



**Administration of Anesthesia
to HIGH RISK Patient Application**

Texas State Board of Dental Examiners
333 Guadalupe Street, Tower 3, Suite 800
Austin, Texas 78701-3942
(512) 305-6725 / Fax: (512) 649-1658
Anesthesiainfo@tsbde.texas.gov

Instructions: Mail this form with the required proof of education to Texas State Board of Dental Examiners address above. Processing may take up to two weeks. No fee or renewal is required. Upon approval of your application, a letter will be mailed to your mailing address on file. This information will be displayed on your renewal certificate.

Dental License Number	ACLS Issue Date	ACLS Expiration Date	PALS Issue Date	PALS Expiration Date
First Name		Middle Name		Last Name
Mailing Address			City	State
Mailing Address			City	State
Phone Number		Email Address		
Phone Number		Email Address		

Education (v) Check one of the two options below. Proof of education completion must be submitted and/or attached to this application. Proof of education must be submitted in a sealed unopened envelope from the program director/chair. Complete requirements may be found in Board rule 22 Tex. Admin. Code § 110.16.

Qualification under 22 Tex. Admin. Code § 110.16(c)(1):

- I have completed a university or hospital-based residency at least 12 months in length.
If after September 1, 2019, course documentation must confirm that during the residency, the permit holder completed satisfactory management of sedation/anesthesia involving high-risk patients sedated/anesthetized at the highest level of permit held. Which includes at least ten (10) cases involving high-risk patients, at least five (5) of the cases must involve the hands-on administration of sedation/anesthesia as the primary provider. No more than five (5) cases may be observed. The ten (10) cases must involve either live patients and/or high-fidelity emergency sedation/anesthesia simulations.

Education completion date:	University or hospital residency program name:
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Qualification under 22 Tex. Admin. Code § 110.16(c)(2):

- I have completed a board-approved education program that includes a minimum of sixteen (16) hours of didactic training and instruction, completed within a two-year period of beginning the program.
Permit holders shall have completed satisfactory management of sedation/anesthesia in at least ten (10) cases involving high-risk patients sedated/anesthetized at the highest level of permit held. At least five (5) of the cases must involve the hands-on administration of sedation/anesthesia as the primary provider. No more than five (5) cases may be observed. The ten (10) cases must involve either live patients and/or high-fidelity emergency sedation/anesthesia simulations. All of the cases must be performed and documented under the on-site instruction and direct supervision of a licensed dentist authorized to administer sedation/anesthesia to high-risk patients.

Education completion date:	Education program name:
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Attestation

I have read Chapter 258, Subchapter D, of the Texas Occupations Code, and Board rule 22 Tex. Admin. Code § 110.16 regarding Sedation/Anesthesia of High-Risk Patients. I hereby attest that I have completed advanced training satisfying the requirements of subsection (c)(1) or (c)(2) of 22 Tex. Admin. Code § 110.16, as indicated above. I understand that I will be required to produce proof of completion upon demand to staff members of the Texas State Board of Dental Examiners. **I acknowledge that if I have knowingly made a false statement to the Texas State Board of Dental Examiners in connection with this authorization, I will be subject to disciplinary action and possible criminal action under Chapter 2005, Subchapter B, of the Texas Government Code.**

Applicant's Signature

Date