



STATE OF IOWA

IOWA DENTAL BOARD

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

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

ANESTHESIA CREDENTIALS COMMITTEE

AGENDA

July 25, 2013

12:00 p.m.

Location: Iowa Dental Board, 400 SW 8th St., Suite D, Des Moines, Iowa

(Committee Members May Participate in Person or by Telephone)

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

OPEN SESSION

- I. **CALL MEETING TO ORDER – ROLL CALL** Kaaren Vargas
- II. **COMMITTEE MEETING MINUTES**
 - a. May 2, 2013 – Teleconference
 - b. July 9, 2013 - Teleconference
- III. **GENERAL ANESTHESIA PERMIT APPLICATIONS**
 - a. Jeffery Dean, D.D.S
- IV. **MODERATE SEDATION PERMIT APPLICATIONS**
 - a. Richard Kava, D.D.S
 - b. Karl Kohlgraf, D.D.S
- V. **OTHER BUSINESS** Phil McCollum
 - a. Chapter 29, “Sedation And Nitrous Oxide Inhalation Analgesia,”
Proposed rule amendments
- VI. **OPPORTUNITY FOR PUBLIC COMMENT**
- VII. **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.

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.



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EXECUTIVE DIRECTOR

ANESTHESIA CREDENTIALS COMMITTEE

- TELEPHONIC MEETING -

MINUTES

May 2, 2013

Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members

Lynn Curry, D.D.S.
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.

May 2, 2013

Absent
Present
Absent
Present
Present
Absent
Present

Staff Member

Christel Braness

I. CALL TO ORDER FOR MAY 2, 2013

Dr. Curry called the meeting of the Anesthesia Credentials Committee to order at 12:14 p.m. on Thursday, May 2, 2013. This meeting was held by conference call to review Committee minutes, applications for general anesthesia permit, and other committee business. It was impossible for the Committee to schedule a meeting on such short notice and impractical for the Committee to meet with such a short agenda. A quorum was established with four (4) members present.

Roll Call:

<u>Member</u>	<u>Curry</u>	<u>Burton</u>	<u>Clark</u>	<u>Horton</u>	<u>Roth</u>	<u>Vargas</u>	<u>Westlund</u>
Present		x		x	x		x
Absent	x		x			x	

II. OPEN SESSION MINUTES

- *January 24, 2013 – Committee Minutes*
- ❖ MOVED by WESTLUND, by SECONDED by HORTON, to APPROVE the minutes of the January 24, 2013, meeting as submitted. Motion APPROVED unanimously.

III. GENERAL ANESTHESIA PERMIT APPLICATIONS

- *Joel S. Reynolds, D.D.S.*
- *Ryan B. Lee, D.D.S.*
- *Benjamin L. Fuller, D.D.S.*
- ❖ MOVED by BURTON, SECONDED by WESTLUND, to approve the applications as submitted. Motion APPROVED unanimously.

IV. OTHER BUSINESS

- *2013 Committee Appointments*

Ms. Braness reminded the committee members that the Board would make committee appointments at the May 2013 meeting of the Board. Any members who did not have the time to devote to the committee had the opportunity to decline reappointment. Ms. Braness stated that the assumption would be that the committee members were open to reappointment unless they indicated otherwise.

V. OPPORTUNITY FOR PUBLIC COMMENT

- ❖ MOTION ROTH, SECONDED by WESTLUND to ADJOURN. Motion approved.

VI. ADJOURNMENT

The Anesthesia Credentials Committee adjourned its meeting at 12:19 p.m.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Anesthesia Credentials Committee is scheduled for July 25, 2013. The meeting will be held at the Board offices and by teleconference.

Respectfully submitted,

Melanie Johnson, J.D.
Executive Director

MJ/cb



STATE OF IOWA

IOWA DENTAL BOARD

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

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

ANESTHESIA CREDENTIALS COMMITTEE

- TELEPHONIC MEETING -

MINUTES

July 9, 2013

Conference Room

400 S.W. 8th St., Suite D

Des Moines, Iowa

Committee Members

Kaaren Vargas, D.D.S.
Richard Burton, D.D.S.
Steven Clark, D.D.S.
Lynn Curry, D.D.S.
Douglas Horton, D.D.S.
Gary Roth, D.D.S.
Kurt Westlund, D.D.S.

July 9, 2013

Present
Present
Present
Absent
Present
Present
Present

Staff Member

Christel Braness

OPEN SESSION

I. CALL TO ORDER FOR JULY 9, 2013

Dr. Vargas called the meeting of the Anesthesia Credentials Committee to order at 12:32 p.m. on Tuesday, July 9, 2013. This meeting was held by conference call to review applications for general anesthesia and moderate sedation permits. It was impossible for the Committee to schedule a meeting on such short notice and impractical for the Committee to meet with such a short agenda. A quorum was established with six members present.

Roll Call:

<u>Member</u>	<u>Vargas</u>	<u>Burton</u>	<u>Clark</u>	<u>Curry</u>	<u>Horton</u>	<u>Roth</u>	<u>Westlund</u>
Present	x	x	x		x	x	x
Absent				x			

Dr. Vargas thanked the Anesthesia Credentials Committee members for meeting on such short notice.

I. GENERAL ANESTHESIA PERMIT APPLICATIONS

- *Kyle M. Stein, D.D.S.*

Dr. Vargas reported that Dr. Stein is on faculty at the University Of Iowa College Of Dentistry.

Dr. Westlund clarified that University of Iowa College of Dentistry staff are not usually subject to peer evaluation, as with other permit holders, due to the rigorous credentialing process by the University.

- ❖ MOVED by ROTH, SECONDED by WESTLUND, to recommend approval of a provisional permit, and recommend approval of the application to the Board.

Ms. Braness explained the requirements for provisional permit. Iowa Administrative Code 650—Chapter 29 allows issuance of a provisional permit upon recommendation of the Anesthesia Credentials Committee when sedation services will be provided in a facility, which was previously inspected.

Roll Call:

<u>Member</u>	<u>Vargas</u>	<u>Burton</u>	<u>Clark</u>	<u>Curry</u>	<u>Horton</u>	<u>Roth</u>	<u>Westlund</u>
Aye	x	x	x		x	x	x
Nay							
Abstain							
Absent				x			

Motion APPROVED by ROLL CALL.

II. MODERATE SEDATION PERMIT APPLICATIONS

- *Niels Oestervemb, D.D.S.*

Dr. Vargas reported that Dr. Stein is on faculty at the University Of Iowa College Of Dentistry.

Dr. Vargas asked about the distinction with pediatric and medically-compromised patients. Ms. Braness explained the Iowa Administrative Code 650—Chapter 29 requires specific training in the sedation of these patients within an accredited residency program to qualify. This requirement is due to the higher risk of complications in these patients. Dr. Oestervemb is not seeking the qualification to seek these patient types.

- ❖ MOVED by ROTH, SECONDED by WESTLUND, to recommend approval of a provisional permit, and recommend approval of the application to the Board.

Roll Call:

<u>Member</u>	<u>Vargas</u>	<u>Burton</u>	<u>Clark</u>	<u>Curry</u>	<u>Horton</u>	<u>Roth</u>	<u>Westlund</u>
Aye	x	x	x		x	x	x
Nay							
Abstain							
Absent							

Motion APPROVED by ROLL CALL.

III. OPPORTUNITY FOR PUBLIC COMMENT

Dr. Vargas allowed the opportunity for public comment.

Ms. Braness reported that the Anesthesia Credentials Committee will still need to meet on July 25, 2013 as originally scheduled. There are some additional application, in addition to administrative and policy issues that need to be discussed prior to the August Board meeting.

Dr. Westlund commented that there was an error on Dr. Oestevemb's cover sheet that needs to be corrected. Dr. Stein's name was referenced in a portion of the cover sheet in place of Dr. Oestervemb's. Ms. Braness indicated that she would make the correction with a notation.

IV. ADJOURN

- ❖ MOVED by Roth, SECONDED by Westlund, to adjourn. Motion APPROVED unanimously.

