic,
- (5) Anticholinergic,
- (6) Anticonvulsant,
- (7) Oxygen, and,
- (8) Dextrose or other antihypoglycemic.

(c) Ancillary equipment must include the following, and be maintained in good operating condition:

- (1) Oral airways capable of accommodating pediatric patients of all sizes.
- (2) A sphygmomanometer with cuffs of appropriate size for pediatric patients of all sizes.
- (3) A precordial/pretracheal stethoscope.
- (4) A pulse oximeter.

(d) A facility must maintain the following records:

- (1) An adequate medical history and physical evaluation, updated prior to each administration of pediatric minimal sedation. Such records shall include, but are not limited to, an assessment including an evaluation of the airway, the age, sex, weight, physical status (American Society of Anesthesiologists Classification), and rationale for sedation of the pediatric patient and written informed consent of the parent or legal guardian of the pediatric patient.
- (2) Pediatric minimal sedation records that include baseline vital signs. If obtaining baseline vital signs is prevented by the pediatric patient's physical resistance or emotional condition, the reason or reasons must be documented. The records shall also include intermittent quantitative monitoring and recording of oxygen saturation, heart and respiratory rates, blood pressure as appropriate for specific techniques, the name, dose and time of administration of all drugs administered including local

and inhalation anesthetics, the length of the procedure, any complications of oral sedation, and a statement of the pediatric patient's condition at the time of discharge.

(3) Documentation that all emergency equipment is checked to determine operability and safety for the patient consistent with the manufacturer's recommendation.

(4) Documentation that all drugs maintained at the facility are checked at least quarterly for expired drugs and an adequate supply for the patient population served.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1647.30 and 1647.32, Business and Professions Code.

Article 5.5. Oral Conscious Sedation

§ 1044. Definitions.

For purposes of this Article and of Articles ~~2.85 and~~ 2.86, of Chapter 4, of Division 2 of the Code, the terms set forth below shall be defined as follows:

(a) "Outpatient basis" means "outpatient setting" as used in Health and Safety Code Sections 1248 and 1248.1 and means all settings where oral conscious sedation is being provided to dental patients with the exception of a treatment facility which is accredited by the Joint Commission on Health Care Organizations or licensed by the California Department of Health Services as a "general acute care hospital" as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

(b) A patient under oral conscious sedation shall be considered "sedated" for that period of time beginning with the administration of oral conscious sedation and continuing until that time when the dental procedures have been completed, and after the maximum effects of all agents have been experienced by the patient.

(c) "Age-appropriate" means ~~under 13 years of age for the oral conscious sedation certificate for minor patients and~~ 13 years or older for the oral conscious sedation certificate for adult patients.

(d) For the purposes of adult oral conscious sedation, administering a drug to a patient in a dose that exceeds the maximum recommended dose as established and listed by the United States Food and Drug Administration (FDA) on the drug's FDA-approved professional labeling insert or packaging information shall be considered to exceed the single maximum dose that can be prescribed for home use.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1647.10 and~~ 1647.18, Business and Professions Code.

§ 1044.1. Requirements; Standards.

An applicant for an oral conscious sedation certificate shall submit to the Board either an ~~“Application for Oral Conscious Sedation for Minors Certificate” OCS-1 (Rev. 01/05)~~ or an ~~completed “Application for Adult Oral Conscious Sedation Certificate” OCS-3 (Rev. 03/07)~~ “Application for Use of Oral Conscious Sedation on Adult Patients” Form OCS-C (New 05/2021), which is hereby incorporated by reference, and shall be accompanied by the applicable fee as set by Section 1021. A dentist is not required to possess an oral conscious sedation certificate if the oral conscious sedation administered to his or her patient is directly administered and monitored by a dentist who possesses a general anesthesia permit, a ~~conscious~~ moderate sedation permit, ~~or an oral conscious sedation certificate for a minor patient~~ or is administered by a licensed physician and surgeon who possesses a general anesthesia permit. ~~A dentist who only possesses an adult oral conscious sedation certificate may not provide oral conscious sedation to a minor patient.~~ Notwithstanding the above, the office in which the oral conscious sedation is administered shall meet the facilities and equipment standards set forth in Section 1044.5.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1647.10, 1647.11,~~ 1647.18 and 1647.19, Business and Professions Code.

§ 1044.2. Board Approved Programs.

(a) For purposes of ~~Section 1647.12(b) and Section 1647.20(b) of the Code,~~ a post-doctoral program in periodontics, a general practice residency or advanced education in a general dentistry post-doctoral program accredited by the Commission on Dental Accreditation that meets the didactic and clinical requirements of Section 1044.3 shall be deemed to be approved by the Board. A dentist must submit a copy of his or her certificate of completion from a Board approved educational program as defined in Section 1044.3 or diploma from a recognized dental residency or post-doctoral program as defined in this section.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1647.10, 1647.12,~~ 1617.18 and 1647.20, Business and Professions Code.

§ 1044.3. Board Approved Education.

(a) The goal of an instructional program in oral medications and sedation is to provide the educational opportunity for dentists to receive training in the techniques and skills required to safely and effectively administer oral pharmacologic agents, alone or in combination with nitrous oxide-oxygen inhalation, for the purpose of obtaining conscious sedation in the ~~minor or adult~~ dental patient.

(b) The educational program shall be approved by the Board and shall consist of satisfactory completion of at least 25 hours of instruction including a clinical component utilizing at least one age-appropriate patient. ~~The program shall be directed solely toward either the administration of oral conscious sedation to adult patients or the~~

~~administration of oral conscious sedation to minor patients.~~ The program shall include but not be limited to, the following areas:

- (1) Historical, philosophical, and legal aspects of age-appropriate oral conscious sedation of dental patients, including the ~~Business and Professions Code~~.
 - (2) Indications and contraindications for the utilization of age-appropriate oral conscious sedation in dental patients.
 - (3) Patient evaluation and selection through a review of the medical history, physical assessment, and medical consultation.
 - (4) Definitions and characteristics for levels of sedation achieved with oral sedative agents, with special emphasis on the distinctions between conscious/moderate sedation, deep sedation, and general anesthesia as recognized by such organizations as the American Dental Association and the ~~American Academy of Pediatric Dentistry~~ and the board
 - (5) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on, and clinical experience in, establishing and maintaining an age-appropriate patent airway in the patient.
 - (6) Pharmacology of agents used in contemporary oral conscious sedation techniques, including drug interactions, incompatibilities and side effects and adverse reactions.
 - (7) Indications, contraindications, and technique considerations in the use of different contemporary age-appropriate oral conscious sedation modalities for dental patients.
 - (8) Patient monitoring during all stages of the procedure by clinical observation and appropriate mechanical devices for responsiveness, airway patency, and recording of vital signs.
 - (9) Importance of and techniques for maintaining proper documentation of the procedure, including aspects of informed consent, pre- and post-operative instructions, dietary considerations, preoperative health evaluation, rationale for the procedure, baseline and intermittent vital signs, a detailed record of all oral and inhalation drugs administered, the patient response to the drugs, and recovery and discharge criteria.
 - (10) Prevention, recognition and management of complications and life-threatening situations that may arise during age-appropriate oral conscious sedation of the dental patient, including the principles of advanced life support.
- (c) A provider of a course in oral medications and sedation intending to meet the requirements of this section shall submit to the board an application, on form OCS-6 (rev. 07/07), "Application for Course Approval for Oral Conscious Sedation," incorporated herein by reference. The board may approve or deny approval of any such course. Approval shall be granted after an evaluation of all components of the course

has been performed and such evaluation indicates that the course meets the requirements of this section.

(d) Approval by the board of a course in oral medications and sedation shall remain in effect for a period of twenty-four months, unless withdrawn sooner, after which a new application for approval must be submitted to the board.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1647.10, 1647.12 and 1647.20, Business and Professions Code.

§ 1044.4. Documentation of 10 Cases.[Repealed]

~~(a) For the purposes of Section 1647.20(d), an applicant for an oral conscious sedation certificate for adult patients who has been using oral conscious sedation in connection with the treatment of adult patients shall submit the following documentation for each of the 10 cases of oral conscious sedation on form OCS-4 (Rev 03/07) "Documentation of Oral Conscious Sedation Cases," incorporated herein by reference.~~

~~(1) Patient's sex, age, and weight.~~

~~(2) Date of oral conscious sedation procedure.~~

~~(3) Type of dental procedure performed and duration of sedation.~~

~~(4) A description of the method, amount, and specific oral conscious sedation agent administered.~~

~~(5) A statement on how the patient was monitored and by whom.~~

~~(6) Patient's condition at discharge.~~

~~(b) Applicants shall also provide documentation or patient records for each oral conscious sedation case, including preoperative evaluation, medical history, monitoring of vital signs throughout the procedure, and condition at discharge for each patient.~~

~~(c) Applicants shall submit legible copies of the above required information with patient identifying information redacted.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1647.10, 1647.12, 1647.20 and 1647.22, Business and Professions Code.

§ 1044.5. Facility and Equipment Standards.

All equipment shall be maintained, tested and inspected according to the manufacturers' specifications. A facility in which oral conscious sedation is administered to patients pursuant to this article shall also meet the standards set forth below.

(a) Facility and Equipment.

(1) An operatory large enough to adequately accommodate the patient and permit a team consisting of at least three individuals to freely move about the patient.

(2) A table or dental chair which permits the patient to be positioned so the attending team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.

(3) A lighting system which is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system which is battery powered and of sufficient intensity to permit completion of any treatment which may be underway at the time of a general power failure.

(4) An appropriate functional suctioning device that permits aspiration of the oral and pharyngeal cavities. A backup suction device that can function at the time of general power failure must also be available.

(5) A positive-pressure oxygen delivery system capable of administering greater than 90% oxygen at a 10 liter/minute flow for at least sixty minutes (650 liter "E" cylinder), even in the event of a general power failure. All equipment must be age-appropriate and capable of accommodating the patients being seen at the permit-holder's office.

(6) Inhalation sedation equipment, if used in conjunction with oral sedation, must have the capacity for delivering 100%, and never less than 25%, oxygen concentration at a flow rate appropriate for an age appropriate patient's size, and have a fail-safe system. The equipment must be maintained and checked for accuracy at least annually.

(b) Ancillary equipment, which must include the following, and be maintained in good operating condition:

(1) Age-appropriate oral airways capable of accommodating patients of all sizes.

(2) An age-appropriate sphygmomanometer with cuffs of appropriate size for patients of all sizes.

(3) A precordial/pretracheal stethoscope.

(4) A pulse oximeter.

(c) The following records shall be maintained:

(1) An adequate medical history and physical evaluation, updated prior to each administration of oral conscious sedation. Such records shall include, but are not limited to, an assessment including at least visual examination of the airway, the age, sex, weight, physical status (American Society of Anesthesiologists Classification), and rationale for sedation of the ~~minor~~ patient as well as written informed consent of the patient or, as appropriate, patient's conservator, or the informed consent of a person authorized to give such consent for the patient-parent or legal guardian of the patient.

(2) Oral conscious sedation records shall include baseline vital signs. If obtaining baseline vital signs is prevented by the patient's physical resistance or emotional condition, the reason or reasons must be documented. The records shall also include intermittent quantitative monitoring and recording of oxygen saturation, heart and respiratory rates, blood pressure as appropriate for specific techniques, the name, dose and time of administration of all drugs administered including local and inhalation anesthetics, the length of the procedure, any complications of oral sedation, and a statement of the patient's condition at the time of discharge.

(d) An emergency cart or kit shall be available and readily accessible and shall include the necessary and appropriate drugs and age- and size-appropriate equipment to resuscitate a nonbreathing and unconscious patient and provide continuous support while the patient is transported to a medical facility. There must be documentation showing that all emergency equipment and drugs are checked and maintained on a prudent and regularly scheduled basis. Emergency drugs of the following types shall be available:

- (1) Epinephrine
- (2) Bronchodilator
- (3) Appropriate drug antagonists
- (4) Antihistaminic
- (5) Anticholinergic
- (6) Anticonvulsant
- (7) Oxygen
- (8) Dextrose or other antihypoglycemic

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1647.10, 1647.16, 1647.22~~ and 1647.24, Business and Professions Code.

Chapter 3. Dental Auxiliaries

Article 2. Educational Programs

§ 1070.8. Approval of Dental Sedation Assistant Permit Courses.

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a dental sedation assistant permit course to secure and maintain approval by the Board. As used in this Section, the following definitions apply: “IV” means intravenous, “AED” means automated external defibrillator, “CO2” means carbon dioxide, and “ECG” and “EKG” both mean electrocardiogram.

(a)(1) The course director, designated faculty member, or instructional staff member may, in lieu of a license issued by the Board, possess a valid, active, and current license issued in California as a physician and surgeon.

(2) The course director, designated faculty member, or instructional staff member responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(3) Clinical instruction shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or ~~conscious-moderate~~ sedation permit issued by the Board. Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer ~~conscious-moderate~~ sedation, deep sedation, or general anesthesia, who shall be at the patient's chairside while ~~conscious moderate~~ sedation, deep sedation, or general anesthesia is being administered.

(b) The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permitholders are authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks described in ~~subdivisions~~subsections (j), (k), (l), (m), and (n) of this ~~Section~~ during no less than twenty (20) supervised cases utilizing ~~conscious-moderate~~ sedation, deep sedation, or general anesthesia.

