

**State of California
Office of Administrative Law**

In re:
Dental Board of California

Regulatory Action:

Title 16, California Code of Regulations

Adopt sections: 1017.1, 1043.8.1, 1043.9,
1043.9.1, 1043.9.2

Amend sections: 1016, 1017, 1018.1, 1021,
1043, 1043.1, 1043.2,
1043.3, 1043.4, 1043.5,
1043.6, 1043.7, 1043.8,
1044, 1044.1, 1044.2,
1044.3, 1044.5, 1070.8

Repeal sections:

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3

OAL Matter Number: 2022-0721-08

OAL Matter Type: Regular Resubmittal (SR)

This rulemaking action by the Dental Board of California updates requirements governing the use of deep sedation and general anesthesia, moderate sedation, and pediatric minimal sedation for dental patients. This action updates terminology, fees, application requirements, facility and equipment requirements, recordkeeping requirements, and drug requirements. This action also adopts a new application process for pediatric endorsements.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 8/16/2022.



Date: August 16, 2022

**Lindsey S. McNeill
Senior Attorney**

**For: Kenneth J. Pogue
Director**

**Original: Sarah Wallace, Interim
Executive Officer**

Copy: Lawrence Bruggeman

NOTICE PUBLICATION/REGULATORY ACTION JOURNAL

STD. 400 (REV. 10/2019)

RESUBMITTAL

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z- 2021-1221-06	REGULATORY ACTION NUMBER 2022-0721-08SR	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
per agency request 8/15/22		OFFICE OF ADMIN. LAW 2022 JUL 21 PM 4:23	
NOTICE		REGULATIONS	

ENDORSED - FILED
 In the office of the Secretary of State
 of the State of California

AUG 16 2022

1:50 PM

 AGENCY WITH RULEMAKING AUTHORITY
 Department of Consumer Affairs, Dental Board of California

AGENCY FILE NUMBER (If any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) SB 501 - Anesthesia and Sedation		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2022-0502-01S	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT 1017.1, 1043.8.1, 1043.9, 1043.9.1, 1043.9.2	
TITLE(S) 16		AMEND 1016, 1017, 1018.1, 1021, 1043, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, (see attachment)	
3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11349.4) <u>March 18, 2022 - April 4, 2022; June 29, 2022 - July 14, 2022</u>			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) <input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify)			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY <input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input checked="" type="checkbox"/> Other (Specify) <u>Kimberly Kirchmeyer, Director, Department of Consumer Affairs</u>			
7. CONTACT PERSON Lawrence Bruggeman		TELEPHONE NUMBER (916) 263-2027	FAX NUMBER (Optional) (916) 263-2140
		E-MAIL ADDRESS (Optional) lawrence.bruggeman@dca.ca.gov	

I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

 Sarah Wallace
 Sarah Wallace (Jul 21, 2022 09:33 PM)

DATE

Jul 21, 2022

TYPED NAME AND TITLE OF SIGNATORY

Sarah E. Wallace, Interim Executive Director, Dental Board of California

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

AUG 16 2022

Office of Administrative Law

**Attachment to Form 400
Department of Consumer Affairs
Dental Board of California**

Resubmittal filing for SB 501 - Anesthesia and Sedation, original OAL file 2022-0502-01S.

Item B2, Specify California Code of Regulations Title(s) and Section(s)

Sections to Amend include the sections listed on the form as well as the following sections of Title 16: 1043.8, 1044, 1044.1, 1044.2, 1044.3, 1044.5, 1070.8

✓
1043-7

LM
per agency
request
8/15/22

**State of California
Department of Consumer Affairs
Title 16. Professional and Vocational Regulations
Division 10. Dental Board of California**

**SB 501 Anesthesia and Sedation
Order of Adoption**

Amend sections 1016 and 1017 of Article 4 of Chapter 1, section 1018.1 of Article 5 of Chapter 1, section 1021 of Article 6 of Chapter 1, sections 1043, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, and 1043.8 of Article 5, sections 1044, 1044.1, 1044.2, 1044.3, and 1044.5 of Article 5.5 of Chapter 2, and section 1070.8 of Article 2 of Chapter 3, and add section 1017.1 of Article 4 of Chapter 1, section 1043.8.1 of Article 5 of Chapter 2 and sections 1043.9, 1043.9.1, and 1043.9.2 of Article 5.1 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

Chapter 1. General Provisions Applicable to All Licensees

Article 4. Continuing Education

§ 1016. Continuing Education Courses and Providers.

(a) Definition of Terms:

(1) **Course of Study Defined.** "Course of study" means an orderly learning experience in an area of study pertaining to dental and medical health, preventive dental services, diagnosis and treatment planning, clinical procedures, basic health sciences, dental practice management and administration, communication, ethics, patient management or the Dental Practice Act and other laws specifically related to dental practice.

(2) **Coursework Defined.** The term "Coursework" used herein refers to materials presented or used for continuing education and shall be designed and delivered in a manner that serves to directly enhance the licensee's knowledge, skill and competence in the provision of service to patients or the community.

(b) Courses of study for continuing education credit shall include:

(1) **Mandatory courses required by the Board for license renewal to include a Board-approved course in Infection Control, a Board-approved course in the California Dental Practice Act and completion of certification in Basic Life Support.**

(A) **At a minimum, course content for a Board-approved course in Infection Control shall include all content of Section 1005 and the application of the regulations in the dental environment.**

(B) At a minimum, course content for the Dental Practice Act [Division 2, Chapter 4 of the Code (beginning with §1600)] shall instruct on acts in violation of the Dental Practice Act and attending regulations, and other statutory mandates relating to the dental practice. This includes utilization and scope of practice for auxiliaries and dentists; laws governing the prescribing of drugs; citations, fines, revocation and suspension of a license, and license renewal; and the mandatory reporter obligations set forth in the Child Abuse and Neglect Reporting Act (Penal Code Section 11164 et seq.) and the Elder Abuse and Dependent Adult Civil Protection Act (Welfare and Institutions Code Section 15600 et seq.) and the clinical signs to look for in identifying abuse.

(C) The mandatory requirement for certification in Basic Life Support shall be met by completion of either:

(i) An American Heart Association (AHA) or American Red Cross (ARC) course in Basic Life Support (BLS) or,

(ii) A BLS course taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).

For the purposes of this section, a Basic Life Support course shall include all of the following:

1. Instruction in both adult and pediatric CPR, including 2-rescuer scenarios;
2. Instruction in foreign-body airway obstruction;
3. Instruction in relief of choking for adults, child and infant;
4. Instruction in the use of automated external defibrillation with CPR; and;
5. A live, in-person skills practice session, a skills test and a written examination;

The course provider shall ensure that the course meets the required criteria.

(2) Courses in the actual delivery of dental services to the patient or the community, such as:

(A) Courses in preventive services, diagnostic protocols and procedures (including physical evaluation, radiography, dental photography) comprehensive treatment planning, charting of the oral conditions, informed consent protocols and recordkeeping.

(B) Courses dealing primarily with nutrition and nutrition counseling of the patient.

(C) Courses in esthetic, corrective and restorative oral health diagnosis and treatment.

(D) Courses in dentistry's role in individual and community health emergencies, disasters, and disaster recovery.

(E) Courses that pertain to the legal requirement governing the licensee in the areas of auxiliary employment and delegation of responsibilities; the Health Insurance Portability and Accountability Act (HIPAA); actual delivery of care.

(F) Courses pertaining to federal, state and local regulations, guidelines or

statutes regarding workplace safety, fire and emergency, environmental safety, waste disposal and management, general office safety, and all training requirements set forth by the California Division of Occupational Safety and Health (Cal-DOSH) including the Bloodborne Pathogens Standard.

(G) Courses pertaining to the administration of general anesthesia, conscious/moderate sedation, oral conscious sedation or medical emergencies.

(H) Courses pertaining to the evaluation, selection, use and care of dental instruments, sterilization equipment, operatory equipment, and personal protective attire.

(I) Courses in dependency issues and substance abuse such as alcohol and drug use as it relates to patient safety, professional misconduct, ethical considerations or malpractice.

(J) Courses in behavioral sciences, behavior guidance, and patient management in the delivery of care to all populations including special needs, pediatric and sedation patients when oriented specifically to the clinical care of the patient.

(K) Courses in the selection, incorporation, and use of current and emerging technologies.

(L) Courses in cultural competencies such as bilingual dental terminology, cross-cultural communication, provision of public health dentistry, and the dental professional's role in provision of care in non-traditional settings when oriented specifically to the needs of the dental patient and will serve to enhance the patient experience.

(M) Courses in dentistry's role in individual and community health programs.

(N) Courses pertaining to the legal and ethical aspects of the insurance industry, to include management of third party payer issues, dental billing practices, patient and provider appeals of payment disputes and patient management of billing matters.

(3) Courses in the following areas are considered to be primarily of benefit to the licensee and shall be limited to a maximum of 20% of a licensee's total required course unit credits for each license or permit renewal period:

(A) Courses to improve recall and scheduling systems, production flow, communication systems and data management.

(B) Courses in organization and management of the dental practice including office computerization and design, ergonomics, and the improvement of practice administration and office operations.

(C) Courses in leadership development and team development.

(D) Coursework in teaching methodology and curricula development.

(E) Coursework in peer evaluation and case studies that include reviewing clinical evaluation procedures, reviewing diagnostic methods, studying radiographic data, study models and treatment planning procedures.

(F) Courses in human resource management and employee benefits.

(4) Courses considered to be of direct benefit to the licensee or outside the scope of dental practice in California include the following, and shall not be recognized for continuing education credit:

(A) Courses in money management, the licensee's personal finances or personal business matters such as financial planning, estate planning, and personal investments.

(B) Courses in general physical fitness, weight management or the licensee's personal health.

(C) Presentations by political or public figures or other persons that do not deal primarily with dental practice or issues impacting the dental profession.

(D) Courses designed to make the licensee a better business person or designed to improve licensee personal profitability, including motivation and marketing.

(E) Courses pertaining to the purchase or sale of a dental practice, business or office; courses in transfer of practice ownership, acquisition of partners and associates, practice valuation, practice transitions, or retirement.

(F) Courses pertaining to the provision of elective facial cosmetic surgery as defined by the Dental Practice Act in Section 1638.1, unless the licensee has a special permit obtained from the Board to perform such procedures pursuant to Section 1638.1 of the Code.

(5) Completion of a course does not constitute authorization for the attendee to perform any services that he or she is not legally authorized to perform based on his or her license or permit type.

(c) Registered Provider Application and Renewal

(1) An applicant for registration as a provider shall submit an "Application for Continuing Education Provider (Rev. 05/09)" that is hereby incorporated by reference. The application shall be accompanied by the fee required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that he or she will only offer courses and issue certificates for courses that meet the requirements in this section.

(2) To renew its registration, a provider shall submit a "Continuing Education Registered Provider Permit Renewal Application (12/15/08)" that is hereby incorporated by reference. The application shall be accompanied by the fee required by section 1021 and a biennial report listing each of the course titles offered, the 11-digit registration number issued to each course, the number of units issued for each course, the dates of all courses offered, the name and qualifications of each instructor, a summary of the content of each course of study, and a sample of the provider's written certification issued to participants during the last renewal period.

(d) Standards for Registration as an Approved Provider

(1) Each course of study shall be conducted on the same educational standards of scholarship and teaching as that required of a true university discipline and shall be supported by those facilities and educational resources necessary to comply with this requirement. Every instructor or presenter of a continuing education course shall possess education or experience for at least two years in

the subject area being taught. Each course of study shall clearly state educational objectives that can realistically be accomplished within the framework of the course. Teaching methods for each course of study shall be described (e.g., lecture, seminar, audiovisual, clinical, simulation, etc.) on all provider reports.

(2) The topic of instruction and course content shall conform to this section.

(3) An opportunity to enroll in such courses of study shall be made available to all dental licensees.

(e) Enforcement, Provider Records Retention and Availability of Provider Records

(1) The bBoard may not grant prior approval to individual courses unless a course is required as a mandatory license renewal course. The minimum course content of all mandatory continuing education courses for all registered providers is set out in subsections (b)(1)(A-C). Providers shall be expected to adhere to these minimum course content requirements or risk registered provider status. Beginning January 1, 2006, all registered providers shall submit their course content outlines for Infection Control and California Dental Practice Act to the bBoard staff for review and approval. If a provider wishes to make any significant changes to the content of a previously approved mandatory course, the provider shall submit a new course content outline to the Board. A provider may not offer the mandatory course until the Board approves the new course outline. All new applicants for provider status shall submit course content outlines for mandatory education courses at the time of application and prior to instruction of mandatory education courses.

(2) Providers must possess and maintain the following:

- (A) Speaker curriculum vitae;
- (B) Course content outline;
- (C) Educational objectives or outcomes;
- (D) Teaching methods utilized;
- (E) Evidence of registration numbers and units issued to each course;
- (F) Attendance records and rosters

(3) The bBoard may randomly audit a provider for any course submitted for credit by a licensee in addition to any course for which a complaint is received. If an audit is conducted, the provider shall submit to the Board the following information and documentation:

- (A) Speaker curriculum vitae;
- (B) Course content outline;
- (C) Educational objectives or outcomes;
- (D) Teaching methods utilized;
- (E) Evidence of registration numbers and units issued to each course; and
- (F) Attendance records and rosters.

(4) All provider records described in this article shall be retained for a period of

no less than three provider renewal periods.

(f) Withdrawal of Provider Registration

(1) The bBoard retains the right and authority to audit or monitor courses given by any provider. The bBoard may withdraw or place restrictions on a provider's registration if the provider has disseminated any false or misleading information in connection with the continuing education program, fails to comply with regulations, misrepresents the course offered, makes any false statement on its application or otherwise violates any provision of the Dental Practice Act or the regulations adopted thereunder.

