



## STATE BOARD OF DENTAL EXAMINERS

1801 Congress Ave., Suite 8.600, Austin, TX 78701

### AFFIDAVIT

STATE OF TEXAS

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§

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_, Applicant, being by me duly sworn,  
deposed as follows:

My name is \_\_\_\_\_. I am over twenty-one years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

- I hereby declare under penalty of perjury that I am the person described and identified in the attached application and that my answers and all statements made by me on the 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 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.

\_\_\_\_\_ [sign name]

\_\_\_\_\_ [print name]

APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME ON \_\_\_\_\_ DAY OF \_\_\_\_\_  
202\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas