



# Nevada State Board of Dental Examiners

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## GENERAL ANESTHESIA ADMIN PERMIT APPLICATION

Office Site Permit

Check box if you are applying for a Site Permit for this same office location as well

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Dental Practice Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

\_\_\_\_\_ Office Fax: \_\_\_\_\_

### DENTAL EDUCATION

University/  
College: \_\_\_\_\_

Location: \_\_\_\_\_

Dates attended:     /     /     Degree Earned:  
                          to     \_\_\_\_\_  
                          /     /

### SPECIALTY EDUCATION

University /  
College: \_\_\_\_\_

Location: \_\_\_\_\_

Dates attended:     /     /     Degree Earned:  
                          to     \_\_\_\_\_  
                          /     /

The following information and documentation must be received by the Board office prior to consideration of a **GENERAL ANESTHESIA** permit:

- 1) Completed and signed application form with all questions answered in full;
- 2) Non-refundable application fee in the amount of \$750.00;
- 3) The completion of a program, subject to the approval of the Board, of advanced training in anesthesiology and related academic subjects beyond the level of undergraduate dental school in training program as described in the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students or the completion of a graduate program in oral and maxillofacial surgery or dental anesthesiology approved by CODA
- 4) Valid copy of Advanced Cardiac Life Support or a course providing similar instruction that is approved by the Board

**QUESTION SECTION:**

**HAVE YOU:**

1) Completed one (1) year advanced training in Anesthesiology?  Yes  No

Where: \_\_\_\_\_ When: \_\_\_\_\_

2) Completed a residency program in General Anesthesia of not less than one (1) calendar year approved by the Board of Directors of the American Dental Society of Anesthesiology?

Yes  No

Where: \_\_\_\_\_ When: \_\_\_\_\_

3) Completed a graduate program in Oral and Maxillofacial Surgery approved by the Commission of Accreditation of the American Dental Association?  Yes  No

Where: \_\_\_\_\_ When: \_\_\_\_\_

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I hereby make application for a General Anesthesia Permit from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer to a patient of any age general anesthesia, deep sedation or moderate sedation ONLY at the address listed above. If I wish to administer general anesthesia, deep sedation or moderate sedation at another location, I understand that each site must be inspected and issued a general anesthesia site permit by the Board prior to administration of general anesthesia. I understand that this permit, if issued allows only me to administer general anesthesia, deep sedation or moderate sedation. I have read and am familiar with the provisions and requirements of NRS 631 and NAC 631 regarding the administration of general anesthesia.

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 Applicant** \_\_\_\_\_

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