(2) Any provider whose registration is withdrawn or restricted shall be granted a hearing before the executive officer or his or her designee prior to the effective date of such action. The provider shall be given at least ten days notice of the grounds for the proposed action and the time and place of such hearing.

(g) Provider Issuance of Units of Credit for Attendance

One unit of credit shall be granted for every hour of contact instruction and may be issued in half-hour increments. Such increments shall be represented by the use of a decimal point in between the first two numbers of the 11-digit registration number of the course. This credit shall apply to either academic or clinical instruction. Eight units shall be the maximum continuing education credits granted in one day.

(h) Additional Provider Responsibilities

(1) A provider shall furnish a written certification of course completion to each licensee certifying that the licensee has met the attendance requirements of the course. Such certification shall not be issued until completion of the course and shall contain the following:

(A) The licensee's, name and license or permit number, the provider's name, the 11-digit course registration number in the upper left hand corner of the certificate, date or dates attended, the number of units earned, and a place for the licensee to sign and date verifying attendance.

(B) An authorizing signature of the provider or the providing entity and a statement that reads: "All of the information contained on this certificate is truthful and accurate."

(C) A statement on each certification that reads: "Completion of this course does not constitute authorization for the attendee to perform any services that he or she is not legally authorized to perform based on his or her license or permit type."

(2) If an individual whose license or permit has been cancelled, revoked, or voluntarily surrendered attends and completes a continuing education course, the provider or attendee may document on the certificate of course completion the license or permit number the individual held before the license or permit was cancelled, revoked, or

voluntarily surrendered.

(3) When two or more registered providers co-sponsor a course, only one provider number shall be used for that course and that provider must assume full responsibility for compliance with the requirements of this article.

(4) Only Board-approved providers whose course content outlines for Infection Control and California Dental Practice Act have been submitted and approved by the Board may issue continuing education certifications to participants of these courses.

(5) The instructor of a course who holds a current and active license or permit to practice issued by the Board may receive continuing education credit for up to 20% of their total required units per renewal period for the course or courses they teach for a provider other than themselves.

(6) Upon request, a provider shall issue a duplicate certification to a licensee whose name appears on the provider's original roster of course attendees. A provider may not issue a duplicate certification to a licensee whose name is not on the original roster of course attendees. The provider, not the licensee shall clearly mark on the certificate the word "duplicate."

(7) Providers shall place the following statement on all certifications, course advertisements, brochures and other publications relating to all course offerings: "This course meets the Dental Board of California's requirements for _(number of)_ units of continuing education."

(i) Out of State Courses and Courses Offered by Other Authorized and Non-Authorized Providers

(1) Notwithstanding subdivision (b) of Section 1016, licensees who attend continuing education courses given by providers approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE) and who obtain a certification of attendance from the provider or sponsor shall be given credit towards his or her total continuing education requirement for renewal of his or her license with the exception of mandatory continuing education courses, if the course meets the requirements of continuing education set forth in this section.

(b) A licensee who attends a course or program that meets all content requirements for continuing education pursuant to these regulations, but was presented outside California by a provider not approved by the Board, may petition the Board for consideration of the course by submitting information on course content, course duration and evidence from the provider of course completion. When the necessary requirements have been fulfilled, the Board may issue a written certificate of course completion for the approved number of units, which the licensee may then use for documentation of continuing education credits.

Note: Authority cited: Sections 1614 and 1645, Business and Professions Code.
Reference: Section 1645, Business and Professions Code.

§ 1017. Continuing Education Units Required for Renewal of a License or Permit.

(a) As a condition of renewal, all licensees are required to complete continuing education as follows:

- (1) Two units of continuing education in Infection Control specific to California regulations as defined in section 1016(b)(1)(A).
- (2) Two units of continuing education in the California Dental Practice Act and its related regulations as defined in section 1016(b)(1)(B).
- (3) A maximum of four units of a course in Basic Life Support as specified in section 1016(b)(1)(C).

(b) Mandatory continuing education units count toward the total units required to renew a license or permit; however, failure to complete the mandatory courses will result in non-renewal of a license or permit. Any continuing education units accumulated before April 8, 2010 that meet the requirements in effect on the date the units were accumulated will be accepted by the Board for license or permit renewals taking place on or after April 8, 2010.

(c) All licensees shall accumulate the continuing education units equal to the number of units indicated below during the biennial license or permit renewal period assigned by the Board on each license or permit. All licensees shall verify to the Board that he or she who has been issued a license or permit to practice for a period less than two years shall begin accumulating continuing education credits within the next biennial renewal period occurring after the issuance of a new license or permit to practice.

- (1) Dentists: 50 units.
- (2) Registered dental hygienists: 25 units.
- (3) Registered dental assistants: 25 units.
- (4) Dental Sedation Assistant Permit Holders: 25 units.
- (5) Orthodontic Assistant Permit Holders: 25 units.
- (6) Registered dental hygienists in extended functions: 25 units.
- (7) Registered dental assistants in extended functions: 25 units.
- (8) Registered dental hygienists in alternative practice: 35 units.

(d) Each dentist licensee who holds a general anesthesia permit shall complete, as a condition of permit renewal, continuing education requirements pursuant to Section 1646.5 of the Business and Professions Code at least once every two years, and either (1) an advanced cardiac life support course which is approved by the American Heart Association and which includes an examination on the materials presented in the course or (2) any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the course entitled "2005 American Heart Association Guidelines for

Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association December 13, 2005 which is incorporated herein by reference.

- (e) Each dentist licensee who holds a ~~conscious~~moderate sedation permit shall complete at least once every two years a minimum of 15 total units of coursework related to the administration of ~~conscious~~moderate sedation and to medical emergencies, as a condition of permit renewal, in continuing education requirements pursuant to Section 1647.5 of the of the Business and Professions Code. Refusal to execute the required assurance shall result in non-renewal of the permit.
- (f) Each dentist licensee who holds an oral conscious sedation permit for minors, as a condition of permit renewal, shall complete at least once every two years a minimum of 7 total units of coursework related to the subject area in continuing education requirements pursuant to Section 1647.13 of the Business and Professions Code.
- (g) Each dentist licensee who holds an oral conscious sedation permit for adults, as a condition of permit renewal, shall complete at least once every two years a minimum of 7 total units of coursework related to the subject area in continuing education requirements pursuant to Section 1647.21 of the of the Business and Professions Code.
- (h) Notwithstanding any other provisions of this code, tape recorded courses, home study materials, video courses, and computer courses are considered correspondence courses, and will be accepted for credit up to, but not exceeding, 50% of the licensee's total required units.
- (i) In the event that a portion of a licensee's units have been obtained through non-live instruction, as described in Section (h) above, all remaining units shall be obtained through live interactive course study with the option to obtain 100% of the total required units by way of interactive instruction courses. Such courses are defined as live lecture, live telephone conferencing, live video conferencing, live workshop demonstration, or live classroom study.
- (j) Licensees who participate in the following activities shall be issued continuing education credit for up to 20% of their total continuing education unit requirements for license renewal:
 - (1) Participation in any Dental Board of California or Western Regional Examination Board (WREB) administered examination including attendance at calibration training, examiner orientation sessions, and examinations.
 - (2) Participation in any site visit or evaluation relating to issuance and maintenance of a general anesthesia, ~~conscious~~moderate sedation or oral conscious sedation permit.
 - (3) Participation in any calibration training and site evaluation training session relating to general anesthesia, ~~conscious~~moderate sedation or oral conscious sedation permits.

(4) Participation in any site visit or evaluation of an approved dental auxiliary program or dental auxiliary course.

(k) The Board shall issue to participants in the activities listed in subdivision (j) a certificate that contains the date, time, location, authorizing signature, 11-digit course registration number, and number of units conferred for each activity consistent with all certificate requirements herein required for the purposes of records retention and auditing.

(l) The license or permit of any person who fails to accumulate the continuing education units set forth in this section or to assure the Board that he or she will accumulate such units, shall not be renewed until such time as the licensee complies with those requirements.

(m) A licensee who has not practiced in California for more than one year because the licensee is disabled need not comply with the continuing education requirements of this article during the renewal period within which such disability falls. Such licensee shall certify in writing that he or she is eligible for waiver of the continuing education requirements. A licensee who ceases to be eligible for such waiver shall notify the Board of such and shall comply with the continuing education requirements for subsequent renewal periods.

(n) A licensee shall retain, for a period of three renewal periods, the certificates of course completion issued to him or her at the time he or she attended a continuing education course and shall forward such certifications to the Board only upon request by the Board for audit purposes. A licensee who fails to retain a certification shall contact the provider and obtain a duplicate certification.

(o) Any licensee who furnishes false or misleading information to the Board regarding his or her continuing education units may be subject to disciplinary action. The Board may audit a licensee continuing education records as it deems necessary to ensure that the continuing education requirements are met.

(p) A licensee who also holds a special permit for general anesthesia, ~~conscious~~moderate sedation, oral conscious sedation of a minor or of an adult, may apply the continuing education units required in the specific subject areas to their dental license renewal requirements.

(q) A registered dental assistant or registered dental assistant in extended functions who holds a permit as an orthodontic assistant or a dental sedation assistant shall not be required to complete additional continuing education requirements beyond that which is required for licensure renewal in order to renew either permit.

(r) Pertaining to licensees holding more than one license or permit, the license or permit that requires the largest number of continuing education units for renewal shall equal the licensee's full renewal requirement. Dual licensure, or licensure with permit,

shall not require duplication of continuing education requirements.

(s) Current and active licensees enrolled in a full-time educational program in the field of dentistry, including dental school program, residency program, postdoctoral specialty program, dental hygiene school program, dental hygiene in alternative practice program, or registered dental assisting in extended functions program approved by the Board or the ADA Commission on Dental Accreditation shall be granted continuing education credits for completed curriculum during that renewal period. In the event of audit, licensees shall be required to present school transcripts to the Board as evidence of enrollment and course completion.

(t) Current and active dental sedation assistant and orthodontic assistant permit holders enrolled in a full-time dental hygiene school program, dental assisting program, or registered dental assisting in extended functions program approved by the Board or the ADA Commission on Dental Accreditation shall be granted continuing education credits for completed curriculum during that renewal period. In the event of audit, assisting permit holders shall be required to present school transcripts to the committee or Board as evidence of enrollment and course completion.

Note: Authority cited: Sections 1614 and 1645, Business and Professions Code.
Reference: Sections 1645, 1646.5 and 1647.5, Business and Professions Code.

§ 1017.1. Processing Times. [Repealed] Continued Competency Requirements for Renewal of Permits with Pediatric Endorsements.

(a) As a condition of renewal, each licensee who holds a general anesthesia permit with a pediatric endorsement shall provide documentation to the Board showing completion of at least twenty (20) cases of general anesthesia or deep sedation to pediatric patients as provided in Section 1043.8.1, subsections (c)-(d).

(b) As a condition of renewal, each dentist licensee who holds a moderate sedation permit with a pediatric endorsement shall confirm to the Board in writing the following as part of the permit renewal requirements in Section 1043.8 ("application"):

(1) Whether the licensee completed at least twenty (20) cases of moderate sedation for children under thirteen (13) years of age in the 24-month time period immediately preceding application for their current permit renewal either independently and/or under the direct supervision of another permit holder;

(2) Whether the licensee completed at least twenty (20) cases of moderate sedation for children under seven years of age in the 24-month time period immediately preceding application for their current permit renewal either independently and/or under the direct supervision of another permit holder, and;

(3) If applicable, if the licensee lacks sufficient cases, whether the licensee is administering moderate sedation to patients under seven years of age only

under the direct supervision of a permit holder who meets the qualifications of Section 1647.3 of the Code.

Note: Authority cited: Section 1614, Business and Professions Code Reference: Sections 1646.2, and 1647.3, Business and Professions Code.

Note: Authority cited: Section 1614, Business and Professions Code; and Section 15376, Government Code. Reference: Sections 15347 et seq., Government Code.

Article 5. Criteria for Evaluating Rehabilitation/Substantial Relationship

§ 1018.1. Criteria for Appointment as Agent of the Board.

(a) For purposes of this article, an Agent of the Board is a licensed dental professional or other licensed health care professional, whom the Board has authorized to perform delegable duties or functions. The Board may appoint an Agent to serve in one or more of the following capacities:

- (1) Conduct on-site evaluations to assess the competency of the general anesthesia and ~~conscious~~ moderate sedation permit holders;
- (2) Aid in the administration of examinations to determine the competency of applicants for licensure;
- (3) Review written statements, dental records, radiographs and other documents to evaluate the quality of care delivered by licensees who are the subject of complaints received by the Board;
- (4) Serve on the Examination Committee;
- (5) Serve on the Diversion Evaluation Committee;
- (6) Testify in criminal court and administrative hearings as an expert witness;
- (7) Serve on ad hoc committees created by the Board; and or
- (8) Perform any other function which the Board is authorized to delegate to an Agent.

(b) An Agent shall:

- (1) Hold a valid and current license in good standing issued by the Board or, if necessary to perform the functions delegated, by another healing arts board under the Department of Consumer Affairs;
- (2) Not be the subject of an on going occupational or professional investigation, unresolved complaint, or pending disciplinary action;
- (3) Not hold a license which is currently on probation, or which has been on probation within two years prior to appointment by the Board.

(c) The Board may temporarily remove the delegation of authority to an Agent, or may remove an Agent directly from his or her appointment for acts which include but are not limited to:

- (1) Be the subject of an ongoing investigation, or unresolved complaint, or a pending disciplinary action;
- (2) Have his or her professional license placed on probation by the Board or other licensing agency;

- (3) Allow his or her license to become delinquent or be cancelled;
- (4) Be convicted of a crime substantially related to the practice of dentistry;
- (5) Perform his/her Board-delegated functions in a negligent, incompetent or dishonorable manner.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 10 and 1614, Business and Professions Code.

