



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 MODERATE SEDATION

(Administer to patients 13 years of age or older)

NAME OF OWNER/LICENSEE: _____ LICENSE NO: _____

SITE NAME/ LOCATION ADDRESS:

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

DO YOU HAVE A MODERATE SEDATION ADMINISTERING PERMIT? YES _____ NO _____

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

NAME OF PERSON(S) ADMINISTERING MODERATE SEDATION:

*I hereby acknowledge, I **must** only allow the administration of moderate sedation to patients who are 13 years of age or older unless the Board has issued a separate site permit for the administration of moderate sedation for patients 12 years or younger at this location.*

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 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 MODERATE SEDATION to 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.