



# Nevada State Board of Dental Examiners

2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046  
nsbde@dental.nv.gov

## APPLICATION FOR SITE PERMIT FOR PEDIATRIC MODERATE SEDATION

*(Mark an "X" on the type of pediatric moderate sedation the administrator permits holds)*

The administrator holds a Pediatric Moderate Sedation permit for General Anesthesia: \_\_\_\_\_

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 hold a Pediatric Moderate Sedation Administration Permit? YES \_\_\_\_\_ NO \_\_\_\_\_

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

*I hereby acknowledge, I must only allow 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 always maintain at the above location the require 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.*

*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 OWNER/LICENSEE**

\_\_\_\_\_  
**Date**

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

