STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR GENERAL ANESTHESIA PERMIT

FEES	*For Office Use Only*	*For Office Use Only*
Application Fee: $524.00 (Must be enclosed with application) **APPLICATION FEES ARE NON-REFUNDABLE**	Rec # _____ Fee Pd _____ Date Cashiered _____ Entity# _____ File # _____	Date Received

*This application for a permit to administer deep sedation or general anesthesia ("general anesthesia permit") must be completed in its entirety or the application will not be processed (Title 16 CCR section 1004). Attach additional sheets if necessary.
*Any material misrepresentation of any information on the application is grounds for denial or subsequent revocation of the permit.
*Under Business and Professions Code sections 31 and 494.5, the California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied or your permit may be suspended if you have a state tax obligation, the state tax obligation is not paid, and your name appears on the State Board of Equalization, the CDTFA, or FTB certified list of 500 largest tax delinquencies.

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:	2. BIRTH DATE (MM/DD/YYYY):
3. LEGAL NAME: LAST FIRST MIDDLE	
4. MAILING ADDRESS (ADDRESS OF RECORD – ADDRESS MAY BE A P.O. BOX):	
5. PRIMARY PRACTICE LOCATION (PHYSICAL ADDRESS):	
6. EMAIL ADDRESS (OPTIONAL):	
7. TELEPHONE NUMBER:	
8. FAX NUMBER (OPTIONAL)	
9. DENTAL OR MEDICAL LICENSE NUMBER:	

10. **APPLICANT RESIDENCY TRAINING**.

A. **FOR DENTAL LICENSEES**:

HAVE YOU COMPLETED A RESIDENCY PROGRAM IN GENERAL ANESTHESIA OR A RESIDENCY PROGRAM IN ORAL OR MAXILLOFACIAL SURGERY ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION'S COMMISSION ON DENTAL ACCREDITATION?

YES ☐

NO ☐

PLEASE SUBMIT WITH THIS APPLICATION A CERTIFICATE OF COMPLETION OR OTHER DOCUMENTARY EVIDENCE SHOWING COMPLETION OF ONE OF THE FOLLOWING:

(1) A RESIDENCY PROGRAM IN GENERAL ANESTHESIA ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION COMMISSION ON DENTAL ACCREDITATION; OR

(2) A RESIDENCY PROGRAM IN ORAL AND MAXILLOFACIAL SURGERY ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION'S COMMISSION ON DENTAL ACCREDITATION.

B. **FOR PHYSICIAN AND SURGEON LICENSEES**:

HAVE YOU COMPLETED A POSTGRADUATE RESIDENCY TRAINING PROGRAM IN ANESTHESIOLOGY THAT IS RECOGNIZED BY THE AMERICAN COUNCIL ON GRADUATE MEDICAL EDUCATION?

YES ☐

NO ☐

IF YOU ANSWERED "YES" TO THIS QUESTION, YOU ARE ALSO REQUIRED TO SUBMIT A COPY OF THIS COMPLETED APPLICATION TO THE MEDICAL BOARD OF CALIFORNIA SO THAT THE DENTAL BOARD OF CALIFORNIA MAY VERIFY WITH THAT AGENCY THAT YOU HAVE COMPLETED THE REQUIRED TRAINING (BUSINESS AND PROFESSIONS CODE SECTION 2079).

11. IN ADDITION TO A GENERAL ANESTHESIA PERMIT, ARE YOU APPLYING FOR A PEDIATRIC ENDORSEMENT TO ADMINISTER DEEP SEDATION AND GENERAL ANESTHESIA TO A PATIENT UNDER 7?

