STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
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APPLICATION FOR A GENERAL ANESTHESIA PERMIT

(Sections 1646-1646.9, 1682 Business and Professions Code; Title 16 California Code of Regulations, Sections 1043-1043.8)

NON-REFUNDABLE FEE: $500

Receipt No. _____	File No. _____		
Fee Paid _____	Initials _____		
Permit No. _____	Issued _____		
Exp. Date _____	*For Office Use Only*		

Name: Last First Middle	
Address of Record: - for Mailing Street and Number	
City State Zip Code	
SSN/FEIN/ITIN #:	Email Address:
Dental or Medical License Number:	Date of Birth:
Telephone Number:	Fax Number:

METHOD OF QUALIFICATION - ***Indicate under which method listed below you qualify for a general anesthesia permit. Attach documented proof of your qualification.***

DENTIST APPLICANT

- ❑ Completion of a residency program in general anesthesia of not less than one calendar year, that is approved by the Board of Directors of the American Dental Society of Anesthesiology for eligibility for fellowship in general anesthesia.
- ❑ Completion of a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Accreditation of the American Dental Association.
- ❑ Have a fellowship in anesthesia approved by the Board of Directors of the American Dental Society of Anesthesiology.

PHYSICIAN APPLICANT

- ❑ Attach a copy of your ABMS certificate in anesthesiology.
- ❑ Successfully completed a postgraduate residency training program in anesthesiology recognized by the American Council on Graduate Medical Education.

FACILITIES AND EQUIPMENT REQUIREMENTS - Are the following available in all places of practice where you administer general anesthesia?

1. 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 _____ No ____

2. An operating table or chair that permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation? Yes _____ No ____

3. A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system which is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure? Yes _____ No ____

4. Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device that can operate at the time of general power failure? Yes _____ No ____

5. An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering oxygen to the patient under positive pressure, together with an adequate backup system that can operate at the time of general power failure? Yes _____ No ____

6. A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets? The recovery area can be the operating theater. Yes _____ No ____

7. Ancillary equipment maintained in good operating condition, which must include all of the following: Yes _____ No ____

(a) Laryngoscope complete with adequate selection of blades and spare batteries and bulb.
(b) Endotracheal tubes and appropriate connectors.
(c) Oral airways.
(d) Tonsillar or pharyngeal type suction tip~~s~~ adaptable to all office outlets.
(e) Endotracheal tube forcep~~s~~.
(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.

RECORDS - Do you maintain the following records? Yes _____ No ____

1. Adequate medical history and physical evaluation records

2. Anesthesia records that show: Yes _____ No ____
   (a) Multiple blood pressure and pulse readings
   (b) Drugs administered, amounts administered, and time administered.
   (c) Length of procedure.
   (d) Any complications of anesthesia.
   (e) Statement of patient's condition at time of discharge.

3. Written informed consent of the patient, or if the patient is a minor, the parent or guardian. Yes _____ No ____

DRUGS - Do you maintain emergency drugs of the following types at all times in connection with the administration of general anesthesia? Yes _____ No ____

1. Vasopressor
2. Corticosteroid
3. Bronchodilator
4. Muscle relaxant
5. Intravenous medication for treatment of cardiopulmonary arrest
6. Appropriate drugs antagonists
7. Antihistaminic
8. Anticholinergic
9. Antiarrhythmic
10. Coronary artery vasodilator
11. Antihypertensive
12. Anticonvulsant
13. Oxygen
14. 50% dextrose or other antihypoglycemic

EMERGENCIES - Are you competent to treat all of the following emergencies? Yes _____ No ____

Airway obstruction
Bronchospasm
Emesis and aspiration
Angina pectoris
Myocardial infarction
Hypotension
Hypertension
Cardiac arrest
Allergic reaction
Convulsions
Hypoglycemia
Syncope
Respiratory depression

Provide the addresses of all locations of practice where you administer or order the administration of general anesthesia. All offices shall meet the standards set forth in regulations adopted by the Board. If you are a physician and surgeon applying for this permit, provide the names of any hospitals where you have membership on the medical staff.

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IF NECESSARY, CONTINUE ON 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 permit to administer or order the administration of general anesthesia 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 permit.

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Date Signature of Applicant

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. 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 is mandatory and collection is authorized by §30 of the Business & Professions Code 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, 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. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.