



# STATE OF IOWA

## IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.  
EXECUTIVE DIRECTOR

### ANESTHESIA CREDENTIALS COMMITTEE

#### AGENDA

December 19, 2012

12:00 p.m.

**Location:** Iowa Dental Board, 400 SW 8<sup>th</sup> St., Suite D, Des Moines, Iowa  
(Committee Members May Participate in Person or by Telephone)

**Committee Members:** *Lynn Curry, D.D.S. Chair; Richard, Burton, D.D.S.; Steven Clark, D.D.S.; Douglas Horton, D.D.S.; Gary Roth, D.D. S.; Kaaren Vargas, D.D.S.; Kurt Westlund, D.D.S*

#### OPEN SESSION

**I. CALL MEETING TO ORDER - ROLL CALL**

*Lynn Curry*

**II. \* MODERATE SEDATION PERMIT APPLICATIONS**

- a. *Zach Dannenbring, D.D.S.\**
- b. *Christopher Vanderbeek, D.D.S.*

**III. MODERATE SEDATION COURSE APPROVAL REQUEST**

- a. *UCLA School of Dentistry & Wendel Family Dental Centre\**

**IV. OPPORTUNITY FOR PUBLIC COMMENT**

**V. ADJOURN**

If you require the assistance of auxiliary aids or services to participate in or attend the meeting because of a disability, please call the office of the Board at 515/281-5157.

\*This portion of the meeting may be conducted in closed session to discuss confidential matters that may concern examination information, peace officers' investigative reports, attorney records related to litigation, patient records and reports on the condition, diagnosis, care or treatment of a patient, or investigation reports and other investigative information which is privileged and confidential under the provisions of Sections 22.7(2), 22.7(4), 22.7(5), 22.7(9), 22.7(19), and 272C.6(4) of the 2011 Code of Iowa.

These matters constitute a sufficient basis for the committee to consider a closed session under the provisions of section 21.5(1), (a), (c), (d), (f), (g), and (h) of the 2011 Code of Iowa. These sections provide that a governmental body may hold a closed session only by affirmative public vote of either two-thirds of the members of the body or all of the members present at the meeting to review or discuss records which are required or authorized by state or federal law to be kept confidential, to discuss whether to initiate licensee disciplinary investigations or proceedings, and to discuss the decision to be rendered in a contested case conducted according to the provisions of Iowa Code chapter 17A.

Please Note: At the discretion of the Committee Chair, agenda items may be taken out of order to accommodate scheduling requests of Committee members, presenters or attendees or to facilitate meeting efficiency.

# REPORT TO THE ANESTHESIA CREDENTIALS COMMITTEE (ACC)

RECOMMENDATION

---

<b>DATE OF MEETING:</b>	December 19, 2012
<b>RE:</b>	<b>Moderate Sedation Application</b>
<b>SUBMITTED BY:</b>	Christel Braness, Administrative Assistant
<b>ACTION REQUESTED:</b>	Recommendation regarding application

---

## **Background**

The Anesthesia Credentials Committee is a peer review committee appointed by the Board to assist the Board. The administrative rules provide that one of the duties of the Committee is to:

- a.* Review all permit applications and make recommendations to the board regarding those applications.

The following practitioner has applied for a moderate sedation permit:

- **Dr. Zach Dannenbring, D.D.S.**

## **Committee Recommendation**

Should the applicant(s) above be granted a moderate sedation permit?

Should the applicant be granted the added qualifications as requested?

## **Added Qualifications: (Pediatric, medically-compromised patients (ASA-3-4))**

Not applicable. Dr. Dannenbring has indicated that he will *not* be sedating pediatric or medically-compromised patients.

## **Facility Inspection/Peer Evaluation**

Dr. Dannenbring is joining a practice, whose facility has been previously inspected by the Dental Board. A peer evaluation has not been conducted so far as I am aware.

## **Staff Recommendation**

I recommend that Dr. Dannenbring be issued a moderate sedation permit as requested following the successful completion of any/all inspections and evaluations deemed necessary.



IOWA DENTAL BOARD  
 400 S.W. 8<sup>th</sup> Street, Suite D, Des Moines, Iowa 50309-4687  
 Phone (515) 281-5157 Fax (515) 281-7969  
<http://www.dentalboard.iowa.gov>

RECEIVED  
 JUL 05 2012  
 IOWA DENTAL BOARD

## APPLICATION FOR MODERATE SEDATION PERMIT

### SECTION 1 – APPLICANT INFORMATION

Instructions – Please read the accompanying instructions prior to completing this form. Answer each question. If not applicable, mark "N/A."

Full Legal Name: (Last, First, Middle, Suffix)

Dannenbring, Zach, J

Other Names Used: (e.g. Maiden)

Home E-mail:

Zachdannenbring@live.com

Work E-mail:

Same

Home Address:

6707 Kingswood Lt.

City:

Sioux City

State:

Iowa

Zip:

51106

Home Phone:

319-321-1249

License Number:

08499

Issue Date:

9/1/2010

Expiration Date:

8/31/2012

Type of Practice:

General Dentist

### SECTION 2 – LOCATION(S) IN IOWA WHERE MODERATE SEDATION SERVICES ARE PROVIDED

Principal Office Address:

2114 Pierce St.

City:

Sioux City

Zip:

51104

Phone:

712-252-3440

Office Hours/Days:

7-5/M-F

Other Office Address:

City:

Zip:

Phone:

Office Hours/Days:

### SECTION 3 – BASIS FOR APPLICATION

Check each box to indicate the type of training you have completed.

Check if completed.

DATE(S):

Moderate Sedation Training Program that meets ADA Guidelines for Teaching Pain Control and Sedation to Dentists of at least 60 hours and 20 patient experiences

Completed

6/18/2012 – 6/30/2012

ADA-accredited Residency Program that includes moderate sedation training

Completed

You must have training in moderate sedation AND one of the following:

Formal training in airway management; OR

Completed

6/18/2012 – 6/30/2012

Moderate sedation experience at graduate level, approved by the Board

Completed

### SECTION 4 – ADVANCED CARDIAC LIFE SUPPORT (ACLS) CERTIFICATION

Name of Course:

Acute Care Education Systems

Location:

OHSU Portland, Or.

Date of Course:

6/22/2012 – 6/23/2012

Date Certification Expires:

June, 2014

Office Use

Lic. #

Sent to ACC:

Inspection

Fee #225836 \$500

Permit #

Approved by ACC:

Inspection Fee Pd:

ACLS

Issue Date:

Temp #

ASA 3/4?

Form A/B

Brd Approved:

T. Issue Date:

Pediatric?

Peer Eval

Name of Applicant Zach Dannenbizing

**SECTION 5 – MODERATE SEDATION TRAINING INFORMATION**

Type of Program:

Postgraduate Residency Program  Continuing Education Program  Other Board-approved program, specify:

Name of Training Program:

Learn IV Sedation

Address: OHSU - SOD  
611 SW Campus Drive  
Portland, OR 97201

City: Portland

State: OR

Type of Experience: The course provides training in Airway management, Pharmacology, ACLS, Hands on IV practice with 22 patients

Length of Training: 60 hours & 22 Patients

Date(s) Completed: 6-18-2012 → 6-30-2012

Number of Patient Contact Hours: 42 hours

Total Number of Supervised Sedation Cases: 22

- YES  NO 1. Did you satisfactorily complete the above training program?
  - YES  NO 2. Does the program include at least sixty (60) hours of didactic training in pain and anxiety?
  - YES  NO 3. Does the program include management of at least 20 clinical patients?
- As part of the curriculum, are the following concepts and procedures taught:
- YES  NO 4. Physical evaluation;
  - YES  NO 5. IV sedation;
  - YES  NO 6. Airway management;
  - YES  NO 7. Monitoring; and
  - YES  NO 8. Basic life support and emergency management.
  - YES  NO 9. Does the program include clinical experience in managing compromised airways?
  - YES  NO 10. Does the program provide training or experience in managing moderate sedation in pediatric patients?
  - YES  NO 11. Does the program provide training or experience in managing moderate sedation in ASA category 3 or 4 patients?

Please attach the appropriate form to verify your moderate sedation training. Applicants who received their training in a postgraduate residency program must have their postgraduate program director complete Form A. In addition, attach a copy of your certificate of completion of the postgraduate program. Applicants who received their training in a formal moderate sedation continuing education program must have the program director complete Form B.

**SECTION 6 – MODERATE SEDATION EXPERIENCE**

- YES  NO A. Do you have a license, permit, or registration to perform moderate sedation in any other state?  
If yes, specify state(s) and permit number(s): \_\_\_\_\_
- YES  NO B. Do you consider yourself engaged in the use of moderate sedation in your professional practice?
- YES  NO C. Have you ever had any patient mortality or other incident that resulted in the temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of, your use of antianxiety premedication, nitrous oxide inhalation analgesia, moderate sedation or deep sedation/general anesthesia?
- YES  NO D. Do you plan to use moderate sedation in pediatric patients?
- YES  NO E. Do you plan to use moderate sedation in medically compromised (ASA category 3 or 4) patients?
- YES  NO F. Do you plan to engage in enteral moderate sedation?
- YES  NO G. Do you plan to engage in parenteral moderate sedation?

What major drugs and anesthetic techniques do you utilize or plan to utilize in your use of moderate sedation? Provide details (IV, inhalation, etc.) and attach a separate sheet if necessary.

See Attached sheet

To whom it may concern:

The following are the drugs, doses and implementation that I would like to use in my dental practice to provide Enteral and Parenteral Moderate Sedation.

N2O- First I will establish 5-6 lpm O2 and titrate at a rate of 1 lpm N2O until the patient is comfortable. We will always titrate based on the patient's CNS response. Early signs that I will look for include lightheadedness, tingling of hands and feet, a wave of warmth, feeling of vibration throughout the body, etc.

Triazolam- For extremely anxious patients I will use Triazolam .125mg to be taken 1 hour prior to dental procedure. Studies show that giving an oral sedative will lead to a less painful process of starting an IV and lead to less IV drug used. This benefit will be very useful in my practice.

Following Oral premedication with Triazolam and titration of N2O I will always start an IV so that I can reverse the patient easily if they become overly sedated. If the patient requires additional sedation to achieve Moderate sedation I will use the following drugs:

Midazolam: I will administer Midazolam via IV titration at a rate of 1ml/min. The dose I will use will be 1mg/ml with a max dose of 10mg.

Diazepam: I will also use this drug as a second option in the event that Midazolam is unavailable and we have an IV started in the antecubital fossa. The titration rate will be 1ml/min. The dose I will use is 5mg/ml with a max dose of 20mg.