(c) The following are minimum requirements for equipment and armamentaria:

(1) One pulse oximeter for each six students; one AED or AED trainer; one capnograph or teaching device for monitoring of end tidal CO2; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank;

one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; stopwatch or timer with second hand for each six students; one heart/lung sounds mannequin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six students; any other monitoring or emergency equipment required by ~~Cal. Code Regs., Title 16, Section 1043~~ for the administration of general anesthesia, deep sedation, or conscious-moderate sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permitholders are authorized to perform according to ~~Business and Professions Code~~ Section 1750.5 of the Code.

(2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permitholders are authorized to perform according to ~~Business and Professions Code~~ Section 1750.5 of the Code.

(3) All students, faculty, and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including the use of an automatic electronic defibrillator.

(d) Areas of instruction shall include, at a minimum, the instruction specified in ~~subdivisions~~subsections (e) to (n), inclusive, as they relate to the duties that dental sedation assistant permitholders are authorized to perform.

(e) General didactic instruction shall contain:

(1) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and respiratory systems, and the central and peripheral nervous system.

(3) Characteristics of anxiety management related to the surgical patient, relatives, and escorts, and characteristics of anxiety and pain reduction techniques.

(4) Overview of the classification of drugs used by patients for cardiac disease, respiratory disease, hypertension, diabetes, neurological disorders, and infectious diseases.

(5) Overview of techniques and specific drug groups utilized for sedation and general anesthesia.

(6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between ~~conscious~~ moderate sedation, deep sedation, and general anesthesia.

(7) Overview of patient monitoring during ~~conscious~~ moderate sedation, deep sedation, and general anesthesia.

(8) Prevention, recognition, and management of complications.

(9) Obtaining informed consent.

(f) With respect to medical emergencies, didactic instruction shall contain:

(1) An overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.

(2) Laboratory instruction shall include the simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training mannequins and other students or staff may be used for simulation. The student shall demonstrate proficiency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this Section.

(g) With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

(1) Psychological considerations.

(2) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between ~~conscious~~ moderate sedation, deep sedation, and general anesthesia.

(4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patient airway.

(5) Overview of pharmacology agents used in contemporary sedation and general anesthesia.

(6) Patient monitoring.

(7) Obtaining informed consent.

(8) Prevention, recognition, and management of complications, including principles of basic life support and resuscitation of pediatric patients.

(h) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(i) With respect to health history and patient assessment, didactic instruction shall include, at a minimum, the recording of the following:

(1) Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.

(2) General anesthesia, deep sedation, or ~~conscious-moderate~~ sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG and use of AED:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope.

(B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.

(C) Characteristics of rhythm interpretation and waveform analysis basics.

(D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.

(E) Characteristics and use of an AED.

(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.

(G) Procedure for use and monitoring of the heart with an EKG machine, including electrode placement, and the adjustment of such equipment.

(H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(D) Use of an AED or AED trainer.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision of faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO₂ with pulse oximeter and capnograph:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.

(B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.

(C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.

(D) Characteristics of manual and automatic respiration assessment.

(E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.

(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.

(G) Procedure for use and maintenance of capnograph.

(H) Characteristics for monitoring blood and skin color and other related factors.

(I) Procedures and use of an oxygen delivery system.

(J) Characteristics of airway management to include armamentaria and use.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

- (A) Assessment of respiration rates.
- (B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
- (C) Monitoring oxygen saturation with a pulse oximeter.
- (D) Use of an oxygen delivery system.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

- (A) Assessment of respiration rates.
- (B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
- (C) Monitoring oxygen saturation with a pulse oximeter.
- (D) Use of an oxygen delivery system.

(l) With respect to drug identification and draw:

(1) Didactic instruction shall contain:

- (A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.
- (B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.
- (C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.

(2) Laboratory instruction: The student shall demonstrate proficiency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff and shall then be eligible to complete a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(m) With respect to adding drugs, medications, and fluids to IV lines:

(1) Didactic instruction shall contain:

- (A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.
- (B) Armamentaria.

(C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.

(D) Procedures for adding drugs, medications, and fluids by IV bolus.

(E) Characteristics of patient observation for signs and symptoms of drug response.

(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, and shall then be eligible to complete a practical examination on this Section.

(3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(n) With respect to the removal of IV lines:

(1) Didactic instruction shall include overview and procedures for the removal of an IV line.

(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal, and shall then be eligible for a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(o) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(p) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (New 10/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.4, 1750.5 and 1752.4, Business and Professions Code.



APPLICATION FOR GENERAL ANESTHESIA PERMIT

<p align="center">FEES</p> <p>Application Fee: \$524.00 (Must be enclosed with application)</p> <p align="center">APPLICATION FEES ARE NON-REFUNDABLE</p>
--

<p align="center"><i>For Office Use Only</i></p> <p>Rec # _____</p> <p>FeePd _____</p> <p>Date Cashiered _____</p> <p>Entity# _____</p> <p>File # _____</p>

<p align="center"><i>For Office Use Only</i></p> <p align="center">Date Received</p>

*This application for a permit to administer deep sedation or general anesthesia ("general anesthesia permit") must be completed in its entirety or the application may be rejected as incomplete. Attach additional sheets if necessary.

* Any material misrepresentation of any information on the application is grounds for denial or subsequent revocation of the permit.

* Under Business and Professions Code sections 31 and 494, the State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied or your permit may be suspended if you have a state tax obligation and the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies.

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:	2. BIRTH DATE (MM/DD/YYYY):	
3. LEGAL NAME: LAST	FIRST	MIDDLE
4. MAILING ADDRESS [ADDRESS OF RECORD – ADDRESS MAY BE A P.O. BOX]:		
5. PRIMARY PRACTICE LOCATION (PHYSICAL ADDRESS):		
6. EMAIL ADDRESS [OPTIONAL]:		
7. TELEPHONE NUMBER:		
8. FAX NUMBER [OPTIONAL]		
9. DENTAL OR MEDICAL LICENSE NUMBER:		

<p>10. APPLICANT RESIDENCY TRAINING.</p> <p>A. FOR DENTAL LICENSEES:</p> <p>HAVE YOU COMPLETED A RESIDENCY PROGRAM IN GENERAL ANESTHESIA OR A RESIDENCY PROGRAM IN ORAL OR MAXILLOFACIAL SURGERY ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION'S COMMISSION ON DENTAL ACCREDITATION?</p> <p>PLEASE SUBMIT WITH THIS APPLICATION A CERTIFICATE OF COMPLETION OR OTHER DOCUMENTARY EVIDENCE SHOWING COMPLETION OF ONE OF THE FOLLOWING:</p> <p>(1) A RESIDENCY PROGRAM IN GENERAL ANESTHESIA ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION COMMISSION ON DENTAL ACCREDITATION; OR</p> <p>(2) A RESIDENCY PROGRAM IN ORAL AND MAXILLOFACIAL SURGERY ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION'S COMMISSION ON DENTAL ACCREDITATION.</p> <p>B. FOR PHYSICIAN AND SURGEON LICENSEES:</p> <p>HAVE YOU COMPLETED A POSTGRADUATE RESIDENCY TRAINING PROGRAM IN ANESTHESIOLOGY THAT IS RECOGNIZED BY THE AMERICAN COUNCIL ON GRADUATE MEDICAL EDUCATION?</p> <p>IF YOU ANSWERED "YES" TO THIS QUESTION, YOU ARE ALSO REQUIRED TO SUBMIT A COPY OF THIS COMPLETED APPLICATION TO THE MEDICAL BOARD OF CALIFORNIA SO THAT THE DENTAL BOARD OF CALIFORNIA MAY VERIFY WITH THAT AGENCY THAT YOU HAVE COMPLETED THE REQUIRED TRAINING (BUSINESS AND PROFESSIONS CODE SECTION 2079).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>11. IN ADDITION TO A GENERAL ANESTHESIA PERMIT, ARE YOU APPLYING FOR A PEDIATRIC ENDORSEMENT TO ADMINISTER DEEP SEDATION AND GENERAL ANESTHESIA TO A PATIENT UNDER 7?</p> <p>IF YOU ANSWERED "YES" TO THIS QUESTION, YOU MUST COMPLETE A SEPARATE APPLICATION FOR A PEDIATRIC ENDORSEMENT AND MEET THE REQUIREMENTS IN SECTION 1043.8.1 OF TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS. YOU MAY APPLY FOR A PEDIATRIC ENDORSEMENT SIMULTANEOUSLY BY SUBMITTING BOTH APPLICATIONS AT THE SAME TIME YOU MAY ALSO APPLY SEPARATELY FOR A PEDIATRIC ENDORSEMENT AT A LATER DATE BY COMPLETING THE APPLICATION AND MEETING THE REQUIREMENTS IN SECTION 1043.8.1.</p> <p>NOTICE: PLEASE SEE ATTACHED MONITORING REQUIREMENTS IN BUSINESS AND PROFESSIONS CODE, SECTION 1646.1, 1646.2, AND CALIFORNIA CODE OF REGULATIONS, TITLE 16, SECTION 1043.8.1.</p> <p>PLEASE CHECK THIS BOX IF YOU WOULD LIKE THE PEDIATRIC ENDORSEMENT APPLICATION PROCESSED ALONG WITH THIS APPLICATION: <input type="checkbox"/></p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>12. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE U.S. MILITARY?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

<p>13. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?</p> <p style="text-align: center;"><i>MILITARY HONORABLE DISCHARGE REQUIREMENTS</i></p> <p>NOTE: PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION: CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DD-214) OR OTHER DOCUMENTARY EVIDENCE SHOWING DATE AND TYPE OF DISCHARGE TO RECEIVE EXPEDITED REVIEW.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>14. DO YOU ALREADY HOLD A VALID LICENSE, OR COMPARABLE AUTHORITY, TO PRACTICE DENTISTRY IN ANOTHER U.S. STATE OR TERRITORY, AND YOUR SPOUSE OR DOMESTIC PARTNER IS AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES AND WAS ASSIGNED TO A DUTY STATION IN CALIFORNIA UNDER OFFICIAL ORDERS? IF YES, YOUR APPLICATION WILL RECEIVE AN EXPEDITED REVIEW.</p> <p style="text-align: center;"><i>MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</i></p> <p>NOTE: IF YOU MEET THE MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENT PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION:</p> <ul style="list-style-type: none"> CERTIFICATE OF MARRIAGE OR CERTIFIED DECLARATION/REGISTRATION OF DOMESTIC PARTNERSHIP FILED WITH THE SECRETARY OF STATE OR OTHER DOCUMENTARY EVIDENCE OF LEGAL UNION WITH AN ACTIVE-DUTY MEMBER OF THE ARMED FORCES A COPY OF YOUR CURRENT DENTAL LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES. A COPY OF THE MILITARY ORDERS ESTABLISHING YOUR SPOUSE OR PARTNER'S DUTY STATION IN CALIFORNIA 	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>15. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU:</p> <ul style="list-style-type: none"> YOU WERE ADMITTED TO THE UNITED STATES AS A REFUGEE PURSUANT TO SECTION 1157 OF TITLE 8 OF THE UNITED STATES CODE; OR YOU WERE GRANTED ASYLUM BY THE SECRETARY OF HOMELAND SECURITY OR THE ATTORNEY GENERAL OF THE UNITED STATES PURSUANT TO SECTION 1158 OF TITLE 8 OF THE UNITED STATES CODE; OR, YOU HAVE A SPECIAL IMMIGRANT VISA AND WERE GRANTED A STATUS PURSUANT TO SECTION 1244 OF THE PUBLIC LAW 110-181, PUBLIC LAW 109-163, OR SECTION 602(b) OF TITLE VI OF DIVISION F OF PUBLIC LAW 111-8 [RELATING TO IRAQI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT]. <p>IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER AS PROVIDED BELOW. FAILURE TO DO SO MAY RESULT IN APPLICATION PROCESSING. "EVIDENCE" SHALL INCLUDE:</p> <ul style="list-style-type: none"> FORM I-94, ARRIVAL/DEPARTURE RECORD, WITH AN ADMISSION CLASS CODE SUCH AS "RE" (REFUGEE) OR "AY" (ASYLEE) OR OTHER INFORMATION DESIGNATING THE PERSON A REFUGEE OR ASYLEE. SPECIAL IMMIGRANT VISA THAT INCLUDES THE "SI" OR "SQ" PERMANENT RESIDENT CARD (FORM I-551), COMMONLY KNOWN AS A "GREEN CARD," WITH A CATEGORY DESIGNATION INDICATING THAT THE PERSON WAS ADMITTED AS A REFUGEE OR ASYLEE. AN ORDER FROM A COURT OF COMPETENT JURISDICTION OR OTHER DOCUMENTARY EVIDENCE THAT PROVIDES REASONABLE ASSURANCES TO THE BOARD THAT THE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE PER BUSINESS AND PROFESSIONS CODE SECTION 135.4. 	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

