



DENTAL BOARD OF CALIFORNIA

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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 will not be processed (Title 16 CCR section 1004).

(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. MODERATE SEDATION TRAINING VERIFICATION:
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.
THE APPLICANT LISTED ON THIS FORM SUCCESSFULLY COMPLETED THIS INSTITUTION'S EDUCATIONAL PROGRAM IN MODERATE SEDATION THAT INCLUDES ALL OF THE FOLLOWING:
[] AT LEAST 60 HOURS OF INSTRUCTION
[] SATISFACTORY COMPLETION OF AT LEAST 20 CASES OF ADMINISTRATION OF MODERATE SEDATION FOR A VARIETY OF DENTAL PROCEDURES.
[] COMPLIANCE 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
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 EDUCATIONAL PROGRAM WHEN OBTAINING MODERATE SEDATION TRAINING FROM (MONTH/DAY/YEAR) TO (MONTH/DAY/YEAR).
EDUCATIONAL PROGRAM SEAL (IF APPLICABLE)
SIGNATURE DATE
PRINTED NAME/TITLE TELEPHONE