Fentanyl- If I have reached a maximum dose of Benzodiazepines and have not been able to adequately sedate the patient I will add Fentanyl. Fentanyl will be diluted to 10micrograms/ml and titrated at a rate of 1ml/min. The max dose of Fentanyl I will use is 100micrograms.

The dosing of each of these drugs will be patient dependent. I will always titrate to effect. In the event that I have reached my max doses of these drugs if I have not achieved the desired effect the sedation

case will be considered a failure. The patient will either be treated without sedation or referred to another provider that can perform Deep sedation or General Anesthesia.

Name of Applicant Zach Dannenbring

Facility Address 2114 Pierce St.

**SECTION 7 – AUXILIARY PERSONNEL**

A dentist administering moderate sedation in Iowa must document and ensure that all auxiliary personnel have certification in basic life support (BLS) and are capable of administering basic life support. Please list below the name(s), license/registration number, and BLS certification status of all auxiliary personnel.

Name:	License/Registration #:	BLS Certification Date:	Date BLS Certification Expires:
<u>ASHLEY KALKMAN</u>	<u>Q10329</u>	<u>5/30/12</u>	<u>5/31/14</u>
<u>Trisha Higginbotham</u>	<u>Q03590</u>	<u>8/30/10</u>	<u>8/31/12</u>

**SECTION 8 – FACILITIES & EQUIPMENT**

Each facility in which you perform moderate sedation must be properly equipped. Copy this page and complete for each facility. You may apply for a waiver of any of these provisions. The Board may grant the waiver if it determines there is a reasonable basis for the waiver.

- YES NO Is your dental office properly maintained and equipped with the following:
- 1. An operating room large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least two individuals to move freely about the patient?
  - 2. An operating table or chair that permits the patient to be positioned so the operating team can maintain the airway, quickly alter the patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation?
  - 3. A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system that is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure?
  - 4. Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device?
  - 5. An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering oxygen to the patient under positive pressure, together with an adequate backup system?
  - 6. A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets? (The recovery area can be the operating room.)
  - 7. Is the patient able to be observed by a member of the staff at all times during the recovery period?
  - 8. Anesthesia or analgesia systems coded to prevent accidental administration of the wrong gas and equipped with a fail safe mechanism?
  - 9. EKG monitor?
  - 10. Laryngoscope and blades?
  - 11. Endotracheal tubes?
  - 12. Magill forceps?
  - 13. Oral airways?
  - 14. Stethoscope?
  - 15. A blood pressure monitoring device?
  - 16. A pulse oximeter?
  - 17. Emergency drugs that are not expired?
  - 18. A defibrillator (an automated defibrillator is recommended)?
  - 19. Do you employ volatile liquid anesthetics and a vaporizer (i.e. Halothane, Enflurane, Isoflurane)?
  - 20. In the space provided, list the number of nitrous oxide inhalation analgesia units in your facility.

**SECTION 9 – If you answer Yes to any of the questions below, attach a full explanation. Read the instructions for important definitions.**

- |   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| 1. Do you currently have a medical condition that in any way impairs or limits your ability to practice dentistry with reasonable skill and safety?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dentistry with reasonable skill and safety?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. If YES to any of the above, are you receiving ongoing treatment or participation in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Have you ever been requested to repeat a portion of any professional training program/school?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Have you ever received a warning, reprimand, or been placed on probation during a professional training program/school?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Have you ever voluntarily surrendered a license or permit issued to you by any professional licensing agency?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7a. If yes, was a license disciplinary action pending against you, or were you under investigation by a licensing agency at that time the voluntary surrender of license was tendered?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license or permit you held?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Have you ever been denied a Drug Enforcement Administration (DEA) or state controlled substance registration certificate or has your controlled substance registration ever been placed on probation, suspended, voluntarily surrendered or revoked?              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**SECTION 10 – AFFIDAVIT OF APPLICANT**

STATE: Iowa COUNTY: WOODBURY

I, the below named applicant, hereby declare under penalty of perjury that I am the person described and identified in this application and that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license or permit to provide moderate sedation. I also declare that if I did not personally complete the foregoing application that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

I understand that I have no legal authority to administer moderate sedation until a permit has been granted. I understand that my facility is subject to an on-site evaluation prior to the issuance of a permit and by submitting an application for a moderate sedation permit, I hereby consent to such an evaluation. In addition, I understand that I may be subject to a professional evaluation as part of the application process. The professional evaluation shall be conducted by the Anesthesia Credentials Committee and include, at a minimum, evaluation of my knowledge of case management and airway management.

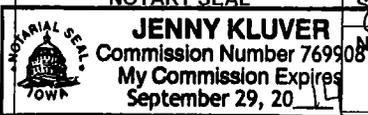
I certify that I am trained and capable of administering Advanced Cardiac Life Support and that I employ sufficient auxiliary personnel to assist in monitoring a patient under moderate sedation. Such personnel are trained in and capable of monitoring vital signs, assisting in emergency procedures, and administering basic life support. I understand that a dentist performing a procedure for which moderate sedation is being employed shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of at least one qualified auxiliary personnel.

I am aware that pursuant to Iowa Administrative Code 650—29.9(153) I must report any adverse occurrences related to the use of sedation. I also understand that if moderate sedation results in a general anesthetic state, the rules for deep sedation/general anesthesia apply.

I hereby authorize the release of any and all information and records the Board shall deem pertinent to the evaluation of this application, and shall supply to the Board such records and information as requested for evaluation of my qualifications for a permit to administer moderate sedation in the state of Iowa.

I understand that based on evaluation of credentials, facilities, equipment, personnel, and procedures, the Board may place restrictions on the permit.

I further state that I have read the rules related to the use of sedation and nitrous oxide inhalation analgesia, as described in 650 Iowa Administrative Code Chapter 29. I hereby agree to abide by the laws and rules pertaining to the practice of dentistry and moderate sedation in the state of Iowa.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	<b>SIGNATURE OF APPLICANT</b> <i>[Signature]</i>	
<b>NOTARY SEAL</b>	SUBSCRIBED AND SWORN BEFORE ME, THIS <u>2nd</u> DAY OF <u>July</u> , YEAR <u>2012</u>	
	<b>NOTARY PUBLIC SIGNATURE</b> <i>[Signature]</i>	
	<b>NOTARY PUBLIC NAME (TYPED OR PRINTED)</b> Jenny Klüber	<b>MY COMMISSION EXPIRES:</b> 9/29/14



IOWA DENTAL BOARD  
 400 S.W. 8<sup>th</sup> Street, Suite D, Des Moines, Iowa 50309-4687  
 Phone (515) 281-5157 Fax (515) 281-7969  
<http://www.dentalboard.iowa.gov>

PLEASE TYPE OR PRINT LEGIBLY IN INK.

**FORM B: VERIFICATION OF MODERATE SEDATION TRAINING  
 IN A CONTINUING EDUCATION PROGRAM**

**SECTION 1 – APPLICANT INFORMATION**

**Instructions** – Use this form if you obtained your training in moderate sedation from another program that must be approved by the Board (i.e. you did NOT obtain your training in moderate sedation while in a postgraduate residency program). Complete Section 1 and mail this form to the Program Director for verification of your having successfully completed this training.

**NAME (First, Middle, Last, Suffix, Former/Maiden):**

Zach J Dannenbring

**MAILING ADDRESS:**

6707 Kingswood Ct.

**CITY:**

Sioux City

**STATE:**

Ia

**ZIP CODE:**

51106

**PHONE:**

319-321-1249

To obtain a permit to administer moderate sedation in Iowa, the Iowa Dental Board requires that the applicant submit evidence of having completed an approved postgraduate training program or other formal training program approved by the Board. The applicant's signature below authorizes the release of any information, favorable or otherwise, directly to the Iowa Dental Board at the address above.

**APPLICANT'S SIGNATURE:**

Zach Dannenbring

**DATE:**

6/26/2012

**SECTION 2 – TO BE COMPLETED BY TRAINING PROGRAM DIRECTOR**

**NAME OF PROGRAM DIRECTOR:**

Kenneth L. Reed, DMD

**NAME AND LOCATION OF PROGRAM:**

OHSU - SOD  
 611 SW campus Drive  
 Portland, OR 97201

**PHONE:**

503 494 2948

**FAX:**

**E-MAIL:** KLR@KLRDMD.COM

**WEB ADDRESS:** WWW.LEARNIVSEDATION.COM

**DATES APPLICANT PARTICIPATED IN PROGRAM ▶**

**FROM (MO/DAY/YR):**  
 6/18/12

**TO (MO/DAY/YR):**  
 6/30/12

**DATE PROGRAM COMPLETED:** 6/30/12

- YES  NO 1. DID THE APPLICANT SATISFACTORILY COMPLETE THE ABOVE TRAINING PROGRAM?
  - YES  NO 2. DOES THE PROGRAM COMPLY WITH THE AMERICAN DENTAL ASSOCIATION GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO DENTISTS OR DENTAL STUDENTS?
  - YES  NO 3. DOES THE PROGRAM INCLUDE AT LEAST SIXTY (60) HOURS OF DIDACTIC TRAINING IN PAIN AND ANXIETY?
  - YES  NO 4. DOES THE PROGRAM INCLUDE CLINICAL EXPERIENCE FOR PARTICIPANTS TO SUCCESSFULLY MANAGE MODERATE SEDATION IN AT LEAST TWENTY (20) PATIENTS?
- AS PART OF THE CURRICULUM, ARE THE FOLLOWING CONCEPTS AND PROCEDURES TAUGHT:
- YES  NO 5. PHYSICAL EVALUATION;
  - YES  NO 6. IV SEDATION;
  - YES  NO 7. AIRWAY MANAGEMENT;
  - YES  NO 8. MONITORING; AND
  - YES  NO 9. BASIC LIFE SUPPORT AND EMERGENCY MANAGEMENT.

(If no to any of above, please attach a detailed explanation.)

I further certify that the above named applicant has demonstrated competency in airway management and moderate sedation.

**PROGRAM DIRECTOR SIGNATURE:**

[Signature]

**DATE:**

6/30/12

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS  
Provider



Zach Dannenbizing

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

JUN 28 2012

Issue Date

JUN 2014

Recommended Renewal Date

Training Center Name ACUTE CARE EDUCATION SYSTEMS # IL14970  
2500 W. Higgins Road Suite: 1278  
TC Hoffman Estates, IL 60169 TC  
Info City, State [www.cardiosave.com](http://www.cardiosave.com) 847-882-7076

Course Location OHSU PORTLAND OR

Instructor Name Richard Ritt Inst. ID # 12110066373

Holder's Signature Zach Dannenbizing

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1806

PEEL  
HERE

This card contains unique security features to protect against forgery.



