



APPLICATION FOR CONSCIOUS SEDATION PERMIT

FEES

Application Fee: \$500.00
 (Must be enclosed with application)

**APPLICATION FEES
 ARE NON-REFUNDABLE**

For Office Use Only

Rec # _____

FeePd _____

Date
 Cashiered _____

Entity# _____

File# _____

For Office Use Only

Date Received

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:	2. BIRTH DATE (MM/DD/YYYY):	
3. LEGAL NAME: LAST	FIRST	MIDDLE
4. MAILING ADDRESS		
5. EMAIL ADDRESS		
6. TELEPHONE NUMBER:		
7. FAX NUMBER		
8. DENTAL LICENSE		
9. QUALIFICATION: APPLICANT MUST PROVIDE COMPLETED FORM CS-2 TO SERVE AS DOCUMENTATION VERIFYING COMPLETION OF A COURSE IN THE ADMINISTRATION OF CONSCIOUS SEDATION THAT MEETS THE FOLLOWING CRITERIA:		
1. CONSISTS OF AT LEAST 60 HOURS OF INSTRUCTION;		
2. REQUIRES SATISFACTORY COMPLETION OF AT LEAST 20 CASES OF ADMINISTRATION OF CONSCIOUS SEDATION FOR A VARIETY OF DENTAL PROCEDURES; AND		
3. COMPLIES IN ALL RESPECTS WITH THE REQUIREMENTS OF THE GUIDELINES FOR TEACHING THE COMPREHENSIVE CONTROL OF PAIN AND ANXIETY IN DENTISTRY OF THE AMERICAN DENTAL ASSOCIATION.		

10. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU:

Yes
No

- 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 OF THE UNITED STATES ATTORNEY GENERAL 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 IRAQUI 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. FAILURE TO DO SO MAY RESULT IN APPLICATION REVIEW DELAYS.

ACCEPTABLE DOCUMENTATION

- 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 REFUEE 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 ASSURANCE THAT THE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE.

11. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR SPOUSES OR DOMESTIC PARTNERS OF AN ACTIVE DUTY MEMBER OF THE U.S. ARMED FORCES?

Yes
No

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

NOTE: IF YOU MEET MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION (YOU MAY BE ASKED TO SUBMIT ORIGINAL DOCUMENTATION):

- CERTIFICATE OF MARRIAGE OR DOMESTIC PARTNERSHIP OR OTHER LEGAL UNION WITH AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES WHO IS ASSIGNED TO A DUTY STATION IN THIS STATE UNDER OFFICIAL ACTIVE DUTY MILITARY ORDERS.
- VERIFICATION OF CURRENT LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES IN THE PROFESSION OF VOCATION FOR WHICH YOU ARE SEEKING LICENSURE.

12. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?

Yes
No

MILITARY HONORABLE DISCHARGE REQUIREMENTS

NOTE: IF YOU MEET THE U.S. ARMED FORCES EXPEDITE REQUIREMENT, PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION:

- DD214 OR OTHER SUPPORTING DOCUMENTATION.

FACILITIES AND EQUIPMENT REQUIREMENTS - ARE THE FOLLOWING AVAILABLE IN ALL PLACES OF PRACTICE WHERE YOU ADMINISTER CONSCIOUS SEDATION?

13. 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
No

14. 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
No

15. 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 AN OPERATION UNDERWAY AT THE TIME OF GENERAL POWER FAILURE? Yes
No

16. SUCTION EQUIPMENT, WHICH PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES, AND A BACKUP SUCTION DEVICE THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE? Yes
No

17. 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 60 MINUTES (650LITER "E" CYLINDER) TO THE PATIENT UNDER POSITIVE PRESSURE, TOGETHER WITH ADEQUATE BACKUP SYSTEM THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE? Yes
No

18. A RECOVERY AREA THAT HAS AVAILABLE OXYGEN, ADEQUATE LIGHTING, SUCTION, AND ELECTRICAL OUTLETS? THE RECOVERY AREA CAN BE THE OPERATING THEATER. Yes
No

19. ANCILLARY EQUIPMENT INCLUDING ALL OF THE FOLLOWING: Yes
No

- EMERGENCY AIRWAY EQUIPMENT (ORAL AIRWAYS, LARYNGEAL MASK AIRWAYS OR COMBITUBES, CRICOTHYROTOMY DEVICE).
- TONSILLAR OR PHARYNGEAL TYPE SECTION TIPS ADAPTABLE TO ALL OFFICE OUTLETS.
- SPHYGMOMANOMETER AND STETHOSCOPE
- ADEQUATE EQUIPMENT FOR THE ESTABLISHMENT OF AN INTRAVENOUS INFUSION.
- PRECORDIAL/PRETRACHEAL STETHOSCOPE.
- PULSE OXIMETER.

