



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

APPLICATION FOR SITE PERMIT GENERAL ANESTHESIA

NAME OF OWNER/LICENSEE: _____ LICENSE NO: _____

SITE NAME & LOCATION ADDRESS:

SITE PHONE NUMBER: (_____) _____ SITE FAX NUMBER: (_____) _____

DO YOU HAVE A GENERAL ANESTHESIA PERMIT? YES ____ NO ____

ANY SPECIFIC DAY YOU PREFER TO BE SCHEDULED FOR THE INSPECTION:

NAME OF PERSON(S) ADMINISTERING MODERATE SEDATION OR GENERAL ANESTHESIA:

STATE OF _____
COUNTY OF _____

I hereby acknowledge, that I am aware moderate sedation or general anesthesia may be administered at this location as long as the general anesthesia site maintains at all times the required emergency drugs and equipment to include the additional required emergency drugs and equipment for patients who are 12 years of age or younger and records of patients pursuant to NAC 631.2227, NAC 631.2229 and NAC 631.2231.

*I hereby acknowledge, I **must** confirm with the Board prior to the administration of moderate sedation at this location that the licensee administering moderate sedation holds a moderate sedation permit to administer moderate sedation to patients 13 years or older or a pediatric moderate sedation permit to administer moderate sedation to patients 12 years of age or younger.*

*I further acknowledge I will be present at the scheduled general anesthesia site inspection. If I am unavailable to be present at the site inspection I will arrange to have the person identified as the licensee administering either **MODERATE SEDATION** or **GENERAL ANESTHESIA** be present in my absence.*

Signature of OWNER/LICENSEE

Notary Seal

Date

Signature of Notary

NOTE: Please return this form and payment of \$500.00 for the site inspection/evaluation fee.