

**DENTAL BOARD OF CALIFORNIA**

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

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

**COURTESY APPLICATION FOR PEDIATRIC ENDORSEMENT FOR
MEDICAL GENERAL ANESTHESIA PERMIT****FEES**Application Fee: \$532.00
(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

*To successfully apply for a Pediatric Endorsement for Medical General Anesthesia Permit to administer deep sedation or general anesthesia to pediatric patients under the age of 7, this courtesy application must be completed in its entirety unless the information requested is indicated as optional.

*Any material misrepresentation of any information on the application is grounds for denial or subsequent revocation of the permit.

*Under Business and Professions Code sections 31 and 494.5, the California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied, or your permit may be suspended if you have a state tax obligation that is not paid or your name appears on the State Board of Equalization, the CDTFA or FTB certified list of top 500 tax delinquencies.

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN		2. DATE OF BIRTH (MM/DD/YYYY)
3. LEGAL NAME: LAST	FIRST	MIDDLE
4. MAILING ADDRESS [ADDRESS OF RECORD – ADDRESS MAY BE A P.O. BOX]:		
5. PRIMARY PRACTICE LOCATION (PHYSICAL ADDRESS):		
6. EMAIL ADDRESS [OPTIONAL]:		
7. TELEPHONE NUMBER:		
8. MEDICAL LICENSE NUMBER:		
9. GENERAL ANESTHESIA PERMIT NUMBER (if any):		
10. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE MILITARY?		

11. HAVE YOU COMPLETED AT LEAST 20 CASES OF DEEP SEDATION OR GENERAL ANESTHESIA TO PATIENTS UNDER SEVEN YEARS OF AGE IN THE 24-MONTH TIME PERIOD DIRECTLY PRECEDING THIS APPLICATION? IF SO, ATTACH EVIDENCE OF SUCCESSFUL COMPLETION OF SUCH 20 CASES (Use Form PE-1).	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. DO YOU HAVE CURRENT CERTIFICATION IN ADVANCED CARDIAC LIFE SUPPORT (ACLS) AND PEDIATRIC ADVANCED LIFE SUPPORT (PALS) AS PROVIDED BY THE AMERICAN RED CROSS (ARC), THE AMERICAN HEART ASSOCIATION (AHA), OR THE AMERICAN SAFETY AND HEALTH INSTITUTE (ASHI)? IF SO, ATTACH EVIDENCE OF SUCH CURRENT CERTIFICATION.	YES <input type="checkbox"/> NO <input type="checkbox"/>

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including any attached statements, is true and correct.

Date

Signature of Applicant

INFORMATION COLLECTION AND ACCESS Except for the email address, the information requested herein is mandatory to obtain a pediatric endorsement and is maintained by the Dental Board of California (Board), 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code (BPC) sections 1600 et seq. The Board collects the personal information requested on the following form as authorized by BPC sections 27, 30, 31, 114.5, 1494.5, 1646.2, 1646.9, 1715, and California Code of Regulations, title 16, section 1043.8.1. The Board uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law.

Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Individual Taxpayer Identification Number or Social Security Number is mandatory and collection is authorized by BPC sections 29.5, 30, 31, and 494.5 and Pub. L. 94-455 (42 U.S.C.A. § 405(c)(2)(C)). Your Individual Taxpayer Identification Number or Social Security Number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Family Code section 17520, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, 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 Individual Taxpayer Identification Number or Social Security Number, you may be reported to the FTB and be assessed a penalty of \$100.

Each individual has the right to review the personal information maintained by the Board unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Board makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a California Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Your name and address of record listed on this application will be disclosed to the public upon request if and when you become licensed.

BUSINESS AND PROFESSIONS CODE § 1646.2. (a) A dentist who desires to administer or order the administration of deep sedation or general anesthesia shall apply to the board on an application form prescribed by the board. The dentist must submit an application fee and produce evidence showing that he or she has successfully completed a minimum of one year of advanced training in anesthesiology and related academic subjects approved by the board, or equivalent training or experience approved by the board, beyond the undergraduate school level.

(b) The application for a permit shall include documentation that equipment and drugs required by the board are on the premises.

(c) A dentist may apply for a pediatric endorsement for the general anesthesia permit by providing proof of successful completion of all of the following:

(1) A Commission on Dental Accreditation (CODA)-accredited or equivalent residency training program that provides competency in the administration of deep sedation and general anesthesia on pediatric patients.

(2) At least 20 cases of deep sedation or general anesthesia to patients under seven years of age in the 24-month time period directly preceding application for a pediatric endorsement to establish competency, both at the time of initial application and at renewal. The applicant or permitholder shall maintain and be able to provide proof of these cases upon request by the board for up to three permit renewal periods.

