



# STATE OF IOWA

## IOWA DENTAL BOARD

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

PHIL MCCOLLUM  
INTERIM DIRECTOR

### ANESTHESIA CREDENTIALS COMMITTEE

#### AGENDA

Updated 9/30/2014

\*New Information in red

October 2, 2014, 12:00 P.M.

**Location\*:** Iowa Dental Board, 400 SW 8<sup>th</sup> St., Suite D, Des Moines, Iowa

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

- I. CALL MEETING TO ORDER – ROLL CALL**
- II. COMMITTEE MINUTES**
  - a. July 17, 2014 – Teleconference Meeting
  - b. September 18, 2014 – Teleconference Meeting
- III. APPLICATION FOR MODERATE SEDATION PERMIT**
  - a. Kayla Risma, D.D.S.
  - b. **Brian Prudent, D.D.S. – Additional Course Information Provided**
- IV. OTHER BUSINESS**
  - a. Committee Meeting Dates
  - b. Request for Survey
  - c. Requests for Consideration of Prior Training and Experience
    - i. Judd Larson, D.D.S.
    - ii. Dean Hussong, D.D.S.
- V. OPPORTUNITY FOR PUBLIC COMMENT**
- VI. ADJOURN**

\*Committee members may participate by telephone or in person.

If you require the assistance of auxiliary aids or services to participate in or attend the meeting because of a disability, please call the Board office 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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INTERIM DIRECTOR

### ANESTHESIA CREDENTIALS COMMITTEE

#### MINUTES

July 17, 2014

Conference Room

400 S.W. 8<sup>th</sup> St., Suite D

Des Moines, Iowa

#### Committee Members

July 17, 2014

Kaaren Vargas, D.D.S.

Absent

Richard Burton, D.D.S.

Absent

Steven Clark, D.D.S.

Present

John Frank, D.D.S.

Present

Douglas Horton, D.D.S.

Present

Gary Roth, D.D.S.

Present

Kurt Westlund, D.D.S.

Present

#### Staff Member

Phil McCollum, Christel Braness

#### I. CALL MEETING TO ORDER – JULY 17, 2014

Ms. Braness called the meeting of the Anesthesia Credentials Committee to order at 12:05 p.m. on Thursday, July 17, 2014. This meeting was held by conference call to review meeting minutes and discuss other committee-related matters. It was impractical for the committee to meet in person with such a short agenda. A quorum was established with five members present.

Roll Call:

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

#### II. COMMITTEE MINUTES

- *March 27, 2014 – Teleconference*
- *June 27, 2014 - Teleconference*

- ❖ MOVED by ROTH, SECONDED by FRANK, to APPROVE the meeting minutes as submitted. Motion approved unanimously.

### III. OTHER BUSINESS

#### ADDITIONAL REVIEW OF THE COURSE IN MODERATE SEDATION PROVIDED BY CONSCIOUS SEDATION CONSULTING

- *Bernard Dudzinski, D.D.S. – MS-0113*
- *Jordan Dudzinski, D.D.S. – MS-0114*
- *Brad Richtsmeier, D.D.S. – MS-0115*

Ms. Braness provided an overview of the items for review. At the last meeting of the Anesthesia Credentials Committee, the committee had voted to approve moderate sedation permits with the use of a single drug to Dr. B. Dudzinski, Dr. J. Dudzinski and Dr. Richtsmeier pending the receipt of additional information in regards to their sedation training. All three practitioners completed their training through Conscious Sedation Consulting.

Dr. Frank noted that the patient records from their sedation experiences were not included for review. In reviewing the records, Dr. Frank thought it was a little unclear as to the training in multiple drug use. Dr. Frank stated that would he would be hesitant to approve the use of multiple drugs.

Dr. J. Dudzinski was given the opportunity to address this. Dr. Dudzinski reported that they received training in the use of fentanyl and versed. The use of fentanyl was minor, and meant to assist with the initial injection. Dr. Dudzinski reported that he and his father are licensed in Nebraska to administer moderate sedation with multiple drugs. Dr. Dudzinski stated that he could forward the patient records for review by the committee. Dr. Frank stated that he would appreciate seeing the records. Dr. Dudzinski inquired about how the records could be submitted at that time. Ms. Braness stated that the committee members were participating remotely and there was no way to distribute the material for review at the time of the meeting.

Mr. McCollum stated that the information could be forwarded to the board office for distribution. Mr. McCollum indicated that the committee also has discretion to authorize the removal of the restriction upon receipt of documentation showing sufficient training in this area. Ultimately, it would be up to the committee members to decide how to proceed.

Dr. Frank stated he would prefer receiving the patient records prior to removing the restriction. Dr. Frank thought that this was important. Dr. Frank indicated that he was open to further discussion on this matter if the other committee members felt differently.

Dr. J. Dudzinski stated that he and his father have completed at least 10-20 cases with multiple drugs in Nebraska since training was completed. Dr. Dudzinski stated that the amount of fentanyl used is very small. To date, Dr. Dudzinski reported that they have not had any complications or cases, which resulted in respiratory depression. Dr. Dudzinski reported that they are using approximately 25 micrograms of fentanyl in their administration. Dr. Dudzinski reported that his father, Dr. Bernard Dudzinski was on the call as well. Dr. Dudzinski reported that they are only providing sedation to ASA 1-2 patients, with the assistance of an ICU nurse, who is on staff. They are very cautious in their use. The fentanyl is used in small doses with the initial injection.

Dr. Roth expressed some concerns about making an issue out of the training in the use of single versus multiple drugs. The committee has not made an issue of this with previous applications. Dr. Roth had concerns about questions, which might arise due to the sudden focus in this area. Dr. Roth noted that there are current restrictions regarding the sedation of pediatric and medically-compromised patients.

Dr. Roth is not opposed to looking into this matter further; however, he would prefer that the committee address this by rule, and address these concerns going forward. It may be unfair to the current applicants to apply a standard, which had not been required in the past. If this was going to become an area of focus when reviewing moderate sedation applications, practitioners should be informed of these concerns in advance, as opposed to scrutinizing the training after the fact.