Article 6. Fees

§ 1021. Examination, Permit and License Fees for Dentists.

The following fees are set for dentist examination and licensure by the bBoard, and for other licensee, registrant, or applicant types specified below**:

(a) Initial application for those applicants qualifying pursuant to Section 1632(c)(2) of the Business and Professions Code (the Code)	\$400
(b) Initial application for those applicants qualifying pursuant to Section 1634.1 of the Code	\$800
(c) Initial application for those applicants qualifying pursuant to Section 1632(c)(1) of the Code	\$400
(d) Initial application fee for those applicants applying pursuant to Section 1635.5 of the Code	\$525
(e) Initial <u>I</u> License	\$650*
(f) Biennial <u>I</u> License <u>r</u> Renewal fee	\$650
(g) Biennial <u>I</u> License <u>r</u> Renewal fee for those qualifying pursuant to Section 1716.1 of the <u>e</u> Code shall be one half of the renewal fee prescribed by subsection (f).	
(h) Delinquency fee <u>-I</u> License <u>r</u> Renewal - The delinquency fee for license renewal shall be the amount prescribed by <u>s</u> Section 1724(f) of the <u>e</u> Code.	
(i) Substitute <u>e</u> Certificate	\$50
(j) Application for an <u>A</u> Additional <u>O</u> ffice <u>P</u> ermit	\$350
(k) Biennial <u>r</u> Renewal of <u>A</u> Additional <u>O</u> ffice <u>P</u> ermit	\$250
(l) Late <u>e</u> Change of <u>p</u> Practice <u>r</u> Registration	\$50

(m) Fictitious Name Permit

The fee prescribed by Section 1724.5 of the Code

\$325

(n) Fictitious Name Permit ~~re~~Renewal

(o) Delinquency fee -Fictitious Name Permit ~~re~~Renewal. The delinquency fee for Fictitious Name Permits shall be one-half of the Fictitious Name Permit renewal fee

\$410

(p) Continuing Education Registered Provider fee

\$500524

(q) Application for General Anesthesia or ~~conscious~~Moderate Sedation Permit

\$168459

(r) ~~Oral Conscious Sedation Certificate Renewal~~ Application for Pediatric Minimal Sedation Permit

\$325

(s) General Anesthesia (for dentist and physician licensees) or ~~conscious~~Moderate Sedation Permit ~~re~~Renewal fee

\$182

(t) Pediatric Minimal Sedation Permit Renewal fee

\$2,000

(~~tu~~) General Anesthesia or ~~conscious~~Moderate Sedation On-site Inspection and Evaluation fee

\$1,000

(~~uv~~) Application for a Special Permit

\$125

(~~w~~) Special Permit Renewal

\$850

(~~w~~x) Initial Application for an Elective Facial Cosmetic Surgery Permit

\$800

(~~x~~y) Elective Facial Cosmetic Surgery Permit Renewal

\$500

(~~y~~z) Application for an Oral and Maxillofacial Surgery Permit

\$650

(~~z~~aa) Oral and Maxillofacial Surgery Permit Renewal

\$325

(~~a~~ab) Continuing Education Registered Provider Renewal

\$50

(~~a~~bc) License Certification

\$125

(~~a~~ed) Application for Law and Ethics Examination

\$368459

(~~a~~e) Application for Use of Adult or minor Oral Conscious Sedation on Adult Patients certificate

<u>(af) Adult Oral Conscious Sedation Certificate Renewal</u>	<u>\$168</u>
<u>(ag) Application for Pediatric Endorsement for General Anesthesia Permit (for dentist and physician licensees)</u>	<u>\$532</u>
<u>(ah) Application for Pediatric Endorsement for Moderate Sedation Permit</u>	<u>\$532</u>

*Fee pro-rated based on applicant's birth date.

** Examination, licensure, and permit fees for dentistry may not all be included in this section, and may appear in the ~~Business and Professions Code~~.

Note: Authority cited: Sections 1614, 1635.5, 1634.2(c), 1724 and 1724.5, Business and Professions Code. Reference: Sections 1632, 1634.1, 1646.2, 1646.6, 1647.3, 1647.8, 1647.12, 1647.4520, 1647.23, 1647.32, 1647.33, 1715, 1716.1, 1718.3, 1724 and 1724.5, Business and Professions Code.

Chapter 2. Dentists

Article 5. General Anesthesia and ~~(Moderate) Conscious Sedation~~

§ 1043. Definitions.

(a) For purposes of this article, "direct supervision" of deep sedation or general anesthesia means the permit holder ~~permittee~~ is in the immediate presence of a patient while deep sedation or general anesthesia is being administered to that patient and that the permit holder ~~permittee~~ or a member of the permit holder's ~~permittee's~~ staff directly monitors the patient at all times.

(b) For purposes of this article, "outpatient" means a patient treated in a treatment facility ~~which~~ that is not accredited by the Joint Commission on ~~Health Care Organizations~~ or licensed by the California Department of Public Health Services as a "general acute care hospital" as defined in subdivision (a) of Section 1250 of the Health & Safety Code.

(c) For purposes of section 1682(a) of the eCode:

(1) a patient under deep sedation or general anesthesia shall be considered "sedated" for that period of time beginning with the first administration of deep sedation or general anesthetic agents until that time when the patient is again conscious with a full return of protective reflexes, including the ability to respond purposely to physical stimulation and/or verbal command, when no additional agents will be administered, the

dental procedures have been completed, and after the maximum effects of all agents have been experienced by the patient;

(2) a patient under ~~conscious~~moderate sedation shall be considered "sedated" for that period of time beginning with the first administration of ~~conscious~~moderate sedation agents until that time when no additional agents will be administered, the dental procedures have been completed, and after the maximum effects of all agents have been experienced by the patient.

(d) For purposes of ~~s~~Section 1682(b) of the eCode, a patient shall be deemed to be "recovering from" ~~conscious~~moderate sedation, deep sedation, or general anesthesia from the time the patient is no longer "sedated" as that term is defined in subsection (c) above until the dentist has evaluated the patient and has determined the patient is responsive, alert, has stable vital signs and is ambulatory and/or capable of being safely transported.

(e) For purposes of this article, "applicant" refers to applicants without permits, as well as permit holders subject to re-evaluation.

Note: Authority cited: Section 1614, Business and Professions Code.
Reference: Sections 1646.1 and 1682, Business and Professions Code.

§ 1043.1. Permit Application Requirements.

(a) A licensed dentist does not need a general anesthesia or ~~conscious~~moderate sedation permit if the deep sedation, general anesthesia, or ~~conscious~~moderate sedation administered in that dentist's office is directly administered by a licensed dentist or physician and surgeon who possesses a general anesthesia or ~~conscious~~moderate sedation permit, whichever is applicable to the type of anesthesia or sedation services being provided.

(b) For the purposes of Sections 1646.2 and 1646.9 of the Code, Aan applicant for a permit to administer deep sedation or general anesthesia or order the administration of general anesthesia by a nurse anesthetist must be a licensed dentist in California who: shall submit a completed "Application for General Anesthesia Permit" Form GAP-1 (New 05/2021) to the Board, which is hereby incorporated by reference. The application shall be accompanied by the application fee set forth in Section 1021.

~~(1) Has completed a residency program in general anesthesia of not less than one calendar year, that is approved by the board; or~~

~~(2) Has completed a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Dental Accreditation.~~

(c) If the applicant wishes to administer or order the administration of deep

sedation or general anesthesia to patients under seven years of age, the applicant shall apply for a pediatric endorsement to their general anesthesia permit as set forth in Section 1043.8.1 and receive approval from the Board.

(ed) For the purposes of Section 1647.2 and 1647.3 of the Code, A an applicant for a permit to administer or order the administration of ~~conscious moderate~~ sedation must be a licensed dentist in California who meets the requirements set forth in section 1647.3 of the code shall submit a completed "Application for Moderate Sedation Permit" Form MSP-1 (New 05/2021), which is hereby incorporated by reference. The application shall be accompanied by the following:

- (1) A completed "Certification of Moderate Sedation Training" Form MSP-2 (New 05/2021), which is hereby incorporated by reference; and
- (2) The application fee set forth in Section 1021.

(e) If the applicant wishes to administer or order the administration of moderate sedation to patients under thirteen years of age, the applicant shall apply for a pediatric endorsement to their moderate sedation permit as set forth in Section 1043.8.1 and receive approval from the Board.

~~(d) The processing times for a general anesthesia or conscious sedation permit are set forth in section 1061.~~

Note: Authority cited: Sections 1614 and 1646.2, Business and Professions Code. Reference: Sections 1646.1, 1646.9, 1647.2, 1647.3 and 2827, Business and Professions Code.

§ 1043.2. Composition of Onsite Inspection and Evaluation Teams.

(a) An evaluation team shall consist of two or more persons chosen and approved by the bBoard for the first evaluation, or in the event that an applicant has failed an evaluation. For each subsequent evaluation, only one evaluator shall be required.

(b) The evaluators must meet one of the criteria in subdivision (b) of section 1043.4 the Application for General Anesthesia Permit (Form GAP-1 New 05/2021) for general anesthesia or the criteria in sSection 1647.3 of the eCode for ~~conscious moderate~~ sedation and must have utilized general anesthesia, deep sedation, or ~~conscious moderate~~ sedation, whichever is applicable, in a dental practice setting for a minimum of three years immediately preceding their application to be an evaluator, exclusive of any general anesthesia, deep sedation, or ~~conscious moderate~~ sedation training.

(c) At least one of the evaluators must have experience in evaluation of

dentists administering general anesthesia, deep sedation, or ~~conscious~~ moderate sedation. At least one member of the team must have substantial experience in the administration of the method of delivery of general anesthesia, deep sedation, or moderate sedation used by the dentist being evaluated.

(d) Evaluators shall possess a current, active, and unrestricted license from the Board or the Medical Board of California for applicants qualifying under Section 1646.9 of the Code. For purposes of this section, "unrestricted" means not subject to any disciplinary action such as revocation, suspension, or probation.

(de) The ~~b~~Board may appoint a licensee member of the ~~b~~Board to serve as a consultant at any evaluation.

Note: Authority cited: Section 1614, Business and Professions Code.
Reference: Sections 1646.4, and 1647.7, and 1646.9, Business and Professions Code.

§ 1043.3. Onsite Inspections.

All offices in which general anesthesia, deep sedation, or ~~conscious~~ moderate sedation is conducted under the terms of this article shall, unless otherwise indicated, meet the standards set forth below. In addition, an office may in the discretion of the ~~b~~Board be required to undergo an onsite inspection. For the applicant who administers in both an outpatient setting and at an accredited facility, the onsite inspection must be conducted in an outpatient setting. The evaluation of an office shall consist of three parts:

(a) Office Facilities and Equipment. 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. The following office facilities and equipment shall be available ~~and shall be maintained in good operating condition~~:

(1) An operating theatre large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least three individuals to freely move about the patient.

(2) An operating table or chair which 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.

(3) 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 operation underway at the time of general power failure.

(4) Suction equipment which permits aspiration of the oral and pharyngeal cavities. A backup suction device which can operate at the time of general power failure must also be available.

(5) 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 which can operate at the time of general power failure.

(6) A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets. The recovery area can be the operating theatre.

(7) Ancillary equipment:

(A) Laryngoscope complete with adequate selection of blades and spare batteries and bulb. (This equipment is not required for ~~conscious~~moderate sedation.)

(B) Endotracheal tubes and appropriate connectors. (This equipment is not required for ~~conscious~~moderate sedation.)

(C) Emergency airway equipment (oral airways, laryngeal mask airways or combitubes, cricothyrotomy device).

(D) Tonsillar or pharyngeal type suction tip adaptable to all office outlets.

(E) Endotracheal tube forceps. (This equipment is not required for ~~conscious~~moderate sedation.)

(F) Sphygmomanometer and stethoscope.

(G) Electrocardioscope and defibrillator. (This equipment is not required for ~~conscious~~moderate sedation.)

(H) Adequate equipment for the establishment of an intravenous infusion.

(I) Precordial/pretracheal stethoscope.

(J) Pulse oximeter.

(K) Capnograph and temperature device. ~~A capnograph and temperature measuring device are required for the intubated patient receiving general anesthesia. (The equipment is not required for conscious sedation.)~~

Patients receiving moderate sedation, deep sedation, or general anesthesia shall have ventilation continuously monitored during the procedure by two of the following three methods:

(i) Auscultation of breath sounds using a precordial stethoscope.

(ii) Monitoring for the presence of exhaled carbon dioxide with capnography.

(iii) Verbal communication with a patient under moderate sedation. This method shall not be used for a patient under deep sedation or general anesthesia.

(b) Records. The following records shall be maintained:

(1) Adequate medical history and physical evaluation records updated prior to each administration of ~~general anesthesia or conscious sedation~~ moderate sedation, deep sedation, or 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 for general anesthesia or deep sedation only, auscultation of the heart and lungs as medically required.

(2) ~~Moderate sedation, deep sedation, or general anesthesia-General Anesthesia and/or conscious sedation~~ records, which shall include a time-oriented record with preoperative, multiple ~~interoperative~~ 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.

(3) Records shall include 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, and whether the person supervising the sedation performed one or more of the procedures. Categories of providers are defined in Section 1680(z)(3) of the Code.

(34) 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 Section 1682(e) of the Code.

