

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

Application for Facility or Facility Hosting Permit

1. All Applicants shall complete the following:

Check the following facility type you are applying for:

_____ Facility Permit

_____ Facility Hosting Permit

Dental Practice Name: _____

Hosting Dentist's or Qualified Dentist's Full Legal Name: _____

List the Name(s) of all qualified providers administering general anesthesia, deep sedation, or moderate sedation and those administering moderate sedation only at the facility including their N.H. license type(s) and number(s)

Qualified Providers Name	NH License Type	NH License Number

Facility's Physical Address: _____

Facility's Mailing Address: _____

Facility's Primary E-mail Address: _____

Facility's Phone Number: _____

Is either general anesthesia, deep sedation, or moderate sedation administered at this facility? Yes _____ No _____

Is moderate sedation only administered at this facility? Yes _____ No _____

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.

Signature of Applicant

Date of Signing