BOARD OFFICE USE ONLY
FEE_____
CERTIFICATE # _____

APPLICATION FOR
CLASS 2 DENTAL ANESTHESIA PERMIT
WEST VIRGINIA BOARD OF DENTISTRY
1319 Robert C. Byrd Drive
PO Box 1447
Crab Orchard, WV 25827

I hereby make application for a certificate to employ or use procedures to induce anxiolysis/minimal sedation in the practice of dentistry in the State of West Virginia and submit the following information. (IN THE EVENT THERE IS NOT SUFFICIENT SPACE TO REPLY, SHOW ANSWER ATTACHED AND ON ATTACHMENT SHEET, PLACE QUESTION NUMBER BEFORE ANSWER.) ***(PLEASE TYPE OR PRINT LEGIBLY.)***

1. Name in Full_____
LAST FIRST MIDDLE DEGREE

2. Office Address_____
NUMBER AND STREET SUITE NUMBER

_____
CITY STATE ZIP CODE

Telephone # _____

Secondary Office(s), Address(es) & Phone Numbers

_____

_____

_____

3. West Virginia Dental License # _____ Issued _____

West Virginia Specialty License # _____ Issued _____
(If Applicable)

Specialty Type _____

4. *Social Security Number _____
Date of Birth_____

*The Social Security Number is not subject to disclosure as public information. The disclosure of the SSN for identification purposes is authorized and mandated by federal statutes requiring state dental boards to report to the Healthcare Integrity and Protection Data Bank and the National Practitioner Data Bank.

QUALIFICATIONS

5. I hereby qualify for a class 2 certificate to induce anxiolysis/minimal sedation under one of the following:

_____ (a) Completion of a board approved course of at least six hours didactic and clinical of either predoctoral dental school or postgraduate instruction.

6. UNDERGRADUATE EDUCATION

College _____ Location_____
Dates Attended _____ to _____ Degree Earned_____

7. DENTAL EDUCATION

University_____ Location_____
Dates Attended _____ to _____ Degree Earned_____

8. SPECIALTY EDUCATION

Hospital or University_____
Location_____
Dates Attended _____ to _____
Degree or Certificate earned_____

Hospital or University_____
Location_____
Dates Attended _____ to _____
Degree or Certificate earned_____

9. Are you currently certified in Health Care Provider Basic Life Support/CPR?
_____ yes _____ no (If yes, attach copy of certificate.)

10. Are your auxiliary personnel certified in Basic Life Support/CPR?
_____ yes _____ no (If yes, attach copy of certificate.)

11. Does your auxiliary personnel possess a qualified monitor certificate issued by the Board to monitor and record the condition of patients undergoing anesthesia services? _____ yes _____ no

The Board's completed qualified monitor checklist is attached.
_____ yes _____ no

12. I further certify that I have a properly equipped facility for the administration of anxiolysis/minimal sedation and it is staffed with a supervised team of auxiliary personnel and qualified monitors.
_____ yes _____ no

The Board's completed facility checklist is attached. _____ yes _____ no

13. List all instances of the following in connection with your use of anxiolysis/minimal sedation, including a detailed explanation of any such occurrence.

(a) Mortality (b) Morbidity

I hereby certify that I am the person who executed this application for a certificate to employ or use procedures to induce anxiolysis/minimal sedation in the practice of Dentistry in the State of West Virginia in conformance with Chapter 30, Article 4A of the West Virginia Code and the information supplied on this application is true and correct to the best of my knowledge.

_____
Signature of Applicant

State of _____

County of_____

Subscribed and sworn to before me this _____ day of _____, 20__.

_____
Notary Public

My Commission expires_____ SEAL

Please make check or money order payable to the West Virginia Board of Dentistry in the amount of $50.00 for the application fee, no part of which is refundable, and mail to the West Virginia Board of Dentistry, PO Box 1447, Crab Orchard, WV 25827.

FACILITY CHECK LIST

A dentist who induces anxiolysis/minimal sedation shall have the following facilities, properly maintained equipment and appropriate drugs available during the procedures and during recovery as recommended by the Board in its Anesthesia Emergency Drug & Equipment Requirements (list attached to this application) and those listed as follows:

_____ An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

_____ An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

_____ A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

_____ Suction equipment which permits aspiration of the oral and pharyngeal cavities;

_____ An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

_____ A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

_____ A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

_____ Sphygmomanometer, stethoscope and pulse oximeter;

_____ Emergency drugs; and

_____ A defibrillator device.

_____
Signature of Applicant

QUALIFIED MONITOR CHECKLIST

The dentist shall monitor and record the patient's condition or shall use an assistant qualified as a monitor to monitor and record the patient's condition. A qualified monitor may not perform the functions and responsibilities specified by law without certification by the Board of Dentistry. Qualified monitors are required to renew annually by June 30. A qualified monitor shall be present to monitor the patient at all times.

_____ The trained personnel must have a certificate showing successful completion in the last two years of BLS/CPR training. (Attach a copy for our records)

_____ Trained personnel must be able to monitor the patient's blood pressure, heart rate, respirations and oxygen saturation.

_____ Trained personnel must be able to properly document the patient's vital signs.

_____
Signature of Applicant

CLASS 2 CERTIFICATE HOLDER EQUIPMENT FORM

NAME_____

ADDRESS_____

_____

PERMIT #_____

NITROUS OXIDE MANIFOLD

MANUFACTURER'S NAME_____

DATE MANUFACTURED_____

SERIAL NUMBER_____

MODEL NUMBER_____

IS THIS A FAIL SAFE MACHINE? ○ YES ○ NO

PULSE OXIMETER

MANUFACTURER'S NAME_____

DATE MANUFACTURED_____

SERIAL NUMBER_____

MODEL NUMBER_____

Equipment form requires explanation of any morbidity or mortality associated with the use of nitrous oxide. If either of the above has occurred since your last licensure renewal, include on a separate sheet an explanation of the event, what actions were taken, and the outcome.

_____ I have not had any of the above occur since my last audit or renewal.
(Initial)

To the best of my ability the information contained on this form is true and accurate. I understand disciplinary actions may be taken for false statements.

_____ _____
Certificate Holder's Signature Date

COPY THIS FORM FOR MULTIPLE MACHINES - PLEASE SIGN EACH FORM

QUALIFIED MONITOR (QM) REPORTING FORM (Class 2)

Please list the name of each qualified monitor and list their qualifications in the spaces provided. Examples are provided at the bottom of the sheet.

QM Name	Qualified Monitor # Issued by the Board	Nitrous Monitoring Cert. Issued by the Board	Healthcare Provider CPR

DOCUMENTATION IS NOT NECESSARY WITH THIS FORM

Example

QM Name	QM #	Nitrous Monitoring Cert. Issued by the Board	Healthcare Provider CPR
Rita Smith	#0191	Yes	Yes
Donna Jones	#0200	Yes	Yes

Anesthesia Emergency Drug & Equipment Requirements

Class 2 Anesthesia Permit

Oxygen
Aspirin 325mgs chewable
Diphenhydramine 50mg/ml
Albuterol Inhaler
Ammonia Capsule
Epi-pen(Auto-injector) Adult and child
Nitroglycerine tablets /spray
Insta-glucose
Diazepam 5mg/ml vial
Flumazenil
Naloxone **Note patients who take narcotics are subject to a deeper level of sedation.
AED
CPR Breathing Mask
Blood Pressure Cuff
Stethoscope
Thermometer
Pulse Oximeter
Glucometer