The Anesthesia Credentials Committee adjourned its meeting at 12:41 p.m.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Anesthesia Credentials Committee is scheduled for July 25, 2013. The meeting will be held at the Board offices and by teleconference.

Respectfully submitted,

RECEIVED

JUN 19 2013



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

IOWA DENTAL BOARD

APPLICATION FOR DEEP SEDATION/GENERAL ANESTHESIA 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) Dean Jeffrey Steven				
Other Names Used: (e.g. Maiden)	Home E-mail: jsdeandclsmd@gmail.com		Work E-mail:	
Home Address: 701 E. St Andrews Cir	City: Dakota Dunes	State: SD	Zip: 57049	Home Phone:
License Number:	Issue Date:	Expiration Date:	Type of Practice: Oral Surgery	
SECTION 2 - LOCATION(S) IN IOWA WHERE SEDATION SERVICES WILL BE PROVIDED				
Principal Office Address: 301 Oak Tree Lane	City: Dakota Dunes	Zip: 57049	Phone: 605-242-0107	Office Hours/Days: 8-5-M-F
Other Office Address: 1000 Lincoln Circle SE	City: Orange City	Zip: 51041	Phone: 605-242-0107	Office Hours/Days: 8-5-Monday
Other Office Address: 819 Flindt Drive	City: Storm Lake	Zip: 50588	Phone: 605-242-0107	Office Hours/Days: 8-5-Tuesday
Other Office Address:	City:	Zip:	Phone:	Office Hours/Days:
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 & attach proof.			Check all that apply.	DATE(S):
Advanced education program accredited by ADA that provides training in deep sedation and general anesthesia			<input checked="" type="checkbox"/>	1992-1998
Formal training in airway management			<input type="checkbox"/>	
Minimum of one year of advanced training in anesthesiology in a training program approved by the board			<input type="checkbox"/>	
SECTION 4 - ADVANCED CARDIAC LIFE SUPPORT (ACLS) CERTIFICATION				
Name of Course:		Location:		
Date of Course:		Date Certification Expires:		
Office Use	Lic. #	Sent to ACC:	Peer Eval:	Fee # 24268 \$500
	Permit #	Approved by ACC:	State Ver.:	ACLS
	Issue Date:	Temp #	Inspection:	Res. Ver Form
	Brd Approved:	T. Issue Date:	Inspection Fee:	Res. Cert

Name of Applicant _____

SECTION 5 - DENTAL EDUCATION, TRAINING & EXPERIENCE

Name of Dental School: <u>Creighton University</u>	From (Mo/Yr): <u>8/87</u>	To (Mo/Yr): <u>5/91</u>
City, State: <u>Omaha Nebraska</u>	Degree Received: <u>DDS</u>	

POST-GRADUATE TRAINING. Attach a copy of your certificate of completion for each postgraduate program you have completed.

Name of Training Program: <u>Uni. of Texas / Parkland hospital</u>	Address: <u>5323 Harry Hines</u>	City: <u>Dallas</u>	State: <u>TX</u>
Phone:	Specialty: <u>Oral / Maxillofacial Surgery</u>	From (Mo/Yr): <u>7/92</u>	To (Mo/Yr): <u>6/98</u>

Type of Training: Intern Resident Fellow Other (Be Specific):

Name of Training Program:	Address:	City:	State:
Phone:	Specialty:	From (Mo/Yr):	To (Mo/Yr):

Type of Training: Intern Resident Fellow Other (Be Specific):

CHRONOLOGY OF ACTIVITIES

Provide a chronological listing of all dental and non-dental activities from the date of your graduation from dental school to the present date, with no more than a three (3) month gap in time. Include months, years, location (city & state), and type of practice. Attach additional sheets of paper, if necessary, labeled with your name and signed by you.

Activity & Location	From (Mo/Yr):	To (Mo/Yr):
<u>Private Practice, Pocatello Idaho</u>	<u>7/1/98 - 6/2/10</u>	<u>6/30/10</u>
<u>Associate Professor / Faculty, Loma Linda Cal. Formica</u>	<u>7/1/10</u>	<u>6/30/13</u>

SECTION 6 - DEEP SEDATION/GENERAL ANESTHESIA EXPERIENCE

YES NO A. Do you have a license, permit, or registration to perform sedation in any other state?
If yes, specify state(s) and permit number(s): California, Idaho B05635303

YES NO B. Do you consider yourself engaged in the use of deep sedation/general anesthesia 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 deep sedation/general anesthesia in pediatric patients?

YES NO E. Do you plan to use deep sedation/general anesthesia in medically compromised 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 for sedation purposes? Provide details (IV, inhalation, etc.) and attach a separate sheet if necessary.

IV Sedation - using Versed, Fentanyl, Ketamine, propofol
Morphine, glycopyrrolate, Decadron
Nitrous Oxide Sedation

Name of Applicant Jeffrey S. Dean

Facility Address 1000 Lincoln Circle SE, Orange City

SECTION 7 – AUXILIARY PERSONNEL

A dentist administering 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/	BLS Certification	Date BLS Certification Expires:

SECTION 8 – FACILITIES & EQUIPMENT

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

- 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 three 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)?
- 2 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 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: California COUNTY: San Bernardino

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 deep sedation/general anesthesia. 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 deep sedation/general anesthesia 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 deep sedation/general anesthesia 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.

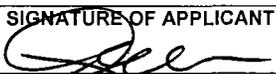
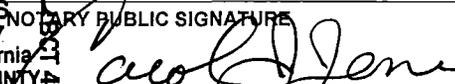
I certify that I am trained and capable of administering Advanced Cardiac Life Support and that I employ sufficient auxiliary personnel to assist in monitoring a patient under deep sedation/general anesthesia. Such personnel are trained in and capable of monitoring vital signs, assisting in emergency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

MUST BE SIGNED IN PRESENCE OF NOTARY ▶	SIGNATURE OF APPLICANT 
NOTARY SEAL	SUBSCRIBED AND SWORN BEFORE ME, THIS <u>11th</u> DAY OF <u>June</u> , YEAR <u>2013</u>
 CAROL J. JONES COMM. #2024017 Notary Public - California SAN BERNARDINO COUNTY My Comm. Exp. Jun. 7, 2017	NOTARY PUBLIC SIGNATURE 
	NOTARY PUBLIC NAME (TYPED OR PRINTED) <u>Carol J. Jones</u>
	MY COMMISSION EXPIRES: <u>06-07-2017</u>



Parkland Health & Hospital System

Dallas County Hospital District
Dallas, Texas

This Certifies That

Jeffrey S. Dean, D.D.S., M.D.

~~has served the Dallas County Hospital District in the capacity of~~

Resident in Oral & Maxillofacial Surgery

from

July 1, 1992 to June 30, 1998

~~has discharged the duties with honor and to the satisfaction
of the Hospital and is hereby granted this CERTIFICATE~~

~~In Witness Whereof we have affixed our signatures and seal this~~

June 30, 1998



Jim Campbell

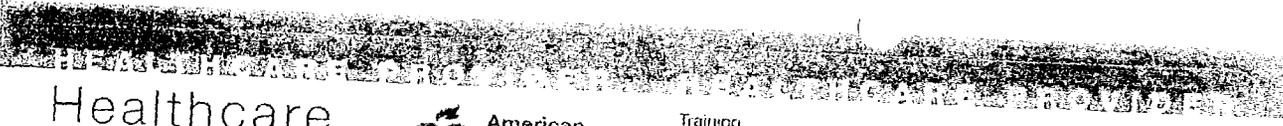
Chairman of the Board of Managers

Edward Elliott III

Chief of Service

Ron J. Anderson, M.D.

President & Chief Executive Officer



Healthcare Provider



PEEL
HERE

Jeffrey Dean

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 BLS for Healthcare Providers (CPR and AED) Program.

