



9. DENTAL LICENSE NUMBER:	
<p><b>10. QUALIFICATION</b> – INDICATE UNDER WHICH METHOD LISTED BELOW YOU QUALIFY FOR AN ORAL CONSCIOUS SEDATION CERTIFICATE FOR ADULTS AND ATTACH APPROPRIATE DOCUMENTATION AS SET FORTH BELOW.</p> <p><input type="checkbox"/> SUCCESSFUL COMPLETION OF A POSTGRADUATE PROGRAM IN ORAL AND MAXILLOFACIAL SURGERY APPROVED BY THE COMMISSION ON DENTAL ACCREDITATION OR A COMPARABLE ORGANIZATION APPROVED BY THE BOARD AS PROVIDED IN TITLE 16, CALIFORNIA CODE OF REGULATIONS (CCR) SECTION 1044.2. APPLICANT MUST PROVIDE A COPY OF HIS OR HER DIPLOMA.</p> <p><input type="checkbox"/> SUCCESSFUL COMPLETION OF A PERIODONTICS OR GENERAL PRACTICE RESIDENCY OR ADVANCED EDUCATION IN A GENERAL DENTISTRY POST-DOCTORAL PROGRAM ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION THAT MEETS THE DIDACTIC AND CLINICAL REQUIREMENTS OF CCR SECTION 1044.3. APPLICANT MUST PROVIDE A COPY OF HIS OR HER DIPLOMA.</p> <p><input type="checkbox"/> SUCCESSFUL COMPLETION OF A BOARD-APPROVED EDUCATIONAL PROGRAM ON ORAL MEDICATIONS AND SEDATION MEETING THE REQUIREMENTS IN CCR SECTION 1044.3.</p> <p><input type="checkbox"/> DOCUMENTATION OF 10 SUCCESSFUL CASES OF ORAL CONSCIOUS SEDATION PERFORMED BY THE APPLICANT ON ADULT PATIENTS IN ANY THREE-YEAR PERIOD ENDING NO LATER THAN DECEMBER 31, 2005 AS PROVIDED IN BPC SECTION 1647.20(d)). ATTACH FORM OCS-4 WITH COPY OF TREATMENT RECORDS.</p>	
11. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE U.S. MILITARY?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?  <p style="text-align: center;"><i>MILITARY HONORABLE DISCHARGE REQUIREMENTS</i></p> <p>NOTE: PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION TO THIS APPLICATION: CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DD-214), OR OTHER DOCUMENTARY EVIDENCE SHOWING DATE AND HONORABLE DISCHARGE TO RECEIVE EXPEDITED REVIEW.</p>	YES <input type="checkbox"/> NO <input type="checkbox"/>
13. DO YOU ALREADY HOLD A VALID LICENSE, OR COMPARABLE AUTHORITY, TO PRACTICE DENTISTRY IN ANOTHER U.S. STATE OR TERRITORY, AND YOUR SPOUSE OR DOMESTIC PARTNER IS AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES AND WAS ASSIGNED TO A DUTY STATION IN CALIFORNIA UNDER OFFICIAL ORDERS? IF YES, YOUR APPLICATION WILL RECEIVE AN EXPEDITED REVIEW.  <p style="text-align: center;"><i>MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</i></p> <p>NOTE: IF YOU MEET THE MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENT PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION:</p> <ul style="list-style-type: none"> <li>• CERTIFICATE OF MARRIAGE OR CERTIFIED DECLARATION/REGISTRATION OF DOMESTIC PARTNERSHIP FILED WITH THE SECRETARY OF STATE OR OTHER DOCUMENTARY EVIDENCE OF LEGAL UNION WITH AN ACTIVE-DUTY MEMBER OF THE ARMED FORCES</li> <li>• A COPY OF YOUR CURRENT DENTAL LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES.</li> <li>• A COPY OF THE MILITARY ORDERS ESTABLISHING YOUR SPOUSE OR PARTNER'S DUTY STATION IN CALIFORNIA</li> </ul>	YES <input type="checkbox"/> NO <input type="checkbox"/>

14. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU:

YES

NO

- YOU WERE ADMITTED TO THE UNITED STATES AS A REFUGEE PURSUANT TO SECTION 1157 OF TITLE 8 OF THE UNITED STATES CODE; OR
- YOU WERE GRANTED ASYLUM BY THE SECRETARY OF HOMELAND SECURITY OR THE ATTORNEY GENERAL OF THE UNITED STATES PURSUANT TO SECTION 1158 OF TITLE 8 OF THE UNITED STATES CODE; OR,
- YOU HAVE A SPECIAL IMMIGRANT VISA AND WERE GRANTED A STATUS PURSUANT TO SECTION 1244 OF THE PUBLIC LAW 110-181, PUBLIC LAW 109-163, OR SECTION 602(b) OF TITLE VI OF DIVISION F OF PUBLIC LAW 111-8, [RELATING TO IRAQI AND AFGHAN TRANSLATORS/INTERPRETERS OR THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT].

IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER AS PROVIDED BELOW. FAILURE TO DO SO

MAY RESULT IN APPLICATION PROCESSING DELAYS. "EVIDENCE" SHALL INCLUDE:

- FORM I-94, ARRIVAL/DEPARTURE RECORD, WITH AN ADMISSION CLASS CODE SUCH AS "RE" (REFUGEE) OR "AY" (ASYLEE) OR OTHER INFORMATION DESIGNATING THE PERSON A REFUGEE OR ASYLEE.
- SPECIAL IMMIGRANT VISA THAT INCLUDES THE "SI" OR "SQ"
- PERMANENT RESIDENT CARD (FORM I-551), COMMONLY KNOWN AS A "GREEN CARD," WITH A CATEGORY DESIGNATION INDICATING THAT THE PERSON WAS ADMITTED AS A REFUGEE OR ASYLEE.
- AN ORDER FROM A COURT OF COMPETENT JURISDICTION OR OTHER DOCUMENTARY EVIDENCE THAT PROVIDES REASONABLE ASSURANCES TO THE BOARD THAT THE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE PER BUSINESS AND PROFESSIONS CODE SECTION 135.4.

<b>FACILITIES AND EQUIPMENT REQUIREMENTS - ALL EQUIPMENT SHALL BE MAINTAINED, TESTED, AND INSPECTED ACCORDING TO THE MANUFACTURERS' SPECIFICATIONS.</b>	
15. DOES THE FACILITY HAVE AN OPERATORY LARGE ENOUGH TO ADEQUATELY ACCOMMODATE THE PATIENT AND PERMIT A TEAM CONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
16. DOES THE FACILITY HAVE A TABLE OR DENTAL CHAIR WHICH PERMITS THE PATIENT TO BE POSITIONED SO THE ATTENDING TEAM CAN MAINTAIN THE AIRWAY, QUICKLY ALTER PATIENT POSITION IN AN EMERGENCY, AND PROVIDE A FIRM PLATFORM FOR THE MANAGEMENT OF CARDIOPULMONARY RESUSCITATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
17. DOES THE FACILITY HAVE A LIGHTING SYSTEM WHICH IS ADEQUATE TO PERMIT EVALUATION OF THE PATIENT'S SKIN AND MUCOSAL COLOR AND A BACKUP LIGHTING SYSTEM WHICH IS BATTERY POWERED AND OF SUFFICIENT INTENSITY TO PERMIT COMPLETION OF ANY TREATMENT WHICH MAY BE UNDERWAY AT THE TIME OF A GENERAL POWER FAILURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
18. DOES THE FACILITY HAVE A FUNCTIONAL SUCTIONING DEVICE THAT PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES AND A BACKUP SUCTION DEVICE THAT CAN FUNCTION AT THE TIME OF GENERAL POWER FAILURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
19. A. DOES THE FACILITY HAVE A POSITIVE-PRESSURE OXYGEN DELIVERY SYSTEM CAPABLE OF ADMINISTERING GREATER THAN 90% OXYGEN AT A 10 LITER/MINUTE FLOW FOR A LEAST SIXTY MINUTES (650 LITER "E" CYLINDER) EVEN IN THE EVENT OF A GENERAL POWER FAILURE?  B. IS ALL EQUIPMENT AT THE FACILITY AGE-APPROPRIATE AND CAPABLE OF ACCOMMODATING THE PATIENTS BEING SEEN AT THE PERMIT-HOLDER'S OFFICE?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
20. A. DOES THE FACILITY HAVE INHALATION SEDATION EQUIPMENT, AND IF USED IN CONJUNCTION WITH ORAL SEDATION, DOES IT HAVE THE CAPACITY FOR DELIVERING 100%, AND NEVER LESS THAN 25%, OXYGEN CONCENTRATION AT A FLOW RATE APPROPRIATE FOR AN AGE-APPROPRIATE PATIENT'S SIZE, AND HAVE A FAIL-SAFE SYSTEM?  B. IF THE ANSWER ABOVE IS YES, IS THE EQUIPMENT MAINTAINED AND CHECKED FOR ACCURACY AT LEAST ANNUALLY?	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
21. DO YOU HAVE ANCILLARY EQUIPMENT? FOR THE PURPOSES OF THIS QUESTION, "ANCILLARY EQUIPMENT" MUST INCLUDE ALL OF THE FOLLOWING:  <ul style="list-style-type: none"> <li>• AGE-APPROPRIATE ORAL AIRWAYS CAPABLE OF ACCOMMODATING PATIENTS OF ALL SIZES.</li> <li>• AGE-APPROPRIATE SPHYGMOMANOMETER WITH CUFFS OF APPROPRIATE SIZE FOR PATIENTS OF ALL SIZES.</li> <li>• PRECORDIAL/PRETRACHEAL STETHOSCOPE.</li> <li>• PULSE OXIMETER</li> </ul>	YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>RECORDS - DO YOU MAINTAIN THE FOLLOWING RECORDS?</b>	