(c) Drugs. Emergency drugs of the following types shall be available:

- (1) Epinephrine
- (2) Vasopressor (other than epinephrine)
- (3) Bronchodilator
- (4) Muscle relaxant (This is not required for ~~conscious~~ moderate sedation.)
- (5) Intravenous medication for treatment of cardiopulmonary arrest (This is

- not required for ~~conscious~~moderate sedation.)
- (6) Appropriate drug antagonist
 - (7) Antihistaminic
 - (8) Anticholinergic
 - (9) Antiarrhythmic (This is not required for ~~conscious~~moderate sedation.)
 - (10) Coronary artery vasodilator
 - (11) Antihypertensive (This is not required for ~~conscious~~moderate sedation.)
 - (12) Anticonvulsant
 - (13) Oxygen
 - (14) 50% dextrose or other antihypoglycemic

(d) Prior to an onsite inspection and evaluation, the dentist shall provide a complete list of his/her emergency medications to the evaluator.

Note: Authority cited: Section 1614, Business and Professions Code.
Reference: Sections 1646.2, 1646.3, 1647.3 and 1647.6, Business and Professions Code.

§ 1043.4. Evaluation Standards.

The evaluation of an applicant for a permit shall consist of two parts:

(a) Demonstration of a General Anesthesia or Deep Sedation. A dental procedure utilizing general anesthesia or deep sedation administered by the applicant must be observed and evaluated. Any anesthesia or deep sedation technique that is routinely employed can be demonstrated. The patient shall be monitored while anesthetized or sedated and during recovery from anesthesia or sedation in the manner prescribed by sSection 1682 of the eCode.

The applicant for a permit must demonstrate that he or she has knowledge of the uses of the equipment required by sSection 1043.3(a) and is capable of using that equipment.

(b) Demonstration of a ConsciousModerate Sedation. A dental procedure utilizing ~~conscious~~moderate sedation administered by the applicant must be observed and evaluated. Any ~~conscious~~moderate sedation technique that is routinely employed can be demonstrated. The patient shall be monitored while sedated and during recovery from sedation in the manner prescribed by sSection 1682 of the eCode. The applicant for a permit must demonstrate that he or she has knowledge of the uses of the equipment required by sSection 1043.3(a) and is capable of using that equipment.

(c) Simulated Emergencies. Knowledge of and a method of treatment must be physically demonstrated by the dentist and his or her operating team for the following emergencies:

- (1) Airway obstruction
- (2) Bronchospasm
- (3) Emesis and aspiration of foreign material under anesthesia
- (4) Angina pectoris
- (5) Myocardial infarction
- (6) Hypotension
- (7) Hypertension
- (8) Cardiac arrest
- (9) Allergic reaction
- (10) Convulsions
- (11) Hypoglycemia
- (12) Syncope
- (13) Respiratory depression

Note: Authority cited: Section 1614, Business and Professions Code.
Reference: Sections 1646.4 and 1647.7, Business and Professions Code.

§ 1043.5. Cancellation of an Onsite Inspection and Evaluation.

(a) Whenever a ~~conscious~~moderate sedation or general anesthesia ~~permittee~~permit holder or applicant cancels an onsite inspection and evaluation, that ~~permittee~~permit holder or applicant shall provide the ~~b~~Board with a written reason for the cancellation. If the first cancellation occurs 14 calendar days or more before the date of the scheduled inspection and evaluation, the fee paid shall be applied toward the next scheduled inspection and evaluation. If the cancellation occurs less than 14 calendar days before the scheduled inspection and evaluation, the fee shall be forfeited and a new fee shall be paid before the inspection and evaluation will be rescheduled.

(b) If a ~~permittee~~permit holder or applicant cancels the inspection and evaluation for a second time, all fees are forfeited and the permit shall be automatically suspended or denied unless a new fee has been paid and an onsite inspection and evaluation has been completed within 30 calendar days from the date of the second cancellation.

(c) If a ~~permittee~~permit holder or applicant cancels the scheduled onsite inspection and evaluation for a third time, all fees are forfeited and that cancellation shall be deemed a refusal to submit to an inspection and evaluation, and in accordance with Sections 1646.4 and 1647.7 of the ~~e~~Code, the permit shall be automatically revoked or denied as of the date of the third cancellation.

Note: Authority cited: Section 1614, Business and Professions Code.
Reference: Sections 1646.4 and 1646.7, Business and Professions Code.

§ 1043.6. Grading of Inspection and Evaluation.

(a) The inspection and evaluation shall be graded on a pass/fail system. The grade shall be determined by the ~~b~~Board, based upon a recommendation of the evaluators, who shall make independent evaluations and recommendations.

(b) The evaluation team shall recommend one of the following grades:

(1) Passed Evaluation. Permit holder or applicant met all required components of the onsite inspection and evaluation, as provided in Sections 1043.3 and 1043.4; or

(2) Conditional Approval for failing to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping as provided in Section 1043.3(b). "Conditional approval" means the permit holder or applicant must submit written proof of correcting the deficiencies to the Board within fifteen (15) days of receiving notice of the deficiencies by showing the action taken by the permit holder or applicant, including retention of proper equipment or documentation, to correct the deficiencies before the permit holder or applicant will be considered to have passed the evaluation and before a permit is issued; or

(3) Failed Simulated Emergency. Permit holder or applicant failed one or more simulated emergency scenario(s) described in Section 1043.4(c), as required for the on-site inspection and evaluation; or

(4) Failed Evaluation. Permit holder or applicant failed due to multiple deficient components required for the on-site inspection and evaluation or failed to comply with the conditions for issuance of a conditional approval, as provided in subsection (b)(2) of this section.

~~(b)~~ (c) An applicant who has failed the evaluation may appeal that decision to the board and request a reevaluation. This appeal must be made in writing to the board stating the grounds for the appeal within thirty (30) days after the date on which the evaluation results were mailed. However, pPursuant to sSections 1646.4(a), 1646.9(d) and 1647.7(a) of the eCode, the permit of any permit holder or applicant who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the bBoard notifies the applicant of the failure unless, within that time period, the permit holder or applicant has retaken and passed an onsite inspection and evaluation. Upon receipt of the appeal request and an additional evaluation fee, the board will schedule an independent reevaluation of the appellant. If an permit holder or applicant has failed two evaluations, the bBoard will decide the matter and may grant or deny a permit or request further evaluation of the appellant with a board member or other board appointed representative being present. The permit holder or applicant must successfully complete remedial education in a

subject within the scope of the onsite inspection and evaluation as determined by the Board prior to being reevaluated if a third onsite inspection and evaluation is granted or prior to the issuance of a new permit.

(ed) A permit holder or applicant who has failed the inspection and evaluation solely on the basis of a failure to demonstrate knowledge and ability in recognition and treatment of any or all of the simulated emergencies may be reevaluated only on the simulated emergencies provided the reevaluation is within 30 days.

Note: Authority cited: Section 1614, Business and Professions Code.
Reference: Sections 1646.4, 1646.9 and 1647.7, Business and Professions Code.

§ 1043.7. Manner of Giving Notice of Evaluation.

Upon receipt of either an application for a general anesthesia permit or a conscious/moderate sedation permit or where the ~~b~~Board determines in any other case that there shall be an onsite inspection and evaluation, the ~~b~~Board shall determine the date and time of such evaluation and shall so inform the dentist.

Note: Authority cited: Section 1614, Business and Professions Code.
Reference: Sections 1646.4 and 1647.7, Business and Professions Code.

§ 1043.8. Renewal.

A general anesthesia or conscious/moderate sedation permit shall be renewed biennially upon certification by the permit holder that he/she has met all applicable continuing education requirements in Section 1017 and continuing competency requirements for the particular permit in Section 1017.1, payment of the required fee in Section 1021 and if required, successful completion of an onsite inspection and evaluation.

Note: Authority cited: Section 1614, Business and Professions Code.
Reference: Sections 1646.1, 1646.2, 1646.5, 1646.6, 1647.2, 1647.3, 1647.5 and 1647.8, Business and Professions Code.

§ 1043.8.1. Application for Pediatric Endorsement.

(a) For the purposes of Sections 1646.2(c) and 1646.9 of the Code, submission of a completed application to the Board for a pediatric endorsement for a general anesthesia permit shall include the following information and documents:

(1) Name, mailing address or address of record, physical address, dental or

medical license number, and applicant's general anesthesia permit number, if any;

(2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1646.2 of the Code for a dental licensee or Section 1646.9 of the Code for a physician or surgeon licensee;

(3) A completed Form PE-1 (New 05/2021) "Documentation of Deep Sedation and General Anesthesia or Moderate Sedation Cases for Pediatric Endorsement," which is hereby incorporated by reference;

(4) A certificate or other documentary evidence of current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);

(5) An application fee as set forth in Section 1021; and,

(6) A certification by the applicant, under penalty of perjury, that the information on the application is true and correct.

(b) For the purpose of Section 1647.3(d) of the Code, submission of a completed application to the Board for a pediatric endorsement for a moderate sedation permit for patients under thirteen (13) years of age shall include the following information and documents:

(1) Name, mailing address or address of record, physical address, dental license number, and applicant's moderate sedation permit number, if any;

(2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1647.3 of the Code;

(3) A completed Form PE-1 (New 05/2021);

(4) A certificate or other documentary evidence of current certification in Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);

(5) An application fee as set forth in Section 1021; and,

(6) A certification by the applicant, under penalty of perjury, that the information on the application is true and correct.

(c) Upon request by the Board in any investigation of the information provided on Form PE-1 (New 05/2021), applicants shall also provide documentation or patient records for each deep sedation and general anesthesia or moderate sedation pediatric case listed on Form PE-1, including preoperative evaluation, medical history, monitoring of vital signs throughout the procedure, and condition at discharge.

(d) Applicants shall submit legible copies of the information required by this section with pediatric patient identifying information redacted.

Note: Authority cited: Section 1614, Business and Professions Code.
Reference: Sections 27, 108, 1611.5, 1646.1, 1646.2, 1647.2, 1647.3 and 1646.9, Business and Professions Code.

Article 5.1. Pediatric Minimal Sedation

§ 1043.9. Definitions.

For purposes of this Article, the terms set forth below shall be defined as follows:

(a) "Another sedation permit" means a current permit for deep sedation or general anesthesia, a current moderate sedation permit with pediatric endorsement, or a current permit described in subdivision (a)(2) of Section 1647.31 of the Code.

(b) "Outpatient basis" as used in Section 1647.31 of the Code means all settings where pediatric minimal sedation is being provided to dental patients with the exception of a treatment facility that is accredited by the Joint Commission or licensed by the California Department of Public Health as a "general acute care hospital" as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

(c) "Pediatric patient" means a patient under 13 years of age.

Note: Authority cited: Section 1614, Business and Professions Code.
Reference: Section 1647.31, Business and Professions Code.

§ 1043.9.1. Requirements: Standards.

(a) A licensed dentist who desires to administer or order the administration of pediatric minimal sedation on an outpatient basis is not required to apply to the Board for a pediatric minimal sedation permit if they possess another sedation permit from the Board.

(b) For the purposes of Sections 1647.31 and 1647.32 of the Code, an

applicant for a pediatric minimal sedation permit shall submit a completed "Application for Pediatric Minimal Sedation Permit" Form PMSP-1 (New 05/2021), which is hereby incorporated by reference, to the Board and shall be accompanied by the applicable fee as set by Section 1021. The application shall be accompanied by a "Certification of Pediatric Minimal Sedation Training" Form PMSP-2 (New 05/2021), which is hereby incorporated by reference.

(c) The office in which the pediatric minimal sedation is administered shall meet the facilities and equipment standards set forth in Section 1043.9.2.

Note: Authority cited: Section 1614, Business and Professions Code.

Reference: Sections 1647.31 and 1647.32, Business and Professions Code.

§ 1043.9.2. Facility and Equipment Standards.

All equipment shall be maintained, tested, and inspected according to the manufacturers' specifications. A facility in which minimal sedation is administered to pediatric patients pursuant to this article shall meet the standards set forth herein. In an office where minimal sedation is to be provided to pediatric patients, the required equipment, medication, and resuscitative capabilities shall be appropriately sized for use on a pediatric population.

(a) Facility and Equipment. A facility shall possess:

(1) An operatory large enough to adequately accommodate the pediatric patient, and permit a team consisting of at least three individuals to freely move about the patient.

(2) A table or dental chair that permits the patient to be positioned so the attending team can maintain the airway, quickly alter a patient's position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.

(3) A lighting system adequate to permit evaluation of the pediatric patient's skin and mucosal color and a backup lighting system that is battery powered and of sufficient intensity to permit completion of any treatment that may be underway at the time of a general power failure.

(4) An appropriate functional suctioning device that permits aspiration of the oral and pharyngeal cavities. A backup suction device that can function at the time of general power failure must also be available.

(5) A positive-pressure oxygen delivery system capable of administering greater than 90% oxygen at a 10 liter/minute flow for at least sixty minutes

(650 liter "E" cylinder), even in the event of a general power failure. All equipment must be appropriate for use on and capable of accommodating the pediatric patients being seen at the permit holder's office.

(6) Inhalation sedation equipment. If used in conjunction with oral sedation, it must have the capacity for delivering 100%, and never less than 25%, oxygen concentration at a flow rate appropriate for a pediatric patient's size and have a fail-safe system. The equipment must be maintained and checked for accuracy at least annually.

(b) An emergency cart or kit available and readily accessible that shall include the necessary and appropriate emergency drugs and size-appropriate equipment to resuscitate a nonbreathing and unconscious pediatric patient and provide continuous support while the pediatric patient is transported to a medical facility. Emergency drugs of the following types shall be available:

- (1) Epinephrine,
- (2) Bronchodilator,
- (3) Appropriate drug antagonists,
- (4) Antihistaminic,
- (5) Anticholinergic,
- (6) Anticonvulsant,
- (7) Oxygen, and,
- (8) Dextrose or other antihypoglycemic.

(c) Ancillary equipment must include the following:

- (1) Oral airways capable of accommodating pediatric patients of all sizes.
- (2) A sphygmomanometer with cuffs of appropriate size for pediatric patients of all sizes.
- (3) A precordial/pretracheal stethoscope.
- (4) A pulse oximeter.

