



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

FOR GENERAL DENTISTS

PEDIATRIC MODERATE SEDATION ADMIN PERMIT APPLICATION

(Administration of Moderate Sedation to patients 12 years of age or younger)

Office Site Permit <input type="checkbox"/>
<i>Check box if you are applying for a Site Permit for this same office location as well</i>

Name: _____ License Number: _____

Dental Practice Name _____

Office Address: _____

Office Telephone: _____ Office Fax: _____

DENTAL EDUCATION

University/
College: _____

Location: _____

Dates attended:	/ /	to	/ /	Degree Earned:	_____
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BOARD APPROVED PROGRAM

Provider/
Instructor: _____

Location: _____

Dates attended:	/ /	to	/ /	Certificate Granted:	_____
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The following information and documentation must be received by the Board office prior to consideration of a PEDIATRIC 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 12 years of age or younger, and the successful administration as the operator of moderate sedation of not less than twenty (25) patients who are 12 years of age or younger

- 4) *Valid certification in Pediatric Advance 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*
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I hereby make application for a Pediatric Moderate Sedation Permit to administer moderate sedation to patients 12 years of age or younger from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer moderate sedation **ONLY** to patients 12 years of age or younger at the address listed above. If I wish to administer moderate sedation to patients 12 years of age or younger at another location, I understand that each site must be inspected and issued a **"Pediatric Moderate Sedation Site Permit"** by the Board prior to the administration of moderate sedation to patients 12 years of age or younger. I understand that this permit, if issued, allows only me to administer moderate sedation to patients 12 years of age or younger.

I also understand that this permit does **NOT** allow for the administration of moderate sedation to patients 13 years of age or older or the administration of deep sedation or general anesthesia 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 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.

NOTE: *In order to administer moderate sedation to patients 13 years of age or older you must meet the requirements set forth in NAC 631.2213 and must apply for a "Moderate Sedation Admin Permit."*

Signature of Applicant: _____

Date: _____

****APPLICATION FOR PEDIATRIC MODERATE SEDATION ADMINISTRATION ****

Pursuant to NAC 631.2213 applicants **NOT** completing a program for specialty training (pursuant to NAC 631.190) are required to complete a course of study, subject to the approval of the Board, of not less than 60 hours of course study dedicated exclusively to the administration of moderate sedation to patients 12 years of age or younger and the successful administration as the operator of moderate sedation to not less than 25 patients who are 12 years of age or younger.

SUBMISSION OF NOT LESS THAN 25 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	
1					
2					
3					
4					
5					
6					
7					
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12					
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