



**TEXAS STATE BOARD OF DENTAL EXAMINERS  
 ADVISORY COMMITTEE ON DENTAL ANESTHESIA  
 APPLICATION FORM**

TEXAS STATE BOARD OF DENTAL EXAMINERS  
 1801 Congress Avenue, Suite 8.600  
 Austin, TX 78701  
 Phone: (512) 463-6400  
 www.tsbde.texas.gov

The Texas State Board of Dental Examiners (TSBDE) Advisory Committee on Dental Anesthesia is created pursuant to Section 258.202 of the Texas Occupations Code and 22 Tex. Admin. Code 100.12. Through this application, a licensee of TSBDE or the Texas Medical Board (TMB) may request consideration for appointment by TSBDE to the Advisory Committee on Dental Anesthesia. Direct questions to TSBDE Executive Assistant, Wendy Richardson, at [wrichardson@tsbde.texas.gov](mailto:wrichardson@tsbde.texas.gov).

( ) Initial Appointment	( ) Reappointment
<b>Section 1 – Personal Information</b>	
Full Legal Name	
Preferred Mailing Address	
Preferred Contact Number	
Preferred Email Address	

<b>Section 2 – Education Information</b>	
Dental School Attended and Graduation Year	
Medical School Attended and Graduation Year	
Other Training	

<b>Section 3 – Licensure Information</b>			
TSBDE License Number		Issued	
TSBDE Anesthesia Permit Level		Issued	
TMB License Number		Issued	
BLS Card Issued Date		Expiration	
ACLS Card Issued Date		Expiration	
PALS Card Issued Date		Expiration	
Are you licensed in other jurisdictions? Yes or No (Circle) If yes, please list the information below.			

State	Issued	Expired
Do you provide portable anesthesia services in Texas? Yes or No (Circle)		
Do you provide anesthesia services to patients younger than 13 years old? Yes or No (Circle)		
Please describe your practice of medicine/dentistry (include services provided).		

Section 4 – Employment Information	
Employer	
Work Address	

Section 5 – Disciplinary Inquiry. An applicant for appointment to the Advisory Committee on Dental Anesthesia shall be licensed in good standing with the TSBME/TMB. “Good Standing” means that the applicant’s license is not suspended, whether or not the suspension is probated. The TSBDE reserves the right to deny any applicant whose license is not in good standing.	
Please circle the appropriate answers below.	
Have you ever been the subject of any disciplinary action and/or have a pending investigation from any licensing authority or jurisdiction? If yes, please attach an explanation and official copies of the public disciplinary document(s).	Yes No
Are you currently the subject of a disciplinary investigation involving the administration of anesthesia/sedation in any jurisdiction?	Yes No
Have you ever voluntarily surrendered any professional license?	Yes No
Have you been arrested, charged, indicted, convicted, pled nolo contendere or received a court order or deferred adjudication for any criminal offense? If yes, please attach an explanation.	Yes No
Have you ever had a Drug Enforcement Administration registration denied, suspended, probated or revoked? If yes, please attach an explanation.	Yes No
Have you ever relinquished an anesthesia permit in any jurisdiction or with any permitting authority? If yes, please attach an explanation.	Yes No

**Section 6 – Previous Board Service**

Have you ever served on the TSBDE or a TSBDE committee/panel? Yes or No (Circle)

If you answered “yes” to the above question, please provide information:

Have you ever served on the TMB or a TMB committee/panel? Yes or No (Circle)

If you answered “yes” to the above question, please provide information:

**Section 7 – Memberships**

Please list any current memberships you hold with dental/medical organizations.

**Section 8 – Optional**

Please list any personal and/or professional achievements that may be relevant and address contributions you could make to the panel.

**ATTESTATION**

In addition to the foregoing, I acknowledge this is a legal document, and I attest that I understand and meet the requirements for appointment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date