



APPLICATION FOR

- **LEVEL 2: MODERATE ENTERAL SEDATION PERMIT**
- **LEVEL 3: MODERATE PARENTERAL SEDATION PERMIT**
- **LEVEL 4: DEEP SEDATION/GENERAL ANESTHESIA PERMIT**

TEXAS STATE BOARD OF DENTAL EXAMINERS
333 Guadalupe Street, Tower 3, Suite 800
Austin, Texas 78701-3942
Phone: (512) 463-6400
Fax: (512) 463-7452
licensinghelp@tsbde.texas.gov

GENERAL INFORMATION This application is for a permit to administer Level 2: Moderate Enteral Sedation or a Level 3: Moderate Parenteral Sedation and/or Level 4: Deep Sedation/General Anesthesia in the State of Texas.

Annual Renewal Requirements: Anesthesia permits are renewed annually at the time the license is renewed. The annual license renewal fee includes the fee for renewing an anesthesia permit.

Continuing Education Requirements: In conjunction with the annual renewal of a dental license, the following hours of CE must be completed every two years on the administration of or medical emergencies associated with the permitted level of sedation:

- Level 1 – Minimal Sedation: Six (6) hours
- Level 2 and Level 3 – Moderate Sedation: Eight (8) hours;
- Level 4 – Deep Sedation/General Anesthesia: Twelve (12) hours.

Self Query Reports: National Practitioner Data Bank (**NPDB**) All applicants are required to complete a self-query of the NPDB. The report results must remain in the original sealed envelope and be attached to your application to the TSBDE. NPDB self-query reports are valid for 60 days. *If you are applying for more than one level of sedation, in one mailing, you may submit one NPDB Self-Query Report which will apply towards all levels of sedation.* If you are applying for sedation privileges on separate dates you must submit a NPDB Self-Query report with each anesthesia permit application. You can contact the NPDB at, (800) 767-6732, or via the website at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.

American Association of Dental Boards (**AADB**) Clearinghouse Applicants are required to complete a self-query of the AADB Clearinghouse. The report results must remain in the original sealed envelope and be attached to your application to the TSBDE. *If you are applying for more than one level of sedation, in one mailing, you may submit one AADB Self-Query Report which will apply towards all levels of sedation.* If you are applying for sedation privileges on separate dates you must submit a AADB Self-Query report with each anesthesia permit application. The AADB self-query form can be downloaded from the AADB website at <https://www.dentalboards.org/ClearinghouseQueryForm.htm>. The AADB self-query form should be mailed to: American Association of Dental Boards, 211 East Chicago Avenue, Suite 760, Chicago, IL 60611. The AADB telephone number is (312) 440-7464.

LEVEL 2: MODERATE ENTERAL SEDATION PERMIT.

Definition: Drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. **A Level 2 permit is required for moderate sedation limited to enteral routes of administration.**

Education and Professional Requirements:

- A dentist applying for a Level 2 Moderate Sedation permit (limited to enteral route of administration) must satisfy at least one of the following educational/professional criteria:
 - ___ Completion of a comprehensive training program consistent with that described for moderate enteral sedation in the American Dental Association (ADA) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. **This includes a minimum of twenty-four (24) hours of instruction, plus management of at least ten (10) case experiences in enteral moderate sedation. These ten case experiences must include at least three live clinical dental experiences managed by participants in groups of no larger than five.** The remaining cases may include simulations and/or video presentations, but must include one experience in returning (rescuing) a patient from deep to moderate sedation.
 - ___ Completion of an advanced education program accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) that affords comprehensive and appropriate training necessary to administer and manage enteral moderate sedation, commensurate with the ADA's Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.
- A dentist applying for a permit to administer Level 2 Moderate Sedation must satisfy the following emergency management certification criteria:
 - ___ Licensees holding moderate sedation permits shall document current (as indicated by the provider), successful completion of Basic Life Support (BLS) for Healthcare Providers **AND**:
 - ___ Current (as indicated by the provider), successful completion of a Advanced Cardiac Life Support (ACLS) course **OR**,
 - ___ Current (as indicated by the provider), successful completion of a Pediatric Advanced Life Support (PALS) course **OR**,
 - ___ Completion of a Board approved two-day anesthesia emergency course.
 - ___ Licensees holding a Level 2 Moderate Sedation permit who provide anesthesia services to children (age twelve [12] years or younger) must document current, successful completion of a Pediatric Advanced Life Support (PALS) course.

Standard of Care Requirements: Reference TSBDE Rule 110.5(b).

Clinical Requirements: Reference TSBDE Rule 110.5(c).



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LEVEL 3: MODERATE PARENTERAL SEDATION PERMIT.