(d) A facility must maintain the following records:

(1) An adequate medical history and physical evaluation, updated prior to each administration of pediatric minimal sedation. Such records shall include, but are not limited to, an assessment including an evaluation of the airway, the age, sex, weight, physical status (American Society of Anesthesiologists Classification), and rationale for sedation of the pediatric patient and written informed consent of the parent or legal guardian of the pediatric patient.

(2) Pediatric minimal sedation records shall include baseline vital signs. If obtaining baseline vital signs is prevented by the pediatric 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 pediatric patient's condition at the time of discharge.

(3) Documentation that all emergency equipment is checked to determine operability and safety for the patient consistent with the manufacturer's recommendation.

(4) Documentation that all drugs maintained at the facility are checked at least once a quarter for expired drugs and an adequate supply of drugs based upon patient demographics for the patient population served, which includes the number of patients served at the facility and the age of patients served at the facility. For the purposes of compliance with this subsection, documentation of adequate supply shall include a written explanation of how the adequate supply was calculated by the facility.

Note: Authority cited: Section 1614, Business and Professions Code.
Reference: Sections 1647.30 and 1647.32, Business and Professions Code.

Article 5.5. Oral Conscious Sedation

§ 1044. Definitions.

For purposes of this Article and of Articles ~~2.85 and 2.86~~, of Chapter 4, of Division 2 of the Code, the terms set forth below shall be defined as follows:

(a) "Outpatient basis" means "outpatient setting" as used in Health and Safety Code Sections 1248 and 1248.1 and means all settings where oral conscious sedation is being provided to dental patients with the exception of a treatment facility ~~which that~~ is accredited by the Joint Commission on Health Care Organizations or licensed by the California Department of Public Health Services as a "general acute care hospital" as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

(b) A patient under oral conscious sedation shall be considered "sedated" for that period of time beginning with the administration of oral conscious sedation and continuing until that time when the dental procedures have been completed, and after the maximum effects of all agents have been experienced by the patient.

(c) "Age-appropriate" means ~~under 13 years of age for the oral conscious sedation certificate for minor patients and 13 years or older for the oral conscious sedation certificate for adult patients.~~

(d) For the purposes of adult oral conscious sedation, administering a drug to a patient in a dose that exceeds the maximum recommended dose as established and listed by the United States Food and Drug Administration (FDA) on the drug's FDA-approved professional labeling insert or packaging information shall be considered to exceed the single maximum dose that can be prescribed for home use.

Note: Authority cited: Section 1614, Business and Professions Code.
Reference: Sections ~~1647.10~~ and 1647.18, Business and Professions Code.

§ 1044.1. Requirements, Standards.

An applicant for an oral conscious sedation certificate shall submit to the Board either an "Application for Oral Conscious Sedation for Minors Certificate" OCS-1 (Rev. 01/05) or an completed "Application for Adult Oral Conscious Sedation Certificate" OCS-3 (Rev. 03/07) "Application for Use of Oral Conscious Sedation on Adult Patients" Form OCS-C (New 05/2021), which is hereby incorporated by reference, and shall be accompanied by the applicable fee as set by Section 1021. A dentist is not required to possess an oral conscious sedation certificate if the oral conscious sedation administered to his or her patient is directly administered and monitored by a dentist who possesses a general anesthesia permit, a conscious/moderate sedation permit, ~~or an oral conscious sedation certificate for a minor patient~~ or is administered by a licensed physician and surgeon who possesses a general anesthesia permit. ~~A dentist who only possesses an adult oral conscious sedation certificate may not provide oral conscious sedation to a minor patient.~~ Notwithstanding the above, the office in which the oral conscious sedation is administered shall meet the facilities and equipment standards set forth in Section 1044.5.

Note: Authority cited: Section 1614, Business and Professions Code.
Reference: Sections ~~1647.10~~, ~~1647.11~~, 1647.18 and 1647.19, Business and Professions Code.

§ 1044.2. Board Approved Programs.

(a) For purposes of ~~Section 1647.12(b) and Section 1647.20(b) of the Code~~, a post-doctoral program in periodontics, a 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 Section 1044.3 shall be deemed to be approved by the Bboard. A dentist must submit a copy of his or her certificate of completion from a Bboard approved educational program as defined in Section 1044.3 or diploma from a recognized dental residency or post-doctoral program as defined in this section.

Note: Authority cited: Section 1614, Business and Professions Code.
Reference: Sections ~~1647.10, 1647.12,~~ 1617.18 and 1647.20, Business and Professions Code.

§ 1044.3. Board Approved Education.

(a) The goal of an instructional program in oral medications and sedation is to provide the educational opportunity for dentists to receive training in the techniques and skills required to safely and effectively administer oral pharmacologic agents, alone or in combination with nitrous oxide-oxygen inhalation, for the purpose of obtaining conscious sedation in the ~~minor or~~ adult dental patient.

(b) The educational program shall be approved by the Board and shall consist of satisfactory completion of at least 25 hours of instruction including a clinical component utilizing at least one age-appropriate patient. ~~The program shall be directed solely toward either the administration of oral conscious sedation to adult patients or the administration of oral conscious sedation to minor patients.~~ The program shall include but not be limited to, the following areas:

- (1) Historical, philosophical, and legal aspects of age-appropriate oral conscious sedation of dental patients, including the ~~Business and Professions Code.~~
- (2) Indications and contraindications for the utilization of age-appropriate oral conscious sedation in dental patients.
- (3) Patient evaluation and selection through a review of the medical history, physical assessment, and medical consultation.
- (4) Definitions and characteristics for levels of sedation achieved with oral sedative agents, with special emphasis on the distinctions between ~~conscious~~ moderate sedation, deep sedation, and general anesthesia as recognized by such organizations as the American Dental Association and ~~the American Academy of Pediatric Dentistry and the~~ BBoard.
- (5) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on, and clinical experience in, establishing and maintaining an age-appropriate patent airway in the patient.
- (6) Pharmacology of agents used in contemporary oral conscious sedation techniques, including drug interactions, incompatibilities and side effects and adverse reactions.
- (7) Indications, contraindications, and technique considerations in the use of different contemporary age-appropriate oral conscious sedation modalities for dental patients.
- (8) Patient monitoring during all stages of the procedure by clinical observation and appropriate mechanical devices for responsiveness, airway patency, and recording of vital signs.
- (9) Importance of and techniques for maintaining proper documentation of the procedure, including aspects of informed consent, pre- and post-

operative instructions, dietary considerations, preoperative health evaluation, rationale for the procedure, baseline and intermittent vital signs, a detailed record of all oral and inhalation drugs administered, the patient response to the drugs, and recovery and discharge criteria.

(10) Prevention, recognition and management of complications and life-threatening situations that may arise during age-appropriate oral conscious sedation of the dental patient, including the principles of advanced life support.

(c) A provider of a course in oral medications and sedation intending to meet the requirements of this section shall submit to the Board an application, on form OCS-6 (rev. 07/07), "Application for Course Approval for Oral Conscious Sedation," incorporated herein by reference. The board may approve or deny approval of any such course. Approval shall be granted after an evaluation of all components of the course has been performed and such evaluation indicates that the course meets the requirements of this section.

(d) Approval by the board of a course in oral medications and sedation shall remain in effect for a period of twenty-four months, unless withdrawn sooner, after which a new application for approval must be submitted to the Board.

Note: Authority cited: Section 1614, Business and Professions Code.

Reference: Sections 1647.10, 1647.12 and 1647.20, Business and Professions Code.

§ 1044.5. Facility and Equipment Standards.

All equipment shall be maintained, tested, and inspected according to the manufacturers' specifications. A facility in which oral conscious sedation is administered to patients pursuant to this article shall also meet the standards set forth below.

(a) Facility and Equipment.

(1) 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.

(2) 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.

(3) 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.

(4) An appropriate functional suctioning device that permits aspiration of the oral and pharyngeal cavities. A backup suction device that can function at the time of general power failure must also be available.

(5) A positive-pressure oxygen delivery system capable of administering greater than 90% oxygen at a 10 liter/minute flow for at least sixty minutes (650 liter "E" cylinder), even in the event of a general power failure. All equipment must be age-appropriate and capable of accommodating the patients being seen at the permit-holder's office.

(6) Inhalation sedation equipment, if used in conjunction with oral sedation, must 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. The equipment must be maintained and checked for accuracy at least annually.

(b) Ancillary equipment, which must include the following, ~~and be maintained in good condition:~~

(1) Age-appropriate oral airways capable of accommodating patients of all sizes.

(2) An age-appropriate sphygmomanometer with cuffs of appropriate size for patients of all sizes.

(3) A precordial/pretracheal stethoscope.

(4) A pulse oximeter.

(c) The following records shall be maintained:

(1) An 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 ~~minor~~ patient as well as 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-parent or legal guardian of the patient.

(2) Oral conscious sedation records shall include 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.

(d) An emergency cart or kit shall be available and readily accessible and shall

include 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. There must be documentation showing that all emergency equipment and drugs are checked and maintained on a prudent and regularly scheduled basis. Emergency drugs of the following types shall be available:

- (1) Epinephrine
- (2) Bronchodilator
- (3) Appropriate drug antagonists
- (4) Antihistaminic
- (5) Anticholinergic
- (6) Anticonvulsant
- (7) Oxygen
- (8) Dextrose or other antihypoglycemic

Note: Authority cited: Section 1614, Business and Professions Code.

Reference: Sections ~~1647.10, 1647.16, 1647.22~~ and 1647.24, Business and Professions Code.

Chapter 3. Dental Auxiliaries

Article 2. Educational Programs

§ 1070.8. Approval of Dental Sedation Assistant Permit Courses.

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a dental sedation assistant permit course to secure and maintain approval by the Board. As used in this Section, the following definitions apply: "IV" means intravenous, "AED" means automated external defibrillator, "CO2" means carbon dioxide, and "ECG" and "EKG" both mean electrocardiogram.

(a)(1) The course director, designated faculty member, or instructional staff member may, in lieu of a license issued by the Board, possess a valid, active, and current license issued in California as a physician and surgeon.

(2) The course director, designated faculty member, or instructional staff member responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(3) Clinical instruction shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or ~~conscious~~moderate sedation permit issued by the Board. Evaluation of the

condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer ~~conscious~~moderate sedation, deep sedation, or general anesthesia, who shall be at the patient's chairside while ~~conscious~~moderate sedation, deep sedation, or general anesthesia is being administered.

(b) The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permitholders are authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks described in ~~subdivisions~~subsections (j), (k), (l), (m), and (n) of this Section during no less than twenty (20) supervised cases utilizing ~~conscious~~moderate sedation, deep sedation, or general anesthesia.

(c) The following are minimum requirements for equipment and armamentaria:

(1) One pulse oximeter for each six students; one AED or AED trainer; one capnograph or teaching device for monitoring of end tidal CO₂; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank; one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; stopwatch or timer with second hand for each six students; one heart/lung sounds mannequin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six students; any other monitoring or emergency equipment required by Cal. Code Regs., Title 16, Section 1043 for the administration of general anesthesia, deep sedation, or ~~conscious~~moderate sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permitholders are authorized to perform according to ~~Business and Professions Code~~ Section 1750.5 of the Code.

(2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permitholders are authorized to perform according to ~~Business and Professions Code~~

Section 1750.5 of the Code.

(3) All students, faculty, and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including the use of an automatic electronic defibrillator.

(d) Areas of instruction shall include, at a minimum, the instruction specified in ~~subdivisions~~subsections (e) to (n), inclusive, as they relate to the duties that dental sedation assistant permitholders are authorized to perform.

(e) General didactic instruction shall contain:

- (1) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.
- (2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and respiratory systems, and the central and peripheral nervous system.
- (3) Characteristics of anxiety management related to the surgical patient, relatives, and escorts, and characteristics of anxiety and pain reduction techniques.
- (4) Overview of the classification of drugs used by patients for cardiac disease, respiratory disease, hypertension, diabetes, neurological disorders, and infectious diseases.
- (5) Overview of techniques and specific drug groups utilized for sedation and general anesthesia.
- (6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between ~~conscious~~moderate sedation, deep sedation, and general anesthesia.
- (7) Overview of patient monitoring during ~~conscious~~moderate sedation, deep sedation, and general anesthesia.
- (8) Prevention, recognition, and management of complications.
- (9) Obtaining informed consent.

(f) With respect to medical emergencies, didactic instruction shall contain:

(1) An overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.

(2) Laboratory instruction shall include the simulation and response to at least the following medical 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, and respiratory depression. Both training mannequins and other students or staff may be used for simulation. The student shall demonstrate proficiency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this ~~§~~section.

(g) With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

- (1) Psychological considerations.
- (2) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.
- (3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between ~~conscious~~moderate sedation, deep sedation, and general anesthesia.
- (4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patient airway.
- (5) Overview of pharmacology agents used in contemporary sedation and general anesthesia.
- (6) Patient monitoring.
- (7) Obtaining informed consent.
- (8) Prevention, recognition, and management of complications, including principles of basic life support and resuscitation of pediatric patients.

(h) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(i) With respect to health history and patient assessment, didactic instruction shall include, at a minimum, the recording of the following:

- (1) Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.
- (2) General anesthesia, deep sedation, or ~~conscious~~moderate sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG and use of AED:

(1) Didactic instruction shall contain the following:

- (A) Characteristics of pretracheal/precordial stethoscope.
- (B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.
- (C) Characteristics of rhythm interpretation and waveform analysis basics.
- (D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.
- (E) Characteristics and use of an AED.
- (F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.
- (G) Procedure for use and monitoring of the heart with an EKG machine, including electrode placement, and the adjustment of such equipment.
- (H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

- (A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.
- (B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.
- (C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.
- (D) Use of an AED or AED trainer.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision of faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

- (A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.
- (B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.
- (C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation and tidal CO₂ with pulse oximeter and capnograph:

(1) Didactic instruction shall contain the following:

- (A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.
- (B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.
- (C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.
- (D) Characteristics of manual and automatic respiration assessment.
- (E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.
- (F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.
- (G) Procedure for use and maintenance of capnograph.
- (H) Characteristics for monitoring blood and skin color and other related factors.
- (I) Procedures and use of an oxygen delivery system.
- (J) Characteristics of airway management to include armamentaria and use.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

- (A) Assessment of respiration rates.
- (B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
- (C) Monitoring oxygen saturation with a pulse oximeter.
- (D) Use of an oxygen delivery system.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

- (A) Assessment of respiration rates.
- (B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
- (C) Monitoring oxygen saturation with a pulse oximeter.
- (D) Use of an oxygen delivery system.