**RECEIVED**  
JUL 02 2012  
IOWA DENTAL BOARD

**Kenneth L. Reed**  
Doctor of Dental Medicine  
Diplomate, National Dental Board of Anesthesiology

PO Box 85883  
Tucson, AZ. 85754-5883

Cell: 520.370.3693  
FAX: 877.522.0480  
kr@klrdmd.com  
<http://www.klrdmd.com>

Melanie Johnson, J.D.  
Executive Director  
Iowa Dental Board  
400 SW 8th St. Suite D  
Des Moines, IA. 50309-4687

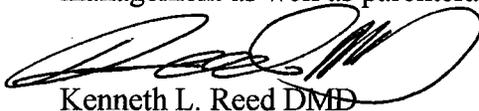
Re: Zack Dannenbring

June 30, 2012

Dr. Dannenbring recently completed a parenteral moderate sedation course that I taught, sponsored by the Oregon Academy of General Dentistry, held at the Oregon Health and Sciences University, School of Dentistry in Portland, OR. This course meets the requirements of IAC 650—29.4 (1)(a, b). The didactic component was sixty-six clock hours in duration and consisted of the following broad topics:

- Advanced Cardiac Life Support
- Airway management
- History of anesthesia
- Physical evaluation
- Definitions
- Respiratory anatomy and physiology
- Monitoring
- Pharmacology of utilized agents
- Oral sedation
- Local anesthesia
- Medical emergencies
- IV sedation techniques
- Records and record keeping
- Recognition and management of complications and emergencies
- Venipuncture techniques
- High Fidelity Human Simulation (Sim-Man)

Additionally, Dr. Dannenbring completed parenteral moderate sedation on twenty-two patients under my direct supervision. The clinical component was 46 hours in duration and required Zack to provide both the sedation and the dentistry. I certify that Zack is competent in both airway management as well as parenteral moderate sedation.



Kenneth L. Reed DMD



**Kenneth L. Reed**  
**Doctor of Dental Medicine**  
**Diplomate, National Dental Board of Anesthesiology**

PO Box 85883  
Tucson, AZ. 85754-5883

Cell: 520.370.3693  
FAX: 877.522.0480  
kr@klrdmd.com  
<http://www.klrdmd.com>

Melanie Johnson, J.D.  
Executive Director  
Iowa Dental Board  
400 SW 8th St. Suite D  
Des Moines, IA. 50309-4687

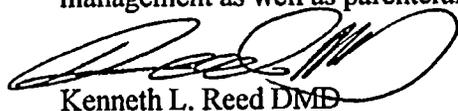
Re: Zack Dannenbring

June 30, 2012

Dr. Dannenbring recently completed a parenteral moderate sedation course that I taught, sponsored by the Oregon Academy of General Dentistry, held at the Oregon Health and Sciences University, School of Dentistry in Portland, OR. This course meets the requirements of IAC 650—29.4 (1)(a, b). The didactic component was sixty-six clock hours in duration and consisted of the following broad topics:

- Advanced Cardiac Life Support
- Airway management
- History of anesthesia
- Physical evaluation
- Definitions
- Respiratory anatomy and physiology
- Monitoring
- Pharmacology of utilized agents
- Oral sedation
- Local anesthesia
- Medical emergencies
- IV sedation techniques
- Records and record keeping
- Recognition and management of complications and emergencies
- Venipuncture techniques
- High Fidelity Human Simulation (Sim-Man)

Additionally, Dr. Dannenbring completed parenteral moderate sedation on twenty-two patients under my direct supervision. The clinical component was 46 hours in duration and required Zack to provide both the sedation and the dentistry. I certify that Zack is competent in both airway management as well as parenteral moderate sedation.



Kenneth L. Reed DMD

# REPORT TO THE ANESTHESIA CREDENTIALS COMMITTEE (ACC)

RECOMMENDATION

---

<b>DATE OF MEETING:</b>	December 19, 2012
<b>RE:</b>	<b>Moderate Sedation Application</b>
<b>SUBMITTED BY:</b>	Christel Braness, Administrative Assistant
<b>ACTION REQUESTED:</b>	Recommendation regarding application

---

## **Background**

The Anesthesia Credentials Committee is a peer review committee appointed by the Board to assist the Board. The administrative rules provide that one of the duties of the Committee is to:

- a.* Review all permit applications and make recommendations to the board regarding those applications.

The following practitioner has applied for a moderate sedation permit:

- **Dr. Christopher Vanderbeek, D.D.S.**

## **Committee Recommendation**

Should the applicant(s) above be granted a moderate sedation permit?

Should the applicant be granted the added qualifications as requested?

## **Added Qualifications: (Pediatric, medically-compromised patients (ASA-3-4))**

Not applicable. Dr. Vanderbeek has indicated that he will *not* be sedating pediatric or medically-compromised patients.

## **Facility Inspection/Peer Evaluation**

Dr. Vanderbeek is asking to sedate in a practice that does not appear to have been previously inspected. A facility inspection would be required. A peer evaluation has not been conducted so far as I am aware.

## **Staff Recommendation**

I recommend that Dr. Vanderbeek be issued a moderate sedation permit as requested following the successful completion of any/all inspections and evaluations deemed necessary.

RECEIVED

NOV 8 2012

IOWA DENTAL BOARD



**IOWA DENTAL BOARD**  
 400 S.W. 8<sup>th</sup> Street, Suite D, Des Moines, Iowa 50309-4687  
 Phone (515) 281-5157 Fax (515) 281-7969  
<http://www.dentalboard.iowa.gov>

## APPLICATION FOR MODERATE SEDATION PERMIT

### SECTION 1 - APPLICANT INFORMATION

Instructions - Please read the accompanying instructions prior to completing this form. Answer each question. If not applicable, mark "N/A."

Full Legal Name: (Last, First, Middle, Suffix)

*Vanderbeek, Christopher*

Other Names Used: (e.g. Maiden)

Home E-mail:

*CVanderbeek68@yahoo.com*

Work E-mail:

*CVanderbeekcdds@gmail.com*

Home Address:

*5458 S. 49th Ave*

City:

*Omaha*

State:

*NE*

Zip:

*68117*

Home Phone:

*(208) 705-0456*

License Number:

*08966*

Issue Date:

*8/23/2012*

Expiration Date:

*08/31/2014*

Type of Practice:

*General Practice*

### SECTION 2 - LOCATION(S) IN IOWA WHERE MODERATE SEDATION SERVICES ARE PROVIDED

Principal Office Address:

*114 1/2 S 6th st*

City:

*Council Bluffs*

Zip:

*51501*

Phone:

*(712) 325-1544*

Office Hours/Days:

*M-F: 8-5  
W: 8-8 Sat: 8-2*

Other Office Address:

City:

Zip:

Phone:

Office Hours/Days:

### SECTION 3 - BASIS FOR APPLICATION

Check each box to indicate the type of training you have completed.

Check if completed.

DATE(S):

Moderate Sedation Training Program that meets ADA Guidelines for Teaching Pain Control and Sedation to Dentists of at least 60 hours and 20 patient experiences

Completed

ADA-accredited Residency Program that includes moderate sedation training

Completed

*06/20/2012*

You must have training in moderate sedation AND one of the following:

Formal training in airway management; OR

Completed

*06/20/2012*

Moderate sedation experience at graduate level, approved by the Board

Completed

### SECTION 4 - ADVANCED CARDIAC LIFE SUPPORT (ACLS) CERTIFICATION

Name of Course:

*VA Hospital Salt Lake City Utah*

Location:

*Salt Lake City, UT*

Date of Course:

*October 2011*

Date Certification Expires:

*October 2013*

Lic. # *08966*

Sent to ACC:

Inspection

Fee # *2583* *\$500*

Permit #

Approved by ACC:

Inspection Fee Pd:

ACLS

Issue Date:

Temp #

ASA 3/4? *NO*

Form A/B

Brd Approved:

T. Issue Date:

Pediatric? *NO*

Peer Eval

Office Use

Name of Applicant Christopher Vanderbeek

**SECTION 5 – MODERATE SEDATION TRAINING INFORMATION**

Type of Program:

Postgraduate Residency Program  Continuing Education Program  Other Board-approved program, specify:

Name of Training Program:

Salt Lake City VA Hospital GPR

Address:

500 Foothill Dr.

City:

Salt Lake

State:

UT

Type of Experience:

Full-time residency with moderate IV sedation training and ANS rotation for airway management

Length of Training:

GPR - 1 year Airway management Rotation 2 wks

Date(s) Completed:

June 20, 2012

Number of Patient Contact Hours:

~ 2,000 hrs.

Total Number of Supervised

Sedation Cases:

25

- YES  NO 1. Did you satisfactorily complete the above training program?
- YES  NO 2. Does the program include at least sixty (60) hours of didactic training in pain and anxiety?
- YES  NO 3. Does the program include management of at least 20 clinical patients?
- As part of the curriculum, are the following concepts and procedures taught:
- YES  NO 4. Physical evaluation;
- YES  NO 5. IV sedation;
- YES  NO 6. Airway management;
- YES  NO 7. Monitoring; and
- YES  NO 8. Basic life support and emergency management.
- YES  NO 9. Does the program include clinical experience in managing compromised airways?
- YES  NO 10. Does the program provide training or experience in managing moderate sedation in pediatric patients?
- YES  NO 11. Does the program provide training or experience in managing moderate sedation in ASA category 3 or 4 patients?

Please attach the appropriate form to verify your moderate sedation training. Applicants who received their training in a postgraduate residency program must have their postgraduate program director complete Form A. In addition, attach a copy of your certificate of completion of the postgraduate program. Applicants who received their training in a formal moderate sedation continuing education program must have the program director complete Form B.

**SECTION 6 – MODERATE SEDATION EXPERIENCE**

- YES  NO A. Do you have a license, permit, or registration to perform moderate sedation in any other state?  
If yes, specify state(s) and permit number(s): \_\_\_\_\_
- YES  NO B. Do you consider yourself engaged in the use of moderate sedation in your professional practice?
- YES  NO C. Have you ever had any patient mortality or other incident that resulted in the temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of, your use of anti-anxiety premedication, nitrous oxide inhalation analgesia, moderate sedation or deep sedation/general anesthesia?
- YES  NO D. Do you plan to use moderate sedation in pediatric patients?
- YES  NO E. Do you plan to use moderate sedation in medically compromised (ASA category 3 or 4) patients?
- YES  NO F. Do you plan to engage in enteral moderate sedation?
- YES  NO G. Do you plan to engage in parenteral moderate sedation?

What major drugs and anesthetic techniques do you utilize or plan to utilize in your use of moderate sedation? Provide details (IV, inhalation, etc.) and attach a separate sheet if necessary.

1- IV sedation using the drugs fentanyl and versed titrated to effect for moderate conscious sedation.

