

OREGON BOARD OF DENTISTRY  
 UNIT 23  
 PO BOX 4395  
 PORTLAND, OREGON 97208-4395  
 (971) 673-3200



APPLICATION FORM  
 CLASS 2 (CONSCIOUS SEDATION) PERMIT  
 Permit fee \$75.00

Please check the appropriate box:

- Parenteral Administration Only     Enteral Administration Only     Both Parenteral and Enteral Administration

Please complete on a typewriter or in dark ink. Print legibly.

Name \_\_\_\_\_ License No. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I. TRAINING

1) Describe and **provide evidence of your formal training in the use of Enteral and/or Parenteral sedation** (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 certificate.

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 sedation cases, and how you document your pre-operative evaluation (i.e., baseline vital signs, ASA classifications).

2) What pre-anesthesia 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 sedation procedures, listing drugs and dosages used, average or typical duration, monitoring techniques (i.e., BP, pulse oximeter), maintenance techniques (i.e., supplemental oxygen), personnel utilized, equipment utilized, and types of procedures performed.

### IV. POST-OPERATIVE

1) Describe your post anesthetic recovery care and monitoring including an explanation of your standards for discharge and what follow-up, if any, is made.

2) Attach a copy of the post-operative instructions that you give a patient or a person caring for the patient.

### V. EMERGENCY

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

2) Briefly describe your training that relates to the handling of anesthesia related emergencies.

3) Do you have regularly scheduled emergency drills? \_\_\_\_yes \_\_\_\_no If yes, how often? \_\_\_\_\_  
Date of most recent drill \_\_\_\_\_ .

4) 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.