(I) With respect to drug identification and draw:

(1) Didactic instruction shall contain:

- (A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.
- (B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and

contraindications.

(C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.

(2) Laboratory instruction: The student shall demonstrate proficiency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff and shall then be eligible to complete a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(m) With respect to adding drugs, medications, and fluids to IV lines:

(1) Didactic instruction shall contain:

(A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.

(B) Armamentaria.

(C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.

(D) Procedures for adding drugs, medications, and fluids by IV bolus.

(E) Characteristics of patient observation for signs and symptoms of drug response.

(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, and shall then be eligible to complete a practical examination on this Section.

(3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(n) With respect to the removal of IV lines:

(1) Didactic instruction shall include overview and procedures for the removal of an IV line.

(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal, and shall then be eligible for a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an

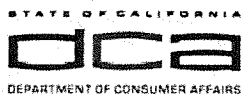
examination on this Section.

(o) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(p) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (New 10/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code.

Reference: Sections 1750.4, 1750.5 and 1752.4, Business and Professions Code.



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APPLICATION FOR GENERAL ANESTHESIA PERMIT

<p align="center">FEES</p> <p>Application Fee: \$524.00 (Must be enclosed with application)</p> <p align="center">APPLICATION FEES ARE NON-REFUNDABLE</p>	<p align="center"><i>For Office Use Only</i></p> <p>Rec # _____</p> <p>FeePd _____</p> <p>Date _____</p> <p>Cashiered _____</p> <p>Entity# _____</p> <p>File # _____</p>	<p align="center"><i>For Office Use Only</i></p> <p align="center">Date Received</p>
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*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 ☐

<p>13. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?</p> <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 TYPE OF DISCHARGE TO RECEIVE EXPEDITED REVIEW.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>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.</p> <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"> • 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 	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>15. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU:</p> <ul style="list-style-type: none"> • 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]. <p>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:</p> <ul style="list-style-type: none"> • 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. 	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

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 TEAM CONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 OR 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 <input type="checkbox"/> NO <input type="checkbox"/>

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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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? <ul style="list-style-type: none"> • EPINEPHRINE (EPI) • VASOPRESSOR (OTHER THAN EPI) • BRONCHODILATOR • MUSCLE RELAXANT • INTRAVENOUS MEDICATION FOR TREATMENT OF CARDIOPULMONARY ARREST • APPROPRIATE DRUGS ANTAGONIST • ANTIHISTAMINIC • ANTICHOLINERGIC • ANTIARRHYTHMIC • CORONARY ARTERY VASODILATOR • ANTIHYPERTENSIVE • ANTICONVULSANT • OXYGEN • 50% DEXTROSE OR OTHER ANTIHYPOGLYCEMIC 	YES <input type="checkbox"/> NO <input type="checkbox"/>
28. EMERGENCIES - ARE YOU COMPETENT TO TREAT ALL OF THE FOLLOWING EMERGENCIES? <ul style="list-style-type: none"> • 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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>

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.

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) 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, 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.

ADOPT



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 MODERATE SEDATION PERMIT

<p align="center">FEES</p> <p>Application Fee: \$524.00 (Must be enclosed with application)</p> <p align="center">APPLICATION FEES ARE NON-REFUNDABLE</p>	<p align="center"><i>For Office Use Only</i></p> <p>Rec # _____</p> <p>FeePd _____</p> <p>Date _____</p> <p>Cashiered _____</p> <p>Entity# _____</p> <p>File # _____</p>	<p align="center"><i>For Office Use Only</i></p> <p align="center">Date Received _____</p>
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*This application 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 LICENSE NUMBER:

10. MODERATE SEDATION TRAINING.

HAVE YOU SUCCESSFULLY COMPLETED TRAINING IN MODERATE SEDATION? FOR PURPOSES OF THIS SECTION, TRAINING CONSISTS OF ALL OF THE FOLLOWING:

(1) AT LEAST 60 HOURS OF INSTRUCTION;

(2) SATISFACTORY COMPLETION OF AT LEAST 20 CASES OF ADMINISTRATION OF MODERATE SEDATION FOR A VARIETY OF DENTAL PROCEDURES.; AND,

(3) COMPLIES WITH THE REQUIREMENTS OF THE GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO DENTISTS AND DENTAL STUDENTS OF THE AMERICAN DENTAL ASSOCIATION, INCLUDING, BUT NOT LIMITED TO, CERTIFICATION OF COMPETENCE IN RESCUING PATIENTS FROM A DEEPER LEVEL OF SEDATION THAN INTENDED, AND MANAGING THE AIRWAY, INTRAVASCULAR OR INTRAOSSEOUS ACCESS, AND REVERSAL MEDICATIONS.

IF YES, PLEASE SUBMIT A COMPLETED "CERTIFICATION OF MODERATE SEDATION TRAINING" (MSP-2 (New 05/2021)) WITH THIS APPLICATION.

YES ☐

NO ☐

11. IN ADDITION TO THE MODERATE SEDATION PERMIT, ARE YOU APPLYING FOR A PEDIATRIC ENDORSEMENT TO ADMINISTER MODERATE SEDATION TO A PEDIATRIC PATIENT UNDER 13 YEARS OF AGE?

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 1647.2 AND 1647.3, 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: ☐

YES ☐

NO ☐

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 HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?

YES ☐

NO ☐

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.

per agency
request
8/15/22

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.

YES ☐
NO ☐

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

15. 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;
- 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.
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- 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.

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 TEAM CONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
22. DOES THE FACILITY HAVE ANCILLARY EQUIPMENT MAINTAINED IN GOOD OPERATING CONDITION, WHICH MUST INCLUDE ALL OF THE FOLLOWING: (a) EMERGENCY AIRWAY EQUIPMENT (ORAL AIRWAYS, LARYNGEAL MASK AIRWAYS OR COMBITUBES, CRICOTHYROTOMY DEVICE). (b) TONSILLAR OR PHARYNGEAL TYPE SUCTION TIPS ADAPTABLE TO ALL OFFICE OUTLETS. (c) SPHYGMOMANOMETER AND STETHOSCOPE. (d) ADEQUATE EQUIPMENT FOR THE ESTABLISHMENT OF AN INTRAVENOUS INFUSION. (e) PRECORDIAL/PRETRACHEAL STETHOSCOPE. (f) PULSE OXIMETER (g) CAPNOGRAPH AND TEMPERATURE DEVICE. PATIENTS RECEIVING MODERATE SEDATION SHALL HAVE VENTILATION CONTINUOUSLY MONITORED DURING THE PROCEDURE BY TWO OF THE FOLLOWING THREE METHODS: (i) AUSCULTATION OF BREATH SOUNDS USING A PRECORDIAL STETHOSCOPE. (ii) MONITORING FOR THE PRESENCE OF EXHALED CARBON DIOXIDE WITH CAPNOGRAPHY. (iii) VERBAL COMMUNICATION WITH A PATIENT UNDER MODERATE SEDATION.	YES <input type="checkbox"/> NO <input type="checkbox"/>

RECORDS - DO YOU MAINTAIN THE FOLLOWING RECORDS?		YES	NO
23. ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION RECORDS UPDATED PRIOR TO EACH ADMINISTRATION OF MODERATE SEDATION. 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		<input type="checkbox"/>	<input type="checkbox"/>
24. MODERATE SEDATION RECORDS, WHICH SHALL INCLUDE A TIME-ORIENTED RECORD WITH PREOPERATIVE, MULTIPLE INTRAOPERATIVE, AND POSTOPERATIVE PULSE OXIMETRY (EVERY 5 MINUTES INTRAOPERATIVELY), DRUGS, AMOUNTS ADMINISTERED AND TIME ADMINISTERED, LENGTH OF THE PROCEDURE, ANY COMPLICATIONS OF SEDATION AND A STATEMENT OF THE PATIENT'S CONDITION AT TIME OF DISCHARGE.		<input type="checkbox"/>	<input type="checkbox"/>
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, AND WHETHER THE PERSON SUPERVISING THE SEDATION PERFORMED ONE OR MORE OF THE PROCEDURES.		<input type="checkbox"/>	<input type="checkbox"/>
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).		<input type="checkbox"/>	<input type="checkbox"/>
27. DRUGS - DO YOU MAINTAIN EMERGENCY DRUGS OF THE FOLLOWING TYPES AT ALL TIMES IN CONNECTION WITH THE ADMINISTRATION OF MODERATE SEDATION?		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • EPINEPHRINE (EPI) • VASOPRESSOR (OTHER THAN EPI) • BRONCHODILATOR • APPROPRIATE DRUG ANTAGONIST • ANTIHISTAMINIC • ANTICHOLINERGIC • CORONARY ARTERY VASODILATOR 	<ul style="list-style-type: none"> • ANTICONVULSANT • OXYGEN • 50% DEXTROSE OR OTHER ANTIHYPOGLYCEMIC 		
28. EMERGENCIES - ARE YOU COMPETENT TO TREAT ALL OF THE FOLLOWING EMERGENCIES?		<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • AIRWAY OBSTRUCTION • BRONCHOSPASM • EMESIS AND ASPIRATION OF FOREIGN MATERIAL UNDER ANESTHESIA • ANGINA PECTORIS • MYOCARDIAL INFARCTION • HYPOTENSION • HYPERTENSION • CARDIAC ARREST 	<ul style="list-style-type: none"> • ALLERGIC REACTION • CONVULSIONS • HYPOGLYCEMIA • SYNCOPE • RESPIRATORY DEPRESSION 		
29. STAFF - ARE DENTAL OFFICE PERSONNEL DIRECTLY INVOLVED WITH THE CARE OF PATIENTS UNDERGOING MODERATE SEDATION CERTIFIED IN BASIC CARDIAC LIFE SUPPORT (CPR)?		<input type="checkbox"/>	<input type="checkbox"/>

30. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF MODERATE SEDATION. ALL OFFICES SHALL MEET THE STANDARDS SET FORTH IN THE BOARD'S REGULATIONS IN ARTICLE 5 (COMMENCING WITH SECTION 1043) OF TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS.

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) 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, 1647.2, 1647.3, 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 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.



CERTIFICATION OF MODERATE SEDATION TRAINING

ADOPT

Notice to Applicants

This completed form must be submitted to the Dental Board of California (Board) with your application for a moderate sedation permit as required by Title 16, California Code of Regulations (CCR) section 1043.1 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 1647.3 and Title 16 CCR section 1043.1. The information provided will be used to determine qualification for a moderate 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:

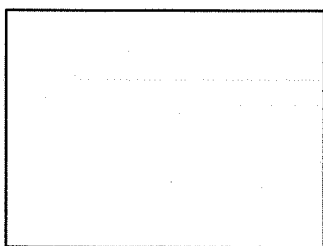
4. MODERATE SEDATION TRAINING VERIFICATION:

THIS DENTIST IS APPLYING FOR A MODERATE SEDATION PERMIT TO ADMINISTER OR ORDER THE ADMINISTRATION OF MODERATE 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 MODERATE 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 MODERATE SEDATION THAT INCLUDES ALL OF THE FOLLOWING:

- ☐ AT LEAST 60 HOURS OF INSTRUCTION
- ☐ SATISFACTORY COMPLETION OF AT LEAST 20 CASES OF ADMINISTRATION OF MODERATE SEDATION FOR A VARIETY OF DENTAL PROCEDURES.
- ☐ COMPLIANCE WITH THE REQUIREMENTS OF THE GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO DENTISTS AND DENTAL STUDENTS OF THE AMERICAN DENTAL ASSOCIATION, INCLUDING, BUT NOT LIMITED TO, CERTIFICATION OF COMPETENCE IN RESCUING PATIENT FROM A DEEPER LEVEL OF SEDATION THAN INTENDED, AND MANAGING THE AIRWAY, INTRAVASCULAR OR INTRAOSSEOUS ACCESS, AND REVERSAL MEDICATIONS

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 STUDENT) SATISFACTORILY COMPLETED THE ABOVE-REFERENCED TRAINING AT _____ (NAME OF INSTITUTION). THIS STUDENT WAS ENROLLED IN A _____ (NAME OF EDUCATIONAL PROGRAM) PROGRAM WHEN OBTAINING MODERATE SEDATION TRAINING FROM _____ (MONTH/DAY/YEAR) TO _____ (MONTH/DAY/YEAR).



EDUCATIONAL PROGRAM SEAL
(IF APPLICABLE)

SIGNATURE

DATE

PRINTED NAME/TITLE

TELEPHONE

DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

ADOPT



DOCUMENTATION OF DEEP SEDATION AND GENERAL ANESTHESIA OR MODERATE SEDATION CASES FOR PEDIATRIC ENDORSEMENT

This document shall be completed in its entirety as part of the initial application for a pediatric endorsement (for both general anesthesia and moderate sedation permits) or as a condition of the renewal application for a general anesthesia permit that includes a pediatric endorsement as provided in Section 1017.1 of Title 16 of the California Code of Regulations (16 CCR) or your application will not be processed (Title 16 CCR section 1004). The requirements for a completed initial application for a pediatric endorsement to a general anesthesia permit or a moderate sedation permit are listed in 16 CCR section 1043.8.1. Attach additional sheets to this form as necessary. Any material misrepresentation of any information on this form is grounds for denial or subsequent revocation of the permit.