Definition: The administration of pharmacological agents intravenously, intraosseously, intramuscularly, subcutaneously, submucosally, intra-nasally, or transdermally producing a drug induced depression of consciousness during which patient respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. **A Level 3 permit is required for moderate sedation including parenteral routes of administration.**

Education and Professional Requirements: (Note: Do **NOT** submit patient records unless you **ARE** applying for **Portability** of Level 3 privileges)

- A dentist applying for a Level 3 Moderate Sedation permit (inclusive of parenteral routes of administration) must satisfy at least one of the following educational/professional criteria:

___ Completion of a comprehensive training program consistent with that described for parenteral moderate sedation in the American Dental Association (ADA) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. **This includes a minimum of sixty (60) hours of didactic training and instruction and satisfactory management of a minimum of twenty (20) dental patients, under supervision, using moderate parenteral sedation.**

___ Completion of an advanced education program accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) that affords comprehensive and appropriate training necessary to administer and manage parenteral moderate sedation, commensurate with the ADA's Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.

___ Completion of an internship or residency which included intravenous moderate sedation training equivalent to that defined in the Level 3 Moderate Parenteral Sedation Permit outlined above.

- A dentist applying for a permit to administer Level 3 Moderate Sedation must satisfy the following emergency management certification criteria:

___ Licensees holding moderate sedation permit shall document current (as indicated by the provider), successful completion of Basic Life Support (BLS) for Healthcare Providers **AND:**

___ Current (as indicated by the provider,) successful completion of a Advanced Cardiac Life Support (ACLS) course **OR,**

___ Current (as indicated by the provider,) successful completion of a Pediatric Advanced Life Support (PALS) course **OR,**

___ Completion of a Board approved two-day anesthesia emergency course.

___ Licensees holding a Level 3 Moderate Sedation permit who provide anesthesia services to children (age twelve [12] years or younger) must document current, successful completion of a Pediatric Advanced Life Support (PALS) course.

Standard of Care Requirements: Reference TSBDE Rule 110.5(b).

Clinical Requirements: Reference TSBDE Rule 110.5(c).

LEVEL 4: DEEP SEDATION/GENERAL ANESTHESIA SEDATION PERMIT.

Definition of Deep Sedation: A drug induced depression of consciousness during which patients cannot easily be aroused but respond purposefully following repeated or painful stimulation. **A level 4 permit is required for deep sedation of patients.**

Definition of General Anesthesia: A drug induced loss of consciousness during which patients are not arousable, even by painful stimulation. **A Level 4 permit is required for administration of general anesthesia.**

Education and Professional Requirements:

- A dentist applying for a permit to administer deep sedation or general anesthesia must satisfy one of the following criteria:

___ Completion of an advanced education program accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) that affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia, commensurate with the ADA's Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.

- A dentist applying for a permit to administer deep sedation or general anesthesia must satisfy the following emergency management certification criteria:

___ Licensees holding deep sedation or general anesthesia permits shall document current (as indicated by the provider,) successful completion of Basic Life Support (BLS) for Healthcare Providers; **AND**

___ Current (as indicated by the provider,) successful completion of a Advanced Cardiac Life Support (ACLS) course **OR**

___ Current (as indicated by the provider,) successful completion of a Pediatric Advanced Life Support (PALS) course, **OR**

___ Completion of a Board approved two-day anesthesia emergency course.

___ Licensees holding deep sedation or general anesthesia permits who provide anesthesia services to children (age twelve [12] or younger) must document current, successful completion of a Pediatric Advanced Life Support (PALS) course.

Standard of Care Requirements: Reference TSBDE Rule 110.6(b).

Clinical Requirements: Reference TSBDE Rule 110.6(c).



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Instructions: Make your check or money order payable to TSBDE. Processing may take up to three weeks. **All fields are required.** Submitting an incomplete application will further delay the process. The fee is the same, whether you are applying for one or more privileges.

PERMIT SELECTION (✓ Check all that apply) Attach a copy of the proof of course completion that specifies the number of didactic hours and clinical cases achieved during training. <input type="checkbox"/> Level 2 – Moderate Enteral Sedation <input type="checkbox"/> Level 3 – Moderate Parenteral Sedation <input type="checkbox"/> Level 4 – Deep Sedation/General Anesthesia	Staff Use	FEE \$60.00
	Nitrous Issue Date: _____	
	Level 1 Issue Date: _____	
	Level 2 Issue Date: _____	
	Level 3 Issue Date: _____	

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

TX Dental License #: _____ Daytime Telephone: _____ (Area Code) _____ Alternate Telephone: _____ (Area Code) _____

Primary Mailing Address: _____
 Street City State Zip

Dental School: _____ Degree: _____ Year of Graduation: _____

Post Graduate School: _____ Program: _____ Year of Completion: _____

Other: _____ Program: _____ Year of Completion: _____

E-Mail Address: _____

LIFE SUPPORT CERTIFICATIONS Attach a copy of CPR Card(s) to this application. Licensees holding deep sedation or general anesthesia permits who provide anesthesia services to children (age twelve [12] or younger) must document current, successful completion of a Pediatric Advanced Life Support (PALS) course.

