



# APPLICATION FOR NITROUS OXIDE PERMIT LEVEL 1: MINIMAL SEDATION 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 Nitrous Oxide or administer Minimal Sedation – Level 1 in the State of Texas

When completing this application, please be advised of the following: Dentists licensed in the State of Texas shall obtain an anesthesia permit for the following anesthesia procedures used for the purpose of performing dentistry:

- (1) Nitrous Oxide/Oxygen Inhalation Sedation;
- (2) Level 1: Minimal Sedation;
- (3) Level 2: Moderate Sedation limited to enteral routes of administration;
- (4) Level 3: Moderate Sedation which includes parenteral routes of administration; or
- (5) Level 4: Deep Sedation or General Anesthesia.

**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.

## **NITROUS OXIDE/OXYGEN INHALATION SEDATION PERMIT.**

**Education and Professional Requirements:** A dentist applying for a Nitrous Oxide/Oxygen Inhalation Sedation Permit shall meet **ONE** of the following educational/professional requirements listed below and submit proof of course completion:

- \_\_\_ Completion of a comprehensive training program consistent with that described for nitrous oxide/oxygen inhalation sedation administration in the American Dental Association (ADA) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. **This includes a minimum of fourteen (14) hours of training, including a clinical component, during which competency in inhalation sedation technique is achieved.** Acceptable courses include those obtained from academic programs of instruction recognized by the American Dental Association (ADA) Commission on Dental Accreditation (CODA); OR courses approved and recognized by the American Dental Association (ADA) Continuing Education Recognition Program (CERP); OR courses approved and recognized by the Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE).
- \_\_\_ Completion of an American Dental Association (ADA) Commission on Dental Accreditation (CODA) approved or recognized pre-doctoral dental or post-doctoral dental training program which affords comprehensive training necessary to administer and manage nitrous oxide/oxygen inhalation sedation.

**Standard of Care Requirements:** See SBDE Rule 110.3(b) available at [www.tsbde.texas.gov.us](http://www.tsbde.texas.gov.us)

**Clinical Requirements:** See SBDE Rule 110.3(c) available at [www.tsbde.texas.gov.us](http://www.tsbde.texas.gov.us)

## **LEVEL 1: MINIMAL SEDATION PERMIT.**

**Definition:** A minimally depressed level of consciousness produced by a pharmacological method, which retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. **Nitrous Oxide may be used in combination with a single enteral drug in minimal sedation.**

**Education and Professional Requirements:** A dentist applying for a Minimal Sedation: Level 1 permit shall meet **ONE** of the following educational/professional criteria and submit proof of course completion:

- \_\_\_ Completion of training to the level of competency in minimal sedation consistent with that prescribed in the American Dental Association (ADA) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, or a comprehensive training program in minimal sedation that satisfies the requirements described in the American Dental Association (ADA) Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. **This includes a minimum of sixteen (16) hours of didactic training and instruction in which competency in enteral and/or combined inhalation-enteral minimal sedation technique is demonstrated.**
- \_\_\_ Completion of an advanced education program accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) that affords comprehensive training necessary to administer and manage minimal sedation, commensurate with the ADA's Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.

**Standard of Care Requirements:** See Rule 110.4(b) available at [www.tsbde.texas.gov.us](http://www.tsbde.texas.gov.us)

**Clinical Requirements:** See Rule 110.4(c) available at [www.tsbde.texas.gov.us](http://www.tsbde.texas.gov.us)



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

<p><b>PERMIT SELECTION</b> ( ✓ Check one or both)</p> <p><input type="checkbox"/> <b>Nitrous Oxide Permit:</b> Attach the proof of course completion for a Nitrous Oxide permit.</p> <p><input type="checkbox"/> <b>Minimal Sedation - Level 1 Permit:</b> If applicable, provide the date of TSBDE Nitrous Oxide permit issued: _____ <b>AND</b> attach the proof of course completion that specifies the number of didactic hours and clinical cases achieved during training for a Level 1: Minimal Sedation Permit.</p>	<p><b>FEE</b></p> <p><b>\$32.00</b></p>
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**APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_

Business Address: \_\_\_\_\_  
 Street City State Zip

Daytime Telephone: \_\_\_\_\_ (Area Code) E-Mail Address: \_\_\_\_\_ TX Dental License #: \_\_\_\_\_

Dental School: \_\_\_\_\_ Degree: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Post Graduate School: \_\_\_\_\_ Program: \_\_\_\_\_ Year of Completion: \_\_\_\_\_

**LIFE SUPPORT CERTIFICATIONS** Attach a copy of Card to this Application. **Requirement** – To hold a Nitrous Oxide Permit or Minimal Sedation – Level 1 Permit a dentist must hold a Basic Life Support (BLS) Certification.

Date CPR Card Issued: \_\_\_\_\_ Date 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

### NITROUS OXIDE PERMIT | LEVEL 1: MINIMAL SEDATION 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 Nitrous Oxide or Level 1: Minimal Sedation. 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 Nitrous Oxide or Level 1: Minimal Sedation, until a permit has been granted.

I certify that I am trained and capable of administering Basic Life Support and that I employ qualified auxiliary personnel to assist in monitoring a patient under Nitrous Oxide. Such personnel are trained in and capable of monitoring vital signs, assisting in emergency procedures, and administering basic life support. I understand that a dentist performing a procedure for which Nitrous Oxide or Level 1 Minimal Sedation is being employed shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of at least one qualified auxiliary personnel.

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 related to the administration of Nitrous Oxide or Level 1: Minimal Sedation 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 from the administration of Nitrous Oxide/Oxygen Inhalation Sedation and Level 1: Minimal Sedation.

I am aware that pursuant to Title 22, Chapter 108, of the Texas Administrative Code, I must report any adverse occurrences related to the use of sedation.

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 of 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.

<b>MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC</b>	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: \_\_\_\_\_