YES ☐

NO ☐

IF YOU ANSWERED "YES" TO THIS QUESTION, YOU MUST COMPLETE A SEPARATE APPLICATION FOR A PEDIATRIC ENDORSEMENT AND MEET THE REQUIREMENTS IN SECTION 1043.8.1 OF TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS. YOU MAY APPLY FOR A PEDIATRIC ENDORSEMENT SIMULTANEOUSLY BY SUBMITTING BOTH APPLICATIONS AT THE SAME TIME. YOU MAY ALSO APPLY SEPARATELY FOR A PEDIATRIC ENDORSEMENT AT A LATER DATE BY COMPLETING THE APPLICATION AND MEETING THE REQUIREMENTS IN SECTION 1043.8.1.

NOTICE: PLEASE SEE ATTACHED MONITORING REQUIREMENTS IN BUSINESS AND PROFESSIONS CODE, SECTIONS 1646.1 AND 1646.2 AND CALIFORNIA CODE OF REGULATIONS, TITLE 16, SECTION 1043.8.1.

PLEASE CHECK THIS BOX IF YOU WOULD LIKE THE PEDIATRIC ENDORSEMENT APPLICATION PROCESSED ALONG WITH THIS APPLICATION: ☐

12. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE U.S. MILITARY?

YES ☐

NO ☐

13. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLYDISCHARGED MEMBERS OF THE U.S. ARMED FORCES? *MILITARY HONORABLE DISCHARGE REQUIREMENTS* 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 TYPE OF DISCHARGE TO RECEIVE EXPEDITED REVIEW.	YES ☐ NO ☐
14. 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. *MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS* NOTE: IF YOU MEET THE MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENT PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION: • 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 • A COPY OF YOUR CURRENT DENTAL LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES. • A COPY OF THE MILITARY ORDERS ESTABLISHING YOUR SPOUSE OR PARTNER'S DUTY STATION IN CALIFORNIA	YES ☐ NO ☐
15. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU: • 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.	YES ☐ NO ☐