Feb 23, 2012
Issue Date

Feb 2014
Recommended Renewal Date

Training Center Name Life Support Education TC ID # CA02955
TC Info Loma Linda, CA 92354 909-558-4977

Course Location Loma Linda University

Instructor Name Evelyn Massey Inst. ID # 05070324819

Holder's Signature

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

This card contains unique security features to protect against forgery.

90-1806 3/11



ACLS Provider



PEEL
HERE

Jeffrey Dean

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.

Feb 23, 2012
Issue Date

Feb 2014
Recommended Renewal Date

Training Center Name Life Support Education TC ID # CA02955

TC Info Loma Linda, CA 92354 909-558-4977

Course Location Loma Linda University

Instructor Name Evelyn Massey Inst. ID # 05070324819

Holder's Signature

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

This card contains unique security features to protect against forgery.

90-1806 3/11



License Detail Report

First Name: Richard

Last Name: Kava

June 19, 2013 4:01 pm

Balance

License Basic Information

License Type ANES-Moderate Sedation
 License Number
 Status Internet Wait
 Original Issue Date
 Balance \$0.00

Facility Equipment

Operating room accommodates patient and 3 staff? Yes
 Operating table or chair sufficient to maintain airway and render emergency aid? Yes
 Lighting is sufficient to evaluate patient and has appropriate battery backup? Yes
 Suction equipment permits aspiration of oral / pharyngeal cavities & a backup? Yes
 Oxygen delivery system with adequate full face masks & adequate backup? Yes
 A recovery area that has oxygen, adequate lighting, suction, & electric outlets? Yes
 Is patient able to be observed by staff at all times during recovery? Yes
 Anesthesia / analgesia systems coded to prevent incorrect administration? Yes
 EKG Monitor? Yes
 Laryngoscope and blades? No
 Endotracheal tubes? No
 Magill forceps? Yes
 Oral airways? Yes
 Stethoscope? Yes
 Blood pressure monitoring device? Yes
 A pulse oximeter? Yes
 Emergency drugs that are not expired? Yes
 A defibrillator (an automated defibrillator is recommended)? Yes
 Do you employ volatile liquid anesthetics and a vaporizer? No
 Number of nitrous oxide inhalation analgesia units in facility? 3

Facility Information

Joining previously inspected facility? No
 Equipment or exemption details
 Provide sedation at more than 1 facility? No
 Equipment requirements met? Yes
 Equipment exemptions? Yes



License Detail Report

First Name: Richard

Last Name: Kava

June 19, 2013 4:01 pm

Balance

Final Acknowledgements

Application Signature Yes
Application Signature Date Jun 19, 2013 16:01:34
ACLS/PALS Certification Acknowledgement Yes
ACLS/PALS Expiration (mm/yyyy) 03/2015

Initial Acknowledgements

Sedation / LA Permit Acknowledgement Yes
Public Record Acknowledgement Yes
Non-Refundable App Fee Acknowledgement Yes
App Valid 180 Days Acknowledgement Yes

MS Restrictions

Authorized to sedate pediatric patients? No
Authorized to sedate ASA 3 or 4 patients? No

Other State Licenses

Permitted In Other States? No
State
Permit Number
Date Verified
State 2
Permit Number 2
Date Verified 2
State 3
Permit Number 3
Date Verified 3

Peer Evaluation

Peer evaluation conducted? No
If no, is one required?
Date of peer evaluation

Printing

Number of Extra Certificates (\$25 ea.) 0
Number of Extra Renewal Cards (\$25 ea.) 0

Renewal Period Option

Joint New / Renewal Qualified No
Joint New / Renewal Accepted No

Sedation Experience

Any patient mortality or other incident? No



License Detail Report

First Name: Richard

Last Name: Kava

June 19, 2013 4:01 pm

Balance

Details of incident

Use enteral moderate sedation? Yes

Use parenteral moderate sedation? Yes

Sedation Training

Mod Sedation training program 60 hrs and 20 patients? Yes

Airway management training? Yes

Airway Training Date Jun 06, 2013

ACLS Certified? Yes

ADA accredited residency program? Yes

Specialty 1 General Practice

Post Graduate Training Type 1

Post Graduate Training Institution 1

Institution 1 City & State

Post Graduate Training 1 Start Date

Post Graduate Training 1 End Date

Continuing Education Course Yes

Continuing Education Course Location Montefiore Medical Center - *Approved training center*

Continuing Education Course Date Completed Jun 08, 2013

Pediatric Training? No

Pediatric Training Location

Pediatric Training Date

Med. Comp. Training? No

Med. Comp. Training Location

Med. Comp. Training Date

Marriage/Divorce Decree Submission Method?

Chronology

Out of State License Information

State/Country	Active	License No.	Date Issued	License Type	How Obtained
---------------	--------	-------------	-------------	--------------	--------------

Question List and Details

Do you currently have a medical condition that in any way impairs orNo limits your ability to practice dentistry with reasonable skill and safety?

Are you currently engaged in the illegal or improper use of drugs or No other chemical substances?

Do you currently use alcohol, drugs, or other chemical substances No that would in any way impair or limit your ability to practice dentistry with reasonable skill and safety?

Are you receiving ongoing treatment or participating in a monitoring No program that reduces or eliminates the limitations or impairments caused by either your medical conditions or use of alcohol, drugs, or



License Detail Report

First Name: Richard

Last Name: Kava

June 19, 2013 4:01 pm

Balance

other chemical substances?	No
Have you ever been requested to repeat a portion of any professional training program/school?	No
Have you ever received a warning, reprimand, or placed on probation or disciplined during a professional training program/school?	No
Have you ever voluntarily surrendered a license issued to you by any professional licensing agency?	No
Was a license disciplinary action pending against you, or were you under investigation by a licensing agency at the time a voluntary surrender of license was tendered?	No
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?	No
Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license you held?	No
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?	No
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 suspended, or revoked?	No

Attachments

KAVA - Sedation Record.pdf

Braness, Christel [IDB]

From: heather@drkava.com
Sent: Tuesday, June 18, 2013 9:46 AM
To: Braness, Christel [IDB]
Subject: Rick Kava Application for Moderate Sedation

Importance: High

Hello Christel,

We have attached a copies of completed application for moderate sedation.

You will get a completed copy of verification of moderate sedation from Montefiore Medical Center. Please contact our office if you need anything further. 712-258-6169 Thank You, Heather

<<

img20130618_09380116.jpg (543.3KB)
img20130618_09383150.jpg (826.0KB)
img20130618_09391143.jpg (840.8KB)
img20130618_09393082.jpg (1.1MB)
img20130618_09395258.jpg (269.2KB)

(3.5MB)

>>

There were some server outages today & I could not download the attachments. I will forward this documentation as soon as it's available.
annette 7/16/13

Braness, Christel [IDB]

From: heather@drkava.com
Sent: Wednesday, June 19, 2013 2:34 PM
To: Braness, Christel [IDB]
Subject: Rick Kava Application for Moderate Sedation

Importance: High

Hello Christel,
We have attached a copies of completed application for moderate sedation.
Thank You,
Heather

<<

img20130618_09380116.jpg	(543.3KB)
img20130618_09383150.jpg	(826.0KB)
img20130618_09391143.jpg	(840.8KB)
img20130618_09393082.jpg	(1.1MB)
img20130618_09395258.jpg	(269.2KB)
KAVA - Sedation Record.pdf	(44.3KB)

(3.5MB)

>>

ADVANCED CARDIOVASCULAR LIFE SUPPORT

**ACLS
Provider**



Rick Kava

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.