(3) Current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) or other board-approved training in pediatric life support and airway management, pursuant to Section 1601.8, for the duration of the permit.

(d) Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of pediatric sedation to patients under seven years of age may administer deep sedation and general anesthesia to patients under seven years of age under the direct supervision of a general anesthesia permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 cases required to qualify for the applicant's pediatric endorsement.

(Added Stats 2018 ch 929 § 4 (SB 501), effective January 1, 2019, operative January 1, 2022.)

§ 1646.9. (a) A physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) may administer deep sedation or general anesthesia in the office of a licensed dentist for dental patients, without regard to whether the dentist possesses a permit issued pursuant to this article, if all of the following conditions are met:

(1) The physician and surgeon possesses a current license in good standing to practice medicine in this state.

(2) The physician and surgeon holds a valid general anesthesia permit issued by the Dental Board of California pursuant to subdivision (b).

(3) The physician and surgeon meets the requirements of subdivision (d) of Section 1646.1.

(b) A physician and surgeon who desires to administer deep sedation or general anesthesia as set forth in subdivision (a) shall apply to the board on an application form prescribed by the board and shall submit all of the following:

(1) The payment of an application fee prescribed by this article.

(2) Evidence satisfactory to the Medical Board of California showing that the applicant has successfully completed a postgraduate residency training program in anesthesiology that is recognized by the American Council on Graduate Medical Education, as set forth in Section 2079.

(3) Documentation demonstrating that all equipment and drugs required by the board are on the premises for use in any dental office in which he or she administers deep sedation or general anesthesia.

(4) Information relative to the current membership of the applicant on hospital medical staffs.

(c) Prior to issuance or renewal of a permit pursuant to this section, the board may, at its discretion, require an onsite inspection and evaluation of the facility, equipment, personnel, including, but not limited to, the physician and surgeon, and procedures utilized. At least one of the persons evaluating the procedures utilized by the physician and surgeon shall be a licensed physician and surgeon expert in outpatient deep sedation or general anesthesia who has been authorized or retained under contract by the board for this purpose.

(d) The permit of a physician and surgeon who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the board notifies the physician and surgeon of the failure unless within that time period the physician and surgeon has retaken and passed an onsite inspection and evaluation. Every physician and surgeon issued a permit under this article shall have an onsite inspection and evaluation at least once every five years. Refusal to submit to an inspection shall result in automatic denial or revocation of the permit.

(e) A physician and surgeon who additionally meets the requirements of paragraphs (2) and (3) of subdivision (c) of Section 1646.2 may apply to the board for a pediatric endorsement to provide deep sedation or general anesthesia to a child under seven years of age. A physician and surgeon without sufficient cases to obtain a pediatric endorsement may qualify for the endorsement pursuant to the requirements of subdivision (d) of Section 1646.2.

(Added by Stats. 2018, Ch. 929, Sec. 4. (SB 501) Effective January 1, 2019. Operative January 1, 2022, pursuant to Section 1646.13)

CALIFORNIA CODE OF REGULATIONS, TITLE 16, § 1043.8.1. Application for Pediatric Endorsement; Documentation of 20 General Anesthesia or Moderate Sedation Cases; Additional Requirements for Applicant Investigation; Legible Copies of Records.

(a) For the purposes of Sections 1646.2(c) and 1646.9 of the Code, submission of a completed application to the Board for a pediatric endorsement for a general anesthesia permit shall include the following information and documents:

(1) Name, mailing address or address of record, physical address, dental or medical license number, and applicant's general anesthesia permit number, if any;

(2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1646.2 for a dental licensee or Section 1646.9 for a physician and surgeon licensee;

(3) A completed Form PE-1 (05/2021) "Documentation of Deep Sedation and General Anesthesia or Moderate Sedation Cases for Pediatric Endorsement," which is hereby incorporated by reference;

(4) A certificate or other documentary evidence of current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);

(5) An application fee as set forth in section 1021; and,

(6) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.

(b) For the purpose of Section 1647.3(d) of the Code, submission of a completed application to the Board for a pediatric endorsement

for a moderate sedation permit for patients under thirteen years of age shall include the following information and documents:

- (1) Name, mailing address or address of record, physical address, dental license number, and applicant's moderate sedation permit number, if any;
 - (2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1647.3 of the Code;
 - (3) A completed Form PE-1 as provided in this section;
 - (4) A certificate or other documentary evidence of current certification in Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);
 - (5) An application fee as set forth in section 1021; and,
 - (6) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.
- (c) Applicants shall submit legible copies of the information required by this section with pediatric patient identifying information redacted.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 27, 108, 1611.5, 1646.1, 1646.2, 1647.2 and 1647.3, 1646.9, Business and Professions Code.