NEVADA STATE BOARD OF DENTAL EXAMINERS
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Henderson, Nevada 89014
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Phone(702) 486-7044 | (800) DDS-EXAM | Fax (702)486-7046

OFFICE USE ONLY	
Date Received:	
Payment Amount:	
Staff Initials:	

PEDIATRIC ANESTHESIA ADMININSTRATIVE PERMIT APPLICATION

(administration of Moderate Sedation to patients 21 years of age and younger & adults with special needs)

THE FOLLOWING INFORMATION AND DOCUMENTATION MUST BE RECEIVED BY THE BOARD OFFICE PRIOR TO CONSIDERATION OF A PERMIT. ALL APPLICATIONS MUST BE COMPLETED IN FULL AND SIGNED BY THE APPLICANT

A. CONTACT INFORMATION

First Name:	Middle Name:	Last Name:	License Number:

Pursuant to NAC 631.150, all licensees are required to keep the Board informed of their current address(es). Changes to any address must be reported to the Board office in writing via the Address Change Form (or updated online) within thirty (30) days of such change. All addresses are treated individually.

PROVIDE THE ADDRESS OF THE PRACTICE YOU ARE APPLYING FOR AN ANESTHESIA PERMIT BELOW. IF YOU ARE APPLYING FOR MORE THAN ONE (1) OFFICE, LIST OTHERS ON A SEPARATE SHEET

Name/Practice Name/DBA:	Office Address:

City:	State:	Zip Code:	Office Phone:	Office Fax:

OFFICE SITE PERMIT

Check this box if you are applying for a Site Permit for the same office location as listed above. (If your practice office is already site-permitted, DO NOT select this box)	☐

B. EDUCATION INFORMATION

1. Highest Degree Earned:	☐ Certificate ☐ Bachelors ☐ Doctoral (DDS)	☐ Associates ☐ Masters ☐ Doctoral (DMD)

2. Educational Institution Name:			
3. Institution City:	Institution State:	Did you Graduate?	Yes / No
4. *If Yes, Graduation Date:	**If No, Expected Graduation Date:		
5. Did you attend a Postdoctoral program in a specialty or advanced education in dentistry?		Yes*	No

*Specialty Education		
7. Educational Program Name:		
9. Institution City:	Institution State:	Did you Graduate? Yes No
10. *If Yes, Graduation Date:	Did you receive Specialty Certificate/Diploma? Yes No Certificate/Diploma: _____	

C. APPLICANT ATTESTATIONS	
1. **By selecting this box,** I attest that I have received and attached certification to this application proving I have completed no less than sixty (60) hours of course study of a specialty program accredited by the Commission of Dental Accreditation of the American Dental Association which includes education and training in the administration of moderate sedation to pediatric patients that is equivalent to the education as required per NRS 631 of not less than sixty (60) hours and I have submitted proof of the successful administration as the operator of moderate sedation to no less than twenty-five (25) pediatric patients.	☐
2. **By selecting this box,** I hereby attest that I have attached to this application a copy of 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.	☐

CONTINUE TO PAGE 3 AND COMPLETE THE MODERATE SEDATION ADMINISTRATION FORM. APPLICATIONS THAT DO NOT HAVE THE COMPLETED MODERATE SEDATION ADMINISTRATION FORM ARE NOT COMPLETE AND WILL NEED TO BE RESUBMITTED

D. MODERATE SEDATION - CASE LOG COVER SHEET

List cases 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	Office Use
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
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22.					
23.					
24.					
25.					

CONTINUE TO PAGE 4 TO SIGN AND ATTEST TO THE APPLICATION. APPLICATIONS THAT ARE NOT SIGNED ARE NOT COMPLETE AND WILL NEED TO BE RESUBMITTED.

E. FEES			
APPLICATION FEES ARE NON-REFUNDABLE. DENIAL OF AN APPLICATION IS NOT GROUNDS FOR A REFUND			
☐ Moderate Sedation	$750.00	☐ Site Permit	$500.00
OPTIONAL REQUEST FEES			
☐ Duplicate Anesthesia Permit	$25.00	Quantity: _____	
☐ Duplicate DH Local Anesthesia/N20 Permit	$25.00	Quantity: _____	
☐ Name Change	$25.00		

I hereby submit my application for a Pediatric Moderate Sedation Permit to administer Moderate Sedation to pediatric patients from the Nevada State Board of Dental Examiners. I understand that if this permit is issued, I am authorized to administer to a patient Moderate Sedation **ONLY** to pediatric patients at the address listed above. If I wish to administer moderate sedation to pediatric patients at another location, I understand that each site must be inspected and issued a "**Pediatric Moderate Sedation Site Permit"** and/or a **"Moderate Sedation Site Permit**" by the Board prior to the administration of moderate sedation to *pediatric patients*.

I understand that this permit does NOT allow for the administration of deep sedation or general anesthesia by me, a physician, a nurse anesthetist, or any other person. I have read and I am familiar with the provision and requirements of NRS 631 and NAC 631 regarding the administration of moderate sedation to pediatric patients.

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.

Licensee Signature: Date:

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