Dr. Frank stated that he did not intend to blindside anyone. Dr. Frank reiterated that being new to the committee, he wants to ensure that there is sufficient information when making recommendations for issuance of moderate sedation permits given the increased risk for complications. Dr. Frank stated that the committee has issued restrictions with the use of ketamine and dilaudid with past applications.

Dr. Roth wondered about how to handle these concerns, particularly for those practitioners who have been sedating for some time. Dr. Roth is not opposed to change; however, proposed changes should be discussed more thoroughly in advance of implementing changes. Dr. Roth stated that there are legitimate concerns with regards to the other drug restrictions since the administration of those particular drugs are more likely to approach deep sedation, which would be of greater concern.

Mr. McCollum affirmed Dr. Roth's comments. Iowa, historically, has been more concerned with the level of sedation reached, as opposed to the method of delivery. Mr. McCollum felt that this might be an issue that would be better addressed through the rulemaking process. There may be legitimate concerns with limiting the use of certain drugs due to the level of sedation that may be reached. Mr. McCollum gave the example of having restricted or limited the use of propofol in the past.

Dr. Frank stated that the factor that came into his mind was whether, during the course of the training, the practitioners are being shown the synergistic effects of the use of multiple drugs during training? If they have received that training, he has no concerns about lifting the restriction on the use of a single drug.

Mr. McCollum stated that, moving forward, the committee may want to look at these issues more closely. In particular, the committee may want to more thoroughly review training protocols in the use of multiple drugs prior to approving courses for training in moderate sedation. That would allow the committee to address these concerns early in the process, as opposed to waiting until an application is pending.

Ms. Braness stated that Mr. Pigg, the program director of Conscious Sedation Consulting, stated in an email, that they provide training in the use of fentanyl and versed. Dr. J. Dudzinski also

confirmed having received training in the use of both drugs. Dr. Dudzinski again offered to provide the patient records from the training.

Dr. Clark asked about seeing the patient records and reviewing them. Dr. Clark inquired about addressing this via email. Ms. Braness reported that committee business must be conducted during a noticed open meeting of the committee. Approval of the training would be committee business.

Mr. McCollum suggested that the committee could choose to lift the restriction pending receipt by board staff of patient records sufficiently demonstrating the use of both drugs during the course of the training.

Dr. Westlund asked if that would be allowed. Ms. Braness stated that this should be okay so long as the committee is very clear about what would be required to lift the restriction.

Dr. Clark asked for confirmation that the committee would not be required to meet on this further unless they would choose to reinstate the restriction against the use of multiple drugs. Ms. Braness stated that the administrative delegation would not require further review by the committee so long as they were clear about the requirements. If the committee was not comfortable delegating that review to board staff, they should not make that motion.

- ❖ MOVED by ROTH, to grant the use of versed and fentanyl upon receipt of patient records demonstrating the training and administration of these drugs during the course of their training.

Dr. Clark asked if they could also provide patient records of the sedation cases they've completed in Nebraska. Dr. Roth clarified that those cases would not be considered part of their training.

Ms. Braness asked for clarification that the committee members wanted evidence of the practitioner having administered the drugs in the sedation cases completed during training, documenting clinical experience, apart from observation or didactic training and education. The committee members agreed that demonstrated clinical experience during the course of training would be required.

Dr. J. Dudzinski inquired as to whether they should submit patient records from their practice in Nebraska. Ms. Braness stated that they could choose to submit those records; however, the committee was more concerned about patient experiences completed during the course of their training.

Dr. Clark asked if this would be an undue burden to provide those records. Dr. J. Dudzinski stated that they have access to those files. Mr. McCollum asked for confirmation that they have, in their possession, the patient records from the cases, which they completed during the course of training. Dr. J. Dudzinski confirmed that they had the patient records and could easily submit them for review.

Ms. Braness reviewed the motion that was currently before the committee. Ms. Braness stated that the motion required a second before the vote could be taken.

- ❖ MOVED by ROTH, SECONDED by WESTLUND, to grant the use of multiple drugs, specifically, versed and fentanyl, upon receipt of patient records demonstrating the training and administration of these drugs during the course of their training.

Dr. Clark asked if the restriction should be removed as it relates to the drugs in which they received training, or if the restriction would relate to the classifications of the drugs: benzodiazepines and narcotics. This might be a concern as new drugs become available. Dr. Westlund agreed with Dr. Clark's concerns. Dr. Westlund recommended allowing the use of the drugs in which they specifically received training. Ms. Braness did not foresee this being a problem, as the three practitioners have indicated limiting themselves to the use of versed and fentanyl.

Mr. McCollum stated that best practice would be treat these as we have in the past by granting an unrestricted permit.

Ms. Braness reviewed the motion before the committee. The vote was taken. Motion APPROVED unanimously.

#### MEETING SCHEDULE

Ms. Braness reported that the committee discussed, briefly, the idea of trying to schedule a meeting in person to address some of these broader issues in person. Ms. Braness stated that a decision does not need to be made today; however, it would be good for the committee members to consider this for scheduling purposes.

Mr. McCollum suggested that the meeting be held in Iowa City. Dr. Roth asked if the meeting could be held in the mid-late afternoon to better accommodate scheduling. Ms. Braness stated that this would not be a problem.

Mr. McCollum asked if the committee members would prefer to meet in Iowa City. Dr. Frank stated that he was indifferent to the location and would make himself available. Dr. Westlund was in support of meeting in Iowa City.

Dr. Roth suggested meeting from approximately 2:00 p.m. – 5:00 p.m. Ms. Braness stated that should not be a problem.

Dr. J. Dudzinski asked for clarification about the removal of the restriction. Ms. Braness confirmed that the restriction would be lifted following the receipt of the patient records and confirmation that the training was sufficient. The sooner the records could be submitted, the sooner the restriction could be lifted.

Dr. J. Dudzinski asked about the matter of this being a renewal year. Ms. Braness stated that the renewal process was much more simplified and did not require the same documentation and review as a new permit application.