FACILITIES AND EQUIPMENT REQUIREMENTS - ALL EQUIPMENT SHALL BE MAINTAINED, TESTED, AND INSPECTED ACCORDING TO THE MANUFACTURERS' SPECIFICATIONS. IN AN OFFICE WHERE ANESTHESIA SERVICES ARE TO BE PROVIDED TO PEDIATRIC PATIENTS, THE REQUIRED EQUIPMENT, MEDICATION AND RESUSCITATIVE CAPABILITIES SHALL BE APPROPRIATELY SIZED FOR USE ON A PEDIATRIC POPULATION.	
16. DOES THE FACILITY HAVE AN OPERATING THEATER LARGE ENOUGH TO ADEQUATELY ACCOMMODATE THE PATIENT ON A TABLE OR IN AN OPERATING CHAIR AND PERMIT AN OPERATING TEAMCONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT?	YES ☐ NO ☐
17. DOES THE FACILITY HAVE AN OPERATING TABLE OR CHAIR THAT PERMITS THE PATIENT TO BE POSITIONED SO THE OPERATING TEAM CAN MAINTAIN THE AIRWAY, QUICKLY ALTER PATIENT POSITION IN AN EMERGENCY, AND PROVIDE A FIRM PLATFORM FOR THE MANAGEMENT OF CARDIOPULMONARY RESUSCITATION?	YES ☐ NO ☐
18. DOES THE FACILITY HAVE A LIGHTING SYSTEM THAT 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 OPERATION UNDERWAY AT THE TIME OF GENERAL POWER FAILURE?	YES ☐ NO ☐
19. DOES THE FACILITY HAVE SUCTION EQUIPMENT THAT PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES AND A BACKUP SUCTION DEVICE THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE?	YES ☐ NO ☐
20. DOES THE FACILITY HAVE AN OXYGEN DELIVERY SYSTEM WITH ADEQUATE FULL FACE MASKS AND APPROPRIATE CONNECTORS THAT IS CAPABLE OF ALLOWING THE ADMINISTERING OF GREATER THAN 90% OXYGEN AT A 10 LITER/MINUTE FLOW AT LEAST SIXTY MINUTES (650 LITER "E" CYLINDER) TO THE PATIENT UNDER POSITIVE PRESSURE, TOGETHER WITH AN ADEQUATE BACKUP SYSTEM THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE?	YES ☐ NO ☐
21. DOES THE FACILITY HAVE A RECOVERY AREA THAT HAS AVAILABLE OXYGEN, ADEQUATE LIGHTING, SUCTION AND ELECTRICAL OUTLETS? THE RECOVERY AREA CAN BE THE OPERATING THEATER.	YES ☐ NO ☐
22. DOES THE FACILITY HAVE ANCILLARY EQUIPMENT MAINTAINED IN GOOD OPERATING CONDITION, WHICH MUST INCLUDE ALL OF THE FOLLOWING: (a) LARYNGOSCOPE COMPLETE WITH ADEQUATE SELECTION OF BLADES AND SPARE BATTERIES AND BULB. (b) ENDOTRACHEAL TUBES AND APPROPRIATE CONNECTORS. (c) EMERGENCY AIRWAY EQUIPMENT (ORAL AIRWAYS, LARYNGEAL MASK AIRWAYS OR COMBITUBES, CRICOTHYROTOMY DEVICE). (d) TONSILLAR OR PHARYNGEAL TYPE SUCTION TIPS ADAPTABLE TO ALL OFFICE OUTLETS. (e) ENDOTRACHEAL TUBE FORCEPS. (f) SPHYGMOMANOMETER AND STETHOSCOPE. (g) ELECTROCARDIOSCOPE AND DEFIBRILLATOR. (h) ADEQUATE EQUIPMENT FOR THE ESTABLISHMENT OF AN INTRAVENOUS INFUSION. (i) PRECORDIAL/PRETRACHEAL STETHOSCOPE. (j) PULSE OXIMETER (k) CAPNOGRAPH AND TEMPERATURE DEVICE. PATIENTS RECEIVING DEEP SEDATION, GENERAL ANESTHESIA, SHALL HAVE VENTILATION CONTINUOUSLY MONITORED DURING THE PROCEDURE BY TWO OF THE FOLLOWING METHODS: (i) AUSCULTATION OF BREATH SOUNDS USING A PRECORDIAL STETHOSCOPE. (ii) MONITORING FOR THE PRESENCE OF EXHALED CARBON DIOXIDE WITH CAPNOGRAPHY.	YES ☐ NO ☐