3/14/2013

Issue Date

3/30/2015

Recommended Renewal Date

© 2011 American Heart Association. Tampering with this card will affect its appearance. 90-1606

Holder's Signature *Rick Kava*

Instructor Name M Chairmaine Cantrell 0115041870

Course Location **MERCY MEDICAL CENTER**

TC Info SIOUX CITY, IA 51106 712 274-8733

Training Center Name WESTERN IOWA TECH TC ID # 5138

ADVANCED CARDIOVASCULAR LIFE SUPPORT



IOWA DENTAL BOARD
 400 S.W. 8th 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 do 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):
 RICHARD A KRAV DDS

MAILING ADDRESS:
 2930 Hamilton Blvd Upper F Suite 101

CITY: Sioux City STATE: IA ZIP CODE: 51104 PHONE: 712 258 6149

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: [Signature] DATE: 6/10/2013

SECTION 2 - TO BE COMPLETED BY TRAINING PROGRAM DIRECTOR

NAME OF PROGRAM DIRECTOR:
 Richard A. Kraut, DDS

NAME AND LOCATION OF PROGRAM:
 Montefiore Med. Center
 111 E 210th St
 Bronx, NY 10467 ; rkraute@montefiore.org PHONE: (718) 920-4984

FAX: 718 515 5419 E-MAIL: WEB ADDRESS:

DATES APPLICANT PARTICIPATED IN PROGRAM > FROM (MO/DAY/YR): 06/02/13 TO (MO/DAY/YR): 06/08/13 DATE PROGRAM COMPLETED: 6/8/13

- 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.)

NO basic life support training

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

PROGRAM DIRECTOR SIGNATURE: [Signature] DATE: 6/19/20



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

RECEIVED

JUL 3 2013

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)

Kohlgraf, Karl, Gustaf

Other Names Used: (e.g. Maiden)

N/A

Home E-mail:

Karl-kohlgraf@uiowa.edu

Work E-mail:

Karl-kohlgraf@uiowa.edu

Home Address:

212 Dartmouth St.

City:

Iowa City

State:

IA

Zip:

52245

Home Phone:

(319) 338-3142

License Number:

08912

Issue Date:

6/29/12

Expiration Date:

8/31/14

Type of Practice:

General Dentistry

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

Principal Office Address:

200 Hawkins Dr.

City:

Iowa City

Zip:

52242

Phone:

(319) 356-2205

Office Hours/Days:

M-F / 8-5

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

6/30/13

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

Formal training in airway management; OR

Completed

Moderate sedation experience at graduate level, approved by the Board

Completed

SECTION 4 – ADVANCED CARDIAC LIFE SUPPORT (ACLS) CERTIFICATION

Name of Course:

ACLS Training

Location:

UIHC - EMSLR C

Date of Course:

6/27/12

Date Certification Expires:

6/30/14

Office Use	Lic. #	Sent to ACC:	Inspection	Fee #2055 \$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 Karl Gustaf Kohlgraf

SECTION 5 – MODERATE SEDATION TRAINING INFORMATION

Type of Program:

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

Name of Training Program: <u>UIHC General Practice Residency</u>	Address: <u>200 Hawkins Dr.</u>	City: <u>Iowa City</u>	State: <u>IA</u>
---------------------------------------------------------------------	------------------------------------	---------------------------	---------------------

Type of Experience: General Practice Residency

Length of Training: <u>1 year</u>	Date(s) Completed: <u>6/25/12 - 6/30/13</u>
--------------------------------------	------------------------------------------------

Number of Patient Contact Hours:	Total Number of Supervised Sedation Cases:
----------------------------------	--------------------------------------------

- 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.

<p><u>IV</u></p> <p>Diazepam Midazolam</p>	<p><u>Inhalation</u></p> <p>N₂O - O₂</p>	<p><u>Oral</u></p> <p>Triazolam Diazepam</p>
------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------

Name of Applicant Karl Gustaf Kohlgref

Facility Address 200 Hawkins Dr. Iowa City, IA

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:
Elizabeth Kimball	Q09485	1/14/12	1/14
Bridget Anderson	Q06078	2/23/12	2/14
Rachel Schooley	Q06027	2/23/12	2/14
Name:	License/Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Name:	License/Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Name:	License/Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Name:	License/Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Name:	License/Registration #:	BLS Certification Date:	Date BLS Certification Expires:

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)?
- 5 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: <u>Iowa</u>	COUNTY: <u>Johnson</u>
--------------------	------------------------

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.

MUST BE SIGNED IN PRESENCE OF NOTARY ▶	SIGNATURE OF APPLICANT <u>Karl G. Kelly</u>	
	SUBSCRIBED AND SWORN BEFORE ME, THIS <u>10th</u> DAY OF <u>June</u> , YEAR <u>2013</u>	
	NOTARY PUBLIC SIGNATURE <u>Mary Litwiller</u>	
NOTARY SEAL	NOTARY PUBLIC NAME (TYPED OR PRINTED) <u>Mary Litwiller</u>	MY COMMISSION EXPIRES: <u>June 27, 2015</u>



IOWA DENTAL BOARD
 400 S.W. 8th 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):
 Karl Gustaf Kohlgraf

MAILING ADDRESS:
 212 Dartmouth St.

CITY: Iowa City	STATE: IA	ZIP CODE: 52245	PHONE: (319) 338-3142
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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: Karl G. Kohlgraf	DATE: 7/1/13
---------------------------------------------------	------------------------

SECTION 2 - TO BE COMPLETED BY POSTGRADUATE PROGRAM DIRECTOR

NAME OF POSTGRADUATE PROGRAM DIRECTOR:
 Ryan W. Hill

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: UITHC General Practice Residency, University of Iowa Hospitals and Clinics 200 Hawkins Dr. Iowa City, IA 52242	PHONE: (319) 356-2601
------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------

DATES APPLICANT PARTICIPATED IN PROGRAM ▶	FROM (MO/YR): 06/12	TO (MO/YR): 06/13	DATE PROGRAM COMPLETED: 6/30/13
--------------------------------------------------	-------------------------------	-----------------------------	-------------------------------------------

- 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: Ryan Hill	DATE: 7/1/13
-------------------------------------------------	------------------------

The University of Iowa
Hospitals and Clinics
and
Carver College of Medicine

THIS IS TO CERTIFY THAT
Karl G. Kohlgraf, A.B.S.

HAS SERVED AS A

Resident

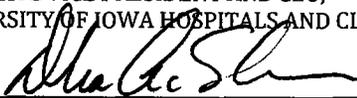
IN THE DEPARTMENT OF
Hospital Dentistry
Division of General Dentistry

June 24, 2012 - June 30, 2013.

TO THE SATISFACTION OF THE
OFFICERS AND STAFF OF THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS
IN WITNESS WHEREOF, THIS CERTIFICATE IS AWARDED AT IOWA CITY IN THE STATE OF IOWA
THIS FIRST DAY OF JULY, TWO THOUSAND AND THIRTEEN

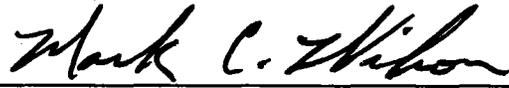


ASSOCIATE VICE PRESIDENT AND CEO,
UNIVERSITY OF IOWA HOSPITALS AND CLINICS

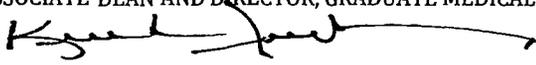


DEAN, CARVER COLLEGE OF MEDICINE

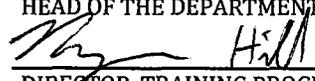




ASSOCIATE DEAN AND DIRECTOR, GRADUATE MEDICAL EDUCATION



HEAD OF THE DEPARTMENT



DIRECTOR, TRAINING PROGRAM

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS
Provider



Karl Kohlgraf

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.

6/27/2012

6/30/2014

Issue Date

Recommended Renewal Date

ADVANCED CARDIOVASCULAR LIFE SUPPORT

Training Center Name	UIHC-EMSLRC	TC ID #	
TC Info	TCCIA05137		
	City 200 Hawkins Dr, Iowa City, IA 52242		
Course Location	319-353-7495		
	EMSLRC		
Instructor Name	Lori Hartley 11110062153	Inst. ID #	
Holder's Signature	<i>Karl G. Kohlgraf</i>		

© 2011 American Heart Association. Tampering with this card will alter its appearance. 90-1805

Type or legibly print the application.

Complete each question on the application. If not applicable, answer N/A.

