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STATE OF DELAWARE  
DEPARTMENT OF STATE

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DIVISION OF PROFESSIONAL REGULATION

**BOARD OF DENTAL EXAMINERS**

**APPLICATION FOR SEDATION/ANESTHESIA PERMITS**

Before requesting a specific type of permit for sedation or anesthesia, the applicant is reminded to critically review the regulations issued by the Delaware State Board of Dental Examiners. The definition of what constitutes conscious sedation both via nitrous oxide inhalation and by the parenteral route, and deep intravenous sedation and general anesthesia, have been taken from the American Dental Association. The applicant must clearly understand the difference between Restricted Permit I conscious sedation and deep sedation. If the patient who is given an intravenous drug, at any time loses the ability to respond rationally to command or loses any of his protective reflexes during the course of that procedure, then he is in a state of deep sedation. The educational requirements for deep sedation and general anesthesia are much more stringent than for Restricted Permit I conscious sedation. This distinction is important both from the standpoint of this permit application and from the standpoint of clinical practice. Please be sure to understand this and all other aspects of the regulations which you have been provided concerning sedation and anesthesia.

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DE DENTAL LIC. #: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please note: When your application for a license is complete, please allow 4-6 weeks to receive your license. A complete application is one that includes all required documentation and correct payment.**

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in this application, a copy of which I will keep on file.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE CIRCLE OR SELECT CHECK BOX THE PERMIT FOR WHICH YOU ARE APPLYING AND COMPLETE ONLY THOSE ANSWERS IN THAT PARTICULAR SECTION:

RESTRICTED PERMIT I    RESTRICTED PERMIT II    UNRESTRICTED PERMIT

1. RESTRICTED PERMIT I: (Parenteral, Enteral, or Rectal Conscious Sedation)

a. Has completed a minimum of **60 HOURS** of instruction. YES  NO   
**(Please provide training documentation.)**

Institution \_\_\_\_\_ Date \_\_\_\_\_

Institution \_\_\_\_\_ Date \_\_\_\_\_

b. Management of a minimum of **TWENTY** patients in this technique YES  NO   
c. Certification in cardiopulmonary resuscitation as documented YES  NO   
by the American Heart Association or the American Red  
Cross. **(Attach copy of current CPR training.)**

d. Certification in Advanced Cardiac Life Support. YES  NO   
(Not mandatory, but encouraged.)

e. Has a properly equipped facility for the administration of YES  NO   
Restricted Permit I Conscious Sedation, staffed with a  
supervised team of auxiliary personnel capable of reasonably  
handling procedures, problems and emergencies incident thereto.

2. RESTRICTED PERMIT II: (Nitrous Oxide Inhalation Sedation)

a. Has completed a minimum of **14 HOURS** of instruction including YES  NO   
supervised clinical experience in managing patients in this  
technique. **(Attach documentation.)**

b. Certification in cardiopulmonary resuscitation as documented by YES  NO   
the American Heart Association or the American Red Cross.  
**(Attach current CPR certificate.)**

3. UNRESTRICTED PERMIT (General Anesthesia, Conscious Sedation,  
Deep Sedation):

a. Has completed a minimum of **TWO YEARS** of advanced training in YES  NO   
Anesthesiology and related academic subjects beyond the under-  
graduate dental school level in a training program as described in  
part II of the Guidelines for Teaching the Comprehensive Control  
of Pain and Anxiety in Dentistry. **(Please provide training.)**

Institution where training acquired \_\_\_\_\_

Year of completion \_\_\_\_\_

(OR)

Is a diplomat of the American Board of Oral and Maxillofacial YES  NO   
Surgeons. **(Copy of Certification.)**

Year of Board Certification \_\_\_\_\_

(OR)

Has satisfactorily completed a residency in Oral and Maxillofacial Surgery at an institution approved by the ADA Council on Dental Education. **(Provide evidence of your residency.)** YES  NO

Institution where acquired \_\_\_\_\_  
How many years \_\_\_\_\_ Year of Completion \_\_\_\_\_

(OR)

Is a fellow of the American Dental Society of Anesthesiology. **(Proof of Fellowship.)** YES  NO

Year of fellowship \_\_\_\_\_

(OR)

Employs or works in conjunction with a trained M.D. or D.O. who is a member of the anesthesiology staff of an accredited hospital (such anesthesiologist must remain on the premises of the dental facility until any patient given a general anesthetic or deep sedation regains consciousness). **(Provide documentation.)** YES  NO

(AND)

b. Has a properly equipped facility for the administration of deep sedation and general anesthesia, staffed with a supervised team of auxiliary personnel capable of reasonably handling procedures, problems and emergencies incident thereto. YES  NO

(AND)

c. Has certification in Advanced Cardiac Life Support as documented by the American Heart Association or the American Red Cross. **(Provide current CPR training.)** YES  NO

(AND)

d. FACILITIES AND EQUIPMENT REQUIREMENTS FOR UNRESTRICTED PERMIT (Conscious Sedation, Deep Sedation, General Anesthesia)

Do you provide the following:

1. An operating theater large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least 3 individuals to move freely about the patient? YES  NO

2. An operating table or chair which permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation? YES  NO
3. A lighting system which is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system which is battery-powered and of sufficient intensity to safely conclude procedure underway at the time of general power failure? YES  NO
4. Suction equipment which permits aspiration of the oral and pharyngeal cavities and a non-electric backup suction device? YES  NO
5. An oxygen delivery system with adequate full face masks and appropriate connectors which is capable of delivering oxygen to the patient under positive pressure, together with an adequate backup system? YES  NO
6. A recovery area that has available oxygen, adequate lighting, suction and electrical outlets? The recovery area can be the operating theater. The patient must be able to be observed by a member of the staff at all times during the recovery period. YES  NO
7. Ancilliary essential equipment, which must include all of the following: YES  NO
- (A) Laryngoscope complete with adequate selection of blades and bulb.
  - (B) Endotracheal tubes and appropriate connectors.
  - (C) Oral and nasopharyngeal airways.
  - (D) Tonsillar or pharyngeal-type suction tip adaptable to all office outlets.
  - (E) Endotracheal tube forcep.
  - (F) Sphygmomanometer and stethoscope.
  - (G) Adequate equipment for establishment of an intravenous line.
  - (H) Precordial stethoscope.
8. Electrocardioscope and pulse oximetry – desirable but not necessary in all instances. YES  NO

9. EMERGENCIES: Are you prepared with the knowledge YES  NO   
of the method of treatment of the following emergencies  
and do you have the armamentarium and appropriate drugs  
to manage these emergencies?

- (A) Laryngospasm
- (B) Syncope
- (C) Bronchospasm
- (D) Emesis and aspiration of foreign materials under anesthesia
- (E) Angina pectoris
- (F) Myocardial infarction
- (G) Hypotension
- (H) Hypertension
- (I) Cardiac Arrest
- (J) Allergic reaction
- (K) Convulsions

10. RECORDS: Do you maintain records in the following manner?

- (A) Adequate medical history and physical evaluation YES  NO   
records?
- (B) Adequate informed consent for surgery and YES  NO   
anesthesia?
- (C) Adequate anesthesia records which shall include YES  NO   
cardiovascular status (blood pressure and pulse),  
respiratory status (respiratory rate or oxygen  
saturation status), and the amount and routes of  
administered drugs, length of the procedure, and any  
complications of anesthesia?