#### **IV. OPPORTUNITY FOR PUBLIC COMMENT**

Ms. Braness allowed the opportunity for public comment.

No comments were received.

**V. ADJOURN**

- ❖ MOVED by HORTON, SECONDED by WESLUND, to adjourn. Motion APPROVED unanimously.

The Anesthesia Credentials Committee adjourned its meeting at 1:05 p.m.

**NEXT MEETING OF THE COMMITTEE**

The next meeting of the Anesthesia Credentials Committee is scheduled for September 18, 2014. The meeting will be held at the Board offices and by teleconference.

These minutes are respectfully submitted by Christel Braness, Program Planner 2, Iowa Dental Board.



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### ANESTHESIA CREDENTIALS COMMITTEE

#### MINUTES

**September 18, 2014**  
**Conference Room**  
**400 S.W. 8<sup>th</sup> St., Suite D**  
**Des Moines, Iowa**

#### **Committee Members**

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

#### **September 18, 2014**

Present  
Absent  
Absent  
Present  
Present  
Present  
Present

#### **Staff Member**

Christel Branness

### **I. CALL MEETING TO ORDER – SEPTEMBER 18, 2014**

Ms. Branness called the meeting of the Anesthesia Credentials Committee to order at 12:02 p.m. on Thursday, September 18, 2014. This meeting was held by conference call to review an application for general anesthesia, which requires committee review and approval prior to issuance. It was impractical for the committee to meet in person with such a short agenda. A quorum was established with five members present.

Roll Call:

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

### **II. APPLICATION FOR GENERAL ANESTHESIA PERMIT**

- *Justin Nagel, D.D.S.*

Ms. Branness provided an overview of the application. Dr. Nagel recently moved back to Iowa and is joining an existing practice.

The committee members indicated that they had not comments regarding the application.

- ❖ MOVED by WESTLUND, SECONDED by VARGAS, to APPROVE the application for general anesthesia permit. Motion approved unanimously.

### **III. OPPORTUNITY FOR PUBLIC COMMENT**

Dr. Roth asked for an update about the meeting scheduled for October 2, 2014. Ms. Braness reported that she was still trying to ensure that there would be a quorum prior to finalizing the meeting details. Since a number of people would be required to travel to Iowa City as proposed, it was necessary to ensure a sufficient number of committee members were available to maintain a quorum. Ms. Braness reported that she was waiting to hear back from Dr. Burton, who was currently out of the office. Ms. Braness stated that staff would try to follow up early next week with the final details of the meeting.

### **IV. ADJOURN**

- ❖ MOVED by ROTH, SECONDED by VARGAS, to adjourn. Motion APPROVED unanimously.

The Anesthesia Credentials Committee adjourned its meeting at 12:05 p.m.

### **NEXT MEETING OF THE COMMITTEE**

The next meeting of the Anesthesia Credentials Committee is scheduled for October 2, 2014. The meeting will be held at the Board offices and by teleconference.

These minutes are respectfully submitted by Christel Braness, Program Planner 2, Iowa Dental Board.



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

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SEP 08 2014

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)

Risma, Kayla, Marie

Other Names Used: (e.g. Maiden)

Kayla Marie Bohlen

Home E-mail:

kayla.risma@gmail.com

Work E-mail:

kayla.risma.dds@gmail.com

Home Address:

6116 Stockwood Dr.

City:

Asbury

State:

IA

Zip:

52002

Home Phone:

402-690-3825

License Number:

08808

Issue Date:

5/10/2011

Expiration Date:

8/31/2016

Type of Practice:

pediatric

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

Principal Office Address:

3455 Stoneman Dr. Ste 2B

City:

Dubuque

Zip:

52002

Phone:

563-582-1478

Office Hours/Days:

8-5 M-Th  
8-3 Fri

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

07/2012 -  
07/2014

ADA-accredited Residency Program that includes moderate sedation training

Completed

07/2012 -  
07/2014

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

07/2012  
07/2014

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

Name of Course:

Pediatric Advanced Life Support

Location:

Univ. of Iowa Hospitals + Clinics

Date of Course:

6/24/2014

Date Certification Expires:

6/30/2016

Office Use	Lic. #	Sent to ACC:	Inspection	Fee
	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

#1012 \$500

Name of Applicant Kayla Risma

SECTION 5 – MODERATE SEDATION TRAINING INFORMATION			
Type of Program: <input checked="" type="checkbox"/> Postgraduate Residency Program <input type="checkbox"/> Continuing Education Program <input type="checkbox"/> Other Board-approved program, specify:			
Name of Training Program: <u>Univ. of Iowa Pediatric Residency</u>	Address: <u>801 Newton Rd. Dental Sci. Bldg</u>	City: <u>Iowa City</u>	State: <u>IA</u>
Type of Experience: <u>oral <del>conscious</del> conscious sedation</u>			
Length of Training: <u>24 months</u>		Date(s) Completed: <u>07/2012 - 07/2014</u>	
Number of Patient Contact Hours:		Total Number of Supervised Sedation Cases: <u>26</u>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   1. Did you satisfactorily complete the above training program? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   2. Does the program include at least sixty (60) hours of didactic training in pain and anxiety? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   4. Physical evaluation; <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   5. IV sedation; <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   6. Airway management; <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   7. Monitoring; and <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   8. Basic life support and emergency management. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   9. Does the program include clinical experience in managing compromised airways? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   10. Does the program provide training or experience in managing moderate sedation in pediatric patients? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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): _____			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   B. Do you consider yourself engaged in the use of moderate sedation in your professional practice?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   D. Do you plan to use moderate sedation in pediatric patients?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   E. Do you plan to use moderate sedation in medically compromised (ASA category 3 or 4) patients?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   F. Do you plan to engage in enteral moderate sedation?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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.  <u>oral midazolam</u> <u>nitrous oxide</u> <u>local anesthesia</u>			

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

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

**SECTION 10 – AFFIDAVIT OF APPLICANT**

STATE: Iowa COUNTY: Dubuque

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

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

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

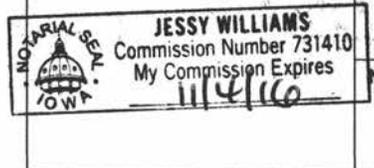
I am aware that pursuant to Iowa Administrative Code 650—29.9(153) I must report any adverse occurrences related to the use of sedation. I also understand that if moderate sedation results in a general anesthetic state, the rules for deep sedation/general anesthesia apply.

