



South Dakota State Board of Dentistry

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DENTIST MODERATE SEDATION APPLICATION

A moderate sedation permit precludes the need for a nitrous oxide inhalation analgesia permit.

Pursuant to ARSD § 20:43:09:04 you must submit the following:

1. \$50 Application Fee;
2. Verification of completion of a *Board approved* course pursuant to ARSD § 20:43:09:04(1). *If the course is not Board approved, your application may be denied;*
3. A copy of your current Advanced Cardiovascular Life Support (ACLS) or Pediatric Advanced Life Support (PALS) Card from the American Heart Association;
4. If you will be providing moderate sedation to individuals less than 12 years of age, you must also complete the attached Pediatric Sedation Affidavit (*page 3*).

Name: _____ License #: _____ Federal DEA#: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

I will be providing moderate sedation services in the following office(s):

Primary Office: _____ Phone: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Satellite Office: _____ Phone: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Satellite Office: _____ Phone: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

If you have more than two satellite offices where these services will be provided,
please include that information on another page.

Course Information: *You must attach verification of completion of a Board approved course (listed below). If the course is not Board approved, your application may be denied. If you are not licensed and providing moderate sedation in a different state, you must apply within twelve months of completing the course. If a course that you are interested in attending is not listed below, please contact our office.*

I have attached verification of completion of the following course (please check one):

- IV Conscious Sedation -- Location: Augusta, GA. Sponsor: Medical College of Georgia Regents University (*formally known as Georgia School of Dentistry*). Hours: At least 60. Patients: At least 20.
- Medical Emergencies, Local Anesthesia and Moderate Sedation in Dental Practice -- Location: Dayton, OH. Sponsor: Miami Valley Hospital. Hours: At least 60. Patients: At least 20.
- Learn IV Sedation -- Location: Portland, OR. Sponsor: Oregon Academy of General Dentistry. Hours: At least 60. Patients: At least 20.
- Clinical Intravenous Sedation -- Location: Los Angeles, CA. Sponsor: The Herman Ostrow School of Dentistry of USC. Hours: At least 60. Patients: At least 20.
- IV Training for Moderate Sedation -- Location: Various locations. Sponsor: Conscious Sedation Consulting. Hours: At least 60. Patients: At least 20.
- ADA CODA accredited General Practice or Periodontal Residency that meets the regulatory requirements. Location: Various locations. Hours: At least 60. Patients: At least 20.
- IV Sedation for Dentistry at Oregon Health & Science University – Location: Oregon Health and Science University School of Dentistry and various clinical facilities. Sponsor: Oregon Health and Science University School of Dentistry and DOCS Education. Hours: At least 60. Patients: At least 20.
- Moderate Sedation Training Course - - Location: Varies. Sponsor: Dentinomics. Hours: At least 60. Patients: At least 20.

Course Location: _____

Dates of Course: _____

Course Contact – Name: _____

Telephone: _____ Email: _____

Pediatric Patients (please check one):

- I will not be providing moderate sedation to individuals less than 12 years of age.
- I will be providing moderate sedation to individuals less than 12 years of age and have completed the Pediatric Sedation Affidavit (*page 3*). For office use only: Affidavit Received _____ Date: _____

ACLS/PALS - I have attached a copy of the following to this application (please check one):

- Advance Cardiovascular Life Support (ACLS) card from the American Heart Association.
- Pediatric Advanced Life Support (PALS) card from the American Heart Association.

General Information:

A dentist with a moderate sedation permit must employ auxiliary personnel who hold a permit to monitor patients under general anesthesia, deep sedation or moderate sedation and may not administer moderate sedation or monitor a patient without the presence and assistance of qualified auxiliary personnel.

A dentist using moderate sedation must adhere to the standards of the Guidelines for the Use of Sedation and General Anesthesia by Dentists and apply the current standard of care to continuously monitor and evaluate the patient's blood pressure, pulse, respiratory function, and cardiac activity.

A dentist using a parenteral route of administration must limit the use of pharmacological agents to those for which there are reversal agents.

A dentist that holds a moderate sedation permit must remain compliant with ARSD 20:43:09 and any additional regulations pertaining to the administration of moderate sedation.

Once a completed application has been received and approved, you will be required to undergo a temporary permit inspection before a temporary permit will be issued. The temporary permit may be issued for up to 12 months. Prior to the expiration of the temporary permit, you will be required to undergo a full inspection. Each dentist that holds a moderate sedation permit must then complete a full inspection once in every five year licensure cycle. If you do not complete an inspection within the required timeframe, your permit will automatically expire and you will no longer be able to provide moderate sedation.

I declare and affirm that I have read ARSD 20:43:09 and that I meet the requirements of ARSD §20:43:09:12 and 20:43:09:13. 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 Received: _____

For Office Use Only: Permit Approved (Temporary permit valid until ____/____/____) Permit Not Approved

PEDIATRIC SEDATION AFFIDAVIT

This Affidavit is to be completed only if you will be providing moderate sedation to individuals less than 12 years of age.

I, _____, hereby certify that I have received training in pediatric sedation techniques, according to the Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures, 2011 Edition¹. I have received the following training:

I certify that I have received training in pediatric resuscitation, including the recognition and management of pediatric airway and respiratory problems and that I have read and understand the requirements of the Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures, 2011 Edition.

Signature

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public - South Dakota

(SEAL)

My commission expires _____.

¹ “Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures: An Update,” 2011 Edition, American Academy of Pediatrics. Copies may be obtained from the American Academy of Pediatrics at www.aapd.org free of charge.