



Oregon

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Board of Dentistry
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EDUCATIONAL REQUIREMENTS FOR NITROUS OXIDE, MINIMAL SEDATION, MODERATE SEDATION & GENERAL ANESTHESIA PERMITS

No dentist or dental hygienist will be granted a permit to administer sedation or general anesthesia **without documentation** of current training/education and/or competency in the permit category for which the applicant is applying.

The applicant may demonstrate current training/education or competency by any one of the following:

1. Initial training/education was completed within the **immediate two (2) years prior** to applying for a sedation or general anesthesia permit.
 - Provide documentation of training/education or competency in the permit category applying.

Initial training/education was completed within **the immediate five (5) years prior** to

2. applying for a sedation or general anesthesia permit.
 - Provide documentation of all continuing education that would have been required for the anesthesia/permit category during the five year period following initial training.
 - Nitrous Oxide 10 hours – OAR 818-026-0040(9)
 - Minimal Sedation 10 hours – OAR 818-026-0050(9)
 - Moderate Sedation 35 hours – OAR 818-026-0060(12)
 - General Anesthesia 35 hours – OAR 818-026-0070(12)

or

- Provide documentation of completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50) % of the hours required by rule for a Nitrous Oxide (7 hours), Minimal Sedation (8 hours), Enteral Moderate Sedation (12 hours), and Parenteral Moderate Sedation (30 hours) Permits. General Anesthesia Permits will require at least 120 hours of general anesthesia training.
3. Initial training/education that was completed **greater than five (5) years immediately prior** to applying for a sedation or general anesthesia permit.
 - Provide documentation from another state that the applicant is licensed in that state and that the applicant holds the level of permit being applied for in Oregon and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application.

or

- Demonstration of competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

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OREGON BOARD OF DENTISTRY
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(971) 673-3200



APPLICATION FORM
NITROUS OXIDE PERMIT
FEE \$40.00

Name _____ License No. _____
Mailing Address _____ Business Phone _____
Business Address _____
City _____ State _____ Zip _____

I. TRAINING

1) Describe and **provide evidence of your formal training in nitrous oxide** (use additional sheets if necessary) and **submit a copy of your current Health Care Provider BLS/CPR level, or its equivalent, certification.**

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

2) Describe the formal education and in-office training your anesthesia assistant(s) has/have:

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

3) Provide copies of your anesthesia assistant's (s') valid and current Health Care Provider BLS/CPR level, or its equivalent, course completion documentation.

4) Briefly describe your minimum training standards for personnel who assist you with anesthesia.

II. PRE-OPERATIVE

1) Briefly describe your pre-operative evaluation procedures, including your minimum health standards for nitrous oxide administration, and how you document your pre-operative evaluation.

2) What pre-induction instructions do you give patients? Do you have an instruction sheet which you give the patient? (Attach a copy.)

3) Attach a copy of your informed consent form.

4) Attach a copy of your health history form.

III. OPERATIVE

Describe your nitrous oxide administration procedures, listing dosages used, and documentation of monitoring.

IV. POST-OPERATIVE

Describe your standards for discharge.

V. EMERGENCY

1) Describe your emergency protocol (i.e., time line or allegorhythm) and explain what responsibilities your staff members have.

2) Do you have regularly scheduled emergency drills? _____yes _____no If yes, how often? _____
Date of most recent drill _____ .

3) Describe your emergency kit. What does it contain? What criterion do you have for its use? Please describe your method of keeping its contents current.

I certify that the above statements are true and pursuant to OAR 818-026-0110, I acknowledge that by applying for a permit, I consent to the conduct of office evaluations.

Signature _____ Date _____

NOTE: Under ORS 679.170(5), willfully making a material false statement on this application is grounds for discipline.