2- occasionally administration of an oral benzodiazepine such as Triazolam and Diazepam in combination with N<sub>2</sub>O. for moderate sedation

3- I plan to sedate patients that are ASA class I or II and mellampati class I or II. I will not be sedating pediatric patients

Name of Applicant Christopher Venderbeek Facility Address 114 1/2 S. 6th St Council Bluffs IA 51501

**SECTION 7 - AUXILIARY PERSONNEL**

A dentist administering moderate sedation in Iowa must document and ensure that all auxiliary personnel have certification in basic life support (BLS) and are capable of administering basic life support. Please list below the name(s), license/registration number, and BLS certification status of all auxiliary personnel.

Name:	License/ Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Amanda Jarose	Q10508	6/18/2012	6/2014
Stacy Underwood	Q11132	2/13/2012	2/2014
Rebecca Rudolph	03780	11/5/2012	11/2014
Tanya Wright	Q11665	2/10/2012	2/2014
Kim Dickman	Q02992	1/2011	1/2013
Jacquelyn Hulet	Q09817	11/5/2012	11/14
Donna Eckman	03209	9/2011	9/2013
Karen Cooper	Q07193	5/17/2011	5/2013

**SECTION 8 - FACILITIES & EQUIPMENT**

Each facility in which you perform moderate sedation must be properly equipped. Copy this page and complete for each facility. You may apply for a waiver of any of these provisions. The Board may grant the waiver if it determines there is a reasonable basis for the waiver.

YES	NO	Is your dental office properly maintained and equipped with the following:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. An operating room large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least two individuals to move freely about the patient?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. An operating table or chair that permits the patient to be positioned so the operating team can maintain the airway, quickly alter the patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system that is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering oxygen to the patient under positive pressure, together with an adequate backup system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets? (The recovery area can be the operating room.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Is the patient able to be observed by a member of the staff at all times during the recovery period?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Anesthesia or analgesia systems coded to prevent accidental administration of the wrong gas and equipped with a fail safe mechanism?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. EKG monitor?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Laryngoscope and blades?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Endotracheal tubes?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Magill forceps?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Oral airways?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Stethoscope?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. A blood pressure monitoring device?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. A pulse oximeter?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Emergency drugs that are not expired?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. A defibrillator (an automated defibrillator is recommended)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Do you employ volatile liquid anesthetics and a vaporizer (i.e. Halothane, Enflurane, Isoflurane)?
20. In the space provided, list the number of nitrous oxide inhalation analgesia units in your facility.		

SECTION 9 – If you answer Yes to any of the questions below, attach a full explanation. Read the instructions for important definitions.		YES	NO
1. Do you currently have a medical condition that in any way impairs or limits your ability to practice dentistry with reasonable skill and safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dentistry with reasonable skill and safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. If YES to any of the above, are you receiving ongoing treatment or participation in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
5. Have you ever been requested to repeat a portion of any professional training program/school?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Have you ever received a warning, reprimand, or been placed on probation during a professional training program/school?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Have you ever voluntarily surrendered a license or permit issued to you by any professional licensing agency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7a. If yes, was a license disciplinary action pending against you, or were you under investigation by a licensing agency at that time the voluntary surrender of license was tendered?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
8. Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license or permit you held?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Have you ever been denied a Drug Enforcement Administration (DEA) or state controlled substance registration certificate or has your controlled substance registration ever been placed on probation, suspended, voluntarily surrendered or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>SECTION 10 – AFFIDAVIT OF APPLICANT</b>			
STATE: <u>Iowa Nebraska</u>		COUNTY: <u>Pottawattomie Douglas</u>	
<p>I, the below named applicant, hereby declare under penalty of perjury that I am the person described and identified in this application and that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license or permit to provide moderate sedation. I also declare that if I did not personally complete the foregoing application that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.</p> <p>I understand that I have no legal authority to administer moderate sedation until a permit has been granted. I understand that my facility is subject to an on-site evaluation prior to the issuance of a permit and by submitting an application for a moderate sedation permit, I hereby consent to such an evaluation. In addition, I understand that I may be subject to a professional evaluation as part of the application process. The professional evaluation shall be conducted by the Anesthesia Credentials Committee and include, at a minimum, evaluation of my knowledge of case management and airway management.</p> <p>I certify that I am trained and capable of administering Advanced Cardiac Life Support and that I employ sufficient auxiliary personnel to assist in monitoring a patient under moderate sedation. Such personnel are trained in and capable of monitoring vital signs, assisting in emergency procedures, and administering basic life support. I understand that a dentist performing a procedure for which moderate sedation is being employed shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of at least one qualified auxiliary personnel.</p> <p>I am aware that pursuant to Iowa Administrative Code 650—29.9(153) I must report any adverse occurrences related to the use of sedation. I also understand that if moderate sedation results in a general anesthetic state, the rules for deep sedation/general anesthesia apply.</p> <p>I hereby authorize the release of any and all information and records the Board shall deem pertinent to the evaluation of this application, and shall supply to the Board such records and information as requested for evaluation of my qualifications for a permit to administer moderate sedation in the state of Iowa.</p> <p>I understand that based on evaluation of credentials, facilities, equipment, personnel, and procedures, the Board may place restrictions on the permit.</p> <p>I further state that I have read the rules related to the use of sedation and nitrous oxide inhalation analgesia, as described in 650 Iowa Administrative Code Chapter 29. I hereby agree to abide by the laws and rules pertaining to the practice of dentistry and moderate sedation in the state of Iowa.</p>			
<b>MUST BE SIGNED IN PRESENCE OF NOTARY ►</b>	SIGNATURE OF APPLICANT <u>[Signature]</u>		
NOTARY SEAL	SUBSCRIBED AND SWORN BEFORE ME, THIS		DAY OF <u>Oct 31</u> , YEAR <u>2012</u>
	NOTARY PUBLIC SIGNATURE <u>[Signature]</u>		
	NOTARY PUBLIC NAME (TYPED OR PRINTED) <u>Linda K. Bendorf</u>		MY COMMISSION EXPIRES: <u>June 20, 2016</u>

RECEIVED

NOV 13 2012

IOWA DENTAL BOARD



IOWA DENTAL BOARD  
 400 S.W. 8<sup>th</sup> Street, Suite D, Des Moines, Iowa 50309-4687  
 Phone (515) 281-5157 Fax (515) 281-7969  
<http://www.dentalboard.iowa.gov>

PLEASE TYPE OR PRINT LEGIBLY IN INK.

**FORM A: VERIFICATION OF MODERATE SEDATION TRAINING  
 IN A POSTGRADUATE RESIDENCY PROGRAM**

**SECTION 1 - APPLICANT INFORMATION**

**Instructions** - Use this form if you obtained your training in moderate sedation from an approved postgraduate residency program. Complete Section 1 and mail this form to the Postgraduate Program Director for verification of your having successfully completed this training.

**NAME (First, Middle, Last, Suffix, Former/Maiden):**

*Christopher, Vanderbeek*

**MAILING ADDRESS:**

*5458 S. 49<sup>th</sup> Ave*

**CITY:**

*Omaha*

**STATE:**

*NE*

**ZIP CODE:**

*68117*

**PHONE:**

*(208) 705-0456*

To obtain a permit to administer moderate sedation in Iowa, the Iowa Dental Board requires that the applicant submit evidence of having completed an approved postgraduate training program or other formal training program approved by the Board. The applicant's signature below authorizes the release of any information, favorable or otherwise, directly to the Iowa Dental Board at the address above.

**APPLICANT'S SIGNATURE:**

*[Handwritten Signature]*

**DATE:**

*10/29/12*

**SECTION 2 - TO BE COMPLETED BY POSTGRADUATE PROGRAM DIRECTOR**

**NAME OF POSTGRADUATE PROGRAM DIRECTOR:**

*Michael Slater, DDS*

**THIS POSTGRADUATE PROGRAM IS APPROVED OR ACCREDITED TO TEACH POSTGRADUATE DENTAL OR MEDICAL EDUCATION BY ONE OF THE FOLLOWING:**

- American Dental Association;
- Accreditation Council for Graduate Medical Education of the American Medical Association (AMA); or
- Education Committee of the American Osteopathic Association (AOA).

**NAME AND LOCATION OF POSTGRADUATE PROGRAM:**

*George E. Wahlen Dept of Veterans Affairs Medical Center  
 General Practice Residency, Salt Lake City, Utah*

**PHONE:**

*801-584-1206*

**DATES APPLICANT PARTICIPATED IN PROGRAM ▶**

**FROM (MO/YR):**

*6/11*

**TO (MO/YR):**

*6/12*

**DATE PROGRAM COMPLETED:**

*6/15/12*

- YES  NO 1. DID THE APPLICANT SATISFACTORILY COMPLETE THE ABOVE POSTGRADUATE TRAINING PROGRAM?
  - YES  NO 2. DOES THE PROGRAM INCLUDE AT LEAST SIXTY (60) HOURS OF DIDACTIC TRAINING IN PAIN AND ANXIETY?
  - YES  NO 3. DOES THE PROGRAM COVER THE AMERICAN DENTAL ASSOCIATION GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO DENTISTS AND DENTAL STUDENTS?
  - YES  NO 4. DOES THE PROGRAM INCLUDE CLINICAL EXPERIENCE IN MANAGING COMPROMISED AIRWAYS?
  - YES  NO 5. DOES THE PROGRAM INCLUDE MANAGEMENT OF AT LEAST 20 PATIENTS?
- (If no to above, please provide a detailed explanation.)
- YES  NO 6. DID THE APPLICANT EVER RECEIVE A WARNING OR REPRIMAND, OR WAS THE APPLICANT PLACED ON PROBATION DURING THE TRAINING PROGRAM? If yes, please explain.
  - YES  NO 7. WAS THE APPLICANT EVER REQUESTED TO REPEAT A PORTION OF THE TRAINING PROGRAM? If yes, please explain.
  - YES  NO 8. DOES THE PROGRAM INCLUDE ADDITIONAL CLINICAL EXPERIENCE IN PROVIDING MODERATE SEDATION FOR PEDIATRIC (AGE 12 OR YOUNGER) PATIENTS? If yes, please provide details.
  - YES  NO 9. DOES THE PROGRAM INCLUDE ADDITIONAL CLINICAL EXPERIENCE IN PROVIDING MODERATE SEDATION FOR MEDICALLY COMPROMISED (ASA CLASS 3 OR 4) PATIENTS? If yes, please provide details.

I further certify that the above named applicant has demonstrated competency in airway management and moderate sedation.

