

**Office of Professional Licensure and Certification
Board of Dental Examiners
7 Eagle Square
Concord, New Hampshire 03301**

Application for Permit to Administer General Anesthesia, Deep Sedation, and Moderate Sedation, Moderate Sedation Only, or Moderate Sedation with Pediatric Qualification

Check the type of permit being applied for:

_____ General anesthesia, deep sedation, and moderate sedation;

_____ Moderate sedation;

_____ Moderate sedation with pediatric qualification;

Name of Applicant: _____

Applicants License Type: _____ License Number: _____

Home Mailing Address: _____

Primary e-mail address: _____ Home or Cell Phone #: _____

Provide the following information for each facility where you intend to provide services:

Facility Name	Facility Address	Facility Permit Type	Facility Permit #, if applicable	Date application for facility permit submitted, if applicable

Answer yes or no to completion of the following life support programs by the applicant and if yes provide the expiration date:

	Yes	No	Expiration Date
Advanced Cardiovascular Life Support (ACLS)			
Basic Life Support for Health Care Providers (BLS-HCP)			
Pediatric Advanced Life Support (PALS)			

List all clinical staff member(s) and provide the information listed for each:

Name of Employee Involved in Patient Care and Their Job Title	Date BLS/HCP Received or Renewed	Date BLS/HCP Expires	Date ACLS Received or Renewed	Date ACLS Expires	Date PALS Received or Renewed	Date PALS Expired

IF APPLYING FOR GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATION SEDATION PERMIT ANSWER THE FOLLOWING:

Which of the following you are applying for the permit based on:

_____ I am applying for this permit based on completion of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in Part III C. of the American Dental Association “Guidelines for the Use of Sedation and General Anesthesia by Dentists”, revised 2016, as specified in Appendix II; or

_____ I am applying for this permit based on completion of an advanced dental education program in either dental anesthesiology or oral and maxillofacial surgery as described in the Commission on Dental Accreditation (CODA) requirements for each advanced program;

IF APPLYING FOR A MODERATE SEDATION ONLY PERMIT OR A MODERATE SEDATION PERMIT WITH PEDIATRIC QUALIFICATION ANSWER THE FOLLOWING:

Yes: _____ or No: _____ I am applying for this permit based on evidence of meeting the requirements as described in Part III B. of the American Dental Association “Guidelines for the Use of Sedation and General Anesthesia by Dentists” revised 2016, as specified in Appendix II.

ALL APPLICANTS SHALL SIGN DATE UNDER THE FOLLOWING:

“I am not under investigation by any professional licensing board and my credentials have not been suspended or revoked by any professional licensing board. The information and documentation provided are true, complete, and not misleading to the best of my knowledge and belief, I understand that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a license, and that knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.”[7]

Signature of Applicant

Date of Signing