FACILITIES AND EQUIPMENT REQUIREMENTS - ALL EQUIPMENT MUST BE MAINTAINED, TESTED, AND INSPECTED ACCORDING TO THE MANUFACTURERS' SPECIFICATIONS. IN AN OFFICE WHERE SEDATION SERVICES ARE TO BE PROVIDED PEDIATRIC PATIENTS, THE REQUIRED EQUIPMENT, MEDICATION AND RESUSCITATIVE CAPABILITIES SHALL BE APPROPRIATELY SIZED FOR USE ON A PEDIATRIC POPULATION.		
16. DOES THE FACILITY HAVE AN OPERATING THEATER LARGE ENOUGH TO ADEQUATELY ACCOMMODATE THE PATIENT ON A TABLE OR IN AN OPERATING CHAIR AND PERMIT AN OPERATING TEAM CONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
17. DOES THE FACILITY HAVE AN OPERATING TABLE OR CHAIR THAT PERMITS THE PATIENT TO BE POSITIONED SO THE OPERATING TEAM CAN MAINTAIN THE AIRWAY, QUICKLY ALTER PATIENT POSITION IN AN EMERGENCY, AND PROVIDE A FIRM PLATFORM FOR THE MANAGEMENT OF CARDIOPULMONARY RESUSCITATION?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
18. DOES THE FACILITY HAVE A LIGHTING SYSTEM THAT IS ADEQUATE TO PERMIT EVALUATION OF THE PATIENT'S SKIN AND MUCOSAL COLOR AND A BACKUP LIGHTING SYSTEM WHICH IS BATTERY POWERED AND OF SUFFICIENT INTENSITY TO PERMIT COMPLETION OF ANY OPERATION UNDERWAY AT THE TIME OF GENERAL POWER FAILURE?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
19. DOES THE FACILITY HAVE SUCTION EQUIPMENT THAT PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES AND A BACKUP SUCTION DEVICE THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
20. DOES THE FACILITY HAVE AN OXYGEN DELIVERY SYSTEM WITH ADEQUATE FULLFACE MASKS AND APPROPRIATE CONNECTORS THAT IS CAPABLE OF ALLOWING THE ADMINISTERING OF GREATER THAN 90% OXYGEN AT A 10 LITER/MINUTE FLOW AT LEAST SIXTY MINUTES (650 LITER "E" CYLINDER) TO THE PATIENT UNDER POSITIVE PRESSURE, TOGETHER WITH AN ADEQUATE BACKUP SYSTEM THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
21. DOES THE FACILITY HAVE A RECOVERY AREA THAT HAS AVAILABLE OXYGEN, ADEQUATE LIGHTING, SUCTION AND ELECTRICAL OUTLETS? THE RECOVERY AREA CAN BE THE OPERATING THEATER.	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
22. DOES THE FACILITY HAVE ANCILLARY EQUIPMENT MAINTAINED IN GOOD OPERATING CONDITION, WHICH MUST INCLUDE ALL OF THE FOLLOWING:	YES	<input type="checkbox"/>
(a) LARYNGOSCOPE COMPLETE WITH ADEQUATE SELECTION OF BLADES AND SPARE BATTERIES AND BULB. (b) ENDOTRACHEAL TUBES AND APPROPRIATE CONNECTORS. (c) EMERGENCY AIRWAY EQUIPMENT (ORAL AIRWAYS, LARYNGEAL MASK AIRWAYS OR COMBITUBES, CRICOTHYROTOMY DEVICE). (d) TONSILLAR OR PHARYNGEAL TYPE SUCTION TIPS ADAPTABLE TO ALL OFFICE OUTLETS. (e) ENDOTRACHEAL TUBE FORCEPS. (f) SPHYGMOMANOMETER AND STETHOSCOPE. (g) ELECTROCARDIOSCOPE AND DEFIBRILLATOR. (h) ADEQUATE EQUIPMENT FOR THE ESTABLISHMENT OF AN INTRAVENOUS INFUSION. (i) PRECORDIAL/PRETRACHEAL STETHOSCOPE. (j) PULSE OXIMETER (k) CAPNOGRAPH AND TEMPERATURE DEVICE. PATIENTS RECEIVING DEEP SEDATION, GENERAL ANESTHESIA, OR MODERATE SEDATION SHALL HAVE VENTILATION CONTINUOUSLY MONITORED DURING THE PROCEDURE BY TWO OF THE FOLLOWING METHODS: (i) AUSCULTATION OF BREATH SOUNDS USING A PRECORDIAL STETHOSCOPE. (ii) MONITORING FOR THE PRESENCE OF EXHALED CARBON DIOXIDE WITH CAPNOGRAPHY.	NO	<input type="checkbox"/>

RECORDS - DO YOU MAINTAIN THE FOLLOWING RECORDS?	
23. ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION RECORDS UPDATED PRIOR TO EACH ADMINISTRATION OF DEEP SEDATION AND GENERAL ANESTHESIA. SUCH RECORDS SHALL INCLUDE BUT ARE NOT LIMITED TO THE RECORDING OF THE AGE, SEX, WEIGHT, PHYSICAL STATUS (AMERICAN SOCIETY OF ANESTHESIOLOGISTS CLASSIFICATION), MEDICATION USE, ANY KNOWN OR SUSPECTED MEDICALLY COMPROMISING CONDITIONS, RATIONALE FOR SEDATION OF THE PATIENT, AND AN EVALUATION OF THE AIRWAY, AND AUSCULTATION OF THE HEART AND LUNGS AS MEDICALLY REQUIRED.	YES <input type="checkbox"/> NO <input type="checkbox"/>
24. GENERAL ANESTHESIA OR DEEP SEDATION RECORDS, WHICH SHALL INCLUDE A TIME-ORIENTED RECORD WITH PREOPERATIVE, MULTIPLE INTRAOPERATIVE, AND POSTOPERATIVE PULSE OXIMETRY (EVERY 5 MINUTES INTRAOPERATIVELY AND EVERY 15 MINUTES POSTOPERATIVELY FOR GENERAL ANESTHESIA OR DEEP SEDATION) AND BLOOD PRESSURE AND PULSE READINGS, (BOTH EVERY 5 MINUTES INTRAOPERATIVELY FOR GENERAL ANESTHESIA OR DEEP SEDATION) DRUGS, AMOUNTS ADMINISTERED AND TIME ADMINISTERED, LENGTH OF THE PROCEDURE, ANY COMPLICATIONS OF ANESTHESIA OR SEDATION AND A STATEMENT OF THE PATIENT'S CONDITION AT TIME OF DISCHARGE.	YES <input type="checkbox"/> NO <input type="checkbox"/>
25. RECORDS INCLUDING THE CATEGORY OF THE PROVIDER RESPONSIBLE FOR SEDATION OVERSIGHT, THE CATEGORY OF THE PROVIDER DELIVERING SEDATION, THE CATEGORY OF THE PROVIDER MONITORING THE PATIENT DURING SEDATION, WHETHER THE PERSON SUPERVISING THE SEDATION PERFORMED ONE OR MORE OF THE PROCEDURES.	YES <input type="checkbox"/> NO <input type="checkbox"/>
26. WRITTEN INFORMED CONSENT OF THE PATIENT, OR, AS APPROPRIATE, PATIENT'S CONSERVATOR, OR THE INFORMED CONSENT OF A PERSON AUTHORIZED TO GIVE SUCH CONSENT FOR THE PATIENT IF THE PATIENT IS A MINOR, OR HIS OR HER PARENT OR GUARDIAN, PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 1682(e).	YES <input type="checkbox"/> NO <input type="checkbox"/>
27. DRUGS - DO YOU MAINTAIN EMERGENCY DRUGS OF THE FOLLOWING TYPES AT ALL TIMES IN CONNECTION WITH THE ADMINISTRATION OF DEEP SEDATION OR GENERAL ANESTHESIA? <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> • EPINEPHRINE (EPI) • VASOPRESSOR (OTHER THAN EPI) • BRONCHODILATOR • MUSCLE RELAXANT • INTRAVENOUS MEDICATION FOR TREATMENT OF CARDIOPULMONARY ARREST • APPROPRIATE DRUGS ANTAGONIST • ANTIHISTAMINIC <ul style="list-style-type: none"> • ANTICHOLINERGIC • ANTIARRHYTHMIC • CORONARY ARTERY VASODILATOR • ANTIHYPERTENSIVE • ANTICONVULSANT • OXYGEN • 50% DEXTROSE OR OTHER ANTIHYPOGLYCEMIC </div>	YES <input type="checkbox"/> NO <input type="checkbox"/>
28. EMERGENCIES - ARE YOU COMPETENT TO TREAT ALL OF THE FOLLOWING EMERGENCIES? <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> • AIRWAY OBSTRUCTION • BRONCHOSPASM • EMESIS AND ASPIRATION OF FOREIGN MATERIAL UNDER ANESTHESIA • ANGINA PECTORIS • MYOCARDIAL INFARCTION • HYPOTENSION • HYPERTENSION • CARDIAC ARREST <ul style="list-style-type: none"> • ALLERGIC REACTION • CONVULSIONS • HYPOGLYCEMIA • SYNCOPE • RESPIRATORY DEPRESSION </div>	YES <input type="checkbox"/> NO <input type="checkbox"/>
29. STAFF - ARE DENTAL OFFICE PERSONNEL DIRECTLY INVOLVED WITH THE CARE OF PATIENTS UNDERGOING DEEP SEDATION OR GENERAL ANESTHESIA CERTIFIED IN BASIC CARDIAC LIFE SUPPORT (CPR)?	YES <input type="checkbox"/> NO <input type="checkbox"/>

30. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF DEEP SEDATION OR GENERAL ANESTHESIA IF YOU ARE A PHYSICIAN AND SURGEON APPLYING FOR THIS PERMIT, PROVIDE THE NAMES OF ANY HOSPITALS WHERE YOU HAVE MEMBERSHIP ON THE MEDICAL STAFF.

IF NECESSARY, CONTINUE ON THE BACK OF THIS PAGE.

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including any attached statements, is true and correct.

Date

Signature of Applicant

INFORMATION COLLECTION AND ACCESS Except for the email address and fax number, the information requested herein is mandatory and is maintained by the Dental Board of California (Board), 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code (BPC) sections 1600 et seq. The Board collects the personal information requested on the following form as authorized by BPC sections 27, 30, 31, 114.5, 115.4, 135.4, 480, 494.5, 1646.1, 1646.2, 1646.9, 1715, and Title 16, California Code of Regulations sections 1043.1, 1043.3, and 1043.4. The Board uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by sections 29.5, 30, 31, and 494.5 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. § 405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Board makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

BUSINESS AND PROFESSIONS CODE § 1646.1. Requirements for administration of deep sedation or general anesthesia on outpatient basis; Requirements for administration to pediatric patients; Applicability [Operative January 1, 2022]

(a) A dentist shall possess either a current license in good standing and a general anesthesia permit issued by the board or a permit under Section 1638 or 1640 and a general anesthesia permit issued by the board in order to administer or order the administration of deep sedation or general anesthesia on an outpatient basis for dental patients.

(b) A dentist shall possess a pediatric endorsement of their general anesthesia permit to administer or order the administration of deep sedation or general anesthesia to patients under seven years of age. (c) A dentist shall be physically within the dental office at the time of ordering, and during the administration of, general anesthesia or deep sedation.

(d) For patients under 13 years of age, all of the following shall apply:

(1) The operating dentist and at least two additional personnel shall be present throughout the procedure involving deep sedation or general anesthesia.

(2) If the operating dentist is the permitted anesthesia provider, then both of the following shall apply:

(A) The operating dentist and at least one of the additional personnel shall maintain current certification in Pediatric Advanced Life Support (PALS) or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8. The additional personnel who is certified in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management shall be solely dedicated to monitoring the patient and shall be trained to read and respond to monitoring equipment including, but not limited to, pulse oximeter, cardiac monitor, blood pressure, pulse, capnograph, and respiration monitoring devices.

(B) The operating dentist shall be responsible for initiating and administering any necessary emergency response.

(3) If a dedicated permitted anesthesia provider is monitoring the patient and administering deep sedation or general anesthesia, both of the following shall apply:

(A) The anesthesia provider and the operating dentist, or one other trained personnel, shall be present throughout the procedure and shall maintain current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8.

(B) The anesthesia provider shall be responsible for initiating and administering any necessary emergency response and the operating dentist, or other trained and designated personnel, shall assist the anesthesia provider in emergency response.

(e) This article does not apply to the administration of local anesthesia, minimal sedation, or moderate sedation.

(Added Stats 2018 ch 929 § 4 (SB 501), effective January 1, 2019, operative January 1, 2022.)

§ 1646.2. General anesthesia permit application procedure and requirements; Pediatric endorsement requirements [Operative January 1, 2022]

(a) A dentist who desires to administer or order the administration of deep sedation or general anesthesia shall apply to the board on an application form prescribed by the board. The dentist must submit an application fee and produce evidence showing that he or she has successfully completed a minimum of one year of advanced training in anesthesiology and related academic subjects approved by the board, or equivalent training or experience approved by the board, beyond the undergraduate school level.

(b) The application for a permit shall include documentation that equipment and drugs required by the board are on the premises.

(c) A dentist may apply for a pediatric endorsement for the general anesthesia permit by providing proof of successful completion of all of the following:

(1) A Commission on Dental Accreditation (CODA)-accredited or equivalent residency training program that provides competency in the administration of deep sedation and general anesthesia on pediatric patients.

(2) At least 20 cases of deep sedation or general anesthesia to patients under seven years of age in the 24-month time period directly preceding application for a pediatric endorsement to establish competency, both at the time of initial application and at renewal. The applicant or permitholder shall maintain and be able to provide proof of these cases upon request by the board for up to three permit renewal periods.

(3) Current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) or other board-approved training in pediatric life support and airway management, pursuant to Section 1601.8, for the duration of the permit.

(d) Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of pediatric sedation to patients under seven years of age may administer deep sedation and general anesthesia to patients under seven years of age under the direct supervision of a general anesthesia permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 cases required to qualify for the applicant's pediatric endorsement.

(Added Stats 2018 ch 929 § 4 (SB 501), effective January 1, 2019, operative January 1, 2022.)

§ 1043.8.1. Application for Pediatric Endorsement; Documentation of 20 General Anesthesia or Moderate Sedation Cases; Additional Requirements for Applicant Investigation; Legible Copies of Records.

