



Anesthesia Permit Application

Instructions: Make your check or money order payable to TSBDE. Processing may take a minimum of two weeks. **All fields are required.** Submitting an incomplete application will further delay the process. The fee is the same, whether you are applying for one or more privileges. Please note you must hold an **active** Texas dental license prior to applying for sedation privileges.

PERMIT SELECTION (✓) Check all that apply. **Attach official proof of course completion for highest permitted level selected.**

- Level 2 – Moderate Enteral Sedation**
- Level 3 – Moderate Parenteral Sedation**
- Level 4 – Deep Sedation/General Anesthesia**

Staff Use

Nitrous Issue Date: _____
 Level 1 Issue Date: _____
 Level 2 Issue Date: _____
 Level 3 Issue Date: _____

FEE

\$260.00

APPLICANT INFORMATION:

Last Name		First Name		Middle Initial	
TX Dental License #	Daytime Phone #	Email Address			
Current Address:		City	State	Zip	
Permanent Address:		City	State	Zip:	
Work Address:		City	State	Zip	
Preferred mailing address: (preferred address will be made available to the public)					
<input type="checkbox"/> Current		<input type="checkbox"/> Permanent		<input type="checkbox"/> Work	

EDUCATION:

Dental School	Degree	Graduation Year
Post Graduate School	Program	Year of Completion
Other	Program	Year of Completion

PRACTICE INFORMATION:

Will you be providing dental services at the same location where you will administer anesthesia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will you be providing anesthesia services to children under 13 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

In accordance with Section 258.1553 of the Texas Occupations Code, will you be providing anesthesia services in more than one location?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have an emergency plan in place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you conduct emergency drills?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*If yes, how often?		

LIFE SUPPORT CERTIFICATIONS: Attach a copy of CPR Card(s) to this application (both front and back side of card), and ACLS and/or PALS. Licensees holding Level 2: Moderate Enteral Sedation, Level 3: Moderate Parenteral Sedation or Level 4: Deep Sedation/General Anesthesia permits who provide anesthesia services to children (younger than 13 years of age) must document current, successful completion of a Pediatric Advanced Life Support (PALS) course.

BLS CPR Issue Date	ACLS Issue Date	PALS Issue Date
BLS CPR Expire Date	ACLS Expire Date	PALS Expire Date

LICENSE HISTORY: Please answer of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a "YES" or "NO" response as no other response is acceptable. All "YES" answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

NOTE: If you answer "YES" to any of the questions below and you have already submitted a detailed affidavit to this licensing authority explaining your response, you need not submit another detailed affidavit. Please note the date of your previous submission next to the applicable question(s).

1. Since your last renewal, have you ever had any application for professional license, registration, certification, or permit refused or denied by any licensing authority or government agency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Since your last renewal, have you ever had a professional license, registration, certification or permit revoked, suspended, or canceled, by any licensing authority or government agency, or voluntarily surrendered?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Since your last renewal, have you ever been the subject of disciplinary action by a licensing authority of government agency with regard to a professional license, registration, certification, or permit? If you answer, "YES" you must attach documentation of disciplinary action not previously reported to TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. For any criminal offense, including those pending, have you: <ul style="list-style-type: none"> a. been convicted of a misdemeanor (other a minor traffic violation(s))? b. been convicted of a felony? c. pled nolo contendere, no contest or guilty? d. received deferred adjudication? e. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty? f. been sentenced to serve jail or prison time? court-ordered confinement? g. been granted pre-trial diversion? h. been arrested or have any pending criminal charges? i. been cited or charged with any violation of the law? j. Been the subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action? <p>If, "YES" in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nation of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer. Also, provide a copy of an Order of Non-Disclosure or the Court Order expunging or sealing (non-disclosure) any conviction, offense, arrest, or citation.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

5. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Since your last renewal, have you ever been diagnosed with any condition or impairment (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) that in any way affects your ability to practice as a Dentist in a competent, ethical, and professional manner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

AFFIDAVIT OF APPLICANT APPLICATION

LEVEL 2: MODERATE ENTERAL SEDATION | LEVEL 3: PARENTERAL SEDATION

LEVEL 4: DEEP SEDATION/GENERAL ANESTHESIA PERMIT

I, the below named applicant, hereby declare under penalty of perjury that I am the person described and identified in this application and that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such an act shall constitute cause for denial, suspension, or revocation of my license or permit to provide Level 2: Moderate Enteral Sedation, Level 3: Moderate Parenteral Sedation or Level 4: Deep Sedation/General Anesthesia. I also declare that if I did not personally complete the foregoing application that I have fully read and confirmed that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application. I understand that I have no legal authority to administer Level 2: Moderate Enteral Sedation, Level 3: Moderate Parenteral Sedation or Level 4: Deep Sedation/General Anesthesia until a permit has been granted.

I certify that I am trained and capable of administering Basic Life Support and certify that I am trained and capable of administering Advanced Cardiac Life Support if I provide sedation exclusively for adult patients and certify that I am trained and capable of administering Pediatric Advanced Life Support if I provide sedation for children under thirteen (13) years of age or younger. I certify that I employ qualified auxiliary personnel that are trained in and are capable of monitoring vital signs, assisting in emergency procedures, and administering basic life support.

