



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 - GENERAL ANESTHESIA

NAME OF OWNER/LICENSEE: _____ LICENSE NO: _____

SITE NAME & LOCATION ADDRESS: _____

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

WILL **MODERATE SEDATION** BE ADMINISTERED TO PATIENTS 12 YEARS OF AGE OR YOUNGER AT THIS LOCATION? YES ____ NO ____

IF YES, NAME OF PERSON(S) ADMINISTERING MODERATE SEDATION:

WILL **GENERAL ANESTHESIA** BE ADMINISTERED TO PATIENTS 12 YEARS OF AGE OR YOUNGER AT THIS LOCATION? YES ____ NO ____

NAME OF PERSON(S) ADMINISTERING GENERAL ANESTHESIA:

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

I hereby acknowledge, that I am aware moderate sedation or general anesthesia may be administered at this location as long as the general anesthesia site maintains at all times the required emergency drugs and equipment to include the additional required emergency drugs and equipment for patients who are 12 years of age or younger and records of patients pursuant to NAC 631.2227, NAC 631.2229 and NAC 631.2231.

*I hereby acknowledge, I **must** confirm with the Board prior to the administration of moderate sedation at this location that the licensee administering moderate sedation holds a moderate sedation permit to administer moderate sedation to patients 13 years or older or a pediatric moderate sedation permit to administer moderate sedation to patients 12 years of age or younger.*

*I further acknowledge I will be present at the scheduled general anesthesia 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 either **MODERATE SEDATION** or **GENERAL ANESTHESIA** 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.