

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

(Admi			E SEDATION ADMIN I rate Sedation to patie			er)	Office Site Dermit
Name: Licer				ense Number:			Office Site Permit Check box if you are
Dental Practice Name							applying for a Site Permit for this same
Office Addre	ss:						office location as well
DENTAL EDUCATION			BOARD APPROVED PROGRAM				
University/ College:				Name/ Instructor:			
Location: _				Location:			
– Dates attended:	/ to /	/	Degree Earned:	Dates attended:	/	/ to /	Certificate Granted:

The following information and documentation must be received by the Board office prior to consideration of a **MODERATE SEDATION** permit:

- 1) Completed and signed application form;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) Certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older <u>and</u> proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older.

4) Valid certification in Advance Cardiac Life Support by the American Heart Association or the completion of a course approved by the Board that provides instruction on medical emergencies and airway management

I hereby make application for a <u>Moderate Sedation Permit</u> to administer moderate sedation to <u>patients 13 years of age or older</u> from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation <u>ONLY</u> to <u>patients 13 years</u> <u>of age or older</u> at the address listed above. If I wish to administer moderate sedation to <u>patients 13</u> <u>years of age or older</u> at another location, I understand that each site must be inspected and a "Moderate Sedation Site Permit" must be issued by the Board prior to administration of moderate sedation to <u>patients 13 years of age or older</u>. I understand that this permit, if issued, allows only <u>me</u> to administer moderate sedation to <u>patients 13 years of age or older</u>.

I also understand that this permit does **<u>NOT</u>** allow for the administration <u>of moderate sedation</u> to patients 12 years of age or younger or the administration of <u>deep sedation</u> or <u>general anesthesia</u> by me, a physician, nurse anesthetist, or any other person. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation.

I, hereby acknowledge the information contained on this application is true and correct and 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 _____

NOTE: In order to administer moderate sedation to patients 12 years of age or younger, you must meet the requirements set forth in NAC 631.2213 and submit an application for a "<u>Pediatric</u> <u>Moderate Sedation Admin Permit</u>"

APPLICATION FOR MODERATE SEDATION ADMINISTRATION

Pursuant to NAC 631.2213; Applicants must submit certification of completion of a course of study, subject to the approval of the Board, of not less than sixty (60) hours of course study dedicated exclusively to the administration of moderate sedation to patients 13 years of age or older <u>and</u> proof of successful management as the operator of moderate sedation to not less than twenty (20) patients who are 13 years of age or older

SUBMISSION OF NO LESS THAN 20 CASES OF MODERATE SEDATION ADMINISTRATION

CASE LOG COVERSHEET

(LIST IN CHRONOLOGICAL ORDER BY DATE AND LABEL ALL SUPPORTING CASE/CHART RECORDS BY PATIENT NAME OR NUMBER CORRESPONDING)

	DATE:	TIME:	PATIENT NAME/CASE	MEDICATION ADMINISTERED
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2				
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