



# 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.