Include a notarized copy of your marriage certificate or divorce decree if the name on your application is different than the name on your license or other documents.

In section 3, basis for application, you must have completed a training program approved by the board that consists of a minimum of 60 hours of instruction and management of at least 20 patients or an ADA-accredited residency program AND one of the following: formal training in airway management or successful completion of an accredited residency program that includes formal training and clinical experience in moderate sedation approved by the board.

Include evidence of possessing a valid, current certificate in Advanced Cardiac Life Support (ACLS) by copying the front and back of your card.

Complete and mail the appropriate form to your program director 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.

Applicants who received their training in a formal moderate sedation continuing education program must have the program director complete Form B.

Applicants who completed a postgraduate residency program must attach a copy of your certificate of completion of the postgraduate program.

Copy and complete page 3 of the application for each facility in which you plan to provide moderate sedation. Each facility is subject to inspection.

Prior to completing the questions in section 9, read the following definitions.

"Ability to practice dentistry with reasonable skill and safety" means ALL of the following:

1. The cognitive capacity to make appropriate clinical diagnosis, exercise reasoned clinical judgments, and to learn and keep abreast of clinical developments;
2. The ability to communicate clinical judgments and information to patients and other health care providers; and
3. The capability to perform clinical tasks such as dental examinations and dental surgical procedures.

"Medical condition" means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

"Chemical substances" means alcohol, legal and illegal drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of chemical substances or medical conditions may have an ongoing impact on the ability to function and practice, or has adversely affected the ability to function and practice within the past two (2) years.

"Improper use of drugs or other chemical substances" means ANY of the following:

1. The use of any controlled drug, legend drug, or other chemical substance for any purpose other than as directed by a licensed health care practitioner; and
2. The use of any substance, including but not limited to, petroleum products, adhesive products, nitrous oxide, and other chemical substances for mood enhancement.

"Illegal use of drugs or other chemical substances" means the manufacture, possession, distribution, or use of any drug or chemical substance prohibited by law.

For each "Yes" answer in section 9, you must provide a separate, signed statement giving full details, including date(s), location(s), action(s), organization(s) or parties involved, and specific reason(s).

If you have a license, permit, or registration to perform moderate sedation in any other state, request verification of your permit from each state. Please note that some states may require a processing fee.

The application must be notarized.

Enclose the non-refundable application fee of \$500, made payable to Iowa Dental Board.

REPORT TO THE ANESTHESIA CREDENTIALS COMMITTEE

ACTION

MEETING DATE: July 25, 2013
SUBMITTED BY: Melanie Johnson, Executive Director; Phil McCollum, Investigator/IT Specialist; Christel Braness, Program Planner 1
ACTION REQUESTED: Committee Recommendation to Full Board re: Rule Amendments

Background

The Committee considered possible rule amendments several years ago, but rulemaking was not initiated at that time. The Committee previously discussed: *Clarifying* the scope of coverage of a sedation permit, to better define exactly where a dentist can administer sedation under an IDB-issued permit; *Addressing* the “traveling oral surgeon” proposal to handle the situation where a traveling oral surgeon sets up shop in various offices and is then sedating patients at those various locations; *Reviewing* the equipment list and updating it; *Reviewing* the list of drugs that the IDB investigators use during a facility inspection to determine if it needs to be updated; *Determining* if both the dentist and the facility be required to have a sedation permit; *Considering* frequency and scope of inspections – by whom, how often and the appropriate scope and whether or not the University of Iowa College of Dentistry be included in IDB inspections; and *Determining* the role of peer review evaluations and whether they should be required prior to the issuance of a permit.

Since those early discussions, the Committee procedures have changed, we’ve received legal advice from our Assistant Attorney General concerning provisional permits and some subjects that need be in rule rather than guidelines (e.g., frequency of facility inspections, exception for UICD), and new topics identified by members of the public and the Committee (e.g., use of capnography).

Summary of Proposed Rule Amendments

A draft Notice of Intended Action is included for your review and recommendation. The proposed rule changes are summarized below:

Amend 29.1, Definitions. Add new definitions: Board, ACC, Capnography, and Facility

Amend 29.2, Prohibitions. Clarify that before a permit will be issued the facility must be inspected and successfully pass.

Amend 29.3, Requirements for the issuance of deep sedation/general anesthesia permit. *Clarify* that a permit will not be issued until completion of a peer review evaluation, if required by the Board; *Require* that each facility where sedation is administered must maintain a properly equipped facility; *Rescind* the requirement to maintain and train staff on a anesthesia or analgesia machine; *Clarify* that a dentist shall ensure that each facility where sedation services are provided is permanently equipped, as defined in Board rule.

Amend 29.4, Requirements for issuance of moderate sedation permits. *Clarify* that a permit will not be issued until completion of a peer review evaluation, if required by the Board; *Require* that

each facility where sedation is administered must maintain a properly equipped facility; *Rescind* the requirement to maintain and train staff on an anesthesia or analgesia machine.

Amend 29.5, Permit holders. *Clarify* that a permit will not be issued unless the facility has successfully passed an equipment inspection; *Require* a facility inspection prior to issuance of a permit if the facility has not previously been inspected and successfully passed.; *Rescind* the option of issuing a “provisional” permit; *Establish* the frequency of Board office inspections (every 5 years) and provide for an exception for the University of Iowa College of Dentistry (requires UICD to submit written verification that it is properly equipped); and *Require* oral surgery offices to use capnography beginning January 1, 2014, consistent with practices of the American Association of Oral and Maxillofacial Surgeons (AAOMS).

Rule 650--29.6, Nitrous oxide inhalation analgesia. – No change.

Rule 650--29.7, Minimal sedation. – No change.

Rule 650--29.8, Noncompliance. – No change.

Amend 29.9, Reporting of adverse occurrences related to sedation, nitrous oxide inhalation analgesia, and antianxiety premedication. *Minor* amendment to refer to the board “office” where the incident report is to be filed.

Amend 29.10, Anesthesia credentials committee. *Correct* a reference in subrule 29.10(1) to “conscious” sedation – it should be “moderate” sedation; *Update* cross reference to the rule applicable to facility site visits;

New rule 650--29.11, Review of permit applications. *New* rule that describes the process by which permit applications are reviewed by staff, reviewed by the Anesthesia Credentials Committee (ACC) at a public meeting, and ACC recommendations are presented to the Dental Board for final action; *Clarifies* that the appeal process for denial of a permit will follow the process described in rule 65—11.10(147).

Amend 29.11, renumber as 29.12. *Rescind* outdated references to earlier renewal years.

Rescind 29.12, Rules for denial or nonrenewal. The subject would be covered in proposed new rule 29.13, Grounds for nonrenewal. The appeal process to be followed would be the same as the process described in 650—11.10 (147), as provided in proposed rule amendment to 29.11.

New rule 29.13, Grounds for nonrenewal. *New* rule to clarify the reasons the Board may decide not to renew a permit.

Rule 29.13, renumber as 29.14. *Minor* amendments to renumber the rule.

DENTAL BOARD [650]

Notice of Intended Action

Pursuant to the authority of Iowa Code section 147.76, the Dental Board hereby gives Notice of Intended Action to amend Chapter 29, "Sedation and Nitrous Oxide Inhalation Analgesia," Iowa Administrative Code.

The proposed amendments {describe}

Written comments about the proposed amendments will be accepted through xx, 2013. Comments should be directed to: Melanie Johnson, Executive Director, Iowa Dental Board, 400 S.W. 8th Street, Des Moines, IA or by email at Melanie.Johnson@iowa.gov.

A public hearing will be held on xx, 2013 at xx p.m. at the office of the Iowa Dental Board located at 400 SW 8th Street, Suite D, Des Moines, Iowa 50309-4687. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the amendments. Any person who plans to attend the public hearing and who may have special requirements, such as those related to hearing or mobility impairments should contact the Board office and advise of specific needs.

After analysis and review of this rule making, no impact on jobs has been found.

These proposed amendments were approved at the xx, 2013 telephonic meeting of the Iowa Dental Board.

