



**APPLICATION FOR COURSE APPROVAL FOR  
ORAL CONSCIOUS SEDATION**

TYPE OR PRINT LEGIBLY

SECTION 1647.12(c) and 1647.20(c) – BUSINESS AND PROFESSIONS CODE  
SECTION 1044.3, Title 16, CALIFORNIA CODE OF REGULATIONS

<b>FOR OFFICE USE ONLY</b>
<b>APPROVED</b> _____

Name of provider \_\_\_\_\_

CA Registered Provider No. \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Does this course consist of a minimum of 25 hours of instruction?  Yes  No

Is this course directed solely toward the administration of oral conscious sedation to  ADULTS  CHILD

**AN OUTLINE OF THE COURSE AND THE INSTRUCTOR'S QUALIFICATIONS MUST BE  
ATTACHED TO THIS APPLICATION.**

I certify under the penalty of perjury under the laws of the State of California that the course meets the requirements set forth in the Board's regulations and will be taught to the Board's standards.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name Title