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

CERTIFICATION OF PEDIATRIC MINIMAL SEDATION TRAINING

Notice to Applicants

This completed form must be submitted to the Dental Board of California (Board) with your application for a pediatric minimal sedation permit as required by Title 16, California Code of Regulations (CCR) section 1043.9.1 or your application will not be processed (Title 16 CCR section 1004). The information requested on this form is mandatory pursuant to Business and Professions Code section 1647.32 and Title 16 CCR section 1043.9.1. The information provided will be used to determine qualification for a pediatric minimal sedation permit. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300.

(APPLICANT TO COMPLETE QUESTIONS 1-3 AND EDUCATIONAL INSTITUTION TO COMPLETE QUESTION 4)

1. LEGAL NAME: LAST FIRST MIDDLE

2. LICENSE NUMBER:

3. NAME OF SCHOOL/EDUCATIONAL INSTITUTION

4. MINIMAL SEDATION TRAINING VERIFICATION:

THIS DENTIST IS APPLYING FOR A PEDIATRIC MINIMAL SEDTION PERMIT TO ADMINISTER OR ORDER THE ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION IN A DENTAL OFFICE IN CALIFORNIA. IN ORDER TO QUALIFY FOR A PERMIT, THE APPLICANT IS REQUIRED TO PROVIDE PROOF OF COMPLETION OF TRAINING IN PEDIATRIC MINIMAL SEDATION. PLEASE CHECK THE APPROPRIATE BOXES BELOW RELATING TO THE TRAINING THE ABOVE-NAMED APPLICANT COMPLETED AT YOUR EDUCATIONAL INSTITUTION.

THE APPLICANT LISTED ON THIS FORM SUCCESSFULLY COMPLETED THIS INSTITUTION'S EDUCATIONAL PROGRAM IN MINIMAL SEDATION THAT INCLUDES EITHER OF THE FOLLOWING:

☐ AT LEAST 24 HOURS OF PEDIATRIC MINIMAL SEDATION INSTRUCTION IN ADDITION TO ONE CLINICAL CASE. AND TRAINING IN PEDIATRIC MONITORING, AIRWAY MANAGEMENT, AND RESUSCITATION AND PATIENT RESCUE FROM MODERATE SEDATION, OR,

☐ A COMMISSION ON DENTAL ACCREDITATION (CODA) APPROVED RESIDENCY IN PEDIATRIC DENTISTRY.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS SECTION OF THE FORM IS TRUE AND CORRECT AND CONFIRM THAT, ACCORDING TO THIS INSTITUTION'S RECORDS, _____ (NAME OF APPLICANT) SATISFACTORILY COMPLETED THE ABOVE REFERENCED TRAINING AT _____ (NAME OF INSTITUTION). THIS STUDENT WAS ENROLLED IN A _____ (NAME OF EDUCATIONAL PROGRAM) PROGRAM WHEN OBTAINING MINIMAL SEDATION TRAINING ON THE FOLLOWING DATES: _____

EDUCATIONAL PROGRAM SEAL (IF APPLICABLE)

_____ _____
SIGNATURE DATE

_____ _____
PRINTED NAME/TITLE TELEPHONE