(a) For the purposes of Sections 1646.2(c) and 1646.9 of the Code, submission of a completed application to the Board for a pediatric endorsement for a general anesthesia permit shall include the following information and documents:

(1) Name, mailing address or address of record, physical address, dental or medical license number, and applicant's general anesthesia permit number, if any;

(2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1646.2 for a dental licensee or Section 1646.9 for a physician and surgeon licensee;

(3) A completed Form PE-1 (05/2021) "Documentation of Deep Sedation and General Anesthesia or Moderate Sedation Cases for Pediatric Endorsement," which is hereby incorporated by reference;

(4) A certificate or other documentary evidence of current certification in Advanced Cardiac Life Support (ACLS) and Pediatric

Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);

(5) An application fee as set forth in section 1021; and,

(6) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.

(b) For the purpose of Section 1647.3(d) of the Code, submission of a completed application to the Board for a pediatric endorsement for a moderate sedation permit for patients under thirteen years of age shall include the following information and documents:

(1) Name, mailing address or address of record, physical address, dental license number, and applicant's moderate sedation permit number, if any;

(2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1647.3 of the Code;

(3) A completed Form PE-1 as provided in this section;

(4) A certificate or other documentary evidence of current certification in ~~Advanced Cardiac Life Support (ACLS)~~ and Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);

(6) An application fee as set forth in section 1021; and,

(7) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.

(c) An applicant for a pediatric endorsement who seeks to use general anesthesia or moderate sedation in the treatment of pediatric patients under 13 years of age or seven years of age shall submit to the Board information to document each of the 20 cases of deep sedation and general anesthesia or moderate sedation required by Sections 1646.2 and 1647.3 of the Code on Form PE-1 which is hereby incorporated by reference.

(d) Upon request by the Board in any investigation of the information provided on Form PE-1, applicants shall also provide documentation or patient records for each deep sedation and general anesthesia or moderate sedation pediatric case listed on Form PE-1, including preoperative evaluation, medical history, monitoring of vital signs throughout the procedure, and condition at discharge.

(e) Applicants shall submit legible copies of the information required by this section with pediatric patient identifying information redacted.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 27, 108, 1611.5, 1646.1, 1646.2, 1647.2 and 1647.3, 1646.9, Business and Professions Code.



APPLICATION FOR MODERATE SEDATION PERMIT

<p align="center">FEES</p> <p>Application Fee: \$524.00 (Must be enclosed with application)</p> <p align="center">APPLICATION FEES ARE NON-REFUNDABLE</p>
--

<p align="center"><i>For Office Use Only</i></p> <p>Rec # _____</p> <p>FeePd _____</p> <p>Date Cashiered _____</p> <p>Entity# _____</p> <p>File # _____</p>

<p align="center"><i>For Office Use Only</i></p> <p align="center">Date Received</p>

*This application must be completed in its entirety or the application may be rejected as incomplete. Attach additional sheets if necessary.

* Any material misrepresentation of any information on the application is grounds for denial or subsequent revocation of the permit.

* Under Business and Professions Code sections 31 and 494, the State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied or your permit may be suspended if you have a state tax obligation and the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies.

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:	2. BIRTH DATE (MM/DD/YYYY):	
3. LEGAL NAME: LAST	FIRST	MIDDLE
4. MAILING ADDRESS (ADDRESS OF RECORD -- ADDRESS MAY BE A P.O. BOX):		
5. PRIMARY PRACTICE LOCATION (PHYSICAL ADDRESS)		
6. EMAIL ADDRESS [OPTIONAL]:		
7. TELEPHONE NUMBER:		
8. FAX NUMBER [OPTIONAL]		
9. DENTAL LICENSE NUMBER:		

<p>10. MODERATE SEDATION TRAINING.</p> <p>HAVE YOU SUCCESSFULLY COMPLETED TRAINING IN MODERATE SEDATION? FOR PURPOSES OF THIS SECTION, TRAINING CONSISTS OF ALL OF THE FOLLOWING:</p> <p>(1) AT LEAST 60 HOURS OF INSTRUCTION;</p> <p>(2) SATISFACTORY COMPLETION OF AT LEAST 20 CASES OF ADMINISTRATION OF MODERATE SEDATION FOR A VARIETY OF DENTAL PROCEDURES.; AND,</p> <p>(3) COMPLIES WITH THE REQUIREMENTS OF THE GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO DENTISTS AND DENTAL STUDENTS OF THE AMERICAN DENTAL ASSOCIATION, INCLUDING, BUT NOT LIMITED TO, CERTIFICATION OF COMPETENCE IN RESCUING PATIENTS FROM A DEEPER LEVEL OF SEDATION THAN INTENDED, AND MANAGING THE AIRWAY, INTRAVASCULAR OR INTRAOSSEOUS ACCESS, AND REVERSAL MEDICATIONS.</p> <p>IF YES, PLEASE SUBMIT A COMPLETED "CERTIFICATION OF MODERATE SEDATION TRAINING" (MSP-2 (New 05/21) WITH THIS APPLICATION.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>11. IN ADDITION TO THE MODERATE SEDATION PERMIT, ARE YOU APPLYING FOR A PEDIATRIC ENDORSEMENT TO ADMINISTER MODERATE SEDATION TO A PEDIATRIC PATIENT UNDER 13 YEARS OF AGE?</p> <p>IF YOU ANSWERED "YES" TO THIS QUESTION, YOU MUST COMPLETE A SEPARATE APPLICATION FOR A PEDIATRIC ENDORSEMENT AND MEET THE REQUIREMENTS IN SECTION 1043.8.1 OF TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS. YOU MAY APPLY FOR A PEDIATRIC ENDORSEMENT SIMULTANEOUSLY BY SUBMITTING BOTH APPLICATIONS AT THE SAME TIME. YOU MAY ALSO APPLY SEPARATELY FOR A PEDIATRIC ENDORSEMENT AT A LATER DATE BY COMPLETING THE APPLICATION AND MEETING THE REQUIREMENTS IN SECTION 1043.8.1.</p> <p>NOTICE: PLEASE SEE ATTACHED MONITORING REQUIREMENTS IN BUSINESS AND PROFESSIONS CODE, SECTION 1647.2, 1647.3, AND CALIFORNIA CODE OF REGULATIONS, TITLE 16, SECTION 1043.8.1.</p> <p>PLEASE CHECK THIS BOX IF YOU WOULD LIKE THE PEDIATRIC ENDORSEMENT APPLICATION PROCESSED ALONG WITH THIS APPLICATION: <input type="checkbox"/></p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>12. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE U.S. MILITARY?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>13. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?</p> <p><i>MILITARY HONORABLE DISCHARGE REQUIREMENTS</i></p> <p>NOTE: PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION: CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DD-214) OR OTHER DOCUMENTARY EVIDENCE SHOWING DATE AND TYPE OF DISCHARGE TO RECEIVE EXPEDITED REVIEW.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

<p>14. DO YOU ALREADY HOLD A VALID LICENSE, OR COMPARABLE AUTHORITY, TO PRACTICE DENTISTRY IN ANOTHER U.S. STATE OR TERRITORY, AND YOUR SPOUSE OR DOMESTIC PARTNER IS AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES AND WAS ASSIGNED TO A DUTY STATION IN CALIFORNIA UNDER OFFICIAL ORDERS? IF YES, YOUR APPLICATION WILL RECEIVE AN EXPEDITED REVIEW.</p> <p style="text-align: center;"><i>MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</i></p> <p>NOTE: IF YOU MEET THE MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENT PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION:</p> <ul style="list-style-type: none"> • CERTIFICATE OF MARRIAGE OR CERTIFIED DECLARATION/REGISTRATION OF DOMESTIC PARTNERSHIP FILED WITH THE SECRETARY OF STATE OR OTHER DOCUMENTARY EVIDENCE OF LEGAL UNION WITH AN ACTIVE-DUTY MEMBER OF THE ARMED FORCES • A COPY OF YOUR CURRENT DENTAL LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES. • A COPY OF THE MILITARY ORDERS ESTABLISHING YOUR SPOUSE OR PARTNER'S DUTY STATION IN CALIFORNIA 	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>15. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU:</p> <ul style="list-style-type: none"> • YOU WERE ADMITTED TO THE UNITED STATES AS A REFUGEE PURSUANT TO SECTION 1157 OF TITLE 8 OF THE UNITED STATES CODE; • YOU WERE GRANTED ASYLUM BY THE SECRETARY OF HOMELAND SECURITY OR THE ATTORNEY GENERAL OF THE UNITED STATES PURSUANT TO SECTION 1158 OF TITLE 8 OF THE UNITED STATES CODE; OR, • YOU HAVE A SPECIAL IMMIGRANT VISA AND WERE GRANTED A STATUS PURSUANT TO SECTION 1244 OF THE PUBLIC LAW 110-181, PUBLIC LAW 109-163, OR SECTION 602(b) OF TITLE VI OF DIVISION F OF PUBLIC LAW 111-8, [RELATING TO IRAQI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT]. <p>IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER AS PROVIDED BELOW. FAILURE TO DO SO MAY RESULT IN APPLICATION PROCESSING DELAYS. "EVIDENCE" SHALL INCLUDE:</p> <ul style="list-style-type: none"> • FORM I-94, ARRIVAL/DEPARTURE RECORD, WITH AN ADMISSION CLASS CODE SUCH AS "RE" (REFUGEE) OR "AY" (ASYLEE) OR OTHER INFORMATION DESIGNATING THE PERSON A REFUGEE OR ASYLEE. • SPECIAL IMMIGRANT VISA THAT INCLUDES THE "SI" OR "SQ" • PERMANENT RESIDENT CARD (FORM I-551), COMMONLY KNOWN AS A "GREEN CARD," WITH A CATEGORY DESIGNATION INDICATING THAT THE PERSON WAS ADMITTED AS A REFUGEE OR ASYLEE. • AN ORDER FROM A COURT OF COMPETENT JURISDICTION OR OTHER DOCUMENTARY EVIDENCE THAT PROVIDES REASONABLE ASSURANCES TO THE BOARD THAT THE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE PER BUSINESS AND PROFESSIONS CODE SECTION 135.4. 	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

FACILITIES AND EQUIPMENT REQUIREMENTS - ALL EQUIPMENT SHOULD BE MAINTAINED, TESTED, AND INSPECTED ACCORDING TO THE MANUFACTURERS' SPECIFICATIONS. IN AN OFFICE WHERE SEDATION SERVICES ARE TO BE PROVIDED PEDIATRIC PATIENTS, THE REQUIRED EQUIPMENT, MEDICATION AND RESUSCITATIVE CAPABILITIES SHALL BE APPROPRIATELY SIZED FOR USE ON A PEDIATRIC POPULATION.	
16. DOES THE FACILITY HAVE AN OPERATING THEATER LARGE ENOUGH TO ADEQUATELY ACCOMMODATE THE PATIENT ON A TABLE OR IN AN OPERATING CHAIR AND PERMIT AN OPERATING TEAM CONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
17. DOES THE FACILITY HAVE AN OPERATING TABLE OR CHAIR THAT PERMITS THE PATIENT TO BE POSITIONED SO THE OPERATING TEAM CAN MAINTAIN THE AIRWAY, QUICKLY ALTER PATIENT POSITION IN AN EMERGENCY, AND PROVIDE A FIRM PLATFORM FOR THE MANAGEMENT OF CARDIOPULMONARY RESUSCITATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
18. DOES THE FACILITY HAVE A LIGHTING SYSTEM THAT IS ADEQUATE TO PERMIT EVALUATION OF THE PATIENT'S SKIN AND MUCOSAL COLOR AND A BACKUP LIGHTING SYSTEM WHICH IS BATTERY POWERED AND OF SUFFICIENT INTENSITY TO PERMIT COMPLETION OF ANY OPERATION UNDERWAY AT THE TIME OF GENERAL POWER FAILURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
19. DOES THE FACILITY HAVE SUCTION EQUIPMENT THAT PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES AND A BACKUP SUCTION DEVICE THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
20. DOES THE FACILITY HAVE AN OXYGEN DELIVERY SYSTEM WITH ADEQUATE FULLFACE MASKS AND APPROPRIATE CONNECTORS THAT IS CAPABLE OF ALLOWING THE ADMINISTERING OF GREATER THAN 90% OXYGEN AT A 10 LITER/MINUTE FLOW AT LEAST SIXTY MINUTES (650 LITER "E" CYLINDER) TO THE PATIENT UNDER POSITIVE PRESSURE, TOGETHER WITH AN ADEQUATE BACKUP SYSTEM THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
21. DOES THE FACILITY HAVE A RECOVERY AREA THAT HAS AVAILABLE OXYGEN, ADEQUATE LIGHTING, SUCTION AND ELECTRICAL OUTLETS? THE RECOVERY AREA CAN BE THE OPERATING THEATER.	YES <input type="checkbox"/> NO <input type="checkbox"/>
22. ANCILLARY EQUIPMENT MAINTAINED IN GOOD OPERATING CONDITION, WHICH MUST INCLUDE ALL OF THE FOLLOWING: (a) EMERGENCY AIRWAY EQUIPMENT (ORAL AIRWAYS, LARYNGEAL MASK AIRWAYS OR COMBITUBES, CRICOTHYROTOMY DEVICE). (b) TONSILLAR OR PHARYNGEAL TYPE SUCTION TIPS ADAPTABLE TO ALL OFFICE OUTLETS. (c) SPHYGMOMANOMETER AND STETHOSCOPE. (d) ADEQUATE EQUIPMENT FOR THE ESTABLISHMENT OF AN INTRAVENOUS INFUSION. (e) PRECORDIAL/PRETRACHEAL STETHOSCOPE. (f) PULSE OXIMETER (g) CAPNOGRAPH AND TEMPERATURE DEVICE. PATIENTS RECEIVING MODERATE SEDATION SHALL HAVE VENTILATION CONTINUOUSLY MONITORED DURING THE PROCEDURE BY TWO OF THE FOLLOWING THREE METHODS: (I) AUSCULTATION OF BREATH SOUNDS USING A PRECORDIAL STETHOSCOPE. (II) MONITORING FOR THE PRESENCE OF EXHALED CARBON DIOXIDE WITH CAPNOGRAPHY. (III) VERBAL COMMUNICATION WITH A PATIENT UNDER MODERATE SEDATION.	YES <input type="checkbox"/> NO <input type="checkbox"/>

