

**DENTAL BOARD OF CALIFORNIA**

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

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

**CERTIFICATION OF ORAL CONSCIOUS SEDATION TRAINING**

Applicant: Complete the top of this form and have your oral conscious sedation training by the educational institution where you obtained the training. Submit this completed form with your application for the certificate.

Applicant Name _____
California Dental License Number _____
Name of School attended and dates _____

EDUCATIONAL INSTITUTION: Complete This Portion Of Form

This dentist is applying for a certificate to administer or order the administration of oral conscious sedation on an outpatient basis in California. One means to qualify for a certificate is to provide proof of completion of a board approved educational program on oral medications and sedation.

- ☐ Training offered at this educational institution did not satisfy the criteria outlined in California Code of Regulations Section 1044.3.

_____ Signature	_____ Date
_____ Printed Name & Title	_____ Telephone No.

- ☐ Training in oral medications and sedation consisted of satisfactory completion of at least 25 hours of instruction including a clinical component consisting of an adequate number of cases to demonstrate personal competency in oral conscious sedation of a patient. The course included the areas outlined in California Code of Regulations Section 1044.3 incorporated herein by reference.

I hereby certify that _____ satisfactorily completed
(Name)
referenced instruction at _____. Participant was enrolled
in a _____ program when obtaining training in oral
medications and sedation.

Dates of training _____

_____ Signature	_____ Date	
_____ Printed Name	_____ Title	_____ Telephone Number

Seal of Educational
Institution