**PROGRAM DIRECTOR SIGNATURE:**

*[Handwritten Signature]*

**DATE:**

*11/9/12*

ACLS  
Provider



*Christopher Vanderbeek*

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

*Oct* 2011  
Issue Date

*Oct* 2013  
Recommended Renewal Date

ADVANCED CARDIOVASCULAR LIFE SUPPORT

Training Center Name VASLCHCS TC ID # UT 05660

TC 500 Foothill Dr. TC  
Info Salt Lake City, UT 84148 IP 801-582-1565

Course  
Location George E. Whalen Medical Center

Instructor Name Leisa Baldis, MSN, RN Inst. ID # 06101900079

Holder's Signature *Ch. Baldis*

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1806

# Department of Veterans Affairs Certificate of Residency

*This certificate is awarded to*

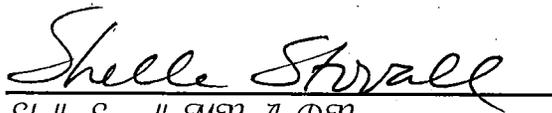
**Christopher Vanderbeek, D.D.S.**

*by the Veterans Health Administration upon  
satisfactory completion of a Residency in*

**General Dentistry**

*From 20 June 2011 to 15 June 2012 at the  
VA Salt Lake City Health Care System.*

*Given this fifteenth day of June, two thousand and twelve at the  
VA Salt Lake City Health Care System, Salt Lake City, Utah.*



*Shella Stovall, M.N.A., R.N.  
Acting Director*



*Karen H. Gribbin, M.D.  
Chief of Staff*



*Michael R. Slater, D.D.S.  
Acting Chief, Dental Service*

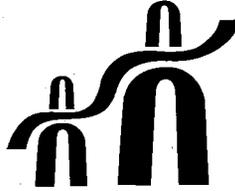


*Michael R. Slater, D.D.S.  
GPR Program Director*



# Wendel Family Dental Centre

Nobody "treats" Your Teeth Like We Do



RECEIVED

OCT 1 2012

IOWA DENTAL

September 27, 2012

Iowa Board of Dental Examiners  
400 SW 8th Street, Ste. D  
Des Moines, IA 50309-4687

To Whom It May Concern:

We are asking that our Intravenous Moderate Sedation Course be considered for approval for the doctors in your state.

The course is 80 hours and includes a minimum of 20 patient cases. I have attached some information on the course for your review. If you would like additional information, please contact me as soon as possible. We would like to get this approval prior to January 2013.

Our course satisfies the requirements for a moderate sedation permit in the states of Washington, Oregon, and California, among other states. The instructor is currently the Clinical Professor of Anesthesiology and Section Chief of Anesthesiology at the School of Dentistry University of California, Los Angeles.

We would greatly appreciate your assistance in helping us get this course approved. If you have any questions or concern please contact me at the number below.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori S.", written in a cursive style.

Lori S.  
Administrative Assistant  
Wendel Family Dental Centre  
7012 NE 40<sup>th</sup> Street  
Vancouver WA 98661  
(360) 254-5254 ext. 3353  
[loris@wendeldental.com](mailto:loris@wendeldental.com)

## **Vancouver**

7012 NE 40th Street  
Vancouver, WA 98661  
**360-254-5254**  
Fax 360-254-3698

## **Salmon Creek**

1300 NE 134th Street  
Vancouver, WA 98685  
**360-546-5208**  
Fax 360-574-2878

## **Hiddenbrook**

19111 SE 34th Street, Ste. 104  
Vancouver, WA 98683  
**360-823-0427**  
Fax 360-823-0428

# Instructors



## **Steven Ganzberg, D.M.D., M.S.**

Dr. Ganzberg, Clinical Professor of Anesthesiology at the UCLA School of Dentistry, is a dentist anesthesiologist with over 25 years experience in pain management. Dr. Ganzberg graduated from M.I.T. in 1977 and the University of Pennsylvania School of Dental Medicine in 1981. He completed his pain management training at New York University and his anesthesiology training and Master's degree at Ohio State University. Dr. Ganzberg taught at O.S.U. for 17 years where he directed the anesthesiology residency program in the College of Dentistry before coming to UCLA. He is currently Section Chair of Dental Anesthesiology at UCLA where he teaches pharmacology, sedation and anesthesiology in the School of Dentistry as well as engages in private dental anesthesiology practice. Dr. Ganzberg has lectured extensively on topics involving anesthesiology, sedation and medicine.

## **Christine L. Quinn, D.D.S., M.S.**

Dr. Quinn received her D.D.S. degree from the University of Southern California School of Dentistry in 1987 and completed a residency in Dental Anesthesiology at Ohio State University College of Dentistry in 1989. Dr. Quinn is currently the Dental Anesthesiology Residency Director at UCLA School of Dentistry. She has been actively involved with both didactic and clinical teaching at the predoctoral and postdoctoral levels since 1989. Dr. Quinn is an in-office examiner for the State of California for general anesthesia.



## **Wendel Family Dental Centre**

## **Roger J. Wendel, D.M.D.**

After earning his degree in dental medicine from the University of Pennsylvania, Dr. Wendel established his family practice in Vancouver. His goal was to achieve excellence in professional dental care, rendered in a manner that reflects the utmost respect and consideration for a patient. For more than 35 years this philosophy has allowed Wendel Family Dental Centre to become a leading provider of quality dental care in Clark County, and has earned Dr. Wendel a reputation that reaches beyond Vancouver and the Pacific Northwest.

## **I.V. Moderate Sedation Eight Day Course Detail**

### **Day 1:**

**Introduction.**  
Overview of moderate sedation: history and definitions, goals and routes, indications and contraindications, and techniques.  
Pharmacology of moderate sedation: benzodiazepines, barbiturates, opioids, antihistamines, other CNS depressants, and reversal agents.  
Pharmacokinetic principles of moderate sedation.

### **Day 2:**

**Patient evaluation:** medical history, physical examination, laboratory studies, physician consultation, pediatric patients, geriatric patients, special patients, and ASA physical status classification.  
**Patient preparation:** importance, fasting guidelines, preoperative instructions, postoperative instructions, preemptive and postoperative analgesic use.

**Techniques of intravenous sedation:** single drug, multiple drug, adjunctive medication, combination with enteral, and inhalation techniques.

### **Day 3:**

**Medical emergencies:** overview, airway obstruction, bronchospasm, laryngospasm, respiratory depression, angina, myocardial infarction, stroke, hypotension, hypertension, cardiac arrest, intraarterial injection, extravascular injection syncope, hyperventilation, hypoglycemia, drug overdose, and thrombophlebitis.

**Advanced airway management:** laboratory exercises and SimMan experience.

### **Day 4:**

**Monitoring:** national standards and guidelines, commonalities and specifics of state laws and regulations, evidence-based benefits of monitoring, specific monitors (use and interpretation): pretracheal stethoscope, pulse oximetry, sphygmomanometry, end-tidal carbon dioxide detection, electrocardiography (ECG), and bispectral analysis.  
Course review and summary.  
Exam.

### **Day 5-8:**

Clinical cases.



## **UCLA School of Dentistry and Wendel Family Dental Centre**

## **Moderate Sedation with multiple oral and parenteral agents**



## **A two-part, eight-day course for your Moderate sedation permit.**

**April 19-21, 2013  
and  
May 15-19, 2013**

# Curriculum

**After completing the course the student should be able to:**

- Define and contrast moderate sedation, deep sedation, and general anesthesia.
- Describe pharmacokinetic principles that affect drugs used for moderate sedation, such as: (1) the influence of lipid solubility on drug onset, potency, and duration of effect; (2) single vs. multicompartamental pharmacokinetic models; and (3) drug cumulation and context-sensitive half-times.
- Describe the relative advantages and disadvantages of the intravenous and other routes of drug administration for fear and anxiety control.
- Obtain and record an appropriate medical history and physical assessment of a given patient and suitably evaluate the patient for moderate sedation.
- Obtain an adequate informed consent for moderate sedation and provide appropriate preoperative and postoperative instructions to a given patient.
- Establish and maintain a patent intravenous line.
- Compare different drugs used for moderate sedation and administer an appropriate regimen for anxiety control in a given clinical situation.
- Discuss how patient and procedural variables influence drug selection for intravenous sedation.
- Describe and use appropriate monitoring and chart recording methods for moderate sedation techniques.
- Describe the uses of oral premedication and nitrous oxide/oxygen administration alone, in combination, and with intravenous sedation.
- Outline possible adverse effects associated with moderate sedation and perform appropriate corrective measures.
- Respond effectively to an emergent situation relating to moderate sedation.
- Review relevant state legislation and regulations regarding the use of intravenous sedation and how these relate to existing national standards/guidelines.

Most states require Basic Life Support or Advanced Cardiac Life Support certification, in addition to this course prior to obtaining a Moderate Sedation license.

## 2013

### Course Information

Part I - 7:00 AM - 6:00 PM Fri, Sat

7:00-2:00 PM Sun @ UCLA

Part II - 7:00 AM-6:00 PM Wed-Sun @ WFDC

#### At UCLA

**April 19-21, 2013**

Fly into Los Angeles, CA - LAX

UCLA Guest House (\$148/night)

310-825-2923

Hilgard House (\$160/night) "UCLA Rate"

310-208-3945

Tiverton House (\$139/night)

310-794-0151

**AND**

#### At WFDC

**May 15-19, 2013**

Fly into Portland, OR - PDX

Holiday Inn (\$100/night)

360-253-0500

Heathman Lodge (\$102/night)

360-254-3100

Call for additional accommodations.

**Tuition: \$11,995 per person.**

A deposit of \$5,000 will be due by February 1, 2013.

Balance due April 5, 2013

**You will be called to confirm your**

**successful registration**

#### Credit Hours:

- 80 hours of AGD credit -

Completion of this course will satisfy the requirements for IV Moderate Sedation in most states.

Pre-approval through your state dental board is recommended. Course is directly affiliated with UCLA School of Dentistry.

## Course Description

- The purpose of this course is to enable the participant to deliver safe and effective moderate sedation, with special emphasis on intravenous sedation.
- At the conclusion of this course, the participant should be able to select an appropriate sedative regimen for a given patient and use that regimen safely in the clinical setting.
- Through the use of proper patient evaluation and selection, monitoring, administration technique, and emergency management, the participant should be able to avoid most adverse responses to moderate sedation and respond effectively to those emergencies that may occur.



**A minimum of 20 patient cases will be provided.**

**SPACE IS LIMITED—REGISTER BY RETURNING COMPLETED REGISTRATION FORM TO:**

Lori Sissel  
Wendel Family Dental Centre  
7012 NE 40th Street  
Vancouver, WA 98661  
Email: [loris@wendeldental.com](mailto:loris@wendeldental.com)  
Phone: 360-944-3813 Fax: 360-254-3698  
AGD PACE: 8/22/07 - 8/31/13



Course fees will be refunded minus a \$500 administration fee up to 2 weeks prior to the course as long as we can fill your spot in the course. If we cannot, you will be responsible for up to 25% of the course fee.

