

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

**Application for Exemption from the Requirement for a Separate Dedicated Anesthesia Provider  
When Treating Patients 9 to 12 Years of Age With Administration of General Anesthesia or  
Deep Sedation**

Applicant's Full Legal Name: \_\_\_\_\_

Applicant's NH Dental License Number: \_\_\_\_\_

Applicant's Primary Facility's Name: \_\_\_\_\_

Primary Facility Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Facility's Phone Number: \_\_\_\_\_

Applicant's E-mail Address: \_\_\_\_\_

I have completed an advanced airway course with hands-on training within the previous 6 years. Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you intend to treat patients 9 to 12 years of age with administration of general anesthesia or dep sedation without a separate dedicated anesthesia provider? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you board eligible or board certified by either the Amerian Dental Board of Anesthesiology (ADBA) or the American Board of Oral and Maxillofacial Surgery (ABOMS)? 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

