

BOARD OFFICE USE ONLY  
FEE \_\_\_\_\_  
PERMIT # \_\_\_\_\_  
EVALUATION DATE \_\_\_\_\_

*APPLICATION FOR  
CLASS 4 DENTAL ANESTHESIA PERMIT  
WEST VIRGINIA BOARD OF DENTAL EXAMINERS  
1319 Robert C. Byrd Drive  
PO Box 1447  
Crab Orchard, WV 25827*

I hereby make application for a permit to employ or use general anesthesia/deep conscious sedation, conscious sedation and anxiolysis 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 \_\_\_\_\_  
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 4 general anesthesia/deep conscious sedation, conscious sedation/moderate sedation and anxiolysis/minimal sedation permit under one of the following:

**(VERIFICATION SHALL BE SENT TO THE WEST VIRGINIA BOARD OF DENTAL EXAMINERS AT THE ADDRESS AT THE TOP OF THIS APPLICATION BY THE ENTITY VERIFYING THE INFORMATION BEARING THE SIGNATURE OF A PROGRAM OFFICIAL.)**

- \_\_\_\_\_ (a) Certificate of completion of a comprehensive training program in conscious sedation that satisfies the requirements described in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students and the ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists at the time training was commenced.
  
- \_\_\_\_\_ (b) Completion of an ADA or AMA accredited postdoctoral training program which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate the guidelines in paragraph 5(a).
  
- \_\_\_\_\_ (c) In lieu of these requirements, the Board may accept documented evidence of equivalent training or experience in general anesthesia/deep conscious sedation.

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 Advanced Cardiac Life Support?  
\_\_\_\_\_ 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 general anesthesia/deep conscious sedation, conscious sedation and anxiolysis 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 general anesthesia/deep conscious sedation, conscious sedation and anxiolysis, 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 permit to employ or use general anesthesia/deep conscious sedation, conscious sedation/moderate sedation and 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 \$900.00 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 general anesthesia/deep conscious sedation shall have the following facilities, properly maintained age appropriate equipment and age appropriate medications 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 three 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 and a backup suction device which will function in the event of a general power failure;
  
- \_\_\_\_\_ 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, pulse oximeter, electrocardiograph monitor, defibrillator or automated external defibrillator, laryngoscope with endotracheal tubes, oral and nasopharyngeal airways, intravenous fluid administration equipment;
  
- \_\_\_\_\_ Precordial Stethoscope;
  
- \_\_\_\_\_ Capnography/end-tidal CO<sub>2</sub>;
  
  
- \_\_\_\_\_ Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants; and
  
- \_\_\_\_\_ A defibrillator device.

\_\_\_\_\_  
Signature of Applicant

## QUALIFIED MONITOR CHECKLIST

A dentist who induces general anesthesia/deep conscious sedation shall ensure that the patient's condition is monitored and recorded on a contemporaneous record. The dentist shall use a qualified monitor to monitor and record the patient's condition on a contemporaneous record and a chair side dental assistant. 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. No permit holder may have more than one patient under general anesthesia at the same time.

- \_\_\_\_\_ The trained personnel must have a certificate showing successful completion in the last two years of BLS/CPR training and the American Association of Oral and Maxillofacial Surgeons Office Anesthesia Assistant certification or an equivalent. (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

## QUALIFIED MONITOR (QM) REPORTING FORM

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	AAOMS Certification	AAOMS Equivalent	Nitrous Monitoring Cert.	Healthcare Provider CPR

**DOCUMENTATION IS NOT NECESSARY WITH THIS FORM**

### Example

QM Name	Qualified Monitor # Issued by the Board	AAOMS Certification	AAOMS Equivalent	Nitrous Monitoring Cert.	Healthcare Provider CPR
Rita Smith	QM0010		LPN	Yes	Yes
Donna Jones	QM0101	Yes		Yes	Yes
Susie Williams	QM0200		ACLS	Yes	Yes

## Anesthesia Emergency Drug & Equipment Requirements

### **Class 3A and B and Class 4**

Oxygen portable  
Aspirin 325mg chewable  
Diphehydramine 50mgs/ml vial  
Albuterol Inhaler  
Ammonia Capsule  
Epi-pen auto injector (adult and child)  
Morphine  
Nitroglycerine tablets or spray  
Insta-glucose  
Flumazenil  
Naloxone  
Epi ampoules 1:10,000 and 1:1,000  
Atropine  
D50  
Midazolam  
Diazepam  
Adenosine  
Amiodarone  
Succinylcholine  
Ephedrine  
Labatelol  
Solu-cortef  
Odensatron(Zofran)

### **Class 3A and B and Class 4**

AED  
Blood Pressure Monitor  
Pulse Oximeter  
EKG Monitor  
Pre-Cordial Stethoscope  
CO2 Monitor  
Thermometer  
Glucometer