I understand that if a patient enters a deeper level of sedation than what I am qualified to provide, I must stop the dental procedure until the patient returns to the intended level of sedation. I understand that I am responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies and providing the equipment and protocols for patient rescue. I understand that I must be able to rescue patients who enter a deeper state of sedation than intended and must be prepared to treat emergencies that may arise.

I understand that if I perform a procedure for which Level 2: Moderate Enteral Sedation or Level 3: Moderate Parenteral Sedation is being employed I shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of at least one additional person trained in Basic Life Support for Healthcare Providers.

I understand that if I perform a procedure for which a Level 4: Deep Sedation/General Anesthesia is being employed that I shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of two additional individuals who have current certification in Basic Life Support for Healthcare Providers.

I am aware that pursuant to Title 22, Chapter 108, of the Texas Administrative Code, I must report any patient death and patient hospitalizations which may have occurred as a result of receiving dental services.

I hereby authorize the release of any and all information and records the Board shall deem pertinent to the evaluation of this application, and shall supply to the Board such records and information as requested for evaluation of my qualifications for a permit to administer Level 2: Moderate Enteral Sedation, Level 3: Moderate Parenteral Sedation or Level 4: Deep Sedation/General Anesthesia in the State of Texas. I understand that based on evaluation of credentials, facilities, equipment, personnel, and procedures, the Board may place restrictions on the permit.

I further state that I have read the rules related to the use of anesthesia and sedation, as described in Title 22, Chapter 110, of the Texas Administration Code. I hereby agree to abide by the laws and rules pertaining to the practice of dentistry and anesthesia and sedation in the State of Texas.

ATTESTATION: I hereby attest, under penalty or perjury, that I completed and possess all required certifications as required by the Dental Practice Act and the SBDE Rules on Regulations and I am aware of the continuing education requirements. All information provided on this form is true and accurate and I understand that I may be asked to produce for the SBDE any documentation I am required to have.

This section was intentionally left blank.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC	Signature of Applicant: _____
<p>SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____, 20____.</p> <p>NOTARY PUBLIC SIGNATURE: _____</p> <p>(NOTARY SEAL)</p> <p>(TYPED OR PRINTED): _____</p> <p>MY COMMISSION EXPIRES: _____</p>	
<p>GENERAL INFORMATION: This application is for a permit to administer Level 2: Moderate Enteral Sedation or a Level 3: Moderate Parenteral Sedation and/or Level 4: Deep Sedation/General Anesthesia in the State of Texas.</p>	

Renewal Requirements: Anesthesia permits are renewed at the time the license is renewed. The license renewal fee includes the fee for renewing an anesthesia permit.

Continuing Education Requirements: In conjunction with the renewal of a dental license, the following hours of CE must be completed every two years on the administration of dental or medical emergencies associated with the highest permitted level of sedation:

- Level 1 – Minimal Sedation: Six (6) hours
- Level 2 and Level 3 – Moderate Sedation: Eight (8) hours;
- Level 4 – Deep Sedation/General Anesthesia: Twelve (12) hours

Self Query Report: Application must have the Self Query Report.

National Practitioner Data Bank (NPDB): All applicants are required to complete a self-query of the NPDB. The report results must remain in the original sealed envelope and be **attached** to your application to the TSBDE. NPDB self-query reports are valid for 60 days. *If you are applying for more than one level of sedation, in one mailing, you may submit one NPDB Self-Query Report which will apply towards all levels of sedation.* If you are applying for sedation privileges on separate dates you must submit a NPDB Self-Query report with each anesthesia permit application. You can contact the NPDB at, (800) 767-6732, or via the website at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.

LEVEL 2: MODERATE ENTERAL SEDATION PERMIT

Definition: Drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. **A Level 2 permit is required for moderate sedation limited to enteral routes of administration.**

Education and Professional Requirements:

- A dentist applying for a Level 2: Moderate Sedation permit (limited to enteral route of administration) must satisfy at least **ONE** of the following educational/professional criteria:
 - ___ Completion of a comprehensive training program consistent with that described for moderate enteral sedation in the American Dental Association (ADA) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. **This includes a minimum of twenty-four (24) hours of instruction, plus management of at least ten (10) case experiences in enteral moderate sedation. These ten case experiences must include at least three live clinical dental experiences managed by participants in groups of no larger than five.** The remaining cases may include simulations and/or video presentations, but must include one experience in returning (rescuing) a patient from deep to moderate sedation. **Official proof of course completion must specify the number of didactic hours and clinical cases achieved during training.**
 - ___ Completion of an advanced education program accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) that affords comprehensive and appropriate training necessary to administer and manage enteral moderate sedation, commensurate with the ADA's Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.
- A dentist applying for a permit to administer Level 2: Moderate Sedation must satisfy the following emergency management certification criteria:
 - ___ Licensees holding moderate sedation permits shall document current (as indicated by the provider), successful completion of Basic Life Support (BLS) for Healthcare Providers **AND:**
 - ___ Current (as indicated by the provider), successful completion of a Advanced Cardiac Life Support (ACLS) course **OR,**
 - ___ Current (as indicated by the provider), successful completion of a Pediatric Advanced Life Support (PALS) course
 - ___ Licensees holding a Level 2: Moderate Sedation permit who provide anesthesia services to children (younger than 13 years of age) must document current, successful completion of a Pediatric Advanced Life Support (PALS) course.

