



Oregon

Theodore R. Kulongoski, Governor

Board of Dentistry
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EDUCATIONAL REQUIREMENTS FOR CLASS 1, CLASS 2, CLASS 3 AND CLASS 4 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.
2. Initial training/education was completed within **the immediate five (5) years prior** to 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.
 - Class 1 (Nitrous Oxide) 10 hours – OAR 818-026-0040(9)
 - Class 2 (Conscious Sedation) 10 hours – OAR 818-026-0050(9)
 - Class 3 (Deep Sedation) 35 hours – OAR 818-026-0060(12)
 - Class 4 (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 Class 1 (7 hours), Class 2 (see attached Guidelines), or Class 3 (see attached Guidelines). Class 4 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.

OREGON BOARD OF DENTISTRY
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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 algorithm) 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.