



**APPLICATION FOR ADULT ORAL CONSCIOUS
 SEDATION CERTIFICATE**

Sections 1647.18-1647.26 Business and Professions Code;
 Title 16, California Code of Regulations, Sections 1044-1044.5

NON-REFUNDABLE FEES

Application Fee: \$368

(must be enclosed with application)
 Section 1021 Title 16 California Code of Regulations

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

Please Print or Type:

Name:	Last	First	Middle
Address of Record:	Street and Number		
City	State	Zip Code	
Telephone Number:	Fax Number:		
Email Address:	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 completed form OCS-2 to document 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

Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550 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 be made public.