# REPORT TO THE ANESTHESIA CREDENTIALS COMMITTEE (ACC)

INFORMATION

---

<b>DATE OF MEETING:</b>	December 19, 2012
<b>RE:</b>	<b>Prior-approved Moderate Sedation Course Approvals</b>
<b>SUBMITTED BY:</b>	Christel Braness, Administrative Assistant
<b>ACTION REQUESTED:</b>	Recommendation regarding application

---

## **Background**

In response to a request to a moderate sedation application and a course review request, the Anesthesia Credentials Committee has asked for information regarding moderate sedation courses, which were previously approved for training in moderate sedation.

The following moderate sedation training courses have been previously approved:

- **American Society for Advancement of Anesthesia & Sedation in Dentistry (New Jersey)**
- **Miami Valley Hospital (Ohio)**
- **Montefiore Medical Center Dept. of Dentistry**
- **University of Minnesota School of Dentistry (with modifications to include 10 additional patient experiences or participants must obtain these elsewhere.**

For future course dates, please call  
Dr. Crystal at 732.469.9050



## AMERICAN SOCIETY FOR THE ADVANCEMENT OF ANESTHESIA AND SEDATION IN DENTISTRY

sedation4dentists.net

### SCHEDULE

"Parenteral Conscious Sedation" is a twelve day comprehensive course in all modalities of anesthesia and includes Advanced Cardiac Life Support Training and clinical cases.

### Course Outline

"Preanesthesia Evaluation-Advantages of Sedation in the Dental Practice""Autonomic Nervous System, Principles of General Anesthesia & Sedative Hypnotic Drugs""General Principles of Pharmacology and Pharmacology of Sedation Drugs""How to Use Oral Sedation""Nitrous Oxide Complications & Contraindications of Nitrous Oxide & Sedation Drugs""Pediatric Premedication and Sedation""Medical Emergencies - Prevention, Recognition, & Management""Monitoring and Recordkeeping""Clinical Practice" (Management of 20 Patients)"Advanced Cardiac Life Support Certification" (American Heart Association)

The curriculum has been prepared to conform to the "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry" Part 3 of The ADA Council on Education (1992). It complies with the "Practice Guidelines for Sedation" by The American Society of Anesthesiology, the "Parameters of Care" for Conscious Sedation by AAOMS, and the "Guidelines for PCS" by The American Society of Anesthesiology.

The tuition for the course is \$7000.00. A deposit of \$1000.00 is required to reserve a place in the class. Limited attendance of 10 full time students is due to our "one on one" teaching approach in both the Oral Surgery Suites and the Operating Rooms. Due to limitations in class size, we recommend early enrollment.

We will provide a detailed schedule, travel, and lodging information after your registration is completed.

We look forward to your participation in this learning experience.

The Following is Our Most Recent Schedule.

## Parenteral Conscious Sedation Course

ASAASD - St. Joseph's

### Monday

OMS Conference Room  
Dr. David Crystal, Monitor

<b>08:00am - 09:00am</b>	<b>INTRODUCTION &amp; REGISTRATION</b> Dr. David Crystal & Dr. Hillel Ephros
<b>09:00am - 10:00am</b>	<b>PRE-ANESTHESIA EVALUATION</b> Dr. Richard Szumita
<b>11:00am - 12:00pm</b>	<b>ANESTHESIA TREATMENT PLANNING</b> Dr. Richard Szumita
<b>12:00pm - 01:00pm</b>	<b>LUNCH</b> Criticare Systems Monitoring Equipment
<b>01:00pm - 02:30pm</b>	<b>ORAL SEDATION</b> Dr. David Crystal
<b>02:30pm - 04:30pm</b>	<b>AIRWAY MANAGEMENT IN DEEP SEDATION</b> Dr. Robert DeFalco

### Tuesday

OMS Conference Room  
Dr. Fred Puccio, Monitor

<b>08:00am - 09:00am</b>	<b>RISK MANAGEMENT FOR DENTISTS USING SEDATION</b> Janet Zicarelli, RN, JD
<b>09:00am - 10:00am</b>	<b>INTRODUCTION TO IV SEDATION</b> Dr. Hillel Ephros .
<b>10:00am - 11:00am</b>	<b>MONITORING THE SEDATED PATIENT</b> Dr. Hillel Ephros
<b>11:00am - 12:00pm</b>	<b>PHARMACOLOGY OF SEDATION AGENTS</b> Dr. Seth Landa
<b>12:00pm - 01:00pm</b>	<b>LUNCH</b>
<b>01:00pm - 03:00pm</b>	<b>INHALATION (N2O) AND OTHER ROUTES OF SEDATION</b> Dr. Hillel Ephros
<b>03:00pm - 05:00pm</b>	<b>SEDATION FOR PEDIATRIC PATIENTS</b> Dr. Karmei Chan

### Wednesday

OMS Conference Room Dr. David Crystal, Monitor

- home page
- about us
- goals
- events
- students comments
- contact us
- schedule
- international news
- e-mail us

<b>08:30am - 10:30am</b>	<b>MEDICAL EMERGENCIES</b> Dr. Hillel Ephros
<b>10:30am - 12:00pm</b>	<b>ANESTHESIA EMERGENCIES / ANESTHESIA M&amp;M</b> Dr. Hillel Ephros
<b>12:00pm - 01:00pm</b>	<b>LUNCH</b>
<b>01:00pm - 03:00pm</b>	<b>IV SOLUTIONS &amp; TECHNIQUES</b> Dr. R. Szumita
<b>03:30pm - 04:30pm</b>	<b>PREOPERATIVE ASSESSMENT: Anesthesiology Standards</b> Dr. J. Markley
<b>Thursday</b>	
OMS Conference Room	Drs. Joesph Galletta & Joseph Portale, Monitors
<b>07:00am - 08:00am</b>	<b>VENIPUNCTURE</b> Dr. Robert DeFalco
<b>08:00am - 10:00am</b>	<b>CARDIAC PHYSIOLOGY AND MONITORING</b> Dr. Pam Upadya
<b>10:00am - 12:00pm</b>	<b>RESPIRATORY PHYSIOLOGY &amp; MONITORING</b> Dr. Chris Gutierrez
<b>12:00pm - 01:00pm</b>	<b>Venipuncture Lab (faculty)</b>
<b>01:00pm - 03:30pm</b>	<b>Clinical Cases</b>
<b>03:00pm - 04:30pm</b>	<b>INTRODUCTION TO THE EKG / DYSRHYTHMIA RECOGNITION</b> Dr. Hillel Ephros
<b>Friday</b>	
OMS Conference Room	Drs. Dominic Lu & Robert Korwin, Monitors
<b>7 am</b>	<b>OR group reports</b>
<b>8 am</b>	<b>OS Clinic group reports</b>
<b>Noon</b>	<b>SEDATION RELATED ACUPUNCTURE AND ACUPRESSURE</b> Dr. D. Lu
<b>1:00pm - 3:00pm</b>	<b>Clinical cases</b>
<b>3:00pm - 4:00pm</b>	<b>ALTERNATE FORMS OF SEDATION</b> Dr. D. Lu

## ACLS Saturday and Sunday

Dr. Louis Zall, Monitor

### Week Two

<b>Monday</b>		<b>Drs. David Crystal &amp; Joseph Portale, Monitors</b>
<b>7 AM</b>	<b>OR group reports</b>	
<b>8 AM</b>	<b>OS Clinical group reports</b>	
<b>Noon</b>	<b>Open</b>	<b>Faculty</b>
<b>1 PM</b>	<b>OR/clinic continued</b>	
<b>3:30 PM</b>	<b>Benzodiazepines</b>	<b>H. Enphros</b>
<b>Tuesday</b>		<b>Dr. Mary Gaspari, Monitor</b>
<b>7 AM</b>	<b>OR group reports</b>	
<b>8 AM</b>	<b>OS Clinic group reports</b>	
<b>Noon</b>	<b>Management of a sedation practice</b>	<b>M. Gaspari/R. Korwin</b>
<b>1 PM</b>	<b>OR/clinic continued</b>	
<b>4 PM</b>	<b>Reversal Agents</b>	<b>M. Blitz</b>
<b>Wednesday</b>		<b>Dr. Joseph Gaspari, Monitor</b>
<b>7 AM</b>	<b>OR group reports</b>	
<b>8AM</b>	<b>OS Clinic group reports</b>	
<b>Noon</b>	<b>Opioids</b>	<b>R. Szumita</b>
<b>1 PM</b>	<b>OR/clinic continued</b>	
<b>6 PM</b>	<b>DINNER MEETING @ LOCATION TBA</b>	<b>S. Landa</b>
<b>Thursday</b>		<b>Drs. Joseph Galletta &amp; Louis Sandor, Monitors</b>
<b>8 AM</b>	<b>All students report (late start due to OR staff meeting)</b>	
<b>Noon</b>	<b>Drug Interactions</b>	<b>H. Ephros</b>
<b>1 PM</b>	<b>OR/clinic continued</b>	
<b>4 PM</b>	<b>How to prepare your office for sedation</b>	<b>W. Newman</b>
<b>Friday</b>		<b>Drs. Dominc Lu &amp; Yasmi Crystal, Monitors</b>

<b>7 AM</b>	<b>Pediatric premedication</b>	<b>Y. Crystal</b>
<b>Noon</b>	<b>Emergency drugs and an upgraded kit for the sedation practice</b>	<b>H. Ephros</b>
<b>1 PM</b>	<b>Wrap up and review</b>	<b>D. Crystal/D. Lu</b>

**Dismissal by 2 PM is anticipated. For travelers departing from Newark Liberty Airport, please book flights home scheduled to depart no sooner than 5PM on Friday to allow adequate time for travel to the airport and the required 1.5 - 2 hours for check-in and security.**

---

American Society for the Advancement of Anesthesia in Dentistry

[Dacryst1@aol.com](mailto:Dacryst1@aol.com)

© 1998



## Clinical Training

### For Residents & Students

#### Family Medicine Residency

#### Trauma Residency

#### Dental Residency

##### Program Description

##### Didactic Program

#### Clinical Training

##### Benefits Summary

##### Frequently Asked Questions

##### General Practice Dental Residency Application

##### Contact the Program Office

#### Dietetic Internships

- [Overview](#)
- [Off-Service Rotations](#)
- [Resident Evaluation](#)

### Overview

Residents obtain clinical experience in the hospital Dental Center. The Center is operated like a private group practice. The residents have the opportunity to treat a diversity of patient needs each clinical session. Specialty clinics are scattered throughout the month so that the residents have the opportunity of working under the guidance of specialists on some of the more advanced cases. The patient payor-mix includes as many patients on private insurance as there are on public assistance which allows the resident opportunities to provide more advanced dental care. The Dental Center is covered by full and part time attendings and is open five days a week. The residents have an office with a small library. The residents find this space beneficial for completing paperwork, discussing cases and reading.