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

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

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

<b>MUST BE SIGNED IN PRESENCE OF NOTARY ►</b>	SIGNATURE OF APPLICANT <i>Kayle Kama</i>	
	SUBSCRIBED AND SWORN BEFORE ME, THIS <u>5</u> DAY OF <u>Sept</u> , YEAR <u>2014</u>	
NOTARY SEAL	NOTARY PUBLIC SIGNATURE <i>Jessy Williams</i>	
	NOTARY PUBLIC NAME (TYPED OR PRINTED) <u>Jessy Williams</u>	MY COMMISSION EXPIRES: <u>11/4/2016</u>





THE UNIVERSITY OF IOWA  
College of Dentistry

THIS IS TO CERTIFY THAT

Kayla Marie Risma

HAS SUCCESSFULLY COMPLETED THE REQUIREMENTS FOR THE

Certificate in Pediatric Dentistry

TO THE SATISFACTION OF THE FACULTY

IN WITNESS WHEREOF, THIS CERTIFICATE IS AWARDED AT IOWA CITY

THIS THIRTIETH DAY OF JUNE, TWO THOUSAND AND FOURTEEN.

  
PRESIDENT OF THE UNIVERSITY



  
HEAD OF DEPARTMENT

  
DEAN OF THE COLLEGE

  
PROGRAM DIRECTOR

PEDIATRIC ADVANCED LIFE SUPPORT

PEDIATRIC ADVANCED LIFE SUPPORT



American Heart Association

American Academy of Pediatrics



→  
PEEL  
HERE  
→

# PALS Provider

Kayla Risma

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 Pediatric Advanced Life Support (PALS) Program.  
6/24/2014

6/30/2016

Issue Date

Recommended Renewal Date

Training Center Name	UIHC-EMSLRC	TC ID #
TC Info	TCCIA05137	TC
	200 Hawkins Dr, Iowa City IA 52242	
Course Location	319-353-7495	
	EMSLRC	
Instructor Name	Lee Ridge	Inst ID #
	03060026618	
Holder's Signature		

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1808

Kayla Risma  
UIHC  
Iowa City IA 52242

Peel the wallet card off the sheet and fold it over.



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

RECEIVED

SEP 08 2014

PLEASE TYPE OR PRINT LEGIBLY IN INK.

IOWA DENTAL BOARD

**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):**

Kayla Marie Risma, Bohlen

**MAILING ADDRESS:**

6116 Stockwood Dr.

**CITY:**

Asbury

**STATE:**

IA

**ZIP CODE:**

52002

**PHONE:**

402-690-3825

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:**

Kayla M. Risma

**DATE:**

8/20/2014

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

**NAME OF POSTGRADUATE PROGRAM DIRECTOR:**

Matthew K. Geneser

**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:**

University of Iowa  
 Department of Pediatric Dentistry  
 Iowa City, IA

**PHONE:**

(319) 335-7480

**DATES APPLICANT PARTICIPATED IN PROGRAM ▶**

**FROM (MO/YR):**

7/2012

**TO (MO/YR):**

7/2014

**DATE PROGRAM COMPLETED:**

7/11/2014

- 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:**

*Matthew K. Geneser*

**DATE:**

08/25/2014



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

PLEASE TYPE OR PRINT LEGIBLY IN INK.

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

**SECTION 1 – APPLICANT INFORMATION**

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

**NAME (First, Middle, Last, Suffix, Former/Maiden):**  
 Kayla, Marie, Risma, Bohlen

**MAILING ADDRESS:**  
 6116 Stockwood Dr.

<b>CITY:</b> Asbury	<b>STATE:</b> IA	<b>ZIP CODE:</b> 52002	<b>PHONE:</b> 402-690-3825
------------------------	---------------------	---------------------------	-------------------------------

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.

<b>APPLICANT'S SIGNATURE:</b> Kayla M. Risma	<b>DATE:</b> 8/20/2014
---	---------------------------

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

**NAME OF PROGRAM DIRECTOR:**  
 Matthew K. Gencor

<b>NAME AND LOCATION OF PROGRAM:</b> University of Iowa Department of Pediatric Dentistry Iowa City IA	<b>PHONE:</b> (319) 335-7480
---	---------------------------------

<b>FAX:</b>	<b>E-MAIL:</b>	<b>WEB ADDRESS:</b>	
<b>DATES APPLICANT PARTICIPATED IN PROGRAM ▶</b>	<b>FROM (MO/DAY/YR):</b> 7/1/2012	<b>TO (MO/DAY/YR):</b> 7/11/2014	<b>DATE PROGRAM COMPLETED:</b> 7/11/2014