RECORDS - DO YOU MAINTAIN THE FOLLOWING RECORDS:

20. ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION RECORDS. MUST BE UPDATED PRIOR TO EACH ADMINISTRATION OF SEDATION AND 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. Yes
No

21. SEDATION RECORDS THAT SHOW:

- A TIME-ORIENTED RECORD WITH PREOPERATIVE, MULTIPLE INTRAOPERATIVE, AND POSTOPERATIVE PULSEOXIMETRY.
- MULTIPLE BLOOD PRESSURE AND PULSE READINGS.
- DRUGS ADMINISTERED, AMOUNTS ADMINISTERED, AND TIME ADMINISTERED.
- LENGTH OF PROCEDURE.
- ANY COMPLICATIONS OF SEDATION.
- STATEMENT OF PATIENT'S CONDITION AT TIME OF DISCHARGE.

Yes

No

22. WRITTEN INFORMED CONSENT OF THE PATIENT, OR IF THE PATIENT IS A MINOR, THE PARENT OR GUARDIAN.

Yes

No

23. **DRUGS**- DO YOU MAINTAIN EMERGENCY DRUGS OF THE FOLLOWING TYPES IN YOUR FACILITY?

- EPINEPHRINE
- VASOPRESSOR (OTHER THAN EPINEPHRINE)
- BRONCHODILATOR
- APPROPRIATE DRUG ANTAGONISTS
- ANTIHISTAMINIC
- ANTICHOLINERGIC
- CORONARY ARTERY VASODILATOR
- ANTICONVULSANT
- OXYGEN
- 50% DEXTROSE OR OTHER ANTIHYPOGLYCEMIC

Yes

No

24. **EMERGENCIES**- ARE YOU COMPETENT TO TREAT ALL OF THE FOLLOWING EMERGENCIES?

- AIRWAY OBSTRUCTION
- BRONCHOSPASM
- EMESIS AND ASPIRATION
- ANGINA PECTORIS
- MYOCARDIAL INFARCTION
- HYPOTENSION
- HYPERTENSION
- CARDIAC ARREST
- ALLERGIC REACTION
- CONVULSIONS
- HYPOGLYCEMIA
- SYNCOPE
- RESPIRATORY DEPRESSION

Yes

No

25. STAFF- ARE DENTAL OFFICE PERSONNEL DIRECTLY INVOLVED WITH THE CARE OF PATIENTS UNDERGOING CONSCIOUS SEDATION CERTIFIED IN BASIC CARDIAC LIFE SUPPORT (CPR)?

Yes

No

PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER CONSCIOUS SEDATION. ALL OFFICES SHALL MEET THE STANDARDS SET FORTH IN REGULATIONS ADOPTED BY THE BOARD.

IF NECESSARY, CONTINUE ON A SEPARATE PAGE

1.

2.

3.

4.

CERTIFICATION – I CERTIFY UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT AND I HEREBY REQUEST A PERMIT TO ADMINISTER OR ORDER THE ADMINISTRATION OF CONSCIOUS SEDATION IN MY OFFICE SETTING(S) AS SPECIFIED BY THE DENTAL PRACTICE ACT AND REGULATIONS ADOPTED BY THE BOARD. FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING OR REVOKING THIS PERMIT.

DATE

SIGNATURE OF APPLICANT

INFORMATION COLLECTION AND ACCESS

THE INFORMATION REQUESTED HEREIN IS MANDATORY AND IS MAINTAINED BY DENTAL BOARD OF CALIFORNIA, 2005 EVERGREEN STREET, SUITE 1550 SACRAMENTO CA. 95815, 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. APPLICANTS ARE ADVISED THAT THE NAMES(S) AND ADDRESS(ES) SUBMITTED MAY, UNDER LIMITED CIRCUMSTANCES, BE MADE PUBLIC.