



# Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
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## APPLICATION FOR SITE PERMIT FOR PEDIATRIC MODERATE SEDATION

(Mark with an "X" the type of pediatric moderate sedation administrator permit)

The Administrator holds a Pediatric Moderate Sedation Permit for General Dentist: \_\_\_\_\_

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 HAVE A PEDIATRIC MODERATE SEDATION PERMIT? YES \_\_\_\_ NO \_\_\_\_

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

NAME OF PERSON(S) ADMINISTERING PEDIATRIC MODERATE SEDATION:  
\_\_\_\_\_

*I hereby acknowledge, I **must** only allow the 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 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 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.