These proposed amendments are intended to implement Iowa Code section 153.19.

The following amendments are proposed.

CHAPTER 29
SEDATION AND NITROUS OXIDE INHALATION ANALGESIA
[Prior to 5/18/88, Dental Examiners, Board of[320]]

650—29.1(153) Definitions. For the purpose of these rules, relative to the administration of deep sedation/general anesthesia, moderate sedation, minimal sedation, and nitrous oxide inhalation analgesia by licensed dentists, the following definitions shall apply:

“*Antianxiety premedication*” means minimal sedation. A dentist providing minimal sedation must meet the requirements of rule 650—29.7(153).

“*ASA*” refers to the American Society of Anesthesiologists Patient Physical Status Classification System. Category 1 means normal healthy patients, and category 2 means patients with mild systemic disease. Category 3 means patients with moderate systemic disease, and category 4 means patients with severe systemic disease that is a constant threat to life.

“*Board*” means the Iowa dental board established in Iowa Code section 147.14(d).

“*Capnography*” is the monitoring of the concentration of exhaled carbon dioxide in order to assess physiologic status or determine the adequacy of ventilation during anesthesia.

“*Committee*” or “*ACC*” means the anesthesia credentials committee of the board.

“*Conscious sedation*” means moderate sedation.

“*Deep sedation/general anesthesia*” is a controlled state of unconsciousness, produced by a pharmacologic agent, accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command.

“*Facility*” means a dental office, clinic, dental school, or other location where sedation is used.

“*Maximum recommended dose (MRD)*” means the maximum FDA-recommended dose of a drug as printed in FDA-approved labeling for unmonitored home use.

“*Minimal sedation*” means a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. The term “minimal sedation” also means “antianxiety premedication” or “anxiolysis.” A dentist providing minimal sedation shall meet the requirements of rule 650—29.7(153).

“*Moderate sedation*” means a drug-induced depression of consciousness, either by enteral or parenteral means, during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Prior to January 1, 2010, moderate sedation was referred to as conscious sedation.

“*Monitoring nitrous oxide inhalation analgesia*” means continually observing the patient receiving nitrous oxide and recognizing and notifying the dentist of any adverse reactions or complications.

“*Nitrous oxide inhalation analgesia*” refers to the administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

“*Pediatric*” means patients aged 12 or under.

[ARC 8614B, IAB 3/10/10, effective 4/14/10]

650—29.2(153) Prohibitions.

29.2(1) *Deep sedation/general anesthesia.* Dentists licensed in this state shall not administer deep sedation/general anesthesia in the practice of dentistry until they have obtained a permit ~~as required by the provisions of this chapter.~~ Dentists shall only administer deep sedation/general anesthesia in a facility that has successfully passed inspection as required by the provisions of this chapter.

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29.2(2) Moderate sedation. Dentists licensed in this state shall not administer moderate sedation in the practice of dentistry until they have obtained a permit ~~as required by the provisions of this chapter.~~ Dentists shall only administer moderate sedation in a facility that has successfully passed inspection as required by the provisions of this chapter.

29.2(3) Nitrous oxide inhalation analgesia. Dentists licensed in this state shall not administer nitrous oxide inhalation analgesia in the practice of dentistry until they have complied with the provisions of rule 650—29.6(153).

29.2(4) Antianxiety premedication. Dentists licensed in this state shall not administer antianxiety premedication in the practice of dentistry until they have complied with the provisions of rule 650—29.7(153). [ARC 8614B, IAB 3/10/10, effective 4/14/10]

650—29.3(153) Requirements for the issuance of deep sedation/general anesthesia permits.

29.3(1) A permit may be issued to a licensed dentist to use deep sedation/general anesthesia on an outpatient basis for dental patients provided the dentist meets the following requirements:

- a. Has successfully completed an advanced education program accredited by the Commission on Dental Accreditation that provides training in deep sedation and general anesthesia; and
- b. Has formal training in airway management; and
- c. Has completed a minimum of one year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program approved by the board.

d. Has completed a peer review evaluation, as may be required by the board, prior to issuance of a permit.

29.3(2) A dentist using deep sedation/general anesthesia shall maintain a properly equipped facility at each facility where sedation is administered. The dentist shall maintain and be trained on the following equipment at each facility where sedation is provided: ~~anesthesia or analgesia machine,~~ EKG monitor, positive pressure oxygen, suction, laryngoscope and blades, endotracheal tubes, magill forceps, oral airways, stethoscope, blood pressure monitoring device, pulse oximeter, emergency drugs, defibrillator. A licensee may submit a request to the board for an exemption from any of the provisions of this subrule. Exemption requests will be considered by the board on an individual basis and shall be granted only if the board determines that there is a reasonable basis for the exemption.

29.3(3) The dentist shall ensure that each facility where sedation services are provided is permanently equipped pursuant to subrule 29.3(2) , and staffed with trained auxiliary personnel capable of reasonably handling procedures, problems and emergencies incident to the administration of general anesthesia. Auxiliary personnel shall maintain current certification in basic life support and be capable of administering basic life support.

29.3(4) A dentist administering deep sedation/general anesthesia must document and maintain current, successful completion of an Advanced Cardiac Life Support (ACLS) course.

29.3(5) A dentist who is performing a procedure for which deep sedation/general anesthesia was induced shall not administer the general anesthetic and monitor the patient without the presence and assistance of at least two qualified auxiliary personnel in the room who are qualified under subrule 29.3(3).

29.3(6) A dentist qualified to administer deep sedation/general anesthesia under this rule may administer moderate sedation and nitrous oxide inhalation analgesia provided the dentist meets the requirements of rule 650—29.6(153).

29.3(7) A licensed dentist who has been utilizing deep sedation/general anesthesia in a competent manner for the five-year period preceding July 9, 1986, but has not had the benefit of formal training as outlined in this rule, may apply for a permit provided the dentist fulfills the provisions set forth in 29.3(2), 29.3(3), 29.3(4), and 29.3(5).

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[ARC 8614B, IAB 3/10/10, effective 4/14/10]

650—29.4(153) Requirements for the issuance of moderate sedation permits.

29.4(1) A permit may be issued to a licensed dentist to use moderate sedation for dental patients provided the dentist meets the following requirements:

a. Has successfully completed a training program approved by the board that meets the American Dental Association Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students and that consists of a minimum of 60 hours of instruction and management of at least 20 patients; and

b. Has formal training in airway management; or

c. Has submitted evidence of successful completion of an accredited residency program that includes formal training and clinical experience in moderate sedation, which is approved by the board.

d. Has completed a peer review evaluation, as may be required by the board, prior to issuance of a permit.

29.4(2) A dentist utilizing moderate sedation shall maintain a properly equipped facility. The dentist shall maintain and be trained on the following equipment at each facility where sedation is provided: ~~anesthesia or analgesia machine~~, EKG monitor, positive pressure oxygen, suction, laryngoscope and blades, endotracheal tubes, magill forceps, oral airways, stethoscope, blood pressure monitoring device, pulse oximeter, emergency drugs, defibrillator. A licensee may submit a request to the board for an exemption from any of the provisions of this subrule. Exemption requests will be considered by the board on an individual basis and shall be granted only if the board determines that there is a reasonable basis for the exemption.

29.4(3) The dentist shall ensure that each facility where sedation services are provided is permanently equipped pursuant to subrule 29.3(2), and staffed with trained auxiliary personnel capable of reasonably handling procedures, problems and emergencies incident to the administration of general anesthesia. Auxiliary personnel shall maintain current certification in basic life support and be capable of administering basic life support.

29.4(4) A dentist administering moderate sedation must document and maintain current, successful completion of an Advanced Cardiac Life Support (ACLS) course.

29.4(5) A dentist who is 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 in the room who is qualified under subrule 29.4(3).

29.4(6) A licensed dentist who has been utilizing moderate sedation on an outpatient basis in a competent manner for five years preceding July 9, 1986, but has not had the benefit of formal training as outlined in this rule, may apply for a permit provided the dentist fulfills the provisions set forth in subrules 29.4(2), 29.4(3), 29.4(4) and 29.4(5).

