



Anesthesia Permit Application

TEXAS STATE BOARD OF DENTAL EXAMINERS
 1801 Congress Ave, Suite 8.600
 Austin, Texas 78701
 (737) 363-2320 | Fax: (512) 649-1658
 anesthesiainfo@tsbde.texas.gov

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. Fees are Non-Refundable. The fee is the same, whether you are applying for one or more privileges on this application. 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: _____ Dental License Expiration Date: _____	FEE \$32.00
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Military Active Duty, Veteran, & Spouse: NO FEE

Military Service Member**
 Veteran**
 Active Duty Spouse**

** Please include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge

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:

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:	
Complete BLS Issue Date	BLS 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"/>

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
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 108.6, 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.

**MUST BE SIGNED IN THE
PRESENCE OF A NOTARY
PUBLIC**

Signature of Applicant: _____

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 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: 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.

- Nitrous – No CE requirements
- Level 1 – Minimal Sedation: Six (6) hours

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 BLS certificate.
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. 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 your 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. Transcripts are **not** accepted as official proof of qualifying course.
6. Military Active Duty, Veteran, & Spouse, please include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge. Do not pay the fee if submitting one of these documents.

Pursuant to 22 Tex. Admin. Code § 110.3 Nitrous Oxide/Oxygen Inhalation Sedation:

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. **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.**

Pursuant to 22 Tex. Admin. Code § 110.4 Minimal Sedation:

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.

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. **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.**

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.