



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

GENERAL ANESTHESIA PERMIT APPLICATION

Office Site Permit

Check box if you are applying for a Site Permit for this same office location as well

Name: _____ License Number: _____

Dental Practice Name: _____

Office Address: _____ Office Telephone: _____

_____ Office Fax: _____

DENTAL EDUCATION

University/
College: _____

Location: _____

Dates attended: / / Degree Earned:
 to _____
 / /

SPECIALTY EDUCATION

University /
College: _____

Location: _____

Dates attended: / / Degree Earned:
 to _____
 / /

The following information and documentation must be received by the Board office prior to consideration of a general anesthesia permit:

- 1) *Completed and signed application form with all questions answered in full;*
- 2) *Non-refundable application fee in the amount of \$750.00;*
- 3) *Proof of completion of approved training requirements in general anesthesia;*
- 4) *Copy of current certification in Advanced Cardiac Life Support, or in Pediatric Advance Life Support if you have a current Nevada specialty license for Pediatric Dentistry*

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: _____

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 general anesthesia ONLY at the address listed above. If I wish to administer general anesthesia at another location, I understand that each site must be inspected and certified by the Board prior to administration of any general anesthesia. I understand that this permit, if issued allows only me to administer general anesthesia. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of general anesthesia.

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 _____