



TEXAS STATE BOARD OF DENTAL EXAMINERS
 333 Guadalupe Street, Tower 3, Suite 800
 Austin, Texas 78701-3942
 (512) 305-6725 | Fax: (512) 463-7452
 anesthesiainfo@tsbde.texas.gov

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. <input type="checkbox"/> Nitrous Oxide <input type="checkbox"/> Level 1 – Minimal Sedation | Staff Use Nitrous Issue Date: _____ | FEE \$32.00 |
|--|---|----------------------------------|

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? *If yes, how often? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

LIFE SUPPORT CERTIFICATIONS: Attach a copy of CPR Card to this application (front and back side of card).

| | |
|--------------------|---------------------|
| BLS CPR Issue Date | BLS CPR 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
NITROUS OXIDE PERMIT | LEVEL 1: MINIMAL SEDATION 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 Nitrous Oxide or Level 1: Minimal Sedation. I also declare that if 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 Nitrous Oxide or Level 1: Minimal Sedation, until a permit has been granted.

I certify that I am trained and capable of administering Basic Life Support and that I employ qualified auxiliary personnel to assist in monitoring a patient under Nitrous Oxide. Such personnel are trained in and capable of monitoring vital signs, assisting in emergency procedures, and administering basic life support. I understand that a dentist performing a procedure for which Nitrous Oxide or Level 1: Minimal Sedation is being employed shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of at least one qualified auxiliary personnel.

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 related to the administration of Nitrous Oxide or Level 1: Minimal Sedation 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 from the administration of Nitrous Oxide/Oxygen Inhalation Sedation and Level 1: Minimal Sedation. 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 of such records and information as requested for evaluation of my qualifications for a permit to administer Nitrous and/or Level 1: Minimal Sedation 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) (TYPED OR PRINTED): _____</p> <p>MY COMMISSION EXPIRES: _____</p> | |

GENERAL INFORMATION: This application is for a permit to administer Nitrous Oxide or administer Level 1: Minimal Sedation in the State of Texas.

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>.

NITROUS OXIDE/OXYGEN INHALATION SEDATION PERMIT

Education and Professional Requirements:

A dentist applying for a Nitrous Oxide/Oxygen Inhalation Sedation Permit must meet **ONE** of the following educational/professional requirements listed below and submit proof of course completion:

___ Completion of a comprehensive training program consistent with that described for nitrous oxide/oxygen inhalation sedation administration in the American Dental Association (ADA) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. **This includes a minimum of fourteen (14) hours of training, including a clinical component, during which competency in inhalation sedation technique is achieved.** Acceptable courses include those obtained from academic programs of instruction recognized by the American Dental Association (ADA) Commission on Dental Accreditation (CODA); OR courses approved and recognized by the American Dental Association (ADA) Continuing Education Recognition Program (CERP); OR courses approved and recognized by the Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE). **Official proof of course completion must specify the number of hours trained, to include a clinical component, during which competency in inhalation sedation technique was achieved.**

___ Completion of an American Dental Association (ADA) Commission on Dental Accreditation (CODA) approved or recognized predoctoral dental or post-doctoral dental training program which affords comprehensive training necessary to administer and manage nitrous oxide/oxygen inhalation sedation.

Standard of Care Requirements: See SBDE Rule 110.3(b) available at www.tsbde.texas.gov

Clinical Requirements: See SBDE Rule 110.3(c) available at www.tsbde.texas.gov

LEVEL 1: MINIMAL SEDATION PERMIT

Definition: A minimally depressed level of consciousness produced by a pharmacological method, which retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Nitrous Oxide may be used in combination with a single enteral drug in minimal sedation.

Education and Professional Requirements:

A dentist applying for a Level 1: Minimal Sedation Permit must meet **ONE** of the following educational/professional criteria and submit proof of course completion:

___ Completion of training to the level of competency in minimal sedation consistent with that prescribed in the American Dental Association (ADA) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, or a comprehensive training program in minimal sedation that satisfies the requirements described in the American Dental Association (ADA) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. **This includes a minimum of sixteen (16) hours of didactic training and instruction in which competency in enteral and/or combined inhalation-enteral minimal sedation technique is demonstrated. Official proof of course completion must specify the number of hours trained and instructed in which competency in enteral and/or combined inhalation-enteral minimal sedation technique was demonstrated.**

___ Completion of an advanced education program accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) that affords comprehensive training necessary to administer and manage minimal sedation, commensurate with the ADA's Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.

Standard of Care Requirements: See Rule 110.4(b) available at www.tsbde.texas.gov

Clinical Requirements: See Rule 110.4(c) available at www.tsbde.texas.gov

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.