



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 on this application. If applying for higher permitted levels and you have not been approved for Nitrous or Level 1 Permits, these permits will automatically be approved once this application is approved. You do not need to apply separately. 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"/> Level 2 – Moderate Enteral Sedation <input type="checkbox"/> Level 3 – Moderate Parenteral Sedation <input type="checkbox"/> Level 4 – Deep Sedation/General Anesthesia	Staff Use Nitrous Issue Date: _____ Level 1 Issue Date: _____ Level 2 Issue Date: _____ Level 3 Issue Date: _____ Sedation of Pediatric Date: _____ Sedation of High-risk Date: _____ Dental License Expiration Date: _____	FEE \$260.00
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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: (The address you provide will become a public record and must be disclosed if it is requested through an open records request)					
<input type="checkbox"/> Current		<input type="checkbox"/> Permanent		<input type="checkbox"/> Work	
Is the preferred mailing address your home address? (✓ check one) <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION:

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

PRACTICE INFORMATION:

Do you plan to see High Risk patients with this Level(s) 2-4 Permit? *If yes, you must have Board approval, see TSBDE Rule 110.16 for requirements.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you plan to see Pediatric patients with this Level(s) 2-4 Permits? *If yes, you must have Board approval, see TSBDE Rule 110.17 for requirements.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Will you be providing dental services at the same location where you will administer anesthesia?	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"/>
Will you be providing anesthesia services to children under 13 years old?	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"/>
How often do you conduct emergency drills?		

LIFE SUPPORT CERTIFICATIONS: 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.

Complete BLS Issue Date	Complete ACLS Issue Date	Complete PALS Issue Date
BLS Expire Date	ACLS Expire Date	PALS Expire Date

LICENSE HISTORY: Please answer each 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 had any application for any 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 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 been the subject of disciplinary action by any licensing authority or government agency with regard to any 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: A. been convicted of a misdemeanor (other than minor traffic violations)? 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 subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action? If YES , in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature 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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

5. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgement or that would otherwise adversely affect your ability to practice in a competent, ethical, and professional manner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensee to address their health concerns and ensure patient safety. Options include seeking independent medical care, self-limiting the licensee's practice, and/or anonymously self-referring to the Professional Recovery Network (PRN). The PRN (<http://www.txpm.com/>) is supported in part by your license fees and is a peer assistance program dedicated to helping health care professionals enter a safe, health recovery in a confidential manner. The failure to adequately address health condition, where the licensee is unable to practice with reasonable skill and safety to patients, can result in the Board taking action against the license to practice.

**AFFIDAVIT OF APPLICANT APPLICATION
LEVEL 2: MODERATE ENTERAL SEDATION | LEVEL 3: PARENTERAL SEDATION
LEVEL 4: DEEP SEDATION/GENERAL ANESTHESIA PERMIT**

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.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC	Signature of Applicant: _____
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SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC SIGNATURE: _____

(NOTARY SEAL)

(TYPED OR PRINTED): _____

MY COMMISSION EXPIRES: _____

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.

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: Pursuant to 22 Tex. Admin. Code § 110.9 and 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 2 and Level 3 – Moderate Sedation: Eight (8) hours;
- Level 4 – Deep Sedation/General Anesthesia: Twelve (12) hour

The following documents are required to be mailed to the TSBDE:

1. Anesthesia Permit Application.
2. Pay required fee, make your check or money order payable to TSBDE
3. Copy of current PALS and/or ACLS certification. (Note: PALS is **required** if treating children under the age of 13 years old).
4. Proof of Jurisprudence Assessment completion for dentist **with** sedation permit. Pursuant to 22 Tex. Admin. Code § 110.9, a permit holder for nitrous oxide, level 1, level 2, level 3, or level 4 sedation/anesthesia must take and pass the online jurisprudence examination of Chapter 110 (relating to Anesthesia and Sedation). The assessment **must** be at the highest permitted level listed on this application for which you are applying. **Note:** An applicant for a sedation/anesthesia permit must have passed this component of the jurisprudence examination, within one year immediately prior to application. Jurisprudence Assessment Link: <https://tsbde.texas.gov/licensing/jurisprudence-assessment/>. **Completion certificate must be provided with this application.**
5. Education and Professional Requirements: Official proof of qualifying course completion letter must be submitted in a sealed envelope to be opened here at TSBDE **or** your course provider may email the official proof of qualifying course completion letter to anesthesiainfo@tsbde.texas.gov. Your official letter must be signed, on letterhead, and state your course completion date.

Pursuant to 22 Tex. Admin. Code § 110.5 Moderate Sedation:

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:

Definition of Enteral: 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.

- 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 enteral moderate sedation didactic hours and clinical cases achieved during enteral moderate sedation 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. **Official proof of course completion must specify the number of enteral moderate sedation didactic hours and clinical cases achieved during enteral moderate sedation training.**

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:

Definition of Parenteral: 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.

___ 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 moderate parenteral sedation didactic hours and clinical cases achieved during moderate parenteral sedation 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. Official proof of course completion must specify the number of moderate parenteral sedation didactic hours and clinical cases achieved during moderate parenteral sedation training.

___ 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. Official proof of course completion must specify the number of moderate parenteral sedation didactic hours and clinical cases achieved during moderate parenteral sedation training.

Pursuant to 22 Tex. Admin. Code § 110.6 Deep Sedation or General Anesthesia:

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.**

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.**

Inspection of Sedation/Anesthesia Providers: Pursuant to 22 Tex. Admin. Code § 110.18, 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.

Sedation of High-Risk and Pediatric Patients: Pursuant to 22 Tex. Admin. Code § 110.16 and § 110.17, on or after September 1, 2019, a permit holder may **not** administer sedation/anesthesia under a level 2, level 3, or level 4 permit to a pediatric or high-risk patient unless the permit holder has completed the requirements and has received authorization from the Board to administer sedation/anesthesia to high-risk or pediatric patients. Note: if you are applying for one or both of these privileges, your official letter for qualifying course must **specifically** state the number of high-risk and/or pediatric patients seen using said highest permitted level for which you are applying. See <https://tsbde.texas.gov/licensing/dentists/sedation-of-high-risk-and-pediatric-patients/> for additional information and applications.

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

Note: Once permit(s) are approved the licensee must maintain **all** requirements whether or not the sedation permit(s) are being used. If at any time you no longer wish to use one or all of your approved permit(s) you **must** officially request to have these permit(s) dropped.