



South Dakota State Board of Dentistry

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DENTIST NITROUS OXIDE INHALATION ANALGESIA APPLICATION

Submit the following:

1. \$40 Application Fee;
2. A copy of your current cardiopulmonary resuscitation (CPR) card. The Board accepts only the American Heart Association for the Basic Life Support (BLS) Provider, the American Red Cross for the Professional Rescuer or the American Red Cross for the Healthcare Provider; and
3. Proof of successful completion of a nitrous oxide course taken through an American Dental Association Commission on Dental Accreditation (CODA) accredited dental, dental hygiene or dental assisting school.

Name: _____ License #: _____

Employer Office: _____ Phone: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Satellite Office: _____ Phone: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

If you have more than one satellite office, please include that information on another page.

Please check all that apply. You will not be issued a permit unless you meet the following requirements:

I hereby certify that when I administer nitrous oxide, I will have equipment for administering nitrous oxide inhalation analgesia with fail-safe features and a 20% minimum oxygen flow.

I hereby certify that when I administer nitrous oxide, I will employ auxiliary personnel who are trained and capable of administering basic life support by the American Heart Association for the Healthcare Provider, the American Red Cross for the Professional Rescuer or the American Red Cross for the Healthcare Provider.

I declare and affirm under the penalties of perjury that this application has been examined by me and to the best of my knowledge and belief is in all things true and correct.

Signature: _____ Date: _____

Printed Name: _____

For Office Use Only: Check # _____ Amount _____ Date _____