The residents at Miami Valley Hospital provide their clinical care in an 11-operatory Dental Center. Here residents work with trained support staff including hygienists, chairside assistants and expanded function dental auxiliaries. Office visitations to various attendings' private practice during this clinical experience in the Dental Center allow the resident to relate the private office practice of dentistry to the hospital dental practice that they are engaged in.

### Dental Center

Residents will be assigned to the Dental Center at Miami Valley Hospital during their residency year. During this rotation, the residents will provide general dentistry services to patients presenting to the facility. The Center provides a variety of opportunities to provide various general dentistry procedures under the supervision of general dentists and specialists. Residents will work with assigned patients and assistants to provide both comprehensive and episodic care to patients presenting to the Center. Specialists at the MVH Dental Center will provide resident training in Endodontics, Oral Surgery, Pedodontics, Periodontics and Implantology. Residents also learn to work with the hygienists in the preventive aspects of private practice.

### Hospital Dental Service

The resident will spend approximately 1 1/2 months on this rotation throughout the year. The resident will be responsible for all dental patients who are in the hospital to assure that their care is efficiently managed and follow-up occurs as necessary. While on the rotation, the resident will be responsible for answering all consultation requests by the various departments within the hospital. The resident will review his/her findings with an attending and will provide care in concert with the patient's medical care. The resident will cover outpatient surgery (OPS) scheduled for patients on the dental service. Residents receive valuable clinical dentistry experiences in the hospital ambulatory surgery areas – over 200 cases per year are done in this setting. The practice has a large number of mentally retarded and developmentally disabled patients who are unable to be treated in the traditional outpatient dental setting. The resident provides the work up and treatment in the ambulatory surgery area. This includes communicating with the patient's physician, pre-op orders, complete dental evaluation and treatment under anesthesia, post-op orders, operative note and discharge summary. Resident coverage is provided for these experiences by our attending general dentists. This rotation allows the resident to become familiar with the dental care of hospitalized patients including patient assessment, treatment and follow-up.

### Urgent Care Service (UC)

On this rotation, the resident will work with the Oral Maxillofacial Surgeons when they cover the



Trauma Service at MVH. This experience will include assisting on their trauma cases as well as any follow-up which occurs during their rotation. The resident will devote the remainder of his/her time to the treatment of patients presenting to the Dental Center at MVH with urgent dental needs. The resident will be available to cover emergency surgical cases of the various attendings on staff at the hospital and serve as back-up when necessary for the resident on the Hospital Dental Service when more than one OPS case is scheduled at the same time. During this rotation the resident will have many opportunities to develop his/her skills in the management of emergent dental conditions. This includes the management of pain, swelling, infections, trauma and bleeding.

#### **Conscious Sedation**

The General Practice Residency provides the residents with the opportunity to participate in a Conscious Sedation elective which when successfully completed qualify the resident for a Conscious Sedation Permit in Ohio. The residents are all trained in ACLS early in the resident year which is required later for acceptance into the Conscious Sedation elective. Residents must also satisfactorily complete their rotations in Family Practice, Internal Medicine and Anesthesia. In addition, a series of lectures provides the residents with the necessary understanding of patient monitoring, pharmacology and airway management. Didactically, at the end of the elective the resident will receive comprehensive testing in conscious sedation principles and emergency care of patients. Satisfactory completion of this allows the resident with appropriate clinical cases to be recommended to the Ohio State Dental Board for a Conscious Sedation Permit.

#### **Off-Service Rotations**

##### **Internal Medicine**

Two weeks will be spent on the Internal Medicine Service at Miami Valley Hospital with the resident spending time on both the inpatient service and attending selected clinics in the Medical Surgical Health Center. The resident will attend morning conferences with the IM Resident Staff Team and round with the residents on their in-house patients. The resident will also be directed to the Medical Surgical Health Clinic off site for certain specialty clinics which have been identified to be beneficial to the resident. Reading assignments are part of this rotation.

##### **Emergency Medicine**

One week will be spent in the Emergency Department under the supervision of the Emergency Medicine Attendings and Physician Assistants. During this week the resident will obtain a better understanding of the evaluation and treatment of medical emergencies. The resident will also have an opportunity to develop some expertise in suturing techniques under the direction of the ER staff.

##### **Anesthesia**

Residents are assigned to work with the Anesthesia staff of MVH to learn the principles and techniques of general anesthesia. During the rotation, the resident will learn about the pre-operative evaluation of patients, selection of pharmacologic agents for anesthesia and sedation, patient monitoring, intubations techniques and venipuncture techniques. Residents will be provided with reading assignments and course objectives for this rotation. The resident will be required to pass competencies for this rotation to be considered for successful completion of the Conscious Sedation Elective that the residency program offers.

##### **Family Medicine**

The Dental Resident will be assigned to a rotational schedule to work with the Family Medicine Residents in their Family Medicine Practice. During the month of the assignment, the resident will be scheduled two days per week. The residents will utilize this time to become more familiar with the medical evaluation and treatment of ambulatory patients with urgent and chronic medical conditions. The goal of this rotation is to better prepare the Dental Resident for the physical evaluation of the ambulatory patient and the coordination of the patient's dental and medical treatment in a dental ambulatory setting.

#### **Resident Evaluation**

##### **Mentorship Program**

Each resident is assigned different mentors during the course of the residency year to work with the resident as he/she progresses through the residency program. The mentor will assist with resident needs, provide guidance in meeting the goals of the residency program as well as resident personal goals as well as providing input back to the resident regarding his/her performance during that quarter. The mentor is available to discuss case management issues with the resident as well as help with treatment planning issues. The mentor will review with the resident his/her performance during their assigned period.

At least three times per year, there is a structured evaluation process. The mentors will review

his/her observations of the resident's performance. The Program Director will also review the findings of the Attendings, Mentor and Off-Service Rotational Faculty as well as the resident procedure log. At this time, the resident's progress towards the residency goals will be reviewed with the resident.



2012 Premier Health Partners. All rights reserved worldwide.  
One Wyoming Street Dayton, OH 45409 (937) 208-8000

[Privacy](#) | [Disclaimer](#) | [Site Map](#) | [For Employees](#)



# Conscious Patient Management With IV and Nitrous Sedation In General Dentistry

## 2012 Dates

December 2<sup>nd</sup> to 8<sup>th</sup>

## 2013 Dates

June 2<sup>nd</sup> – 8<sup>th</sup>  
December 1<sup>st</sup> – 7<sup>th</sup>

**The University Hospital and  
Academic Medical Center for the  
Albert Einstein College of Medicine**

*Montefiore Medical Center  
Department of Dentistry Announces*

**Conscious Patient Management  
With IV and Nitrous Sedation  
In General Dentistry**

2012 Dates

December 2<sup>nd</sup> to 8<sup>th</sup>

2013 Dates

June 2<sup>nd</sup> – 8<sup>th</sup>  
December 1<sup>st</sup> – 7<sup>th</sup>

Montefiore Medical Center  
Department of Dentistry  
Centennial Building  
3332 Rochambeau Avenue – 2<sup>nd</sup> Fl.  
Bronx, NY 10467

*This course meets ADA guidelines, New York State practice requirements,  
and practice requirements of all other states.  
Approved for Academy of General Dentistry Credit.*

For Further Information Contact

Montefiore Medical Center  
Center for Continuing Medical Education  
Email: [npiacent@montefiore.org](mailto:npiacent@montefiore.org) or [chrclark@montefiore.org](mailto:chrclark@montefiore.org)  
718-920-6674 – Fax: 718-798-2336

## Statement of Need

Certification is required by all states for the administration of intravenous sedation by dentists. The goal of this course is to enable and prepare dentists to incorporate and utilize the techniques of intravenous conscious sedation in their practice in order to help patients safely reach a stage where they are awake, comfortable and cooperative, without any anxiety.

## Course Objectives

At the conclusion of this educational activity, the participant should be able to:

1. Describe appropriate components of primary sedation assessment.
2. Demonstrate appropriate use and interpretation of pulse oximetry and capnography for patients undergoing sedation.
3. Describe and demonstrate appropriate intravenous catheter placement.
4. Demonstrate safe and effective titration of midazolam to a level of minimal sedation.
5. Demonstrate proficiency in generating an anesthesia record of care for patients undergoing intravenous sedation.
6. Demonstrate an understanding of the pharmacology of drugs used in intravenous minimal sedation and the pharmacology and appropriate use of reversal agent.
7. Understand how to identify and initially management major medical emergencies that patients may encounter while undergoing sedation.

## Curriculum

The 90 hours curriculum includes didactic material related to patient evaluation and complications, pharmacology and physiology of agents, as well as psychological consideration of pain control in dentistry. Forty-five percent of the course is devoted to performing clinical dentistry on appropriately sedated patients.

This course satisfies The American dental Association Guidelines, New York State practice requirements and the practice requirements of all other states.

## Pre-Requisite for the Course

The participant must have DDS or DMD degree. You will need to submit a copy of your current liability coverage and US dental license prior to your attendance at the course.

CD-ROMs and textbooks are provided to study, at home, before attending the course.

## COURSE DIRECTOR

### **Richard Kraut, DDS**

Professor and Director of Oral and Maxillofacial Surgery  
Albert Einstein College of Medicine  
Chairman, Department of Dentistry  
Montefiore Medical Center

*Born and raised in the Bronx, Dr. Kraut graduated from New York University College of Dentistry and spent 20 years in the United States Army where he completed training in oral and maxillofacial surgery. He retired as a full colonel and joined the staff of Montefiore in 1988 as chief of the Department of Oral and Maxillofacial Surgery. Dr. Kraut is board certified in oral and maxillofacial surgery, dental anesthesiology and oral medicine, and has special interests in dental implants, major bone grafting and tumor reconstruction. He is a sought-after speaker and has lectured in Russia, South Africa, Japan, India and throughout Europe.*

## FACULTY

### **Jairo A. Bastidas, DMD**

Assistant Professor  
Department of Dentistry  
Albert Einstein College of Medicine  
Montefiore Medical Center

### **Robert Kirchmann, DDS**

Assistant Professor  
Albert Einstein College of Medicine  
Montefiore Medical Center

### **Mauricio Wiltz, DDS**

Assistant Professor  
Albert Einstein College of Medicine  
Montefiore Medical Center

### **Albert Einstein College of Medicine**

Albert Einstein College of Medicine, a constituent of Yeshiva University, has evolved since its establishment in 1955 into one of the nation's foremost centers for medical education, research and clinical care for patients from a wide range of economic and cultural backgrounds.