RECORDS - DO YOU MAINTAIN THE FOLLOWING RECORDS?		YES	NO
23. ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION RECORDS UPDATED PRIOR TO EACH ADMINISTRATION OF MODERATE SEDATION. SUCH RECORDS SHALL INCLUDE BUT ARE NOT LIMITED TO THE RECORDING OF THE AGE, SEX, WEIGHT, PHYSICAL STATUS (AMERICAN SOCIETY OF ANESTHESIOLOGISTS CLASSIFICATION), MEDICATION USE, ANY KNOWN OR SUSPECTED MEDICALLY COMPROMISING CONDITIONS, RATIONALE FOR SEDATION OF THE PATIENT, AND AN EVALUATION OF THE AIRWAY		<input type="checkbox"/>	<input type="checkbox"/>
24. MODERATE SEDATION RECORDS, WHICH SHALL INCLUDE A TIME-ORIENTED RECORD WITH PREOPERATIVE, MULTIPLE INTRAOPERATIVE, AND POSTOPERATIVE PULSE OXIMETRY (EVERY 5 MINUTES INTRAOPERATIVELY), DRUGS (AMOUNTS ADMINISTERED AND TIME ADMINISTERED), LENGTH OF THE PROCEDURE, ANY COMPLICATIONS OF SEDATION AND A STATEMENT OF THE PATIENT'S CONDITION AT TIME OF DISCHARGE.		<input type="checkbox"/>	<input type="checkbox"/>
25. RECORDS INCLUDING THE CATEGORY OF THE PROVIDER RESPONSIBLE FOR SEDATION OVERSIGHT, THE CATEGORY OF THE PROVIDER DELIVERING SEDATION, THE CATEGORY OF THE PROVIDER MONITORING THE PATIENT DURING SEDATION, AND WHETHER THE PERSON SUPERVISING THE SEDATION PERFORMED ONE OR MORE OF THE PROCEDURES.		<input type="checkbox"/>	<input type="checkbox"/>
26. WRITTEN INFORMED CONSENT OF THE PATIENT, OR, AS APPROPRIATE, PATIENT'S CONSERVATOR, OR THE INFORMED CONSENT OF A PERSON AUTHORIZED TO GIVE SUCH CONSENT FOR THE PATIENT IF THE PATIENT IS A MINOR, OR HIS OR HER PARENT OR GUARDIAN, PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 1682(e).		<input type="checkbox"/>	<input type="checkbox"/>
27. DRUGS - DO YOU MAINTAIN EMERGENCY DRUGS OF THE FOLLOWING TYPES AT ALL TIMES IN CONNECTION WITH THE ADMINISTRATION OF MODERATE SEDATION? <ul style="list-style-type: none"> • EPINEPHRINE (EPI) • VASOPRESSOR (OTHER THAN EPI) • BRONCHODILATOR • APPROPRIATE DRUG ANTAGONIST • ANTIHISTAMINIC • ANTICHOLINERGIC • CORONARY ARTERY VASODILATOR • ANTICONVULSANT • OXYGEN • 50% DEXTROSE OR OTHER ANTIHYPOGLYCEMIC 		<input type="checkbox"/>	<input type="checkbox"/>
28. EMERGENCIES - ARE YOU COMPETENT TO TREAT ALL OF THE FOLLOWING EMERGENCIES? <ul style="list-style-type: none"> • AIRWAY OBSTRUCTION • BRONCHOSPASM • EMESIS AND ASPIRATION OF FOREIGN MATERIAL UNDER ANESTHESIA • ANGINA PECTORIS • MYOCARDIAL INFARCTION • HYPOTENSION • HYPERTENSION • CARDIAC ARREST • ALLERGIC REACTION • CONVULSIONS • HYPOGLYCEMIA • SYNCOPE • RESPIRATORY DEPRESSION 		<input type="checkbox"/>	<input type="checkbox"/>
29. STAFF - ARE DENTAL OFFICE PERSONNEL DIRECTLY INVOLVED WITH THE CARE OF PATIENTS UNDERGOING MODERATE SEDATION CERTIFIED IN BASIC CARDIAC LIFE SUPPORT (CPR)?		<input type="checkbox"/>	<input type="checkbox"/>

30. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF MODERATE SEDATION. ALL OFFICES SHALL MEET THE STANDARDS SET FORTH IN THE BOARD'S REGULATIONS IN ARTICLE 5 (COMMENCING WITH SECTION 1043) OF TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS.

IF NECESSARY, CONTINUE ON THE BACK OF THIS PAGE.

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including any attachments, is true and correct.

<hr/>	<hr/>
Date	Signature of Applicant

INFORMATION COLLECTION AND ACCESS Except for the email address and fax number, the information requested herein is mandatory and is maintained by the Dental Board of California (Board), 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code (BPC) sections 1600 et seq. The Board collects the personal information requested on the following form as authorized by BPC sections 27, 30, 31, 114.5, 115.4, 135.4, 480, 494.5, 1647.2, 1647.3, 1715, and Title 16, California Code of Regulations sections 1043.1, 1043.3, and 1043.4. The Board uses this information to identify and evaluate applicants for permit or licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by sections 29.5, 30, 31, and 494.5 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. § 405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Board makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

BUSINESS AND PROFESSIONS CODE § 1647.2. Requirements for administration of moderate sedation on outpatient basis; Requirements for administration to pediatric patients; Applicability [Operative January 1, 2022]

(a) A dentist may administer or order the administration of moderate sedation on an outpatient basis for a dental patient if one of the following conditions is met:

(1) The dentist possesses a current license in good standing and either holds a valid general anesthesia permit or obtains a moderate sedation permit.

(2) The dentist possesses a current permit under Section 1638 or 1640 and either holds a valid general anesthesia permit or obtains a moderate sedation permit.

(b) A dentist shall obtain a pediatric endorsement on the moderate sedation permit prior to administering moderate sedation to a patient under 13 years of age.

(c)(1) A dentist who orders the administration of moderate sedation shall be physically present in the treatment facility while the patient is sedated.

(2) For patients under 13 years of age, there shall be at least two support personnel in addition to the operating dentist present at all times during the procedure involving moderate sedation. The operating dentist and one personnel member shall maintain current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8. The personnel member with current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management shall be dedicated to monitoring the patient during the procedure involving moderate sedation and may assist with interruptible patient-related tasks of short duration, such as holding an instrument.

(d) A dentist with a moderate sedation permit or a moderate sedation permit with a pediatric endorsement shall possess the training, equipment, and supplies to rescue a patient from an unintended deeper level of sedation.

(e) This article shall not apply to the administration of local anesthesia, minimal sedation, deep sedation, or general anesthesia.

(Added Stats 2018 ch 929 § 6 (SB 501), effective January 1, 2019, operative January 1, 2022.)

§ 1647.3. Moderate sedation permit application procedure and requirements; Pediatric endorsement requirements [Operative January 1, 2022]

(a) A dentist who desires to administer or to order the administration of moderate sedation shall apply to the board on an application form prescribed by the board. The dentist shall submit an application fee and produce evidence showing that he or she has successfully completed training in moderate sedation that meets the requirements of subdivision (c).

(b) The application for a permit shall include documentation that equipment and drugs required by the board are on the premises.

(c) Training in the administration of moderate sedation shall be acceptable if it meets all of the following as approved by the board:

(1) Consists of at least 60 hours of instruction.

(2) Requires satisfactory completion of at least 20 cases of administration of moderate sedation for a variety of dental procedures.

(3) Complies with the requirements of the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students of the American Dental Association, including, but not limited to, certification of competence in rescuing patients from a deeper level of sedation than intended, and managing the airway, intravascular or intraosseous access, and reversal medications.

(d) A dentist may apply for a pediatric endorsement for a moderate sedation permit by confirming all of the following:

(1) Successful completion of residency in pediatric dentistry accredited by the Commission on Dental Accreditation (CODA) or the equivalent training in pediatric moderate sedation, as determined by the board.

(2) Successful completion of at least 20 cases of moderate sedation to patients under 13 years of age to establish competency in pediatric moderate sedation, both at the time of the initial application and at renewal. The applicant or permitholder shall maintain and shall provide proof of these cases upon request by the board for up to three permit renewal periods.

(3) In order to provide moderate sedation to children under seven years of age, a dentist shall establish and maintain current competency for this pediatric population by completing 20 cases of moderate sedation for children under seven years of age in the 24-month period immediately preceding application for the pediatric endorsement and for each permit renewal period.

(4) Current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8.

(e) A permitholder shall maintain current and continuous certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8, for the duration of the permit.

(f) Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of moderate sedation to patients under 13 years of age may administer moderate sedation to patients under 13 years of age under the direct supervision of a general anesthesia or moderate sedation permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 required in order to qualify for the applicant's pediatric endorsement.

(g) Moderate sedation permit holders with a pediatric endorsement seeking to provide moderate sedation to children under seven years of age, but who lack sufficient cases of moderate sedation to patients under seven years of age pursuant to paragraph (3) of subdivision (d), may administer moderate sedation to patients under seven years of age under the direct supervision of a permitholder who meets those qualifications.

(Added Stats 2018 ch 929 § 6 (SB 501), effective January 1, 2019, operative January 1, 2022.)

§ 1043.8.1. Application for Pediatric Endorsement; Documentation of 20 General Anesthesia or Moderate Sedation Cases; Additional Requirements for Applicant Investigation; Legible Copies of Records.

(a) For the purposes of Sections 1646.2(c) and 1646.9 of the Code, submission of a completed application to the Board for a pediatric endorsement for a general anesthesia permit shall include the following information and documents:

(1) Name, mailing address or address of record, physical address, dental or medical license number, and applicant's general anesthesia permit number, if any;

(2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1646.2 for a dental licensee or Section 1646.9 for a physician and surgeon licensee;

- (3) A completed Form PE-1 (05/2021) "Documentation of Deep Sedation and General Anesthesia or Moderate Sedation Cases for Pediatric Endorsement," which is hereby incorporated by reference;
- (4) A certificate or other documentary evidence of current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);
- (5) An application fee as set forth in section 1021; and,
- (6) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.
- (b) For the purpose of Section 1647.3(d) of the Code, submission of a completed application to the Board for a pediatric endorsement for a moderate sedation permit for patients under thirteen years of age shall include the following information and documents:
- (1) Name, mailing address or address of record, physical address, dental license number, and applicant's moderate sedation permit number, if any;
- (2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1647.3 of the Code;
- (3) A completed Form PE-1 as provided in this section;
- (4) A certificate or other documentary evidence of current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);
- (6) An application fee as set forth in section 1021; and,
- (7) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.
- (c) An applicant for a pediatric endorsement who seeks to use general anesthesia or moderate sedation in the treatment of pediatric patients under 13 years of age or seven years of age shall submit to the Board information to document each of the 20 cases of deep sedation and general anesthesia or moderate sedation required by Sections 1646.2 and 1647.3 of the Code on Form PE-1 which is hereby incorporated by reference.
- (d) Upon request by the Board in any investigation of the information provided on Form PE-1, applicants shall also provide documentation or patient records for each deep sedation and general anesthesia or moderate sedation pediatric case listed on Form PE-1, including preoperative evaluation, medical history, monitoring of vital signs throughout the procedure, and condition at discharge.
- (e) Applicants shall submit legible copies of the information required by this section with pediatric patient identifying information redacted.
- Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 27, 108, 1611.5, 1646.1, 1646.2, 1647.2 and 1647.3, 1646.9, Business and Professions Code.

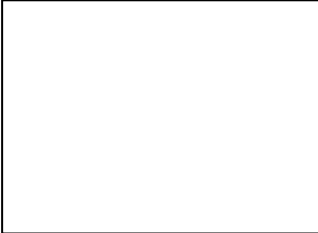


CERTIFICATION OF MODERATE SEDATION TRAINING

Notice to Applicants

This completed form must be submitted to the Dental Board of California (Board) with your application for a moderate sedation permit as required by Title 16, California Code of Regulations (CCR) section 1043.1 or your application may be rejected as incomplete. The information requested on this form is mandatory pursuant to Business and Professions Code section 1647.3 and Title 16 CCR section 1043.1. The information provided will be used to determine qualification for a moderate sedation permit. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300.

