



**APPLICATION FOR COURSE APPROVAL FOR
ORAL CONSCIOUS SEDATION**

TYPE OR PRINT LEGIBLY

SECTION 1647.12(c) and 1647.20(c) – BUSINESS AND PROFESSIONS CODE
SECTION 1044.3, Title 16, CALIFORNIA CODE OF REGULATIONS

FOR OFFICE USE ONLY
APPROVED _____

Name of provider _____

CA Registered Provider No. _____

Address _____

Contact Person _____ Phone (____) _____

Does this course consist of a minimum of 25 hours of instruction? Yes No

Is this course directed solely toward the administration of oral conscious sedation to ADULTS CHILD

**AN OUTLINE OF THE COURSE AND THE INSTRUCTOR'S QUALIFICATIONS MUST BE
ATTACHED TO THIS APPLICATION.**

I certify under the penalty of perjury under the laws of the State of California that the course meets the requirements set forth in the Board's regulations and will be taught to the Board's standards.

Signature Date

Printed Name Title