<p>22. ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION UPDATED PRIOR TO EACH ADMINISTRATION OF ORAL CONSCIOUS SEDATION. SUCH RECORDS SHALL INCLUDE, BUT ARE NOT LIMITED TO, AN ASSESSMENT INCLUDING AT LEAST VISUAL EXAMINATION OF THE AIRWAY, THE AGE, SEX, WEIGHT, PHYSICAL STATUS (AMERICAN SOCIETY OF ANESTHESIOLOGISTS CLASSIFICATION), AND RATIONALE FOR SEDATION OF THE PATIENT AS WELL AS WRITTEN INFORMED CONSENT OF THE PATIENT, PATIENT'S CONSERVATOR, OR THE INFORMED CONSENT OF A PERSON AUTHORIZED TO GIVE SUCH CONSENT FOR THE PATIENT.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>23. ORAL CONSCIOUS SEDATION RECORDS INCLUDING BASELINE VITAL SIGNS. IF OBTAINING BASELINE VITAL SIGNS IS PREVENTED BY THE PATIENT'S PHYSICAL RESISTANCE OR EMOTIONAL CONDITION, THE REASON OR REASONS MUST BE DOCUMENTED. THE RECORDS SHALL ALSO INCLUDE INTERMITTENT QUANTITATIVE MONITORING AND RECORDING OF OXYGEN SATURATION, HEART AND RESPIRATORY RATES, BLOOD PRESSURE AS APPROPRIATE FOR SPECIFIC TECHNIQUES, THE NAME, DOSE AND TIME OF ADMINISTRATION OF ALL DRUGS ADMINISTERED INCLUDING LOCAL AND INHALATION ANESTHETICS, THE LENGTH OF THE PROCEDURE, ANY COMPLICATIONS OF ORAL SEDATION, AND A STATEMENT OF THE PATIENT'S CONDITION AT THE TIME OF DISCHARGE.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>24. DO YOU MAINTAIN DOCUMENTATION SHOWING THAT ALL EMERGENCY EQUIPMENT AND DRUGS ARE CHECKED AND MAINTAINED ON A PRUDENT AND REGULARLY SCHEDULED BASIS?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>25. DO YOU HAVE AVAILABLE AND READILY ACCESSIBLE AN EMERGENCY KIT OR CART THAT INCLUDES THE ITEMS LISTED AS FOLLOWS?</p> <p>(A) THE NECESSARY AND APPROPRIATE DRUGS AND AGE- AND SIZE-APPROPRIATE EQUIPMENT TO RESUSCITATE A NONBREATHING AND UNCONSCIOUS PATIENT AND PROVIDE CONTINUOUS SUPPORT WHILE THE PATIENT IS TRANSPORTED TO A MEDICAL FACILITY.</p> <p>(B) EMERGENCY DRUGS OF THE FOLLOWING TYPES:</p> <ul style="list-style-type: none"> <li>• EPINEPHRINE</li> <li>• BRONCHODILATOR</li> <li>• APPROPRIATE DRUG ANTAGONISTS</li> <li>• ANTIHISTAMINIC</li> <li>• ANTICHOLINERGIC</li> <li>• ANTICONVULSANT</li> <li>• OXYGEN</li> <li>• DEXTROSE OR OTHER ANTIHYPOGLYCEMIC</li> </ul>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>26. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF ORAL CONSCIOUS SEDATION. ALL OFFICES SHALL MEET THE STANDARDS SET FORTH IN REGULATIONS ADOPTED BY THE BOARD AT TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1044.5.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">IF NECESSARY, CONTINUE ON THE BACK OF THIS PAGE.</p>	

**Certification** - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including any attachments, is true and correct.

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Date:

Signature of Applicant

**INFORMATION COLLECTION AND ACCESS:** Except for the email address and fax number, the information requested herein is mandatory and is maintained by the Dental Board of California (Board), 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code (BPC) sections 1600 et seq. The Board collects the personal information requested on the following form as authorized by BPC sections 27, 30, 31, 114.5, 115.4, 135.4, 480, 494.5, 1647.19, 1647.20, and 1715, and Title 16, California Code of Regulations sections 1044.1 and 1044.5. The Board uses this information to identify and evaluate applicants for permit or licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number or Individual Taxpayer Identification Number is mandatory, and collection is authorized by BPC sections 29.5, 30, 31, and 494.5, and Pub. L 94-455 (42 U.S.C.A. § 405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Board makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.