



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 MODERATE SEDATION

(Administer to patients 13 years of age or older)

NAME OF OWNER/LICENSEE: _____ LICENSE NO: _____

SITE NAME/ LOCATION ADDRESS:

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

DO YOU HAVE A MODERATE SEDATION PERMIT? YES ____ NO ____

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

NAME OF PERSON(S) ADMINISTERING MODERATE SEDATION:

STATE OF _____

COUNTY OF _____

*I hereby acknowledge, I **must** only allow the administration of moderate sedation to patients who are 13 years of age or older unless the Board has issued a separate site permit for the administration of moderate sedation for patients 12 years or younger at this location.*

I must maintain at the above location at all times the required emergency drugs, equipment and records of patients pursuant to NAC 631.2227, NAC 631.2229 and NAC 631.2231.

I further acknowledge I will be present at the scheduled moderate sedation 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 the MODERATE SEDATION be present in my absence.

Notary Seal _____
Signature of OWNER/LICENSEE

Date

Signature of Notary

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