29.4(7) Dentists qualified to administer moderate sedation may administer nitrous oxide inhalation analgesia provided they meet the requirement of rule 650—29.6(153).

29.4(8) If moderate sedation results in a general anesthetic state, the rules for deep sedation/general anesthesia apply.

29.4(9) A dentist utilizing moderate sedation on pediatric or ASA category 3 or 4 patients must have completed an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric or ASA category 3 or 4 patients. A dentist who does not meet the requirements of this subrule is prohibited from utilizing moderate sedation on pediatric or ASA category 3 or 4 patients.

[ARC 8614B, IAB 3/10/10, effective 4/14/10]

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650—29.5(153) Permit holders.

~~29.5(1) No dentist shall use or permit the use of deep sedation/general anesthesia or moderate sedation in a dental office for dental patients, unless the dentist possesses a current permit issued by the Iowa board of dental examiners. No dentist shall use or permit the use of deep sedation/general anesthesia for dental patients in a facility that has not successfully passed an equipment inspection pursuant to the requirements of 29.3(2). A dentist holding a permit shall be subject to review and facility inspection as deemed appropriate by the board at a frequency described in subrule 29.5(11).~~

29.5(2) An application for a deep sedation/general anesthesia permit must include the appropriate fee as specified in 650—Chapter 15, as well as evidence indicating compliance with rule 650—29.3(153).

29.5(3) An application for a moderate sedation permit must include the appropriate fee as specified in 650—Chapter 15, as well as evidence indicating compliance with rule 650—29.4(153).

~~29.5(4) If an applicant will be practicing at a facility that has been previously inspected and approved by the board, a provisional permit may be granted to the applicant upon the recommendation of the anesthesia credentials committee after review of the applicant's credentials.~~

29.5(4) If a facility has not been previously inspected, no permit shall be issued until the facility has been inspected and successfully passed.

29.5(5) Permits shall be renewed biennially at the time of license renewal following submission of proper application and may involve board reevaluation of credentials, facilities, equipment, personnel, and procedures of a previously qualified dentist to determine if the dentist is still qualified. The appropriate fee for renewal as specified in 650—Chapter 15 of these rules must accompany the application.

29.5(6) Upon the recommendation of the anesthesia credentials committee that is based on the evaluation of credentials, facilities, equipment, personnel and procedures of a dentist, the board may determine that restrictions may be placed on a permit.

29.5(7) The actual costs associated with the on-site evaluation of the facility shall be the primary responsibility of the licensee. The cost to the licensee shall not exceed the fee as specified in 650—Chapter 15.

29.5(8) Permit holders shall follow the American Dental Association's guidelines for the use of sedation and general anesthesia for dentists, except as otherwise specified in these rules.

29.5(9) A dentist utilizing moderate sedation on pediatric or ASA category 3 or 4 patients must have completed an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric or ASA category 3 or 4 patients. A dentist who does not meet the requirements of this subrule is prohibited from utilizing moderate sedation on pediatric or ASA category 3 or 4 patients.

29.5(10) Frequency of facility inspections.

a. The board office will conduct ongoing facility inspections every 5 years of each facility, with the exception of at the University of Iowa College of Dentistry.

b. The University of Iowa College of Dentistry shall submit written verification to the board office indicating that they are properly equipped pursuant to this chapter.

NOTE: discuss how often this is required? 5 years?

29.5(11) Use of capnography required beginning January 1, 2014. Consistent with the practices of the American Association of Oral and Maxillofacial Surgeons (AAOMS), all permit holders shall use capnography in oral surgery offices beginning January 1, 2014.

650—29.6(153) Nitrous oxide inhalation analgesia.

29.6(1) A dentist may use nitrous oxide inhalation analgesia sedation on an outpatient basis for dental patients provided the dentist:

- a. Has completed a board approved course of training; or
- b. Has training equivalent to that required in 29.6(1)“a” while a student in an accredited school of

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dentistry, and

- c. Has adequate equipment with fail-safe features and minimum oxygen flow which meets FDA standards.
- d. Has routine inspection, calibration, and maintenance on equipment performed every two years and maintains documentation of such, and provides documentation to the board upon request.
- e. Ensures the patient is continually monitored by qualified personnel while receiving nitrous oxide inhalation analgesia.

29.6(2) A dentist utilizing nitrous oxide inhalation analgesia shall be trained and capable of administering basic life support, as demonstrated by current certification in a nationally recognized course in cardiopulmonary resuscitation.

29.6(3) A licensed dentist who has been utilizing nitrous oxide inhalation analgesia in a dental office in a competent manner for the 12-month period preceding July 9, 1986, but has not had the benefit of formal training outlined in paragraph 29.6(1)“a” or 29.6(1)“b,” may continue the use provided the dentist fulfills the requirements of paragraphs 29.6(1)“c” and “d” and subrule 29.6(2).

29.6(4) A dental hygienist may administer nitrous oxide inhalation analgesia provided the administration of nitrous oxide inhalation analgesia has been delegated by a dentist and the hygienist meets the following qualifications:

- a. Has completed a board-approved course of training; or
- b. Has training equivalent to that required in 29.6(4)“a” while a student in an accredited school of dental hygiene.

29.6(5) A dental hygienist or registered dental assistant may monitor a patient under nitrous oxide inhalation analgesia provided all of the following requirements are met:

- a. The hygienist or registered dental assistant has completed a board-approved course of training or has received equivalent training while a student in an accredited school of dental hygiene or dental assisting;
- b. The task has been delegated by a dentist and is performed under the direct supervision of a dentist;
- c. Any adverse reactions are reported to the supervising dentist immediately; and
- d. The dentist dismisses the patient following completion of the procedure.

29.6(6) A dentist who delegates the administration of nitrous oxide inhalation analgesia in accordance with 29.6(4) shall provide direct supervision and establish a written office protocol for taking vital signs, adjusting anesthetic concentrations, and addressing emergency situations that may arise.

29.6(7) If the dentist intends to achieve a state of moderate sedation from the administration of nitrous oxide inhalation analgesia, the rules for moderate sedation apply.

[ARC 8369B, IAB 12/16/09, effective 1/20/10; ARC 8614B, IAB 3/10/10, effective 4/14/10]

650—29.7(153) Minimal sedation.

29.7(1) The term “minimal sedation” also means “antianxiety premedication” or “anxiolysis.”

29.7(2) If a dentist intends to achieve a state of moderate sedation from the administration of minimal sedation, the rules for moderate sedation shall apply.

29.7(3) A dentist utilizing minimal sedation and the dentist’s auxiliary personnel shall be trained in and capable of administering basic life support.

29.7(4) Minimal sedation for adults.

a. Minimal sedation for adults is limited to a dentist’s prescribing or administering a single enteral drug that is no more than 1.0 times the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. A single supplemental dose of the same drug may be administered, provided the supplemental dose is no more than one-half of the initial dose and the dentist does not administer the supplemental dose until the dentist has determined the clinical half-life of the initial dose has passed.

b. The total aggregate dose shall not exceed 1.5 times the MRD on the day of treatment.

c. For adult patients, a dentist may also utilize nitrous oxide inhalation analgesia in combination with a single enteral drug.

d. Combining two or more enteral drugs, excluding nitrous oxide, prescribing or administering drugs that are not recommended for unmonitored home use, or administering any intravenous drug constitutes moderate sedation and requires that the dentist must hold a moderate sedation permit.

29.7(5) Minimal sedation for ASA category 3 or 4 patients or pediatric patients.