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

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

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

<b>PROGRAM DIRECTOR SIGNATURE:</b> 	<b>DATE:</b> 08/25/2014
--	----------------------------

Name of Applicant Kayla Risma

Facility Address 3455 Stoneman Rd Dubuque, 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:
<u>Sedija Klicic</u>	<u>QDA-103109</u>	<u>08-22-2013</u>	<u>08-22-2015</u>
<u>Stacy Pfab</u>	<u>QDA-04741</u>	<u>08-22-2013</u>	<u>08-22-2015</u>
<u>Cassadi Walsh</u>	<u>QDA-11155</u>	<u>08-22-2013</u>	<u>08-22-2015</u>
<u>Tori Stanley</u>	<u>QDA-121103</u>	<u>06-02-2014</u>	<u>06-02-2015</u>
<u>Sue Sieffer</u>	<u>QDA-5513</u>	<u>08-22-2013</u>	<u>08-22-2015</u>
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:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. An operating room large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least two individuals to move freely about the patient?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. An operating table or chair that permits the patient to be positioned so the operating team can maintain the airway, quickly alter the patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system that is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering oxygen to the patient under positive pressure, together with an adequate backup system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets? (The recovery area can be the operating room.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Is the patient able to be observed by a member of the staff at all times during the recovery period?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Anesthesia or analgesia systems coded to prevent accidental administration of the wrong gas and equipped with a fail safe mechanism?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. EKG monitor?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Laryngoscope and blades?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Endotracheal tubes?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Magill forceps?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Oral airways?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Stethoscope?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. A blood pressure monitoring device?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. A pulse oximeter?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Emergency drugs that are not expired?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. A defibrillator (an automated defibrillator is recommended)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Do you employ volatile liquid anesthetics and a vaporizer (i.e. Halothane, Enflurane, Isoflurane)?
<u>3</u>	<input type="checkbox"/>	20. In the space provided, list the number of nitrous oxide inhalation analgesia units in your facility.



COLLEGE OF DENTISTRY

**Department of Pediatric Dentistry**

201 Dental Science S  
Iowa City, Iowa 52242-1001  
319-335-7479  
Fax 319-353-5508

August 25, 2014

Re: Kayla Marie Risma  
Pediatric Sedation Training

To Whom It May Concern,

Dr. Kayla Risma successfully completed her residency in Pediatric Dentistry on July 11, 2014. As a part of this 24 month curriculum, Dr. Risma treated >25 pediatric patients utilizing moderate sedation. In addition, she observed and monitored at least 25 additional pediatric cases. She also completed a 4 week anesthesia rotation and has successfully completed all of her didactic training in pain and anxiety control.

If you need any more information regarding Dr. Risma or the training that she has received here in the Department of Pediatric Dentistry, please do not hesitate to contact our office.

Regards,

A handwritten signature in black ink, appearing to read "Matt Geneser", with a long horizontal flourish extending to the right.

**Matthew K. Geneser, D.D.S.**  
Clinical Assistant Professor & Graduate Program Director  
University of Iowa College of Dentistry  
Department of Pediatric Dentistry  
201 Dental Science South  
Iowa City, IA 52242-1001  
Email: matt-geneser@uiowa.edu  
Phone: 319-335-7483  
Fax: 319-353-5008



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

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APR 25 2014

IOWA DENTAL BOARD

**APPLICATION FOR MODERATE SEDATION PERMIT**

SECTION 1 – APPLICANT INFORMATION				
<b>Instructions</b> – 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) <i>Prudent, Brian Anthony</i>				
Other Names Used: (e.g. Maiden)	Home E-mail: <i>bprudent@hotmail.com</i>		Work E-mail: <i>info@myotechdental.com</i>	
Home Address: <i>3030 13<sup>th</sup> Avenue</i>	City: <i>Moline</i>	State: <i>IL</i>	Zip: <i>61265</i>	Home Phone: <i>309-335-6465</i>
License Number: <i>08990</i>	Issue Date: <i>4-9-2013</i>	Expiration Date: <i>8/31/2014</i>	Type of Practice: <i>General Practice</i>	
SECTION 2 – LOCATION(S) IN IOWA WHERE MODERATE SEDATION SERVICES ARE PROVIDED				
Principal Office Address: <i>666 Loras Blvd.</i>	City: <i>Dubuque</i>	Zip: <i>52001</i>	Phone: <i>563-582-0117</i>	Office Hours/Days: <i>M,T,Th,F 8-6</i>
Other Office Address: <i>1631 Avenue of the Cities</i>	City: <i>Moline</i>	Zip: <i>61265</i>	Phone: <i>309-764-0008</i>	Office Hours/Days: <i>M-F 7-6</i>
Other Office Address:	City:	Zip:	Phone:	Office Hours/Days:
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.			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			<input checked="" type="checkbox"/> Completed	<i>June 5, 2010</i>
ADA-accredited Residency Program that includes moderate sedation training			<input checked="" type="checkbox"/> Completed	<i>June 5, 2010</i>
You must have training in moderate sedation AND one of the following:				
Formal training in airway management; OR			<input checked="" type="checkbox"/> Completed	<i>June 5, 2010</i>
Moderate sedation experience at graduate level, approved by the Board			<input type="checkbox"/> Completed	
SECTION 4 – ADVANCED CARDIAC LIFE SUPPORT (ACLS) CERTIFICATION				
Name of Course: <i>Advanced Cardiovascular Life Support</i>		Location: <i>GMC-Illini Davenport Campus</i>		
Date of Course: <i>2/14/2013</i>		Date Certification Expires: <i>Feb. 2015</i>		
Office Use	Lic. # <i>DS-08990</i>	Sent to ACC:	Inspection <i>NA</i>	Fee <del>4310</del> <i>9500</i>
	Permit #	Approved by ACC:	Inspection Fee Pd: <i>NA</i>	ACLS <input checked="" type="checkbox"/>
	Issue Date:	Temp # <i>NA</i>	ASA 3/4? <i>NO</i>	Form A/B
	Brd Approved:	T. Issue Date: <i>NA</i>	Pediatric? <i>NO</i>	Peer Eval

*\* joining previously-inspected facility*

Name of Applicant Brian A. Prudent

**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>University of Puerto Rico</u>	Address: <u>Medical Science Campus</u>	City: <u>San Juan</u>	State: <u>PR</u>
Type of Experience: <u>Oral maxillofacial Residency course (TATUM Institute - international)</u>			
Length of Training: <u>10 month</u>	Date(s) Completed: <u>June 5, 2010</u>		
Number of Patient Contact Hours: <u>+100</u>	Total Number of Supervised Sedation Cases: <u>48</u>		

- 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): IL 137.000803
- 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.