Standard of Care Requirements: Reference TSBDE Rule 110.5(b) available at www.tsbde.texas.gov

Clinical Requirements: Reference TSBDE Rule 110.5(c) available at www.tsbde.texas.gov

LEVEL 3: MODERATE PARENTERAL SEDATION PERMIT

Definition: The administration of pharmacological agents intravenously, intraosseously, intramuscularly, subcutaneously, submucosally, intra-nasally, or transdermally producing a drug induced depression of consciousness during which patient respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. **A Level 3 permit is required for moderate sedation including parenteral routes of administration.**

Education and Professional Requirements:

- A dentist applying for a Level 3: Moderate Sedation permit (inclusive of parenteral routes of administration) must satisfy at least **ONE** of the following educational/professional criteria:
 - ___ Completion of a comprehensive training program consistent with that described for parenteral moderate sedation in the American Dental Association (ADA) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. **This includes a minimum of sixty (60) hours of didactic training and instruction and satisfactory management of a minimum of twenty (20) dental patients, under supervision, using moderate parenteral sedation. Official proof of course completion must specify the number of didactic hours and clinical cases achieved during training.**
 - ___ Completion of an advanced education program accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) that affords comprehensive and appropriate training necessary to administer and manage parenteral moderate sedation, commensurate with the ADA's Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.
 - ___ Completion of an internship or residency which included intravenous moderate sedation training equivalent to that defined in the Level 3: Moderate Parenteral Sedation Permit outlined above.
- A dentist applying for a permit to administer Level 3: Moderate Sedation must satisfy the following emergency management certification criteria:
 - ___ Licensees holding moderate sedation permit shall document current (as indicated by the provider), successful completion of Basic Life Support (BLS) for Healthcare Providers **AND**:
 - ___ Current (as indicated by the provider,) successful completion of a Advanced Cardiac Life Support (ACLS) course **OR**,
 - ___ Current (as indicated by the provider,) successful completion of a Pediatric Advanced Life Support (PALS)
 - ___ Licensees holding a Level 3: Moderate Sedation permit who provide anesthesia services to children (younger than 13 years of age) must document current, successful completion of a Pediatric Advanced Life Support (PALS) course.

Standard of Care Requirements: Reference TSBDE Rule 110.5(b) available at www.tsbde.texas.gov

Clinical Requirements: Reference TSBDE Rule 110.5(c) available at www.tsbde.texas.gov

LEVEL 4: DEEP SEDATION/GENERAL ANESTHESIA SEDATION PERMIT

Definition of Deep Sedation: A drug induced depression of consciousness during which patients cannot easily be aroused but respond purposefully following repeated or painful stimulation. **A level 4 permit is required for deep sedation of patients.**

Definition of General Anesthesia: A drug induced loss of consciousness during which patients are not arousable, even by painful stimulation. **A Level 4 permit is required for administration of general anesthesia.**

Education and Professional Requirements:

- A dentist applying for Level 4: Deep Sedation or General Anesthesia permits must satisfy the following criteria:
 - ___ Completion of an advanced education program accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) that affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia, commensurate with the ADA's Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. **Official proof of course completion must specify course and course completion date.**
- A dentist applying for Level 4: Deep Sedation or General Anesthesia permits must satisfy the following emergency management certification criteria:
 - ___ Licensees holding Level 4: Deep Sedation or General Anesthesia permits shall document current (as indicated by the provider,) successful completion of Basic Life Support (BLS) for Healthcare Providers; **AND**
 - ___ Current (as indicated by the provider,) successful completion of a Advanced Cardiac Life Support (ACLS) course **OR**
 - ___ Current (as indicated by the provider,) successful completion of a Pediatric Advanced Life Support (PALS) course
 - ___ Licensees holding Level 4: Deep Sedation or General Anesthesia permits who provide anesthesia services to children (younger than 13 years of age) must document current, successful completion of a Pediatric Advanced Life Support (PALS) course.

Standard of Care Requirements: Reference TSBDE Rule 110.6(b) available at www.tsbde.texas.gov

Clinical Requirements: Reference TSBDE Rule 110.6(c) available at www.tsbde.texas.gov

Inspection of Sedation/Anesthesia Providers: Pursuant to 22 Tex. Admin. Code § 110.18, regardless of issue date, all level 2,3, and 4 permit holders will be subject to at least one inspection prior to September 1, 2022. All level 2, 3, and 4 permit holders who received their initial permit after March 1, 2018, must be inspected within a year of receiving their permit.

Note: Beginning January 1, 2019 we will only accept an official final transcript as proof of qualifying course for OMS and Anesthesiology Residency Program Graduates. Also, beginning January 1, 2019 we will only accept an official sealed document/letter from applicants Program Director/Chair as proof of qualifying course.