The information requested on this form is mandatory pursuant to Business and Professions Code sections 1646.2 and 1647.3 and Title 16 CCR section 1043.8.1. The information provided will be used to determine qualifications for a pediatric endorsement to a general anesthesia or moderate 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 92815, Executive Officer, 916-263-2300.

Notice for General Anesthesia Permit Applicants Seeking Pediatric Endorsement or Renewal of Endorsement:

All applicants must meet the patient monitoring and staff qualification requirements listed in Section 1646.1 of the Business and Professions Code.

Each applicant must provide proof of at least 20 cases of deep sedation or general anesthesia to patients under seven years of age **in the 24-month time period directly preceding application** for a pediatric endorsement to establish competency, both at the time of initial application and at renewal. The applicant or permitholder shall maintain and be able to provide proof of these cases upon request by the board for up to three permit renewal periods.

Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of pediatric sedation to patients under seven years of age may administer deep sedation and general anesthesia to patients under seven years of age under the direct supervision of a general anesthesia permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 cases required to qualify for the applicant's pediatric endorsement. (Business and Professions Code section 1646.2.)

Notice for Moderate Sedation Permit Applicants Seeking Pediatric Endorsement or Renewal of Endorsement:

All applicants must meet the patient monitoring and staff qualification requirements listed in Section 1647.2 of the Business and Professions Code.

Each applicant must provide proof of successful completion of at least 20 cases of moderate sedation to patients under thirteen years of age to establish competency in pediatric moderate sedation, both at the time of the initial application and at renewal. The applicant or permitholder shall maintain and shall provide proof of these cases upon request by the board for up to three permit renewal periods.

In order to provide moderate sedation to children under seven years of age, a dentist shall establish and maintain current competency for this pediatric population by completing at least 20 cases of moderate sedation for children under seven years of age **in the 24-month period immediately preceding application** for the pediatric endorsement and for each permit renewal period.

Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of moderate sedation to patients under thirteen years of age may administer moderate sedation to patients under thirteen years of age under the direct supervision of a general anesthesia or moderate sedation permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 required in order to qualify for the applicant's pediatric endorsement.

Moderate sedation permit holders with a pediatric endorsement seeking to provide moderate sedation to children under seven years of age, but who lack sufficient cases of moderate sedation to patients under seven years of age pursuant to paragraph (3) of subdivision (d), may administer moderate sedation to patients under seven years of age under the direct supervision of a permitholder who meets those qualifications. (Business and Professions Code section 1647.3.)

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1. APPLICANT'S LEGAL NAME: LAST	FIRST	MIDDLE
2. MEDICAL OR DENTAL LICENSE NUMBER:		
3. SPECIFY THE TYPE OF PEDIATRIC ENDORSEMENT YOU ARE REQUESTING.		
<div style="margin-left: 40px;"><input type="checkbox"/> DEEP SEDATION AND GENERAL ANESTHESIA FOR PEDIATRIC PATIENTS UNDER THE AGE OF SEVEN. ▪ (FOR GENERAL ANESTHESIA PERMIT APPLICATION)</div> <div style="margin-left: 40px; margin-top: 10px;"><input type="checkbox"/> MODERATE SEDATION FOR PEDIATRIC PATIENTS UNDER THE AGE OF THIRTEEN. ▪ (FOR MODERATE SEDATION PERMIT APPLICATION)</div>		
4. FOR APPLICANTS FOR A MODERATE SEDATION PERMIT ONLY, PLEASE COMPLETE THIS SECTION (see requirements in the notice statement above for providing moderate sedation to children under seven years of age):		
5. FOR ALL APPLICANTS, PLEASE PROVIDE ALL THE FOLLOWING INFORMATION ON THIS FORM OR IN ATTACHMENTS TO THIS FORM BY CASE NUMBER:		
<div style="margin-left: 20px;">(1) Pediatric patient's sex, age, and weight;</div> <div style="margin-left: 20px;">(2) Date of general anesthesia or moderate sedation procedure;</div> <div style="margin-left: 20px;">(3) Type of dental procedure performed and duration of general anesthesia or moderate sedation;</div> <div style="margin-left: 20px;">(4) A description of the method, amount, and specific general anesthesia or moderate sedation agent administered;</div> <div style="margin-left: 20px;">(5) A statement on how the pediatric patient was monitored and by whom; and,</div> <div style="margin-left: 20px;">(6) Pediatric patient's condition at discharge.</div>		
A. ARE YOU SEEKING TO PROVIDE MODERATE SEDATION TO CHILDREN UNDER THIRTEEN YEARS OF AGE?		
YES ____ NO ____		
B. IF YES TO QUESTION 5.A., PLEASE CHECK ALL THAT APPLY:		
<div style="margin-left: 20px;"><input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER THIRTEEN YEARS OF AGE AS NOTED ON THIS FORM OR RELATED ATTACHMENTS</div> <div style="margin-left: 20px; margin-top: 10px;"><input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER THIRTEEN YEARS OF AGE UNDER DIRECT SUPERVISION BY ANOTHER PERMITHOLDER AS NOTED ON THIS FORM OR RELATED ATTACHMENTS</div> <div style="margin-left: 20px; margin-top: 10px;"><input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER THIRTEEN YEARS OF AGE BOTH INDEPENDENTLY AND UNDER DIRECT SUPERVISION BY ANOTHER PERMITHOLDER AS NOTED ON THIS FORM OR RELATED ATTACHMENTS</div>		
6. A. ARE YOU SEEKING TO PROVIDE MODERATE SEDATION TO CHILDREN UNDER SEVEN YEARS OF AGE?		
YES ____ NO ____		
B. IF YES TO QUESTION 6.A., PLEASE CHECK ONE OF THE FOLLOWING:		
<div style="margin-left: 20px;"><input type="checkbox"/> I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER SEVEN YEARS OF AGE AS NOTED ON THIS FORM OR RELATED ATTACHMENTS.</div> <div style="margin-left: 20px; margin-top: 10px;"><input type="checkbox"/> I DID NOT COMPLETE AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER SEVEN YEARS OF AGE INDEPENDENTLY BUT I ADMINISTER MODERATE SEDATION TO PATIENTS UNDER SEVEN YEARS OF AGE UNDER THE DIRECT SUPERVISION OF A PERMITHOLDER WHO MEETS THOSE QUALIFICATIONS.</div>		

APPLICANTS MUST PROVIDE THE FOLLOWING FOR EACH CASE OCCURRING WITHIN 24 MONTHS IMMEDIATELY PRECEDING APPLICATION FOR THE PEDIATRIC ENDORSEMENT.

CASE 1	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 2	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 3	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 4	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 5	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 6	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 7	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 8	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 9	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 10	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 11	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 12	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 13	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 14	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 15	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 16	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 17	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 18	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		

CASE 19	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
CASE 20	DATE OF PROCEDURE:	DEEP SEDATION (DS), GENERAL ANESTHESIA (GA), OR MODERATE SEDATION (MS) PROCEDURE: DS GA MS	TYPE OF PROCEDURE:
	PEDIATRIC PATIENT AGE:	PEDIATRIC PATIENT SEX:	PEDIATRIC PATIENT WEIGHT:
	BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED; WHO ADMINISTERED THE SEDATION; WHO MONITORED THE PATIENT; AND WHO PERFORMED THE PROCEDURE:		
	PLEASE DESCRIBE PEDIATRIC PATIENT'S CONDITION AT DISCHARGE:		
Certification - I certify under penalty of perjury under the laws of the State of California that the foregoing information, including all attachments, is true and correct.			
_____ Date		_____ Signature of Applicant	



APPLICATION FOR PEDIATRIC MINIMAL SEDATION PERMIT

FEES
Application Fee: \$459.00
(Must be enclosed with application)

**APPLICATION FEES
ARE NON-REFUNDABLE**

For Office Use Only

Rec # _____

FeePd _____

Date
Cashiered _____

Entity# _____

File # _____

For Office Use Only

Date Received _____

*This application 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, your name appears on the State Board of Equalization, the CDTFA, or FTB certified list of 500 largest tax delinquencies.

*Please include your "Certification of Pediatric Minimal Sedation Training" (Form PMSP-2 (New 05/2021)) and fee with this application.

(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 LICENSE NUMBER:	
10. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE U.S. MILITARY?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES? <i>MILITARY HONORABLE DISCHARGE REQUIREMENTS</i> 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.	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. 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. <i>MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS</i> NOTE: IF YOU MEET THE MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENT PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION: <ul style="list-style-type: none"> • 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 <input type="checkbox"/> NO <input type="checkbox"/>

13. 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;
- 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 MINIMAL SEDATION IS ADMINISTERED TO PEDIATRIC PATIENTS, THE REQUIRED EQUIPMENT, MEDICATION, AND RESUSCITATIVE CAPABILITIES SHALL BE APPROPRIATELY SIZED FOR A PEDIATRIC POPULATION.

14. DOES THE FACILITY HAVE:

- (1) AN OPERATORY LARGE ENOUGH TO ADEQUATELY ACCOMMODATE THE PEDIATRIC PATIENT AND PERMIT A TEAM CONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT.
- (2) A TABLE OR DENTAL CHAIR THAT 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.
- (3) A LIGHTING SYSTEM ADEQUATE TO PERMIT EVALUATION OF THE PEDIATRIC PATIENT'S SKIN AND MUCOSAL COLOR AND A BACKUP LIGHTING SYSTEM THAT IS BATTERY POWERED AND OF SUFFICIENT INTENSITY TO PERMIT COMPLETION OF ANY TREATMENT THAT MAY BE UNDERWAY AT THE TIME OF A GENERAL POWER FAILURE.
- (4) AN APPROPRIATE FUNCTIONAL SUCTIONING DEVICE THAT PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES. A BACKUP SUCTION DEVICE THAT CAN FUNCTION AT THE TIME OF GENERAL POWER FAILURE MUST ALSO BE AVAILABLE.
- (5) A POSITIVE-PRESSURE OXYGEN DELIVERY SYSTEM CAPABLE OF ADMINISTERING GREATER THAN 90% OXYGEN AT A 10 LITER/MINUTE FLOW FOR AT LEAST SIXTY MINUTES (650 LITER "E" CYLINDER), EVEN IN THE EVENT OF A GENERAL POWER FAILURE. ALL EQUIPMENT MUST BE APPROPRIATE FOR USE ON AND CAPABLE OF ACCOMMODATING THE PEDIATRIC PATIENTS BEING SEEN AT THE PERMIT-HOLDER'S OFFICE.
- (6) INHALATION SEDATION EQUIPMENT, WHICH IF USED IN CONJUNCTION WITH ORAL SEDATION, IT MUST HAVE THE CAPACITY FOR DELIVERING 100%, AND NEVER LESS THAN 25%, OXYGEN CONCENTRATION AT A FLOW RATE APPROPRIATE FOR A PEDIATRIC PATIENT'S SIZE AND HAVE A FAIL-SAFE SYSTEM. THE EQUIPMENT MUST BE MAINTAINED AND CHECKED FOR ACCURACY AT LEAST ANNUALLY.
- (7) ANCILLARY EQUIPMENT, WHICH MUST INCLUDE THE FOLLOWING, AND BE MAINTAINED IN GOOD OPERATING CONDITION:
 - (a) ORAL AIRWAYS CAPABLE OF ACCOMMODATING PEDIATRIC PATIENTS OF ALL SIZES.
 - (b) A SPHYGMOMANOMETER WITH CUFFS OF APPROPRIATE SIZE FOR PEDIATRIC PATIENTS OF ALL SIZES.
 - (c) A PRECORDIAL/PRETRACHEAL STETHOSCOPE.
 - (d) A PULSE OXIMETER.

YES ☐

NO ☐

<p>15. DO YOU MAINTAIN THE FOLLOWING RECORDS?</p> <p>(a) AN ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION UPDATED PRIOR TO EACH ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION. SUCH RECORDS SHALL INCLUDE, BUT ARE NOT LIMITED TO, AN ASSESSMENT INCLUDING AN EVALUATION OF THE AIRWAY, THE AGE, SEX, WEIGHT, PHYSICAL STATUS (AMERICAN SOCIETY OF ANESTHESIOLOGISTS CLASSIFICATION), AND RATIONALE FOR SEDATION OF THE PEDIATRIC PATIENT AND WRITTEN INFORMED CONSENT OF THE PARENT OR LEGAL GUARDIAN OF THE PEDIATRIC PATIENT.</p> <p>(b) PEDIATRIC MINIMAL SEDATION RECORDS THAT INCLUDE BASELINE VITAL SIGNS. IF OBTAINING BASELINE VITAL SIGNS IS PREVENTED BY THE PEDIATRIC 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 PEDIATRIC PATIENT'S CONDITION AT THE TIME OF DISCHARGE.</p> <p>(c) DOCUMENTATION THAT ALL EMERGENCY EQUIPMENT IS CHECKED TO DETERMINE OPERABILITY AND SAFETY FOR THE PATIENT CONSISTENT WITH MANUFACTURER'S RECOMMENDATION.</p> <p>(d) DOCUMENTATION THAT ALL DRUGS MAINTAINED AT THE FACILITY ARE CHECKED AT LEAST ONCE A QUARTER FOR EXPIRED DRUGS AND AN ADEQUATE SUPPLY OF DRUGS FOR THE PATIENT POPULATION SERVED.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>16. DO YOU HAVE AVAILABLE AND READILY ACCESSIBLE AN EMERGENCY KIT OR CART THAT INCLUDES THE FOLLOWING ITEMS?</p> <p>(a) THE NECESSARY AND APPROPRIATE EMERGENCY DRUGS AND SIZE-APPROPRIATE EQUIPMENT TO RESUSCITATE A NONBREATHING AND UNCONSCIOUS PEDIATRIC PATIENT AND PROVIDE CONTINUOUS SUPPORT WHILE THE PEDIATRIC PATIENT IS TRANSPORTED TO A MEDICAL FACILITY.</p> <p>(b) EMERGENCY DRUGS OF THE FOLLOWING TYPES:</p> <p>(1) EPINEPHRINE,</p> <p>(2) BRONCHODILATOR,</p> <p>(3) APPROPRIATE DRUG ANTAGONISTS,</p> <p>(4) ANTIHISTAMINIC,</p> <p>(5) ANTICHOLINERGIC,</p> <p>(6) ANTICONVULSANT,</p> <p>(7) OXYGEN, AND,</p> <p>(8) DEXTROSE OR OTHER ANTIHYPOGLYCEMIC</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>17. STAFF: ARE YOU AND AT LEAST ONE STAFF MEMBER TRAINED IN THE MONITORING AND RESUSCITATION OF PEDIATRIC PATIENTS?</p> <p>(TRAINED STAFF ARE REQUIRED TO BE PRESENT DURING THE ADMINISTRATION OF MINIMAL SEDATION PER BUSINESS AND PROFESSIONS CODE SECTION 1647.32.)</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>18. DID YOU OBTAIN A WRITTEN INFORMED CONSENT FROM THE PARENT OR GUARDIAN OF THE MINOR PATIENT PRIOR TO EACH ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

19. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION. ALL OFFICES SHALL MEET THE STANDARDS SET FORTH IN REGULATIONS ADOPTED BY THE BOARD AT TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1043.9.2.