IV- Benadryl  
IV- Fentanyl  
IV- Versed  
Nitrous oxide

Name of Applicant Brian A. Prudent Facility Address 666 Coras Blvd. Dubuque

**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:
Alecia OKey	Q 11022	2/14	2/16
Megan Timmerman	Q 10498	2/14	2/16
Jami Roth	Q 11511	2/14	2/16
Stephanie Ingles	03119	2/14	2/16
Sarah Leslein	02941	2/14	2/16
Tamara Miller-Schultz	04137	2/14	2/16
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:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. An operating room large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least two individuals to move freely about the patient?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. An operating table or chair that permits the patient to be positioned so the operating team can maintain the airway, quickly alter the patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system that is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering oxygen to the patient under positive pressure, together with an adequate backup system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets? (The recovery area can be the operating room.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Is the patient able to be observed by a member of the staff at all times during the recovery period?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Anesthesia or analgesia systems coded to prevent accidental administration of the wrong gas and equipped with a fail safe mechanism?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. EKG monitor?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Laryngoscope and blades?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Endotracheal tubes?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Magill forceps?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Oral airways?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Stethoscope?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. A blood pressure monitoring device?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. A pulse oximeter?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Emergency drugs that are not expired?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. A defibrillator (an automated defibrillator is recommended)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Do you employ volatile liquid anesthetics and a vaporizer (i.e. Halothane, Enflurane, Isoflurane)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	20. In the space provided, list the number of nitrous oxide inhalation analgesia units in your facility.

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

	YES	NO
1. Do you currently have a medical condition that in any way impairs or limits your ability to practice dentistry with reasonable skill and safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dentistry with reasonable skill and safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. If YES to any of the above, are you receiving ongoing treatment or participation in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

N/A  
N/A

**SECTION 10 – AFFIDAVIT OF APPLICANT**

STATE: Illinois COUNTY: Rock Island

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.

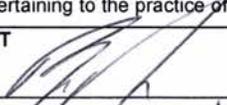
I certify that I am trained and capable of administering Advanced Cardiac Life Support and that I employ sufficient auxiliary personnel to assist in monitoring a patient under moderate sedation. Such personnel are trained in and capable of monitoring vital signs, assisting in emergency procedures, and 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.

<p><b>MUST BE SIGNED IN PRESENCE OF NOTARY</b> ▶</p> <p>NOTARY SEAL</p> <p>OFFICIAL SEAL</p> <p>VANESSA HAYDEN-PORTER</p> <p>NOTARY PUBLIC - STATE OF ILLINOIS</p> <p>MY COMMISSION EXPIRES: 10/14/16</p>	<p>SIGNATURE OF APPLICANT</p> 
	<p>SUBSCRIBED AND SWORN BEFORE ME, THIS <u>16<sup>th</sup></u> DAY OF <u>April</u>, YEAR <u>2014</u></p> <p>NOTARY PUBLIC SIGNATURE</p> <p><u>Vanessa Hayden-Porter</u></p> <p>NOTARY PUBLIC NAME (TYPED OR PRINTED)</p> <p><u>Vanessa Hayden-Porter</u></p> <p>MY COMMISSION EXPIRES:</p> <p><u>10/14/2016</u></p>

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS  
Provider



Brian Prudent

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.

02/14/2013

Issue Date

February 2015

Recommended Renewal Date

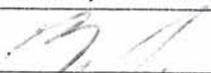
**ADVANCED CARDIOVASCULAR LIFE SUPPORT**

Training Center Name **GMC - Illini** TC ID# **IL 01821**

TC Info **Silvis, IL 61282** 309-281-5092

Course Location **Davenport**

Instructor Name **Beth Cetanyan** Inst ID# **05060081985**

Holder's Signature 

# Search DDS/DMD Programs

## Search DDS/DMD Programs

### Search Advanced Programs

### Search Dental Assisting, Hygiene and Lab Technology Programs

### Accreditation Notices

### Accreditation Status Definitions

## DDS/DMD Programs - U.S.

## [Canadian Programs](#)

Below is a listing of all accredited dental education programs in the United States. Graduates receive either a DDS or DMD degree. Questions related to admission's criteria and application process should be directed to the dental school. The information includes web and mailing address, on-site evaluation years and current accreditation status.

### AL

#### University of Alabama School of Dentistry at UAB

1530 3rd Avenue S.

SDB 406

Birmingham 35294-0007

Dean: Dr. Michael S. Reddy

Phone: (205) 934-4720

Accreditation Status: Approval without Reporting Requirements

Next Accreditation Visit: 2014

Last Accreditation Visit: 2007

[www.dental.uab.edu](http://www.dental.uab.edu)

### AZ

#### Midwestern University College of Dental Medicine- Arizona

19555 North 59th Avenue

Glendale 85308

Dean: Dr. Russell O. Gilpatrick

Phone: 623.572.3800

Accreditation Status: Approval without Reporting Requirements

Next Accreditation Visit: 2019

Last Accreditation Visit: 2012

[www.midwestern.edu/Programs\\_and\\_Admission/AZ\\_Dental\\_Medicine.html](http://www.midwestern.edu/Programs_and_Admission/AZ_Dental_Medicine.html)

### AZ

#### A.T. Still University Arizona School of Dentistry and Oral Health

5850 East Still Circle

Mesa 85206

Dean: Dr. Jack Dillenberg

Phone: 480-219-6081 dean

Accreditation Status: Approval without Reporting Requirements

Next Accreditation Visit: 2014

Last Accreditation Visit: 2007

[www.atsu.edu/asdoh](http://www.atsu.edu/asdoh)

### CA

#### Loma Linda University School of Dentistry

11092 Anderson St.

Loma Linda 92350

Dean: Dr. Ronald J. Dailey

Phone: 909.558.4683

Next Accreditation Visit: 2020

Last Accreditation Visit: 2013

[www.dent.ohio-state.edu](http://www.dent.ohio-state.edu)

**OK**

**University of Oklahoma College of Dentistry**

1201 N. Stonewall Avenue

Oklahoma City 73117

Dean: Dr. Stephen Kent Young

Phone: (405) 271-5444

Accreditation Status: Approval without Reporting Requirements

Next Accreditation Visit: 2015

Last Accreditation Visit: 2008

[dentistry.ouhsc.edu](http://dentistry.ouhsc.edu)

