



TEXAS STATE BOARD OF DENTAL EXAMINERS
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Application for Portability for Level 3 or Level 4 Anesthesia Privileges

FEE \$120 NON-REFUNDABLE

INSTRUCTIONS

Review the following rules of the Texas State Board of Dental Examiners (TSBDE) before submitting your application to the TSBDE: Rule 108.7 – Minimum Standard of Care, General; Rule 108.8 – Records of the Dentist and Chapter 110 – Sedation and Anesthesia

DATE: _____ TEXAS LICENSE NUMBER: _____

FIRST NAME	MIDDLE NAME	LAST NAME
PRIMARY MAILING ADDRESS	CITY	STATE ZIP CODE TELEPHONE ()
E-MAIL ADDRESS		

ALL REQUIRED DOCUMENTATION, ALONG WITH THE NON-REFUNDABLE FEE, MUST BE SUBMITTED TO THE TSBDE BEFORE AN APPLICATION WILL BE REVIEWED.

Texas State Board of Dental Examiners Rule 110.7 – Portability

- (a) A sedation/anesthesia permit is valid for the dentist's facility, if any, as well as any satellite facility.
- (b) A Texas licensed dentist who holds the TSBDE-issued privilege of portability on or before June 1, 2011 will automatically continue to hold that privilege provided the dentist complies with the renewal requirements of this section.
- (c) Portability of a sedation/anesthesia permit will be granted to a dentist who, after June 1, 2011, applies for portability, if the dentist:
 - (1) Holds a Level 4 - Deep Sedation / General Anesthesia permit;
 - (2) Holds a Level 3 - Moderate Parenteral Sedation permit and the permit was granted based on education received in conjunction with the completion of a oral and maxillofacial specialty education program or a dental anesthesia program; or
 - (3) Holds a Level 3 - Moderate Parenteral Sedation permit and if:
 - (A) the training for the permit was obtained on the basis of completion of any of the following American Dental Association (ADA) Commission on Dental Accreditation (CODA) recognized or approved programs:
 - (i) a specialty program;
 - (ii) a general practice residency;
 - (iii) an advanced education in general dentistry program; or
 - (iv) a continuing education program. Dentists seeking a portability privilege designation based on this method of education shall also successfully complete no less than sixty (60) hours of didactic instruction and manage no less than twenty (20) dental patients by the intravenous route of administration; and
 - (B) the applicant provides proof of administration of no less than thirty (30) cases of personal administration of Level 3 – Moderate Parenteral Sedation on patients in a primary or satellite practice location within the six (6) month period preceding the application for portability, but following the issuance of the sedation permit. Acceptable documentation shall include, but not be limited to, patient records demonstrating the applicant's anesthetic technique, as well as provision of services by the applicant within the minimum standard of care.
- (d) A dentist providing anesthesia services utilizing a portability permit remains responsible for providing these services in strict compliance with all applicable laws and rules. The dentist shall ascertain that the location is supplied, equipped, staffed, and maintained in a condition to support provision of anesthesia services that meet the standard of care.
- (e) Any applicant whose request for portability status is not granted on the basis of the application will be provided an opportunity for hearing pursuant to Texas Government Code, Chapter 2001 et seq.

Applicant Name _____ Texas License # _____

Verify by initials that you are in compliance with each of the sections below. If you respond 'no' to any section, attach a letter of explanation.

SECTION 1 - FACILITIES AND EQUIPMENT REQUIREMENTS _____ Yes _____ No

1. An operating theater large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team to freely move about the patient.
2. An operating table or chair that permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.
3. A lighting system that is adequate to permit evaluation of the patients skin and mucosal color and a backup lighting system which is battery powered and of sufficient intensity to permit completion of an operation underway at the time.
4. Suction equipment, which permits aspiration of the oral and pharyngeal cavities, and a backup suction device that can operate at the time of general power failure.
5. Back-up monitors in the event of power failure.
6. An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of allowing the administering of greater than 90% oxygen at a 10 liter/minute flow at least 60 minutes to the patient under positive pressure, together with adequate backup system that can operate at the time of general power failure
7. A recovery area that has available oxygen, adequate lighting, suction, and appropriate monitors.
8. Ancillary equipment listed below:
 - a. Emergency airway equipment.
 - b. Tonsillar or pharyngeal type section tips.
 - c. Pulse oximeter.
 - d. Sphygomomanometer and stethoscope.
 - e. Precardial/pretracheal stethoscope.
 - f. Defibrillator.
 - g. EKG Monitor.
 - h. Adequate equipment for the establishment of an intravenous infusion.

