



**APPLICATION FOR ORAL CONSCIOUS SEDATION FOR MINORS CERTIFICATE**

**FEES**

Application Fee: \$368.00  
 (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

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:	2. BIRTH DATE (MM/DD/YYYY):	
3. LEGAL NAME: LAST	FIRST	MIDDLE
4. MAILING ADDRESS:		
5. EMAIL ADDRESS:		
6. TELEPHONE NUMBER:		
7. FAX NUMBER:		
8. DENTAL LICENSE:		
<p><b>9. QUALIFICATION</b> – INDICATE UNDER WHICH METHOD LISTED BELOW YOU QUALIFY FOR AN ORAL CONSCIOUS SEDATION CERTIFICATE FOR MINORS AND ATTACH APPROPRIATE DOCUMENTATION.</p> <p>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.</p> <p>SUCCESSFUL COMPLETION OF A GENERAL PRACTICE RESIDENCY OR OTHER ADVANCED EDUCATION IN A GENERAL DENTISTRY PROGRAM APPROVED BY THE BOARD.</p> <p>SUCCESSFUL COMPLETION OF A BOARD-APPROVED EDUCATIONAL PROGRAM ON ORAL MEDICATIONS AND SEDATION. APPLICANT MUST PROVIDE COMPLETED FORM OCS-2 TO DOCUMENT COMPLETION.</p>		

10. 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 OF THE UNITED STATES ATTORNEY GENERAL 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 IRAQUI AND AFGHAN TRANSLATORS/INTERPRETERS OF 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. FAILURE TO DO SO MAY RESULT IN APPLICATION REVIEW DELAYS.

ACCEPTABLE DOCUMENTATION

- 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 REFUEE 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 ASSURANCE THAT THE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE.

11. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR SPOUSES OR DOMESTIC PARTNERS OF AN ACTIVE DUTY MEMBER OF THE U.S. ARMED FORCES?

Yes   
No

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

NOTE: IF YOU MEET MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION (YOU MAY BE ASKED TO SUBMIT ORIGINAL DOCUMENTATION):

- CERTIFICATE OF MARRIAGE OR DOMESTIC PARTNERSHIP OR OTHER LEGAL UNION WITH AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES WHO IS ASSIGNED TO A DUTY STATION IN THIS STATE UNDER OFFICIAL ACTIVE DUTY MILITARY ORDERS.
- VERIFICATION OF CURRENT LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES IN THE PROFESSION OF VOCATION FOR WHICH YOU ARE SEEKING LICENSURE.

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: IF YOU MEET THE U.S. ARMED FORCES EXPEDITE REQUIREMENT, PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION:

- DD214 OR OTHER SUPPORTING DOCUMENTATION.

**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.**

<b>FACILITIES AND EQUIPMENT</b>	
13. 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_____
14. 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_____
15. 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_____
16. 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_____
17. 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_____
18. 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_____
19. 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_____
<b>RECORDS</b>	
20. 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_____
21. 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_____
22. WRITTEN INFORMED CONSENT OF THE PARENT OR GUARDIAN.	INITIAL_____

<b>23. EMERGENCY CART OR KIT</b>	
<ul style="list-style-type: none"> <li>• 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.</li> <li>• VASOPRESSOR</li> <li>• CORTICOSTEROID</li> <li>• BRONCHODILATOR</li> <li>• APPROPRIATE DRUG ANTAGONISTS</li> <li>• ANTIHISTAMINIC</li> <li>• ANTICHOLINERGIC</li> <li>• ANTICONVULSANT</li> <li>• OXYGEN</li> <li>• DEXTROSE OR OTHER ANTIHYPOGLYCEMIC</li> <li>• DOCUMENTATION THAT ALL EMERGENCY EQUIPMENT AND DRUGS ARE CHECKED AND MAINTAINED ON A PRUDENT AND REGULARLY SCHEDULED BASIS.</li> </ul>	INITIAL_____

<b>EMERGENCIES</b>	
24. ALL PERSONS DIRECTLY INVOLVED WITH THE CARE OF MINOR PATIENTS MUST BE CERTIFIED IN BASIC CARDIAC LIFE SUPPORT (CPR) AND RECERTIFIED BIENNIALLY.	INITIAL_____
25. 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.

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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 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.

\_\_\_\_\_ 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, Ste 1550, Sacramento, CA 95815, 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.