### **Accreditation**

The New York State Educational Department has approved Montefiore Medical Center as a sponsor of continuing education courses in those subjects areas that the Department has determined are appropriate continuing professional education for dentists.

The course is approved for all levels of Academy of General Dentistry credit-mastership, fellowship and membership maintenance. AGD members will receive 90 hours of credit.

## General Information

Dates: Sunday through Saturday

2012: December 2<sup>nd</sup> through 8<sup>th</sup>

2013: June 2<sup>nd</sup> through 8<sup>th</sup> and December 1<sup>st</sup> through 7<sup>th</sup>

### Location:

Montefiore Medical Center  
Department of Dentistry  
Centennial Building – 2<sup>nd</sup> Floor  
3332 Rochambeau Avenue  
Bronx, NY 10467

### Hotel Accommodations:

Please contact Continuing Medical Education at 718-920-6670 for information.

### American with Disabilities Act (ADA):

Albert Einstein College of Medicine and Montefiore Medical Center fully complies with the legal requirements of the ADA and the rule and regulations thereof. If any participant in need of special accommodations, please notify Center for continuing Medical Education, 3301 Bainbridge Avenue, Bronx, NY 10467 two weeks prior to the activity.

### Transportation:

We will provide transportation between the recommended hotel and Montefiore Medical Center each day.

### Early Registration:

December Course: By September 1<sup>st</sup> - \$500.00 discount will be applied.

June Course: By March 1<sup>st</sup> - \$500.00 discount will be applied.

### Cancellation Policy:

Two months prior to the course \$1,000.00 cancellation fee.

The following topics will be covered via Live and Online Lectures:

1. Monitoring
2. Starting an IV
3. Pharmacology of Midazolam, Valium, Opioids, Narcotics and Romazicon
4. Sedation for Medically Compromised Patients
5. Patient Evaluation
6. Post-Operative Analgesics
7. Airway Management
8. Local Anesthesia Agents and Techniques
9. Drug Interactions
10. Pulmonary Physiology Complications and Cautions with N2O
11. Nitrous Oxide Oxygen Sedation Overview
12. Medical Emergency, Preparing Your Office for a Medical Emergency
13. Alternate Methods of Sedation

A Light Breakfast and Lunch will be provided daily.

# CONSCIOUS PATIENT MANAGEMENT WITH IV AND NITROUS SEDATION IN GENERAL DENTISTRY

**2012: Sunday – Saturday, December 2 – 8, 2012**

**2013: Sunday – Saturday, June 2 – 8, 2013 &**

**Sunday – Saturday, December 1 – 7, 2013**

## REGISTRATION FORM

Name \_\_\_\_\_  
Last first middle

Degree \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**REGISTRATION IS LIMITED TO 18 PARTICIPANTS, PLEASE REGISTER EARLY!**

### Dentist:

Registration Fee \$9,500.00  
Deposit \$3,500.00

### Office Assistant:

Registration Fee \$1,500.00  
Deposit \$ 500.00

## THREE CONVENIENT WAYS TO REGISTER

**Phone** with your Visa, MasterCard or American Express number to 718-920-6674

**Fax** this form with your Visa, MasterCard or American Express number to 718-798-2336

**Mail** this form with your check, Visa, MasterCard or American Express number to:

Center for Continuing Medical Education  
3301 Bainbridge Avenue  
Bronx, New York 10467

Make check payable to **MONTEFIORE MEDICAL CENTER**

Charge my Visa MasterCard American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Early Registration: December Course – by September 1<sup>st</sup> – June Course – by March 1<sup>st</sup> - \$500.00 Discount**  
**Cancellation Policy: Two months prior to the Course - \$1,000.00**

**CONTINUING DENTAL EDUCATION**  
University of Minnesota School of Dentistry

*Conscious Sedation Training Program*

*Friday-Monday*  
*January 25-28, 2008*

**PROGRAM**

**Friday morning, January 25**

**6-410 Moos HS Tower**

*Dr. Pam Hughes & Dr. Jim Swift*

- 7:00 Final Registration  
Continental breakfast
- 7:30 Welcome/Introductions *Marie Baudek, Continuing Dental Education*
- 7:35 Needs Assessment *Dr. Swift*
- Overview of Sedation: historical, philosophical and psychological aspects of anxiety and pain control
- definitions and descriptions
- The Sedation Anesthesia Continuum
- descriptions of: minimal sedation, moderate sedation, deep sedation, general anesthesia
- 9:30 Refreshment break
- 9:45 Patient Evaluation and Selection *Dr. Hughes*
- medical history taking, physical diagnosis, psychological evaluation
- Pediatric and Adult Respiratory and Circulatory Physiology and Related Anatomy
- Crisis Management
- 12:00 Lunch (included)

**Friday afternoon, January 25**

**AHC Simulation Center & Dental Research Clinic – 7<sup>th</sup> floor Moos**

*Dr. Dave Basi, Dr. Pam Hughes & Dr. Jim Swift*

- 1:00 *AHC Simulation Center – B-193 Phillips Wangensteen Building*  
Orientation to the AHC Simulation Center *Becky Harrison*
- 1:30 Group Learning Exercises
- AHC Simulation Center – B-197 Phillips Wangensteen Building*
- Station I: Venipuncture *Oral and Maxillofacial Surgery Resident*
- Dental Research Clinic – 7<sup>th</sup> floor*
- Station II: Airway Management *Dr. Basi*
  - Station III: Monitors *Dr. Hughes*
  - Station IV: Documentation *Dr. Swift*
- Assigned groups will begin at the station with the same number as their group (Group I will start at Station I.) Each group will spend 55 minutes at each station. At the end of the 55 min. session, each group will rotate to the next station:
- Group I will move to Station II, then III, ending with IV  
Group II will move to Station III, then IV, ending with I  
Group III will move to Station IV, then I, ending with II  
Group IV will move to Station I, then II, ending with III
- 5:30 Adjourn

## Conscious Sedation Training Program

Friday-Monday, January 25-28, 2008

Program, page 2

### Saturday morning, January 26, 2008

6-410 Moos HS Tower

*Dr. Pam Hughes & Dr. Jim Swift*

7:00 Continental breakfast

7:30 Pharmacology of Local Anesthetics and Agents Used in Moderate Sedation  
• drug interactions and contraindications

*Dr. Swift*

Abuse Potential

9:30 Refreshment break

9:45 Indications and Contraindications for Use of Moderate Sedation

*Dr. Hughes*

Review of Dental Procedures Possible under Moderate Sedation

Patient Monitoring

• using observation – vital signs and reflexes related to consciousness

12:00 Lunch (included)

### Saturday afternoon, January 26, 2008

6-410 Moos HS Tower

*Dr. Dave Basi*

1:00 Monitors and Equipment for Moderate Sedation  
• descriptions and use

*Dr. Basi*

Maintaining Proper Records

• chart entries recording: medical history, physical examination, informed consent  
• time-oriented anesthesia record including the names of drugs administered:  
local anesthetics, doses, and monitored physiological parameters

2:45 Assigned Journal Article Review

*Dr. Basi*

Participant Case Presentation

5:30 Adjourn

## Conscious Sedation Training Program

Friday-Monday, January 25-28, 2008

Program, page 3

**Sunday morning, January 27, 2008**

**6-410 Moos HS Tower**

***Dr. Dave Basi & Dr. Jim Swift***

7:00 Continental breakfast

7:30 Sedation Complications and Emergencies  
• prevention, recognition and management

***Dr. Swift***

Systemic Complications

- prevention, recognition and management: airway maintenance and support of the respiratory and cardiovascular systems

9:30 Refreshment break

9:45 General Medical Emergencies in Dentistry

***Dr. Basi***

Emergency Kit

12:00 Lunch (included)

**Sunday afternoon, January 27, 2008**

**IERC – 2<sup>nd</sup> floor PWB**

***Dr. Dave Basi, Dr. Pam Hughes & Dr. Jim Swift***

*AHC Simulation Center – B-193 Phillips Wangensteen Building*

1:00 Normal Safe Sedation Demonstration on SimMan

***Dr. Swift***

1:30 Clinical Group Learning – SimMan Exercises

- Station I: Cardiac Arrest/Defibrillation
- Station II: Airway Emergencies – Respiratory
- Station III: Laryngospasm, Bronchospasm
- Station IV: Venipuncture

***Dr. Swift  
Dr. Hughes  
Dr. Basi***

***Oral & Maxillofacial Surgery Resident***

Assigned groups will begin at the station with the same number as their group (Group I will start at Station I.) Each group will spend 55 minutes at each station. At the end of the 55 minute session, each group will rotate to the next station:

Group I will move to Station II, then III, ending with IV

Group II will move to Station III, then IV, ending with I

Group III will move to Station IV, then I, ending with II

Group IV will move to Station I, then II, ending with III

5:30 Adjourn

## Conscious Sedation Training Program

Friday-Monday, January 25-28, 2008

Program, page 4

### Monday morning, January 28, 2008

6-410 Moos HS Tower

*Dr. Dave Basi & Dr. Pam Hughes*

7:00 Continental breakfast

7:30 Continuation of Journal Review and Case Presentations

*Dr. Basi*

10:00 Refreshment break

10:30 Incorporating Sedation into Practice

*Dr. Hughes*

11:30 Lunch (included)

### Monday afternoon, January 28, 2008

6-410 Moos & OMS Clinic – 7<sup>th</sup> floor

*Dr. Dave Basi, Dr. Pam Hughes & Dr. Jim Swift*

12:30 Introduction to Clinic

*Drs. Basi, Hughes & Swift*

IV Sedation/General Anesthesia

4:30 Questions & Answers  
Course Wrap-up

*Drs. Basi, Hughes & Swift*

5:00 Adjourn

### Faculty

**David L. Basi**, D.M.D., Ph.D., Assistant Professor, Division of Oral and Maxillofacial Surgery, Department of Developmental and Surgical Sciences, University of Minnesota School of Dentistry; Diplomate, American Board of Oral and Maxillofacial Surgery.

**Pamela J. Hughes**, D.D.S., Assistant Professor and Residency Program Director, Division of Oral and Maxillofacial Surgery, Department of Developmental and Surgical Sciences, University of Minnesota School of Dentistry; Diplomate, American Board of Oral and Maxillofacial Surgery.

**James Q. Swift**, D.D.S., Professor and Director, Division of Oral and Maxillofacial Surgery, Department of Developmental and Surgical Sciences, University of Minnesota School of Dentistry; Diplomate, American Board of Oral and Maxillofacial Surgery. *This course is under the direction of Dr. Swift.*