BLS CPR Card Issued: _____ **ACLS** CPR Card Issued: _____ **PALS** CPR Card Issued: _____

BLS CPR Card Expires: _____ **ACLS** CPR Card Expires: _____ **PALS** CPR Card Expires: _____

DISCIPLINARY HISTORY AND LICENSE IN GOOD STANDING In accordance with SBDE Rule 110.2(b)(4) - An applicant for a sedation/anesthesia permit must be licensed by and should be in good standing with the Board. "Good Standing" means that the dentist's license is not suspended, whether or not the suspension is probated. Applications from licensees who are not in good standing may not be approved.

All "Yes" answers **MUST** be explained in detail in a separate **SIGNED** and **NOTARIZED** affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

1.	Have you been the subject of any disciplinary action and/or have a pending investigation from any licensing authority or jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Have you been arrested, charged, indicted, convicted, pled nolo contendere or received a court order for any criminal offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.	Have you had a Drug Enforcement Administration (DEA) registration denied, suspended, placed on probation or revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.	Have you relinquished an anesthesia permit in any jurisdiction or with any permitting authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.	Have you ever been the subject of a disciplinary investigation involving the administration of anesthesia/sedation in any jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

AFFIDAVIT OF APPLICANT APPLICATION

LEVEL 2: MODERATE ENTERAL SEDATION | LEVEL 3: PARENTERAL SEDATION

LEVEL 4: DEEP SEDATION/GENERAL ANESTHESIA PERMIT

I, the below named applicant, hereby declare under penalty of perjury that I am the person described and identified in this application and that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such an act shall constitute cause for denial, suspension, or revocation of my license or permit to provide Level 2: Moderate Enteral Sedation, Level 3: Moderate Parenteral Sedation, Level 4: Deep Sedation/General Anesthesia. I also declare that if I did not personally complete the foregoing application that I have fully read and confirmed that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

I understand that I have no legal authority to administer Level 2: Moderate Enteral Sedation, Level 3: Moderate Parenteral Sedation, or Level 4: Deep Sedation/General Anesthesia until a permit has been granted.

I certify that I am trained and capable of administering Basic Life Support and certify that I am trained and capable of administering Advanced Cardiac Life Support if I provide sedation exclusively for adult patients and certify that I am trained and capable of administering Pediatric Advanced Life Support if I provide sedation for children under twelve (12) years of age or younger.

I certify that I employ qualified auxiliary personnel that are trained in and are capable of monitoring vital signs, assisting in emergency procedures, and administering basic life support.

I understand that if a patient enters a deeper level of sedation than what I am qualified to provide, I must stop the dental procedure until the patient returns to the intended level of sedation. I understand that I am responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies and providing the equipment and protocols for patient rescue. I understand that I must be able to rescue patients who enter a deeper state of sedation than intended and must be prepared to treat emergencies that may arise.

I understand that if I perform a procedure for which Level 2: Moderate Enteral Sedation or Level 3: Moderate Parenteral Sedation is being employed I shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of at least one additional person trained in Basic Life Support for Healthcare Providers.

I understand that if I perform a procedure for which a Level 4: Deep Sedation/General Anesthesia is being employed that I shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of two additional individuals who have current certification in Basic Life Support for Healthcare Providers.

I am aware that pursuant to Title 22, Chapter 108, of the Texas Administrative Code, I must report a patient death and patient hospitalizations which may have occurred as a result of receiving dental services.

I hereby authorize the release of any and all information and records the Board shall deem pertinent to the evaluation of this application, and shall supply to the Board such records and information as requested for evaluation of my qualifications for a permit to administer moderate sedation in the State of Texas.

I understand that based on evaluation of credentials, facilities, equipment, personnel, and procedures, the Board may place restrictions on the permit.

I further state that I have read the rules related to the use of anesthesia and sedation, as described in Title 22, Chapter 110, of the Texas Administration Code. I hereby agree to abide by the laws and rules pertaining to the practice of dentistry and anesthesia and sedation in the State of Texas.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC	Signature of Applicant: _____
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SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____, 2016

NOTARY PUBLIC SIGNATURE: _____

(NOTARY SEAL) **(TYPED OR PRINTED):** _____

MY COMMISSION EXPIRES: _____