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) 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, 1647.31, 1647.32, 1647.33, 1715, and Title 16, California Code of Regulations sections 1043.9.1 and 1043.9.2. 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.



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:

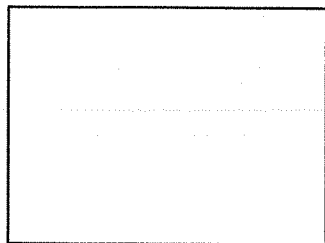
THIS DENTIST IS APPLYING FOR A PEDIATRIC MINIMAL SEDATION PERMIT TO ADMINISTER OR ORDER THE ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION IN A DENTAL OFFICE IN CALIFORNIA. IN ORDER TO QUALIFY FOR A PERMIT, THE APPLICANT IS REQUIRED TO PROVIDE PROOF OF COMPLETION OF TRAINING IN PEDIATRIC MINIMAL SEDATION. 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



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 USE OF ORAL CONSCIOUS SEDATION ON ADULT PATIENTS

<p>FEES</p> <p>Application Fee: \$459.00 (Must be enclosed with application)</p> <p>APPLICATION FEES ARE NON-REFUNDABLE</p>

<p><i>For Office Use Only</i></p> <p>Rec # _____</p> <p>FeePd _____</p> <p>Date _____</p> <p>Cashiered _____</p> <p>Entity# _____</p> <p>File# _____</p>
--

<p><i>For Office Use Only</i></p> <p>Date Received _____</p>
--

*This application 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 (BPC) 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 – 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 LICENSE NUMBER:

10. **QUALIFICATION** – INDICATE UNDER WHICH METHOD LISTED BELOW YOU QUALIFY FOR AN ORAL CONSCIOUS SEDATION CERTIFICATE FOR ADULTS AND ATTACH APPROPRIATE DOCUMENTATION AS SET FORTH BELOW.

- ☐ 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.
- ☐ 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.
- ☐ SUCCESSFUL COMPLETION OF A BOARD-APPROVED EDUCATIONAL PROGRAM ON ORAL MEDICATIONS AND SEDATION MEETING THE REQUIREMENTS IN CCR SECTION 1044.3.
- ☐ 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.

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

YES ☐
NO ☐

12. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?

YES ☐
NO ☐

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 HONORABLE DISCHARGE TO RECEIVE EXPEDITED REVIEW.

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.

YES ☐
NO ☐

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

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.

FACILITIES AND EQUIPMENT REQUIREMENTS - ALL EQUIPMENT SHALL BE MAINTAINED, TESTED, AND INSPECTED ACCORDING TO THE MANUFACTURERS' SPECIFICATIONS.

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"/>
<p>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?</p> <p>B. IS ALL EQUIPMENT AT THE FACILITY AGE-APPROPRIATE AND CAPABLE OF ACCOMMODATING THE PATIENTS BEING SEEN AT THE PERMIT-HOLDER'S OFFICE?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>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?</p> <p>B. IF THE ANSWER ABOVE IS YES, IS THE EQUIPMENT MAINTAINED AND CHECKED FOR ACCURACY AT LEAST ANNUALLY?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>21. DO YOU HAVE ANCILLARY EQUIPMENT? FOR THE PURPOSES OF THIS QUESTION, "ANCILLARY EQUIPMENT" MUST INCLUDE ALL OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • AGE-APPROPRIATE ORAL AIRWAYS CAPABLE OF ACCOMMODATING PATIENTS OF ALL SIZES. • AGE-APPROPRIATE SPHYGMOMANOMETER WITH CUFFS OF APPROPRIATE SIZE FOR PATIENTS OF ALL SIZES. • PRECORDIAL/PRETRACHEAL STETHOSCOPE. • PULSE OXIMETER 	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

RECORDS - DO YOU MAINTAIN THE FOLLOWING RECORDS?

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.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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.	YES <input type="checkbox"/> NO <input type="checkbox"/>
24. DO YOU MAINTAIN DOCUMENTATION SHOWING THAT ALL EMERGENCY EQUIPMENT AND DRUGS ARE CHECKED AND MAINTAINED ON A PRUDENT AND REGULARLY SCHEDULED BASIS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
25. DO YOU HAVE AVAILABLE AND READILY ACCESSIBLE AN EMERGENCY KIT OR CART THAT INCLUDES THE ITEMS LISTED AS FOLLOWS? (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. (B) EMERGENCY DRUGS OF THE FOLLOWING TYPES: <ul style="list-style-type: none">• EPINEPHRINE• BRONCHODILATOR• APPROPRIATE DRUG ANTAGONISTS• ANTIHISTAMINIC• ANTICHOLINERGIC• ANTICONVULSANT• OXYGEN• DEXTROSE OR OTHER ANTIIHYPOGLYCEMIC	YES <input type="checkbox"/> NO <input type="checkbox"/>
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. _____ _____ _____	

IF NECESSARY, CONTINUE ON THE BACK OF THIS PAGE.

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.

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, 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.



[Adopt]

DENTAL BOARD OF CALIFORNIA
 1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
 TELEPHONE: (916) 263-2300
 FAX: (916) 263-2140



APPLICATION FOR ORAL CONSCIOUS SEDATION FOR MINORS CERTIFICATE

Sections 1647.10-1647.17 Business and Professions Code;
 Title 16 California Code of Regulations Sections 1044 - 1044.5

Non Refundable FEE: \$200

(must be enclosed with application)

Section 1021 Title 16 California Code of Regulations

Receipt No. _____ RC _____
 Amount _____ Initials _____
 Certificate No. _____
 Issued _____

Name _____

Address of Record (Mail)
 Street and Number _____

City _____ ZIP Code _____

Address of Practice if different
 Street and Number _____

City _____ ZIP Code _____

Telephone number () _____

FAX number _____

Email address _____

Birthdate _____

Dental License Number _____

QUALIFICATION – Indicate under which method listed below you qualify for an oral conscious sedation certificate for minors and attach appropriate documentation.

☐ Successful completion of a postgraduate program in oral and maxillofacial surgery, pediatric dentistry, or periodontics approved by the Commission on Dental Accreditation or a comparable organization approved by the Board.

☐ Successful completion of a general practice residency or other advanced education in a general dentistry program approved by the Board.

☐ Successful completion of a Board-approved educational program on oral medications and sedation. Applicant must provide completed Form OCS-2 to document completion.

By initialing below and completing the application you are certifying that any location where you administer oral conscious sedation to minor patients meets the Board's requirements set forth in regulation and in this application.

FACILITIES AND EQUIPMENT

1. 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.

Initial _____

2. A table or dental chair that permits the patient to be positioned so the attending team can maintain the airway, quickly alter patient position in an emergency and that provides a firm platform for the management of cardiopulmonary resuscitation.

Initial _____

3. A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system that is battery-powered and of sufficient intensity to permit completion of any treatment that may be underway at the time of a general power failure.

Initial _____

4. An appropriate functional suctioning device that permits aspiration of the oral and pharyngeal cavities. A backup suction device that can function at the time of general power failure must also be available.

Initial _____

5. A positive-pressure oxygen delivery system capable of administering greater than 90% oxygen at a 10 liter/minute flow for at least sixty minutes (650 liter "E" cylinder), even in the event of a general power failure. All equipment must be capable of accommodating minor patients of all ages and sizes.

Initial _____

6. Inhalation sedation equipment, if used in conjunction with oral sedation, must have the capacity for delivering 100%, and never less than 25%, oxygen concentration at a flow rate appropriate for a minor patient's size and have a fail-safe system. The equipment must be maintained and checked for accuracy at least annually.

Initial _____

7. Ancillary equipment maintained in good operating condition, which must include all of the following:

- (a) Oral airways capable of accommodating minor patients of all ages and sizes.
- (b) Sphygmomanometer with cuffs of appropriate size for minor patients of all ages and sizes.
- (c) Precordial/pretracheal stethoscope.
- (d) Pulse oximeter.

Initial _____

RECORDS

1. Adequate medical history and physical evaluation records updated prior to each administration of oral conscious sedation that show at a minimum:

- (a) Name, age, sex and weight.
- (b) ASA Risk Assessment (American Society of Anesthesiologists Classification)
- (c) Rationale for sedation of the minor patient

Initial _____

2. Oral Conscious Sedation records which show:

- (a) 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.
- (b) Intermittent quantitative monitoring of oxygen saturation, heart and respiratory rates and blood pressure as appropriate for specific techniques.
- (c) Drugs administered, amounts administered and time or times administered, including local and inhalation anesthetics.
- (d) Length of the procedure.
- (e) Any complication of oral sedation.
- (f) Statement of patient's condition at the time of discharge.

Initial _____

3. Written informed consent of the parent or guardian.

Initial _____

EMERGENCY CART OR KIT

1. Equipment and drugs appropriate for the age and size of the patients to resuscitate a non breathing and unconscious minor patient and provide continuous support while the patient is transported to a medical facility.
2. Vasopressor
3. Corticosteroid
4. Bronchodilator
5. Appropriate drug antagonists
6. Antihistaminic
7. Anticholinergic
8. Anticonvulsant
9. Oxygen
10. Dextrose or other antihypoglycemic
11. Documentation that all emergency equipment and drugs are checked and maintained on a prudent and regularly scheduled basis.

Initial _____

EMERGENCIES All persons directly involved with the care of minor patients must be certified in basic cardiac life support (CPR) and recertified biennially.

Initial _____

Pursuant to Business and Professions Code 1647.14(b), a dentist who administers, or who orders the administration of oral conscious sedation for a minor patient shall be physically present in the treatment facility while the patient is sedated and shall be present until discharge of the patient from the facility.

Initial _____

Provide the addresses of all locations of practice where you order or administer oral conscious sedation to minor patients. All offices must meet the standards set forth by the Dental Board of California in regulations adopted by the Board.

IF NECESSARY, CONTINUE ON BACK OF THIS PAGE.

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct and I hereby request a certificate to administer or order the administration of oral conscious sedation of minors in my office setting(s) as specified by the Dental Practice Act and regulations adopted by the Board. Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking this certificate.

Signature of Applicant

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825. Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.

REPEALED



DENTAL BOARD OF CALIFORNIA
 1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
 TELEPHONE: (916) 263-2300
 FAX: (916) 263-2140



[REPEAL]

APPLICATION FOR ADULT ORAL CONSCIOUS SEDATION CERTIFICATE

Sections 1647.18-1647.26 Business and Professions Code;

Non Refundable **FEE: \$200**

(must be enclosed with application)

Section 1021 Title 16 California Code of Regulations

Receipt No.	_____ RC _____
Amount	_____ Initials _____
Certificate No.	_____
Issued	_____

Name _____

Address of Record (Mail)

Street and Number _____

City _____

ZIP Code _____

Address of Practice if different

Street and Number _____

City _____

ZIP Code _____

Telephone number () _____

FAX _____

Email address _____

Birthdate _____

Dental License Number _____

QUALIFICATION – Indicate under which method listed below you qualify for an oral conscious sedation certificate for adults and attach appropriate documentation.

- ☐ 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. Applicant must provide a copy of his or her diploma.
- ☐ 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 Section 1044.3 of the Business and Professions Code. Applicant must provide a copy of his or her diploma.
- ☐ Successful completion of a Board-approved educational program on oral medications and sedation. Applicant must provide a copy of his or her certificate of completion.
- ☐ Documentation of 10 successful cases 1647.20(d). Attach Form OCS-4 with copy of treatment records.

Pursuant to Business and Professions Code 1647.22(b), a dentist who administers, or who orders the administration of oral conscious sedation for an adult patient shall be physically present in the treatment facility while the patient is sedated and shall be present until discharge of the patient from the facility.

Provide the addresses of all locations of practice where you order or administer oral conscious sedation to adult patients.

IF NECESSARY, CONTINUE ON BACK OF THIS PAGE.

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct and I hereby request a certificate to administer or order the administration of adult oral conscious sedation in my office setting(s) as specified by the Dental Practice Act. I understand that falsification or misrepresentation of any item or response on this application or any attachment is grounds for denying my application for a certificate.

Signature of Applicant

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825, Executive Officer, in accordance with Business & Professions Code, §1600 et seq. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted will be release to the public upon request and may be posted on the Internet.