



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 FOR PEDIATRIC MODERATE SEDATION

(Mark with an "X" the type of pediatric moderate sedation administrator permit)

The Administrator holds a Pediatric Moderate Sedation Permit for General Dentist: _____

The Administrator holds a Pediatric Moderate Sedation Permit for Pediatric Specialty: _____

NAME OF OWNER/LICENSEE: _____ LICENSE NO: _____

SITE NAME/ LOCATION ADDRESS:

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

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

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

NAME OF PERSON(S) ADMINISTERING PEDIATRIC MODERATE SEDATION:

STATE OF _____

COUNTY OF _____

*I hereby acknowledge, I **must** only allow the administration of pediatric moderate sedation to patients who are 12 years of age or younger unless the Board has issued this location a separate moderate sedation site permit for the administration of moderate sedation to patients 13 years of age or older or this site permit is issued to a Pediatric Specialty dentist who holds a Pediatric Specialty Moderate Sedation Permit.*

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 pediatric 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 PEDIATRIC MODERATE SEDATION 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.