(APPLICANT TO COMPLETE QUESTIONS 1-3 AND EDUCATIONAL INSTITUTION TO COMPLETE QUESTION 4)

1. LEGAL NAME: LAST	FIRST	MIDDLE
2. LICENSE NUMBER:		
3. NAME OF SCHOOL/EDUCATIONAL INSTITUTION:		
<p>4. MODERATE SEDATION TRAINING VERIFICATION:</p> <p>THIS DENTIST IS APPLYING FOR A MODERATE SEDATION PERMIT TO ADMINISTER OR ORDER THE ADMINISTRATION OF MODERATE SEDATION IN A DENTAL OFFICE IN CALIFORNIA. IN ORDER TO QUALIFY FOR A PERMIT, THE APPLICANT IS REQUIRED TO PROVIDE PROOF OF COMPLETION OF TRAINING IN MODERATE SEDATION. PLEASE CHECK THE APPROPRIATE BOXES BELOW RELATING TO THE TRAINING THE ABOVE-NAMED APPLICANT COMPLETED AT YOUR EDUCATIONAL INSTITUTION.</p> <p>THE APPLICANT LISTED ON THIS FORM SUCCESSFULLY COMPLETED THIS INSTITUTION'S EDUCATIONAL PROGRAM IN MODERATE SEDATION THAT INCLUDES ALL OF THE FOLLOWING:</p> <p><input type="checkbox"/> AT LEAST 60 HOURS OF INSTRUCTION</p> <p><input type="checkbox"/> REQUIRES SATISFACTORY COMPLETION OF AT LEAST 20 CASES OF ADMINISTRATION OF MODERATE SEDATION FOR A VARIETY OF DENTAL PROCEDURES.</p> <p><input type="checkbox"/> COMPLIES WITH THE REQUIREMENTS OF THE GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO DENTISTS AND DENTAL STUDENTS OF THE AMERICAN DENTAL ASSOCIATION, INCLUDING, BUT NOT LIMITED TO, CERTIFICATION OF COMPETENCE IN RESCUING PATIENT FROM A DEEPER LEVEL OF SEDATION THAN INTENDED, AND MANAGING THE AIRWAY, INTRAVASCULAR OR INTRAOSSEOUS ACCESS, AND REVERSAL MEDICATIONS</p> <p>I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS SECTION OF THE FORM IS TRUE AND CORRECT AND CONFIRM THAT, ACCORDING TO THIS INSTITUTION'S RECORDS, _____ (NAME OF STUDENT) SATISFACTORILY COMPLETED THE ABOVE-REFERENCED TRAINING AT _____ (NAME OF INSTITUTION). THIS STUDENT WAS ENROLLED IN A _____ (NAME OF PROGRAM) PROGRAM WHEN OBTAINING MODERATE SEDATION TRAINING FROM _____ (MONTH/DAY/YEAR) TO _____ (MONTH/DAY/YEAR).</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 30%;">  <p>EDUCATIONAL PROGRAM SEAL (IF APPLICABLE)</p> </div> <div style="width: 30%;"> <p>_____ SIGNATURE</p> <p>_____ PRINTED NAME/TITLE</p> </div> <div style="width: 30%;"> <p>_____ DATE</p> <p>_____ TELEPHONE</p> </div> </div>		



DOCUMENTATION OF DEEP SEDATION AND GENERAL ANESTHESIA OR MODERATE SEDATION CASES FOR PEDIATRIC ENDORSEMENT

This document shall be completed in its entirety as part of the initial application for a pediatric endorsement or as a condition of the renewal application for either a general anesthesia or moderate sedation permit that includes a pediatric endorsement as provided in Section 1017.1 of Title 16 of the California Code of Regulations (16 CCR) or your application may be rejected as incomplete. The requirements for a completed initial application for a pediatric endorsement to a general anesthesia permit or a moderate sedation permit are listed in 16 CCR section 1043.1.8. Attach additional sheets to this form as necessary. Any material misrepresentation of any information on this form is grounds for denial or subsequent revocation of the permit.

The information requested on this form is mandatory pursuant to Business and Professions Code sections 1646.2 and 1647.3 and Title 16 CCR section 1043.1.8. The information provided will be used to determine qualifications for a pediatric endorsement to a general anesthesia or moderate sedation permit. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 92815, Executive Officer, 916-263-2300.

Notice for General Anesthesia Permit Applicants Seeking Pediatric Endorsement or Renewal of Endorsement:

All applicants must meet the patient monitoring and staff qualification requirements listed in Section 1646.1 of the Business and Professions Code.

Each applicant must provide proof of at least 20 cases of deep sedation or general anesthesia to patients under seven years of age **in the 24-month time period directly preceding application** for a pediatric endorsement to establish competency, both at the time of initial application and at renewal. The applicant or permitholder shall maintain and be able to provide proof of these cases upon request by the board for up to three permit renewal periods.

Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of pediatric sedation to patients under seven years of age may administer deep sedation and general anesthesia to patients under seven years of age under the direct supervision of a general anesthesia permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 cases required to qualify for the applicant's pediatric endorsement. (Business and Professions Code section 1646.2.)

Notice for Moderate Sedation Permit Applicants Seeking Pediatric Endorsement or Renewal of Endorsement:

All applicants must meet the patient monitoring and staff qualification requirements listed in Section 1647.2 of the Business and Professions Code.

Each applicant must provide proof of successful completion of at least 20 cases of moderate sedation to patients under 13 years of age to establish competency in pediatric moderate sedation, both at the time of the initial application and at renewal. The applicant or permitholder shall maintain and shall provide proof of these cases upon request by the board for up to three permit renewal periods.

In order to provide moderate sedation to children under seven years of age, a dentist shall establish and maintain current competency for this pediatric population by completing 20 cases of moderate sedation for children under seven years of age **in the 24-month period immediately preceding application** for the pediatric endorsement and for each permit renewal period.

Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of moderate sedation to patients under 13 years of age may administer moderate sedation to patients under 13 years of age under the direct supervision of a general anesthesia or moderate sedation permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 required in order to qualify for the applicant's pediatric endorsement.

Moderate sedation permit holders with a pediatric endorsement seeking to provide moderate sedation to children under seven years of age, but who lack sufficient cases of moderate sedation to patients under seven years of age pursuant to paragraph (3) of subdivision (d), may administer moderate sedation to patients under seven years of age under the direct supervision of a permitholder who meets those qualifications. (Business and Professions Code section 1647.3.)

1. APPLICANT'S LEGAL NAME: LAST	FIRST	MIDDLE
2. MEDICAL OR DENTAL LICENSE NUMBER:		
3. SPECIFY THE TYPE OF PEDIATRIC ENDORSEMENT YOU ARE REQUESTING.		
<div style="margin-left: 40px;"> <input type="checkbox"/> DEEP SEDATION AND GENERAL ANESTHESIA FOR PEDIATRIC PATIENTS UNDER 7. <div style="margin-left: 20px;">▪ (FOR GENERAL ANESTHESIA PERMIT APPLICATION)</div> </div> <div style="margin-left: 40px; margin-top: 10px;"> <input type="checkbox"/> MODERATE SEDATION FOR PEDIATRIC PATIENTS UNDER THE AGE OF 13. <div style="margin-left: 20px;">▪ (FOR MODERATE SEDATION PERMIT APPLICATION)</div> </div>		
4. FOR APPLICANTS FOR A MODERATE SEDATION PERMIT ONLY (see requirements above for providing moderate sedation to children under seven years of age):		
PLEASE PROVIDE ALL THE FOLLOWING INFORMATION IN ATTACHMENTS BY CASE NUMBER:		
(1) Pediatric patient's sex, age, and weight; (2) Date of general anesthesia or moderate sedation procedure; (3) Type of dental procedure performed and duration of general anesthesia or moderate sedation; (4) A description of the method, amount, and specific general anesthesia or moderate sedation agent administered; (5) A statement on how the pediatric patient was monitored and by whom; and, (6) Pediatric patient's condition at discharge.		
A. ARE YOU SEEKING TO PROVIDE MODERATE SEDATION TO CHILDREN UNDER THIRTEEN YEARS OF AGE?		
YES ____ NO ____		
B. IF YES TO QUESTION 4.A., PLEASE CHECK ALL THAT APPLY:		
<input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER THIRTEEN YEARS OF AGE AS NOTED ON THIS FORM OR RELATED ATTACHMENTS		
<input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER THIRTEEN YEARS OF AGE UNDER DIRECT SUPERVISION BY ANOTHER PERMITHOLDER AS NOTED ON THIS FORM OR RELATED ATTACHMENTS		
<input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER THIRTEEN YEARS OF AGE BOTH INDEPENDENTLY AND UNDER DIRECT SUPERVISION BY ANOTHER PERMITHOLDER AS NOTED ON THIS FORM OR RELATED ATTACHMENTS		
5. A. ARE YOU SEEKING TO PROVIDE MODERATE SEDATION TO CHILDREN UNDER SEVEN YEARS OF AGE?		
YES ____ NO ____		
B. IF YES TO QUESTION 5.A., PLEASE CHECK ONE OF THE FOLLOWING:		
<input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER SEVEN YEARS OF AGE AS NOTED ON THIS FORM OR RELATED ATTACHMENTS.		
<input type="checkbox"/> I DID NOT COMPLETE AT LEAST 20 TOTAL CASES OF MODERATE SEDATION FOR CHILDREN UNDER SEVEN YEARS OF AGE INDEPENDENTLY BUT I ADMINISTER MODERATE SEDATION TO PATIENTS UNDER SEVEN YEARS OF AGE UNDER THE DIRECT SUPERVISION OF A PERMITHOLDER WHO MEETS THOSE QUALIFICATIONS.		

APPLICANTS MUST PROVIDE THE FOLLOWING FOR EACH CASE OCCURRING WITHIN 24 MONTHS PRECEDING APPLICATION FOR THE PEDIATRIC ENDORSEMENT.

CASE 1	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 2	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 3	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 4	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 5	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 6	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 7	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 8	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 9	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 10	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 11	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 12	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 13	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 14	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 15	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 16	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 17	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 18	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS)	TYPE OF PROCEDURE:

CASE 19		PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 20	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: <input type="checkbox"/> DS <input type="checkbox"/> GA <input type="checkbox"/> MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORED THE PATIENT AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including all attachments, is true and correct.			
<hr/> Date		<hr/> Signature of Applicant	



APPLICATION FOR PEDIATRIC MINIMAL SEDATION PERMIT

<p align="center">FEES</p> <p>Application Fee: \$459.00 (Must be enclosed with application)</p> <p>APPLICATION FEES ARE NON-REFUNDABLE</p>

<p align="center"><i>For Office Use Only</i></p> <p>Rec # _____</p> <p>FeePd _____</p> <p>Date Cashiered _____</p> <p>Entity# _____</p> <p>File # _____</p>

<p align="center"><i>For Office Use Only</i></p> <p align="center">Date Received</p>

*This application must be completed in its entirety or the application may be rejected as incomplete. Attach additional sheets if necessary.

* Any material misrepresentation of any information on the application is grounds for denial or subsequent revocation of the permit.

* Under Business and Professions Code sections 31 and 494, the State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied or your permit may be suspended if you have a state tax obligation and the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies.

*Please include your "Certification of Pediatric Minimal Sedation Training" (Form PMSP-2(new 05/21) and fee with this application.

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:	2. BIRTH DATE (MM/DD/YYYY):	
3. LEGAL NAME: LAST	FIRST	MIDDLE
4. MAILING ADDRESS (ADDRESS OF RECORD – ADDRESS MAY BE A P.O. BOX):		
5. PRIMARY PRACTICE LOCATION (PHYSICAL ADDRESS):		
6. EMAIL ADDRESS (OPTIONAL):		
7. TELEPHONE NUMBER:		
8. FAX NUMBER (OPTIONAL)		
9. DENTAL LICENSE NUMBER:		

10. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE U.S. MILITARY?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES? <i>MILITARY HONORABLE DISCHARGE REQUIREMENTS</i> NOTE: PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DD-214) OR OTHER DOCUMENTARY EVIDENCE SHOWING DATE AND HONORABLE DISCHARGE TO RECEIVE EXPEDITED REVIEW.	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. DO YOU ALREADY HOLD A VALID LICENSE, OR COMPARABLE AUTHORITY, TO PRACTICE DENTISTRY IN ANOTHER U.S. STATE OR TERRITORY, AND YOUR SPOUSE OR DOMESTIC PARTNER IS AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES AND WAS ASSIGNED TO A DUTY STATION IN CALIFORNIA UNDER OFFICIAL ORDERS? IF YES, YOUR APPLICATION WILL RECEIVE AN EXPEDITED REVIEW. <i>MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</i> NOTE: IF YOU MEET THE MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENT PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION: <ul style="list-style-type: none"> CERTIFICATE OF MARRIAGE OR CERTIFIED DECLARATION/REGISTRATION OF DOMESTIC PARTNERSHIP FILED WITH THE SECRETARY OF STATE OR OTHER DOCUMENTARY EVIDENCE OF LEGAL UNION WITH AN ACTIVE-DUTY MEMBER OF THE ARMED FORCES A COPY OF YOUR CURRENT DENTAL LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES. A COPY OF THE MILITARY ORDERS ESTABLISHING YOUR SPOUSE OR PARTNER'S DUTY STATION IN CALIFORNIA 	YES <input type="checkbox"/> NO <input type="checkbox"/>
13. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU: <ul style="list-style-type: none"> YOU WERE ADMITTED TO THE UNITED STATES AS A REFUGEE PURSUANT TO SECTION 1157 OF TITLE 8 OF THE UNITED STATES CODE; YOU WERE GRANTED ASYLUM BY THE SECRETARY OF HOMELAND SECURITY OR THE ATTORNEY GENERAL OF THE UNITED STATES PURSUANT TO SECTION 1158 OF TITLE 8 OF THE UNITED STATES CODE; OR, YOU HAVE A SPECIAL IMMIGRANT VISA AND WERE GRANTED A STATUS PURSUANT TO SECTION 1244 OF THE PUBLIC LAW 110-181, PUBLIC LAW 109-163, OR SECTION 602(b) OF TITLE VI OF DIVISION F OF PUBLIC LAW 111-8, [RELATING TO IRAQI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT]. <p>IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER AS PROVIDED BELOW. FAILURE TO DO SO MAY RESULT IN APPLICATION PROCESSING DELAYS. "EVIDENCE" SHALL INCLUDE:</p> <ul style="list-style-type: none"> FORM I-94, ARRIVAL/DEPARTURE RECORD, WITH AN ADMISSION CLASS CODE SUCH AS "RE" (REFUGEE) OR "AY" (ASYLEE) OR OTHER INFORMATION DESIGNATING THE PERSON A REFUGEE OR ASYLEE. SPECIAL IMMIGRANT VISA THAT INCLUDES THE "SI" OR "SQ" PERMANENT RESIDENT CARD (FORM I-551), COMMONLY KNOWN AS A "GREEN CARD," WITH A CATEGORY DESIGNATION INDICATING THAT THE PERSON WAS ADMITTED AS A REFUGEE OR ASYLEE. AN ORDER FROM A COURT OF COMPETENT JURISDICTION OR OTHER DOCUMENTARY EVIDENCE THAT PROVIDES REASONABLE ASSURANCES TO THE BOARD THAT THE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE PER BUSINESS AND PROFESSIONS CODE SECTION 135.4. 	YES <input type="checkbox"/> NO <input type="checkbox"/>

