



**Administration of Anesthesia  
to PEDIATRIC Patient 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: 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	PALS Issue Date	PALS Expiration Date		
First Name	Middle Name	Last Name		
Mailing Address		City	State	Zip Code
Phone Number	Email Address			

**Education (√) 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 § 110.17.**

Qualification under 22 Tex. Admin. Code § 110.17(b)(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 pediatric patients sedated/anesthetized at the highest level of permit held. The cases must include: (i) at least three (3) live cases in which the permit holder is the primary sedation/anesthesia provider, or (ii) at least fifteen (15) cases involving pediatric patients sedated/anesthetized where no more than seven (7) cases are observed on live patients, and at least eight (8) cases are performed as part of a hands-on high-fidelity sedation simulation center or program.

Education completion date:

University or hospital residency program name:

Qualification under 22 Tex. Admin. Code § 110.17(b)(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 involving pediatric patients sedated/anesthetized at the highest level of permit held. 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 pediatric patients. The cases must include: (i) at least three (3) live cases in which the permit holder is the primary sedation/anesthesia provider, or (ii) at least fifteen (15) cases involving pediatric patients sedated/anesthetized where no more than seven (7) cases are observed on live patients, and at least (8) cases are performed as part of a hands-on high-fidelity sedation simulation center or program.

Education completion date:

Education program name:

**Attestation**

I have read Chapter 258, Subchapter D, of the Texas Occupations Code, and Board rule 22 Tex. Admin. Code § 110.17 regarding Sedation/Anesthesia of Pediatric Patients. I hereby attest that I have completed advanced training satisfying the requirements of subsection (b)(1) or (b)(2) of 22 Tex. Admin. Code § 110.17, 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.**

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Applicant's Signature

\_\_\_\_\_  
Date