**OR**

**Oregon Health and Science University School of Dentistry**

611 SW Campus Drive

Portland 97239

Dean: Dr. Phillip T. Marucha

Phone: 503-494-8801

Accreditation Status: Approval without Reporting Requirements

Next Accreditation Visit: 2016

Last Accreditation Visit: 2009

[www.ohsu.edu/sod/admissions](http://www.ohsu.edu/sod/admissions)

**PA**

**Temple University The Maurice H. Kornberg School of Dentistry**

3223 North Broad Street

Philadelphia 19140

Dean: Dr. Amid I. Ismail

Phone: 215-707-2799

Accreditation Status: Approval without Reporting Requirements

Next Accreditation Visit: 2018

Last Accreditation Visit: 2011

[www.temple.edu/dentistry](http://www.temple.edu/dentistry)

**PA**

**University of Pennsylvania School of Dental Medicine**

240 South 40th Street;

Robert Shattner Center

Philadelphia 19104-6030

Dean: Dr. Denis F. Kinane

Phone: (215) 898-1038

Accreditation Status: Approval without Reporting Requirements

Next Accreditation Visit: 2014

Last Accreditation Visit: 2007

[www.dental.upenn.edu](http://www.dental.upenn.edu)

**PA**

**University of Pittsburgh School of Dental Medicine**

3501 Terrace Street

Pittsburgh 15261

Dean: Dr. Thomas W. Braun

Phone: (412) 648-1938

Accreditation Status: Approval without Reporting Requirements

Next Accreditation Visit: 2017

Last Accreditation Visit: 2010

[www.dental.pitt.edu](http://www.dental.pitt.edu)

**PR**

**University of Puerto Rico School of Dental Medicine**

Medical Sciences Campus

# University Of Puerto Rico

Medical Sciences Campus  
School Of Dental Medicine  
Office Of The Assistant Dean Of Research

*Certifies That*

**Brian Anthony Prudent, B.S.M.D.**

*Has Successfully Completed The 400 Hour  
Continuing Education Course*

*A Comprehensive Training Program On Oral  
Rehabilitation And Implant Dentistry*

*Issued in San Juan, Puerto Rico, June 5, 2010*

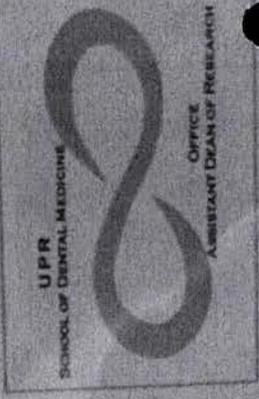


*The Advanced Dental Implant Institute  
Tatum Institute-International  
Puerto Rico | England*

*J. E. P.*

*José E. Peboza, D.M.D., M.Sc.  
Program Director*

*Vilma M. Rivera Nazario, D.M.D.  
School of Dental Medicine  
Dean*



*School of Dental Medicine,  
Medical Sciences Campus,  
University of Puerto Rico*

*Augusto R. Elias  
Augusto Elias, D.M.D., M.D.  
Assistant Dean of Research*



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

**RECEIVED**

JUN 17 2014

PLEASE TYPE OR PRINT LEGIBLY IN INK.

**IOWA DENTAL BOARD**

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

**SECTION 1 – APPLICANT INFORMATION**

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

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

BRIAN Anthony Prudent DMD

**MAILING ADDRESS:**

666 LOHAS BLVD.

<b>CITY:</b> Dubuque	<b>STATE:</b> Ia	<b>ZIP CODE:</b> 52001	<b>PHONE:</b> 563-582-0117
----------------------	------------------	------------------------	----------------------------

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:**

4-16-14

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

**NAME OF PROGRAM DIRECTOR:**

Jose E. Pedroza DMD, MSc.

**NAME AND LOCATION OF PROGRAM:**

The Puerto Rico Maxicourse Program and Clinical Residency in Implant Dentistry

**PHONE:**

787-781-1831  
 Guaynabo, P.R.

<b>FAX:</b> 787-781-5030	<b>E-MAIL:</b> miriam.montes	<b>WEB ADDRESS:</b> www.theadii.com
<b>DATES APPLICANT PARTICIPATED IN PROGRAM ▶</b>	<b>FROM (MO/DAY/YR):</b> Sep 24, 2009	<b>TO (MO/DAY/YR):</b> June 5, 2010
		<b>DATE PROGRAM COMPLETED:</b> June 4, 2010

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

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

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

**PROGRAM DIRECTOR SIGNATURE:**

*[Signature]*

**DATE:**

APRIL 22, 2014

## Course Venue

- Anatomic sessions will take place in the facilities of the School of Medicine of the University of Puerto Rico, San Juan PR.
- Most Didactic Sessions will be held at the conference room of The Advanced Dental Implant Institute, San Juan PR.
- Live patients surgeries will be held at the Centro de Reconstrucción Oral e Implantes, San Juan PR.

## Fees and Funding

The total cost of tuition and training is \$19,950.00. This includes \$2,000 for required supplies, instruments and equipment, and an extensive CD and videotaped surgeries.

A non-refundable deposit of \$2,000 (due in or before August 19, 2014) will secure your place for the year-long course. For the participants' convenience, we are offering a five equal installment option for the balance of the Course fees. The first installment is due at the commencement of the training on September. The remainder installment payments are due by October and November 2014, and January and March, 2015.

## Refunds and Cancellations Policies

*Deposits and Tuition payments are non-refundable and non-transferable.*

## Continuing Education Units

This Program provides over 400 hours of continuing education credits. The Academy of General Dentistry is a Recognized Provider.



## Registration

*For more information and registration,  
please call, write or visit us at*

**www.theadii.com**

**Mrs. Miriam Montes**  
Program Coordinator

**(787) 642-2708**

**miriam.montes59@yahoo.com**

# Puerto Rico Maxicourse®

THE  
ADVANCED DENTAL IMPLANT  
INSTITUTE

Presents:

## The Puerto Rico Maxicourse® Program and Clinical Residency in Implant Dentistry

San Juan • Puerto Rico  
Sept 2014 to June 2015

### mentorship

Get a condensed and robust "fellowship" program under the leading team in Implant Dentistry. Dr. Tatum and Dr. Pedroza.