FACILITIES AND EQUIPMENT REQUIREMENTS - ALL EQUIPMENT SHOULD BE MAINTAINED, TESTED, AND INSPECTED ACCORDING TO THE MANUFACTURERS' SPECIFICATIONS. IN AN OFFICE WHERE ANESTHESIA SERVICES ARE TO BE PROVIDED PEDIATRIC PATIENTS, THE REQUIRED EQUIPMENT, MEDICATION AND RESUSCITATIVE CAPABILITIES SHALL BE APPROPRIATELY SIZED FOR A PEDIATRIC POPULATION.

14. DOES THE FACILITY HAVE:

- (1) AN OPERATORY LARGE ENOUGH TO ADEQUATELY ACCOMMODATE THE PEDIATRIC PATIENT AND PERMIT A TEAM CONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT.
- (2) A TABLE OR DENTAL CHAIR THAT PERMITS THE PATIENT TO BE POSITIONED SO THE ATTENDING TEAM CAN MAINTAIN THE AIRWAY, QUICKLY ALTER PATIENT POSITION IN AN EMERGENCY, AND PROVIDE A FIRM PLATFORM FOR THE MANAGEMENT OF CARDIOPULMONARY RESUSCITATION.
- (3) A LIGHTING SYSTEM ADEQUATE TO PERMIT EVALUATION OF THE PEDIATRIC PATIENT'S SKIN AND MUCOSAL COLOR AND A BACKUP LIGHTING SYSTEM THAT IS BATTERY POWERED AND OF SUFFICIENT INTENSITY TO PERMIT COMPLETION OF ANY TREATMENT WHICH MAY BE UNDERWAY AT THE TIME OF A GENERAL POWER FAILURE.
- (4) AN APPROPRIATE FUNCTIONAL SUCTIONING DEVICE THAT PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES. A BACKUP SUCTION DEVICE THAT CAN FUNCTION AT THE TIME OF GENERAL POWER FAILURE MUST ALSO BE AVAILABLE.
- (5) A POSITIVE-PRESSURE OXYGEN DELIVERY SYSTEM CAPABLE OF ADMINISTERING GREATER THAN 90% OXYGEN AT A 10 LITER/MINUTE FLOW FOR AT LEAST SIXTY MINUTES (650 LITER "E" CYLINDER), EVEN IN THE EVENT OF A GENERAL POWER FAILURE. ALL EQUIPMENT MUST BE APPROPRIATE FOR USE ON AND CAPABLE OF ACCOMMODATING THE PEDIATRIC PATIENTS BEING SEEN AT THE PERMIT-HOLDER'S OFFICE.
- (6) INHALATION SEDATION EQUIPMENT, WHICH IF USED IN CONJUNCTION WITH ORAL SEDATION, IT MUST HAVE THE CAPACITY FOR DELIVERING 100%, AND NEVER LESS THAN 25%, OXYGEN CONCENTRATION AT A FLOW RATE APPROPRIATE FOR A PEDIATRIC PATIENT'S SIZE AND HAVE A FAIL-SAFE SYSTEM. THE EQUIPMENT MUST BE MAINTAINED AND CHECKED FOR ACCURACY AT LEAST ANNUALLY.
- (7) ANCILLARY EQUIPMENT, WHICH MUST INCLUDE THE FOLLOWING, AND BE MAINTAINED IN GOOD OPERATING CONDITION:
 - (1) ORAL AIRWAYS CAPABLE OF ACCOMMODATING PEDIATRIC PATIENTS OF ALL SIZES.
 - (2) A SPHYGMOMANOMETER WITH CUFFS OF APPROPRIATE SIZE FOR PEDIATRIC PATIENTS OF ALL SIZES.
 - (3) A PRECORDIAL/PRETRACHEAL STETHOSCOPE.
 - (4) A PULSE OXIMETER.

YES ☐

NO ☐

<p>15. DO YOU MAINTAIN THE FOLLOWING RECORDS?</p> <p>(1) AN ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION UPDATED PRIOR TO EACH ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION. SUCH RECORDS SHALL INCLUDE, BUT ARE NOT LIMITED TO, AN ASSESSMENT INCLUDING AT LEAST VISUAL EXAMINATION OF THE AIRWAY, THE AGE, SEX, WEIGHT, PHYSICAL STATUS (AMERICAN SOCIETY OF ANESTHESIOLOGISTS CLASSIFICATION), AND RATIONALE FOR SEDATION OF THE PEDIATRIC PATIENT AND WRITTEN INFORMED CONSENT OF THE PARENT OR LEGAL GUARDIAN OF THE PEDIATRIC PATIENT.</p> <p>(2) PEDIATRIC MINIMAL SEDATION RECORDS THAT INCLUDE BASELINE VITAL SIGNS. IF OBTAINING BASELINE VITAL SIGNS IS PREVENTED BY THE PEDIATRIC PATIENT'S PHYSICAL RESISTANCE OR EMOTIONAL CONDITION, THE REASON OR REASONS MUST BE DOCUMENTED. THE RECORDS SHALL ALSO INCLUDE INTERMITTENT QUANTITATIVE MONITORING AND RECORDING OF OXYGEN SATURATION, HEART AND RESPIRATORY RATES, BLOOD PRESSURE AS APPROPRIATE FOR SPECIFIC TECHNIQUES, THE NAME, DOSE AND TIME OF ADMINISTRATION OF ALL DRUGS ADMINISTERED INCLUDING LOCAL AND INHALATION ANESTHETICS, THE LENGTH OF THE PROCEDURE, ANY COMPLICATIONS OF ORAL SEDATION, AND A STATEMENT OF THE PEDIATRIC PATIENT'S CONDITION AT THE TIME OF DISCHARGE.</p> <p>(3) DOCUMENTATION THAT ALL EMERGENCY EQUIPMENT IS CHECKED AND MAINTAINED TO DETERMINE OPERABILITY AND SAFETY FOR THE PATIENT CONSISTENT WITH MANUFACTURER'S RECOMMENDATIONS.</p> <p>(4) DOCUMENTATION THAT ALL DRUGS MAINTAINED AT THE FACILITY ARE CHECKED AT LEAST QUARTERLY FOR EXPIRED DRUGS AND AN ADEQUATE SUPPLY FOR THE PATIENT POPULATION SERVED.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>16. DO YOU HAVE AVAILABLE AND READILY ACCESSIBLE AN EMERGENCY KIT OR CART THAT INCLUDES THE FOLLOWING ITEMS?</p> <p>(A) THE NECESSARY AND APPROPRIATE EMERGENCY DRUGS AND SIZE-APPROPRIATE EQUIPMENT TO RESUSCITATE A NONBREATHING AND UNCONSCIOUS PEDIATRIC PATIENT AND PROVIDE CONTINUOUS SUPPORT WHILE THE PEDIATRIC PATIENT IS TRANSPORTED TO A MEDICAL FACILITY.</p> <p>(B) EMERGENCY DRUGS OF THE FOLLOWING TYPES:</p> <p>(1) EPINEPHRINE,</p> <p>(2) BRONCHODILATOR,</p> <p>(3) APPROPRIATE DRUG ANTAGONISTS,</p> <p>(4) ANTIHISTAMINIC,</p> <p>(5) ANTICHOLINERGIC,</p> <p>(6) ANTICONVULSANT,</p> <p>(7) OXYGEN, AND,</p> <p>(8) DEXTROSE OR OTHER ANTIHYPOGLYCEMIC</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>17. STAFF: ARE YOU AND AT LEAST ONE STAFF MEMBER TRAINED IN THE MONITORING AND RESUSCITATION OF PEDIATRIC PATIENTS?</p> <p>(TRAINED STAFF ARE REQUIRED TO BE PRESENT DURING THE ADMINISTRATION OF MINIMAL SEDATION PER BUSINESS AND PROFESSIONS CODE SECTION 1647.32.)</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>18. DID YOU OBTAIN A WRITTEN INFORMED CONSENT FROM THE PARENT OR GUARDIAN OF THE MINOR PATIENT PRIOR TO EACH ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

19. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION. ALL OFFICES SHALL MEET THE STANDARDS SET FORTH IN REGULATIONS ADOPTED BY THE BOARD AT TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1043.9.2.

IF NECESSARY, CONTINUE ON THE BACK OF THIS PAGE.

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including any attachments, is true and correct.

Date

Signature of Applicant

INFORMATION COLLECTION AND ACCESS: Except for the email address and fax number, the information requested herein is mandatory and is maintained by the Dental Board of California (Board), 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code (BPC) sections 1600 et seq. The Board collects the personal information requested on the following form as authorized by BPC sections 27, 30, 31, 114.5, 115.4, 135.4, 480, 494.5, 1647.31, 1647.32, 1647.33, 1715, and Title 16, California Code of Regulations sections 1043.9.1 and 1043.9.2. The Board uses this information to identify and evaluate applicants for permit or licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by sections 29.5, 30, 31, and 494.5 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. § 405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Board makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

INFORMATION COLLECTION AND ACCESS The information requested herein is mandatory and is maintained by the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 92815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

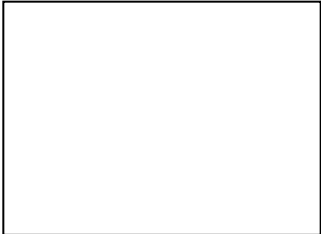


CERTIFICATION OF PEDIATRIC MINIMAL SEDATION TRAINING

Notice to Applicants

This completed form must be submitted to the Dental Board of California (Board) with your application for a pediatric minimal sedation permit as required by Title 16, California Code of Regulations (CCR) section 1043.9.1 or your application may be rejected as incomplete. The information requested on this form is mandatory pursuant to Business and Professions Code section 1647.32 and Title 16 CCR section 1043.9.1. The information provided will be used to determine qualification for a pediatric minimal sedation permit. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300.

(APPLICANT TO COMPLETE QUESTIONS 1-3 AND EDUCATIONAL INSTITUTION TO COMPLETE QUESTION 4)

1. LEGAL NAME:	LAST	FIRST	MIDDLE
2. LICENSE NUMBER:			
3. NAME OF SCHOOL/EDUCATIONAL INSTITUTION			
4. MINIMAL SEDATION TRAINING VERIFICATION: THIS DENTIST IS APPLYING FOR A PEDIATRIC MINIMAL SEDATION PERMIT TO ADMINISTER OR ORDER THE ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION IN A DENTAL OFFICE IN CALIFORNIA. IN ORDER TO QUALIFY FOR A PERMIT, THE APPLICANT IS REQUIRED TO PROVIDE PROOF OF COMPLETION OF TRAINING IN PEDIATRIC MINIMAL SEDATION. PLEASE CHECK THE APPROPRIATE BOXES BELOW RELATING TO THE TRAINING THE ABOVE-NAMED APPLICANT COMPLETED AT YOUR EDUCATIONAL INSTITUTION. THE APPLICANT LISTED ON THIS FORM SUCCESSFULLY COMPLETED THIS INSTITUTION'S EDUCATIONAL PROGRAM IN MINIMAL SEDATION THAT INCLUDES EITHER OF THE FOLLOWING: <div style="display: flex; flex-direction: column; gap: 10px;"> <div> <input type="checkbox"/> AT LEAST 24 HOURS OF PEDIATRIC MINIMAL SEDATION INSTRUCTION IN ADDITION TO ONE CLINICAL CASE. AND TRAINING IN PEDIATRIC MONITORING, AIRWAY MANAGEMENT, AND RESUSCITATION AND PATIENT RESCUE FROM MODERATE SEDATION, OR, </div> <div> <input type="checkbox"/> A COMMISSION ON DENTAL ACCREDITATION (CODA) RESIDENCY IN PEDIATRIC DENTISTRY. </div> </div> I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS SECTION OF THE FORM IS TRUE AND CORRECT AND CONFIRM THAT, ACCORDING TO THIS INSTITUTION'S RECORDS, _____ (NAME OF APPLICANT) SATISFACTORILY COMPLETED THE ABOVE REFERENCED TRAINING AT _____ (NAME OF INSTITUTION). THIS STUDENT WAS ENROLLED IN A _____ (NAME OF EDUCATIONAL PROGRAM) PROGRAM WHEN OBTAINING MODERATE SEDATION TRAINING ON THE FOLLOWING DATES: _____ <div style="display: flex; justify-content: space-between; align-items: flex-end; padding-top: 20px;"> <div style="width: 30%; text-align: center;">  EDUCATIONAL PROGRAM SEAL (IF APPLICABLE) </div> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%; border-bottom: 1px solid black; text-align: center;">SIGNATURE</div> <div style="width: 40%; border-bottom: 1px solid black; text-align: center;">DATE</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-bottom: 1px solid black; text-align: center;">PRINTED NAME/TITLE</div> <div style="width: 40%; border-bottom: 1px solid black; text-align: center;">TELEPHONE</div> </div> </div> </div>			



APPLICATION FOR USE OF ORAL CONSCIOUS SEDATION ON ADULT PATIENTS

<p>FEES</p> <p>Application Fee: \$459.00 (Must be enclosed with application)</p> <p>APPLICATION FEES ARE NON-REFUNDABLE</p>
--

<p><i>For Office Use Only</i></p> <p>Rec # _____</p> <p>Fee Pd _____</p> <p>Date Cashiered _____</p> <p>Entity# _____</p> <p>File # _____</p>

<p><i>For Office Use Only</i></p> <p>Date Received</p>

*This application must be completed in its entirety or the application may be rejected as incomplete. Attach additional sheets if necessary.