SECTION 2 - RECORDS* _____ Yes _____ No

Age, sex, weight, physical status, medicine use, medical conditions, and visual exam of the airway should be included.

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|---|--|
| a. A time oriented record with pulse oximetry. | f. Amounts and times of drugs administered. |
| b. Title (name) and length of procedure. | g. Documentation of blood pressure, heart rate, and respiration rate during procedure. |
| c. Complications of sedation. | h. Documentation that patient met discharge criteria. |
| d. Name of operative dentist. | |
| e. Signed and dated informed consent for sedation/anesthesia. | |

SECTION 3 - DRUGS _____ Yes _____ No

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|----------------------------------|----------------------|--|
| 1. Epinephrine. | 5. Anticholinergic. | 9. Oxygen. |
| 2. Bronchodilator. | 6. Anticonvulsant. | 10. Coronary artery vasodilator. |
| 3. Appropriate drug antagonists. | 7. Antihypoglycemic. | 11. Vasocompressor (other than epinephrine). |
| 4. Antihistaminic. | 8. Atropine. | |

SECTION 4 - EMERGENCIES _____ Yes _____ No

Verify you have the equipment and ability to manage the medical events listed below.

- | | | | |
|---------------------------|---------------------------|--------------------|-----------------------------|
| 1. Airway obstruction. | 4. Angina pectoris. | 7. Hypertension. | 10. Hypoglycemic. |
| 2. Bronchospasm. | 5. Myocardial infarction. | 8. Cardiac Arrest. | 11. Syncope. |
| 3. Emesis and aspiration. | 6. Hypotention. | 9. Convulsion. | 12. Respiratory depression. |
| | | | 13. Allergic Reaction. |

SECTION 5 - STAFF _____ Yes _____ No

I will ensure auxiliary personnel are trained in and are capable of monitoring vital signs, assisting in emergency procedures and administering basic life support.

REQUIRED DOCUMENTATION:

Review your application for thoroughness and accuracy. Include check or money order for the application fee and documents listed below, as applicable to your application:

• **Applicants for Portability of a Level 3 – Moderate Parenteral Sedation must attach:**

- _____ A letter signed by a program director or a program completion certificate used to qualify for your Level 3 – Moderate Parenteral Sedation Permit.
- _____ Proof of administration of no less than thirty (30) cases of personal administration of Level 3 – Moderate Parenteral Sedation on patients in a primary or satellite practice location within the six (6) month period preceding the application for portability, but following the issuance of the sedation permit. Acceptable documentation shall include, but not be limited to, patient records demonstrating the applicant's anesthetic technique, as well as provision of services by the applicant within the minimum standard of care. Refer to Section 2 for required components. (Dental records submitted to the TSBDE must be copied on one side of a piece of paper).
- _____ Copies of any documentation you provide to the patient (pre- and post-op instructions, emergency contact information, etc.)
- _____ A copy of your Basic Life Support CPR Card and ACLS or PALS Certification Card(s).

• **Applicants for Portability of a Level 4 – Deep Sedation or General Anesthesia Permit must attach:**

- _____ A letter issued by a program director or a program completion certificate used to qualify for your Level 4 – Deep Sedation or General Anesthesia Permit.
- _____ A copy of your Basic Life Support CPR Card and ACLS or PALS Certification Card(s).

Under the penalty of perjury in the State of Texas, I hereby attest by my signature below that I have read and understand the regulations regarding portability of anesthesia privilege in Texas. Falsification or misrepresentation of any items or responses on this application is sufficient basis for denying or revoking this privilege.

Signature of Applicant

Date

Printed Name of Applicant

Date

Texas Dental License # _____