



APPLICATION FOR ORAL CONSCIOUS SEDATION FOR MINORS CERTIFICATE

Sections 1647.10-1647.17 Business and Professions Code; Title 16 California
Code of Regulations Sections 1044 - 1044.5

NON-REFUNDABLE FEES

Application Fee: \$368

Section 1021 Title 16 California Code of Regulations

Office Use Only

Receipt No. _____ File# _____
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Please print or type:

Name:	Last	First	Middle
Address of Record:	Street and Number		
City:	State	Zip Code	
Telephone Number:	Fax Number:		
Email Address:	Dental License Number:		

QUALIFICATION – Indicate under which method listed below you qualify for an oral conscious sedation certificate for minors and attach appropriate documentation.

- Successful completion of a postgraduate program in oral and maxillofacial surgery, pediatric dentistry, or periodontics approved by the Commission on Dental Accreditation or a comparable organization approved by the Board.
- Successful completion of a general practice residency or other advanced education in a general dentistry program approved by the Board.
- Successful completion of a Board-approved educational program on oral medications and sedation. Applicant must provide completed form OCS-2 to document completion.

By initialing below and completing the application you are certifying that any location where you administer oral conscious sedation to minor patients meets the Board’s requirements set forth in regulation and in this application.

FACILITIES 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. Initial_____

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 that provides a firm platform for the management of cardiopulmonary resuscitation. Initial_____

3. A lighting system that is adequate to permit evaluation of the 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. Initial_____

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. Initial_____

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 capable of accommodating minor patients of all ages and sizes. Initial_____

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 a minor patient’s size and have a fail-safe system. The equipment must be maintained and checked for accuracy at least annually. Initial_____

7. Ancillary equipment maintained in good operating condition, which must include all of the following:
(a) Oral airways capable of accommodating minor patients of all ages and sizes.
(b) Sphygmomanometer with cuffs of appropriate size for minor patients of all ages and sizes.
(c) Precordial/pretracheal stethoscope.
(d) Pulse oximeter. Initial_____

RECORDS

1. Adequate medical history and physical evaluation records updated prior to each administration of oral conscious sedation that show at a minimum:

- (a) Name, age, sex and weight.
- (b) ASA Risk Assessment (American Society of Anesthesiologists Classification)
- (c) Rationale for sedation of the minor patient

Initial_____

2. Oral Conscious Sedation records which show:

- (a) 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.
- (b) Intermittent quantitative monitoring of oxygen saturation, heart and respiratory rates and blood pressure as appropriate for specific techniques.
- (c) Drugs administered, amounts administered and time or times administered, including local and inhalation anesthetics.
- (d) Length of the procedure.
- (e) Any complication of oral sedation.
- (f) Statement of patient’s condition at the time of discharge. Initial_____

3. Written informed consent of the parent or guardian. Initial_____

EMERGENCY CART OR KIT

1. Equipment and drugs appropriate for the age and size of the patients to resuscitate a non breathing and unconscious minor patient and provide continuous support while the patient is transported to a medical facility.
2. Vasopressor
3. Corticosteroid
4. Bronchodilator
5. Appropriate drug antagonists
6. Antihistaminic
7. Anticholinergic
8. Anticonvulsant
9. Oxygen
10. Dextrose or other antihypoglycemic
11. Documentation that all emergency equipment and drugs are checked and maintained on a prudent and regularly scheduled basis.

Initial_____

EMERGENCIES All persons directly involved with the care of minor patients must be certified in basic cardiac life support (CPR) and recertified biennially.

Initial_____

Pursuant to Business and Professions Code 1647.14(b), a dentist who administers, or who orders the administration of oral conscious sedation for a minor patient shall be physically present in the treatment facility while the patient is sedated and shall be present until discharge of the patient from the facility.

Initial_____

Provide the addresses of all locations of practice where you order or administer oral conscious sedation to minor patients. All offices must meet the standards set forth by the Dental Board of California in regulations adopted by the Board.

IF NECESSARY, CONTINUE ON BACK OF THIS PAGE.

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 certificate to administer or order the administration of oral conscious sedation of minors 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 certificate.

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, Ste 1550, Sacramento, CA 95815, Executive Officer, in accordance with Business & Professions Code, §1600 et seq. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. 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 will be release to the public upon request and may be posted on the Internet.