* Any material misrepresentation of any information on the application is grounds for denial or subsequent revocation of the permit.

* Under Business and Professions Code sections 31 and 494, the State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied or your permit may be suspended if you have a state tax obligation and the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies.

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:	2. BIRTH DATE (MM/DD/YYYY):			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">3. LEGAL NAME: LAST</td> <td style="width: 33%; border: none;">FIRST</td> <td style="width: 33%; border: none;">MIDDLE</td> </tr> </table>		3. LEGAL NAME: LAST	FIRST	MIDDLE
3. LEGAL NAME: LAST	FIRST	MIDDLE		
4. MAILING ADDRESS (ADDRESS OF RECORD – MAY BE A P.O. BOX):				
5. PRIMARY PRACTICE LOCATION (PHYSICAL ADDRESS):				
6. EMAIL ADDRESS (OPTIONAL):				
7. TELEPHONE NUMBER:				
8. FAX NUMBER (OPTIONAL)				
9. DENTAL LICENSE NUMBER:				

10. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE U.S. MILITARY?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES? <i>MILITARY HONORABLE DISCHARGE REQUIREMENTS</i> NOTE: PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION: CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DD-214), OR OTHER DOCUMENTARY EVIDENCE SHOWING DATE AND HONORABLE DISCHARGE TO RECEIVE EXPEDITED REVIEW.	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. DO YOU ALREADY HOLD A VALID LICENSE, OR COMPARABLE AUTHORITY, TO PRACTICE DENTISTRY IN ANOTHER U.S. STATE OR TERRITORY, AND YOUR SPOUSE OR DOMESTIC PARTNER IS AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES AND WAS ASSIGNED TO A DUTY STATION IN CALIFORNIA UNDER OFFICIAL ORDERS? IF YES, YOUR APPLICATION WILL RECEIVE AN EXPEDITED REVIEW. <i>MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</i> NOTE: IF YOU MEET THE MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENT PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION: <ul style="list-style-type: none"> CERTIFICATE OF MARRIAGE OR CERTIFIED DECLARATION/REGISTRATION OF DOMESTIC PARTNERSHIP FILED WITH THE SECRETARY OF STATE OR OTHER DOCUMENTARY EVIDENCE OF LEGAL UNION WITH AN ACTIVE-DUTY MEMBER OF THE ARMED FORCES A COPY OF YOUR CURRENT DENTAL LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES. A COPY OF THE MILITARY ORDERS ESTABLISHING YOUR SPOUSE OR PARTNER'S DUTY STATION IN CALIFORNIA 	YES <input type="checkbox"/> NO <input type="checkbox"/>
13. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU: <ul style="list-style-type: none"> YOU WERE ADMITTED TO THE UNITED STATES AS A REFUGEE PURSUANT TO SECTION 1157 OF TITLE 8 OF THE UNITED STATES CODE. YOU WERE GRANTED ASYLUM BY THE SECRETARY OF HOMELAND SECURITY OR THE ATTORNEY GENERAL OF THE UNITED STATES PURSUANT TO SECTION 1158 OF TITLE 8 OF THE UNITED STATES CODE; OR, YOU HAVE A SPECIAL IMMIGRANT VISA AND WERE GRANTED A STATUS PURSUANT TO SECTION 1244 OF THE PUBLIC LAW 110-181, PUBLIC LAW 109-163, OR SECTION 602(b) OF TITLE VI OF DIVISION F OF PUBLIC LAW 111-8, [RELATING TO IRAQI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT]. IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER AS PROVIDED BELOW. FAILURE TO DO SO MAY RESULT IN APPLICATION PROCESSING DELAYS. "EVIDENCE" SHALL INCLUDE: <ul style="list-style-type: none"> FORM I-94, ARRIVAL/DEPARTURE RECORD, WITH AN ADMISSION CLASS CODE SUCH AS "RE" (REFUGEE) OR "AY" (ASYLEE) OR OTHER INFORMATION DESIGNATING THE PERSON A REFUGEE OR ASYLEE. SPECIAL IMMIGRANT VISA THAT INCLUDES THE "SI" OR "SQ" PERMANENT RESIDENT CARD (FORM I-551), COMMONLY KNOWN AS A "GREEN CARD," WITH A CATEGORY DESIGNATION INDICATING THAT THE PERSON WAS ADMITTED AS A REFUGEE OR ASYLEE. AN ORDER FROM A COURT OF COMPETENT JURISDICTION OR OTHER DOCUMENTARY EVIDENCE THAT PROVIDES REASONABLE ASSURANCES TO THE BOARD THAT THE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE PER BUSINESS AND PROFESSIONS CODE SECTION 135.4. 	YES <input type="checkbox"/> NO <input type="checkbox"/>

FACILITIES AND EQUIPMENT REQUIREMENTS - ALL EQUIPMENT SHOULD BE MAINTAINED, TESTED, AND INSPECTED ACCORDING TO THE MANUFACTURERS' SPECIFICATIONS.	
14. DOES THE FACILITY HAVE AN OPERATORY LARGE ENOUGH TO ADEQUATELY ACCOMMODATE THE PATIENT AND PERMIT A TEAM CONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
15. DOES THE FACILITY HAVE A TABLE OR DENTAL CHAIR WHICH PERMITS THE PATIENT TO BE POSITIONED SO THE ATTENDING TEAM CAN MAINTAIN THE AIRWAY, QUICKLY ALTER PATIENT POSITION IN AN EMERGENCY, AND PROVIDE A FIRM PLATFORM FOR THE MANAGEMENT OF CARDIOPULMONARY RESUSCITATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
16. DOES THE FACILITY HAVE A LIGHTING SYSTEM WHICH IS ADEQUATE TO PERMIT EVALUATION OF THE PATIENT'S SKIN AND MUCOSAL COLOR AND A BACKUP LIGHTING SYSTEM WHICH IS BATTERY POWERED AND OF SUFFICIENT INTENSITY TO PERMIT COMPLETION OF ANY TREATMENT WHICH MAYBE UNDERWAY AT THE TIME OF A GENERAL POWER FAILURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
17. DOES THE FACILITY HAVE A FUNCTIONAL SUCTIONING DEVICE THAT PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES AND A BACKUP SUCTION DEVICE THAT CAN FUNCTION AT THE TIME OF GENERAL POWER FAILURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
18. A. DOES THE FACILITY HAVE A POSITIVE PRESSURE OXYGEN DELIVERY SYSTEM CAPABLE OF ADMINISTERING GREATER THAN 90% OXYGEN AT A 10 LITRE/MINUTE FLOW FOR A LEAST SIXTY MINUTES (650 LITRE "E" CYLINDER) EVEN IN THE EVENT OF A GENERAL POWER FAILURE? B. IS ALL EQUIPMENT AT THE FACILITY AGE-APPROPRIATE AND CAPABLE OF ACCOMMODATING THE PATIENTS BEING SEEN AT THE PERMIT-HOLDER'S OFFICE?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
19. A. DOES THE FACILITY HAVE INHALATION SEDATION EQUIPMENT, AND IF USED IN CONJUNCTION WITH ORAL SEDATION, DOES IT HAVE THE CAPACITY FOR DELIVERING 100%, AND NEVER LESS THAN 25%, OXYGEN CONCENTRATION AT A FLOW RATE APPROPRIATE FOR AN AGE-APPROPRIATE PATIENT'S SIZE, AND HAVE A FAIL-SAFE SYSTEM? B. IF THE ANSWER ABOVE IS YES, IS THE EQUIPMENT MAINTAINED AND CHECKED FOR ACCURACY AT LEAST ANNUALLY?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
20. DO YOU HAVE ANCILLARY EQUIPMENT AND IS ALL ANCILLARY EQUIPMENT AT THE FACILITY MAINTAINED IN GOOD OPERATING CONDITION? FOR THE PURPOSES OF THIS QUESTION, ANCILLARY EQUIPMENT" MUST INCLUDE ALL OF THE FOLLOWING: (1) AGE APPROPRIATE ORAL AIRWAYS CAPABLE OF ACCOMMODATING PATIENTS OF ALL SIZES. (2) AGE APPROPRIATE SPHYGMOMANOMETER WITH CUFFS OF APPROPRIATE SIZE FOR PATIENTS OF ALL SIZES. (3) PRECORDIAL/PRETRACHEAL STETHOSCOPE. (4) PULSE OXIMETER	YES <input type="checkbox"/> NO <input type="checkbox"/>

RECORDS - DO YOU MAINTAIN THE FOLLOWING RECORDS?	
21. ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION UPDATED PRIOR TO EACH ADMINISTRATION OF ORAL CONSCIOUS SEDATION. SUCH RECORDS SHALL INCLUDE BUT ARE NOT LIMITED TO AN ASSESSMENT INCLUDING AT LEAST VISUAL EXAMINATION OF THE AIRWAY, THE AGE, SEX, WEIGHT, PHYSICAL STATUS (AMERICAN SOCIETY OF ANESTHESIOLOGISTS CLASSIFICATION), AND RATIONALE FOR SEDATION OF THE PATIENT AS WELL AS WRITTEN INFORMED CONSENT OF THE PATIENT, PATIENT'S CONSERVATOR, OR THE INFORMED CONSENT OF A PERSON AUTHORIZED TO GIVE SUCH CONSENT FOR THE PATIENT.	YES <input type="checkbox"/> NO <input type="checkbox"/>
22. ORAL CONSCIOUS SEDATION RECORDS INCLUDING BASELINE VITAL SIGNS. IF OBTAINING BASELINE VITAL SIGNS IS PREVENTED BY THE PATIENT'S PHYSICAL RESISTANCE OR EMOTIONAL CONDITION, THE REASON OR REASONS MUST BE DOCUMENTED. THE RECORDS SHALL ALSO INCLUDE INTERMITTENT QUANTITATIVE MONITORING AND RECORD OF OXYGEN SATURATION, HEART AND RESPIRATORY RATES, BLOOD PRESSURE AS APPROPRIATE FOR SPECIFIC TECHNIQUES, THE NAME, DOSE AND TIME OF ADMINISTRATION OF ALL DRUGS ADMINISTERED INCLUDING LOCAL AND INHALATION ANESTHETICS, THE LENGTH OF THE PROCEDURE, ANY COMPLICATIONS OF ORAL SEDATION AND A STATEMENT OF THE PATIENT'S CONDITION AT THE TIME OF DISCHARGE.	YES <input type="checkbox"/> NO <input type="checkbox"/>
23. DO YOU MAINTAIN DOCUMENTATION SHOWING THAT ALL EMERGENCY EQUIPMENT AND DRUGS ARE CHECKED AND MAINTAINED ON A PRUDENT AND REGULARLY SCHEDULED BASIS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
24. DO YOU HAVE AVAILABLE AND READILY ACCESSIBLE AN EMERGENCY KIT OR CART THAT INCLUDES THE ITEMS LISTED AS FOLLOWS? (A) THE NECESSARY AND APPROPRIATE EMERGENCY DRUGS AND SIZE-APPROPRIATE EQUIPMENT TO RESUSCITATE A NONBREATHING AND UNCONSCIOUS PATIENT AND PROVIDE CONTINUOUS SUPPORT WHILE THE PATIENT IS TRANSPORTED TO A MEDICAL FACILITY. (B) EMERGENCY DRUGS OF THE FOLLOWING TYPES: <ul style="list-style-type: none"> • EPINEPHRINE • BRONCHODILATOR • APPROPRIATE DRUG ANTAGONIST • ANTIHISTAMINIC • ANTICHOLINERGIC • ANTICONVULSANT • OXYGEN • DEXTROSE OR OTHER ANTIHYPOGLYCEMIC 	YES <input type="checkbox"/> NO <input type="checkbox"/>
25. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF ORAL CONSCIOUS SEDATION. ALL OFFICES SHALL MEET THE STANDARDS SET FORTH IN REGULATIONS ADOPTED BY THE BOARD AT TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1044.5. <hr/> <hr/> <hr/> <p style="text-align: center;">IF NECESSARY, CONTINUE ON THE BACK OF THIS PAGE.</p>	

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