



QUESTION SECTION:

**HAVE YOU:**

1) Completed one (1) year advanced training in Anesthesiology? \_\_\_\_ Yes \_\_\_\_ No

Where: \_\_\_\_\_ When: \_\_\_\_\_

2) Completed a residency program in General Anesthesia of not less than one (1) calendar year approved by the Board of Directors of the American Dental Society of Anesthesiology? \_\_\_\_

Yes \_\_\_\_ No

Where: \_\_\_\_\_ When: \_\_\_\_\_

3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association? \_\_\_\_ Yes \_\_\_\_ No

Where: \_\_\_\_\_ When: \_\_\_\_\_

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I hereby make application for a General Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer to a patient of any age general anesthesia, deep sedation or moderate sedation ONLY at the address listed above. If I wish to administer general anesthesia, deep sedation or moderate sedation at another location, I understand that each site must be inspected and issued a general anesthesia site permit by the Board prior to administration of general anesthesia. I understand that this permit, if issued allows only me to administer general anesthesia, deep sedation or moderate sedation. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of general anesthesia.

I further acknowledge any omissions, inaccuracies, or misrepresentations of information on this application are grounds for the revocation of a permit which may have been obtained through this application. It is understood and agreed that the title of all certificates shall remain in the Nevada State Board of Dental Examiners and shall be surrendered by order of said Board.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_