RECORDS - DO YOU MAINTAIN THE FOLLOWING RECORDS?	
23. ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION RECORDS UPDATED PRIOR TO EACH ADMINISTRATION OF DEEP SEDATION AND GENERAL ANESTHESIA. SUCH RECORDS SHALL INCLUDE, BUT ARE NOT LIMITED TO, THE RECORDING OF THE AGE, SEX, WEIGHT, PHYSICAL STATUS (AMERICAN SOCIETY OF ANESTHESIOLOGISTS CLASSIFICATION), MEDICATION USE, ANY KNOWN OR SUSPECTED MEDICALLY COMPROMISING CONDITIONS, RATIONALE FOR SEDATION OF THE PATIENT, AND VISUAL EXAMINATION OF THE AIRWAY, AND AUSCULTATION OF THE HEART AND LUNGS.	YES ☐ NO ☐
24. GENERAL ANESTHESIA OR DEEP SEDATION RECORDS, WHICH SHALL INCLUDE A TIME-ORIENTED RECORD WITH PREOPERATIVE, MULTIPLE INTRAOPERATIVE, AND POSTOPERATIVE PULSE OXIMETRY (EVERY 5 MINUTES INTRAOPERATIVELY AND EVERY 15 MINUTES POSTOPERATIVELY FOR GENERAL ANESTHESIA OR DEEP SEDATION) AND BLOOD PRESSURE AND PULSE READINGS (BOTH EVERY 5 MINUTES INTRAOPERATIVELY FOR GENERAL ANESTHESIA OR DEEP SEDATION), DRUGS, AMOUNTS ADMINISTERED AND TIME ADMINISTERED, LENGTH OF THE PROCEDURE, ANY COMPLICATIONS OF ANESTHESIA OR SEDATION AND A STATEMENT OF THE PATIENT'S CONDITION AT TIME OF DISCHARGE.	YES ☐ NO ☐
25. RECORDS INCLUDING THE CATEGORY OF THE PROVIDER RESPONSIBLE FOR SEDATION OVERSIGHT, THE CATEGORY OF THE PROVIDER DELIVERING SEDATION, THE CATEGORY OF THE PROVIDER MONITORING THE PATIENT DURING SEDATION, WHETHER THE PERSON SUPERVISING THE SEDATION PERFORMED ONE OR MORE OF THE PROCEDURES.	YES ☐ NO ☐
26. WRITTEN INFORMED CONSENT OF THE PATIENT, OR, AS APPROPRIATE, PATIENT'S CONSERVATOR, OR THE INFORMED CONSENT OF A PERSON AUTHORIZED TO GIVE SUCH CONSENT FOR THE PATIENT, OR IF THE PATIENT IS A MINOR, HIS OR HER PARENT OR GUARDIAN, PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 1682(e).	YES ☐ NO ☐
27. **DRUGS** - DO YOU MAINTAIN EMERGENCY DRUGS OF THE FOLLOWING TYPES AT ALL TIMES IN CONNECTION WITH THE ADMINISTRATION OF DEEP SEDATION OR GENERAL ANESTHESIA? • EPINEPHRINE (EPI) • VASOPRESSOR (OTHER THAN EPI) • BRONCHODILATOR • MUSCLE RELAXANT • INTRAVENOUS MEDICATION FOR TREATMENT OF CARDIOPULMONARY ARREST • APPROPRIATE DRUGS ANTAGONIST • ANTIHISTAMINIC • ANTICHOLINGERGIC • ANTIARRHYTHMIC • CORONARY ARTERY VASODILATOR • ANTIHYPERTENSIVE • ANTICONVULSANT • OXYGEN • 50% DEXTROSE OR OTHER ANTIHYPOGLYCEMIC	YES ☐ NO ☐
28. **EMERGENCIES** - ARE YOU COMPETENT TO TREAT ALL OF THE FOLLOWING EMERGENCIES? • AIRWAY OBSTRUCTION • BRONCHOSPASM • EMESIS AND ASPIRATION OF FOREIGN MATERIAL UNDER ANESTHESIA • ANGINA PECTORIS • MYOCARDIAL INFARCTION • HYPOTENSION • HYPERTENSION • CARDIAC ARREST • ALLERGIC REACTION • CONVULSIONS • HYPOGLYCEMIA • SYNCOPE • RESPIRATORY DEPRESSION	YES ☐ NO ☐
29. **STAFF**- ARE DENTAL OFFICE PERSONNEL DIRECTLY INVOLVED WITH THE CARE OF PATIENTS UNDERGOING DEEP SEDATION OR GENERAL ANESTHESIA CERTIFIED IN BASIC CARDIAC LIFE SUPPORT (CPR)?	YES ☐ NO ☐

30. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF DEEP SEDATION OR GENERAL ANESTHESIA. IF YOU ARE A PHYSICIAN AND SURGEON APPLYING FOR THIS PERMIT, PROVIDE THE NAMES OF ANY HOSPITALS WHERE YOU HAVE MEMBERSHIP ON THE MEDICAL STAFF.

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IF NECESSARY, CONTINUE ON THE BACK OF THIS PAGE.

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

_____

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) sections1600 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, 1646.1, 1646.2, 1646.9, 1715, and Title 16, California Code of Regulations sections 1043.1, 1043.3, and 1043.4. The Board uses this information to identify and evaluate applicants for 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.