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a. Minimal sedation for ASA category 3 or 4 patients or pediatric patients is limited to a dentist's prescribing or administering a single dose of a single enteral drug that can be prescribed for unmonitored home use and that is no more than 1.0 times the maximum recommended dose.

b. A dentist may administer nitrous oxide inhalation analgesia for minimal sedation of ASA category 3 or 4 patients or pediatric patients provided the concentration does not exceed 50 percent and is not used in combination with any other drug.

c. The use of one or more enteral drugs in combination with nitrous oxide, the use of more than a single enteral drug, or the administration of any intravenous drug in ASA category 3 or 4 patients or pediatric patients constitutes moderate sedation and requires that the dentist must hold a moderate sedation permit.

29.7(6) A dentist providing minimal sedation shall not bill for non-IV conscious or moderate sedation.

29.7(7) A dentist shall ensure that any advertisements related to the availability of antianxiety premedication, anxiolysis, or minimal sedation clearly reflect the level of sedation provided and are not misleading.

[ARC 8614B, IAB 3/10/10, effective 4/14/10]

650—29.8(153) Noncompliance. Violations of the provisions of this chapter may result in revocation or suspension of the dentist's permit or other disciplinary measures as deemed appropriate by the board.

650—29.9(153) Reporting of adverse occurrences related to sedation, nitrous oxide inhalation analgesia, and antianxiety premedication.

29.9(1) Reporting. All licensed dentists in the practice of dentistry in this state must submit a report within a period of seven days to the board office of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of, antianxiety premedication, nitrous oxide inhalation analgesia, or sedation. The report shall include responses to at least the following:

- a. Description of dental procedure.
- b. Description of preoperative physical condition of patient.
- c. List of drugs and dosage administered.
- d. Description, in detail, of techniques utilized in administering the drugs utilized.
- e. Description of adverse occurrence:
 1. Description, in detail, of symptoms of any complications, to include but not be limited to onset, and type of symptoms in patient.
 2. Treatment instituted on the patient.
 3. Response of the patient to the treatment.
- f. Description of the patient's condition on termination of any procedures undertaken.

29.9(2) Failure to report. Failure to comply with subrule 29.9(1), when the occurrence is related to the use of sedation, nitrous oxide inhalation analgesia, or antianxiety premedication, may result in the dentist's loss of authorization to administer sedation, nitrous oxide inhalation analgesia, or antianxiety premedication or in any other sanction provided by law.

[ARC 8614B, IAB 3/10/10, effective 4/14/10]

650—29.10(153) Anesthesia credentials committee.

29.10(1) The anesthesia credentials committee is a peer review committee appointed by the board to assist the board in the administration of this chapter. This committee shall be chaired by a member of the board and shall include at least six additional members who are licensed to practice dentistry in Iowa. At least four members of the committee shall hold deep sedation/general anesthesia or ~~conscious~~ moderate sedation permits issued under this chapter.

29.10(2) The anesthesia credentials committee shall perform the following duties at the request of the board:

- a. Review all permit applications and make recommendations to the board regarding those applications.
- b. Conduct site visits at facilities under ~~subrule 29.5(4)~~ rule 650--29.1(153) and report the results of those site visits to the board. The anesthesia credentials committee may submit recommendations to the board regarding the appropriate nature and frequency of site visits.

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- c. Perform professional evaluations and report the results of those evaluations to the board.
- d. Other duties as delegated by the board or board chairperson.

650—29.11 (153) Review of permit applications.

29.11(1) Review by board staff. Upon receipt of a completed application, the application will be reviewed by board staff for eligibility. Following staff review, a public meeting of the ACC will be scheduled.

29.11(2) Review by the anesthesia credentials committee (ACC).

Following review and consideration of an application, the ACC may at its discretion:

1. Request additional information;
2. Request an investigation;
3. Request that the applicant appear for an interview;
4. Recommend issuance of the permit;
5. Recommend issuance of the permit under certain terms and conditions or with certain restrictions;
6. Recommend denial of the permit; or
7. Refer the permit application to the board for review and consideration without recommendation.
8. Request a peer review evaluation.

29.11(3) Review by board. The board shall consider applications and recommendations from the ACC. The board shall:

1. Request additional information;
2. Request an investigation;
3. Request that the applicant appear for an interview;
4. Grant the permit;
5. Grant the permit under certain terms and conditions or with certain restrictions; or
6. Deny a permit.

29.11 (4) Right to defer action if pending investigation or discipline. The ACC or board may defer final action on an application if there is an investigation or disciplinary action pending against an applicant, who may otherwise meet the requirements for permit until such time as ACC or board is satisfied that issuance of a permit to the applicant poses no risk to the health and safety of Iowans.

29.11 (5) Appeal process for denials. If a permit application is denied, an applicant may file an appeal of the final decision using the process described in rule 650—11.10(147).

650—29.12 29.11(153) Renewal. A permit to administer deep sedation/general anesthesia or moderate sedation shall be renewed biennially at the time of license renewal. ~~Prior to July 1, 2008, permits expired on June 30 of every even-numbered year. A permit due to expire June 30, 2008, shall be automatically extended until August 30, 2008, and expire August 31, 2008. Beginning July 1, 2008, P~~permits expire August 31 of every even-numbered year.

29.12 (1) 29.11(1) To renew a permit, a licensee must submit the following:

- a. Evidence of renewal of ACLS certification.
- b. A minimum of six hours of continuing education in the area of sedation. These hours may also be submitted as part of license renewal requirements.
- c. The appropriate fee for renewal as specified in 650—Chapter 15.

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29.12 (2) ~~29.11(2)~~ Failure to renew the permit prior to November 1 following its expiration shall cause the permit to lapse and become invalid for practice.

29.12 (3) ~~29.11(3)~~ A permit that has been lapsed may be reinstated upon submission of a new application for a permit in compliance with rule 29.5(153) and payment of the application fee as specified in 650—Chapter 15. [ARC 8614B, IAB 3/10/10, effective 4/14/10]

~~650—29.12(153) Rules for denial or nonrenewal.~~ A dentist who has been denied a deep sedation/general anesthesia or moderate sedation permit or renewal may appeal the denial and request a hearing on the issues related to the permit or renewal denial by serving a notice of appeal and request for hearing upon the executive director not more than 30 days following the date of the mailing of the notification of the permit or renewal denial, or not more than 30 days following the date upon which the dentist was served notice if notification was made in the manner of service of an original notice. The hearing shall be considered a contested case proceeding and shall be governed by the procedures set forth in 650 IAC 51.

[ARC 8614B, IAB 3/10/10, effective 4/14/10]

650—29.13 (147, 153, 272C) Grounds for nonrenewal. A request to renew a permit may be denied on any of the following grounds:

29.13(1) After proper notice and hearing, for a violation of these rules or Iowa Code chapter 147, 153, or 272C during the term of the last permit renewal.

29.13(2) Failure to pay required fees.

29.13(3) Failure to obtain required continuing education.

29.13(4) Failure to provide documentation of current ACLS certification.

29.13(5) Failure to provide documentation of maintaining a properly equipped facility.

29.13(6) Receipt of a certificate of noncompliance from the college student aid commission or the child support recovery unit of the department of human services in accordance with 650—chapter 33 and 650—Chapter 34.

~~650—29.14 29.13(153) Record keeping.~~

29.14(1) ~~29.13(1)~~ *Minimal sedation.* An appropriate sedative record must be maintained and must contain the names of all drugs administered, including local anesthetics and nitrous oxide, dosages, time administered, and monitored physiological parameters, including oxygenation, ventilation, and circulation.

29.14(2) ~~29.13(2)~~ *Moderate or deep sedation.* The patient chart must include preoperative and postoperative vital signs, drugs administered, dosage administered, anesthesia time in minutes, and monitors used. Pulse oximetry, heart rate, respiratory rate, and blood pressure must be recorded continually until the patient is fully ambulatory. The chart should contain the name of the person to whom the patient was discharged.

29.14(3) ~~29.13(3)~~ *Nitrous oxide inhalation analgesia.* The patient chart must include the concentration administered and duration of administration, as well as any vital signs taken.

[ARC 8369B, IAB 12/16/09, effective 1/20/10; ARC 8614B, IAB 3/10/10, effective 4/14/10]

These rules are intended to implement Iowa Code sections 153.33 and 153.34.