### training

Experience advanced concepts on oral implantology first hand, and participate in live surgeries which will increase your surgical acumen in leaps and bounds.



### research

Improve your understanding and knowledge of the current literature in implant dentistry.



Co-sponsor

**AAID**  
AMERICAN ACADEMY  
OF IMPLANT DENTISTRY

# Testimonials

"I can say that this 400 hour course effectively provides the skills and knowledge necessary in this multidisciplinary field of Dentistry. The Faculty's intensive mentorship is a very important aspect of this Course. I recommend it very highly".

Rafael I. Aponte, DDS • San Juan, PR

"This Course for myself as an intermedicate level implantologist gives me 'pearls by the minute' and a paradigm shift in my clinical application immediately. The discussion of treatment planning gives you a vast jump in utilizing the traditional and advanced concepts that Dr. Tatum provides in his treatment armamentarium".

J. Thomas Carroll, DDS • League City, TX

"The Institute is an oasis for knowledge, both didactic and hands-on. I really feel honored and humbled to be able to work directly with the world's leading implantologist. You will learn how to be a more critical thinker and a more decisive surgeon. This is a Course for the practitioner who is striving for a higher level and enjoys getting there. One of the finest courses I have ever taken".

Kaz Zymantas, DDS • Naperville, Ill.

"Personal mentorship, guidance, and repeated hands-on clinical experiences are essential to the cultivation of an outstanding Oral Implantologist. Dr. Hilt Tatum and Dr. José Pedroza have put together an extraordinary program which is the embodiment of these training principles. Simply put, this is the ultimate learning experience for those seeking to achieve the highest levels of skill and competency in Implant Dentistry".

Christopher H. Hughes, DDS • Herrin, Ill

"The Puerto Rico MaxiCourse with Dr. Tatum and Dr. Pedroza is an excellent experience that I highly recommend. It has expanded my surgical skills and improved my ability to treat complex situations. The course is distinguished by the practical surgical orientation. Participants see many different surgical procedures and management of complications. Thanks to the course I feel comfortable doing bone grafting procedures and posterior mandibular bone manipulation in my office that I had not done before. I appreciate the camaraderie with all involved in the course."

Dr. Greg Cyra • WS

## About our Sponsors



The mission of The Advanced Dental Implant Institute is to personally and comprehensively train Dentists to become proficient and highly skilled in the art and science of Oral Implantology. This goal is achieved by: intense hands on surgical and prosthetic training, continual mentorship, and the study and application of scientific research as it applies to Oral Implantology.



To deliver a comprehensive clinical and didactic program in Implant Dentistry in order to meet and exceed the GDC requirements for training standards in Implant Dentistry for general dental practitioners. The course is recognized

as a stepping stone onto the Diploma and the Master of Science in Implant Dentistry at the University of Warrick. The course is accredited for 400 hours of CPD. The course is co-sponsored by the Department of Oral and Maxillofacial Implantology, Lille University Medical School. In addition to basic and advanced training in Implantology, there is an intensive surgical anatomy course held in Lille University Medical School and also training in sedation techniques and Intermediate Life Support (ILS).



The mission of the FILIUS Institute is to improve the quality of life of Hispanic individuals with very special life conditions within communities in Puerto Rico, the United States and Latin America. This will be accomplished through research projects, faculty and

student education, training of professionals, intramural practice, policy analysis, service system changes, and science based knowledge and technology transfer and community interventions towards better health, education, rehabilitation and community strengthening.

## Course Outline

with New Schedule Sept 2014 up to June 2015

Session 1: Sept. 11-14, 2014 (Thursday to Sunday)

• Laying the Foundations

Dr. H. Tatum, Dr. J. Pedroza, Dr. R. Giacosis,

Session 2: Oct. 11-15, 2014 (Saturday to Wednesday)

• Intravenous Conscious Sedation, Soft Tissue Management, Sinus Graft Surgeries - Dr. V. Cardona, Dr. H. Tatum, Dr. Pedroza, Dr. R. Pérez, Dr. R. Giacosis

Session 3: Nov. 10-15, 2014 (Monday to Saturday)

• Sedation (Part II) and Basic Surgical Techniques

Dr. Daniel Becker, Dr. H. Tatum, Dr. J. Pedroza, Dr. R. Giacosis

Session 4: Dec. 3-7, 2014 (Wednesday to Sunday)

• Principles of Bone Grafting and Segmental Osteotomies

Dr. H. Tatum, Dr. J. Pedroza, Dr. R. Pérez, Dr. R. Giacosis,

Session 5: Jan. 10-14, 2015 (Wednesday to Sunday)

• Orofacial Applied Anatomy Related to Oral Implant Dentistry - Dr. W. Shankland, Dr. J. Pedroza, Dr. R. Giacosis

Session 6: Feb. 4-8, 2015 (Wednesday to Sunday)

• Maxillary Sinus Augmentation Techniques

Dr. H. Tatum, Dr. J. Pedroza, Dr. R. Giacosis

Session 7: Mar. 4-8, 2015 (Wednesday to Sunday)

• Non Root Form Implants

Dr. H. Tatum, Dr. J. Pedroza, Dr. R. Giacosis

Session 8: Apr. 8-12, 2015 (Wednesday to Sunday)

• Occlusal Considerations and Advanced Restorative Techniques - Dr. H. Tatum, Dr. J. Pedroza, Dr. R. Giacosis,

Session 9: May. 6-10, 2015 (Wednesday to Sunday)

• Advanced Surgical and Prosthetic Cases

Dr. H. Tatum, Dr. J. Pedroza, Dr. R. Giacosis

Session 10: Jun. 3-7, 2015 (Wednesday to Saturday)

• Bringing It All Together

Dr. H. Tatum, Dr. J. Pedroza, Dr. R. Aponte

THE PUERTO RICO MAXICOURSE® PROGRAM AND CLINICAL RESIDENCY IN IMPLANT DENTISTRY

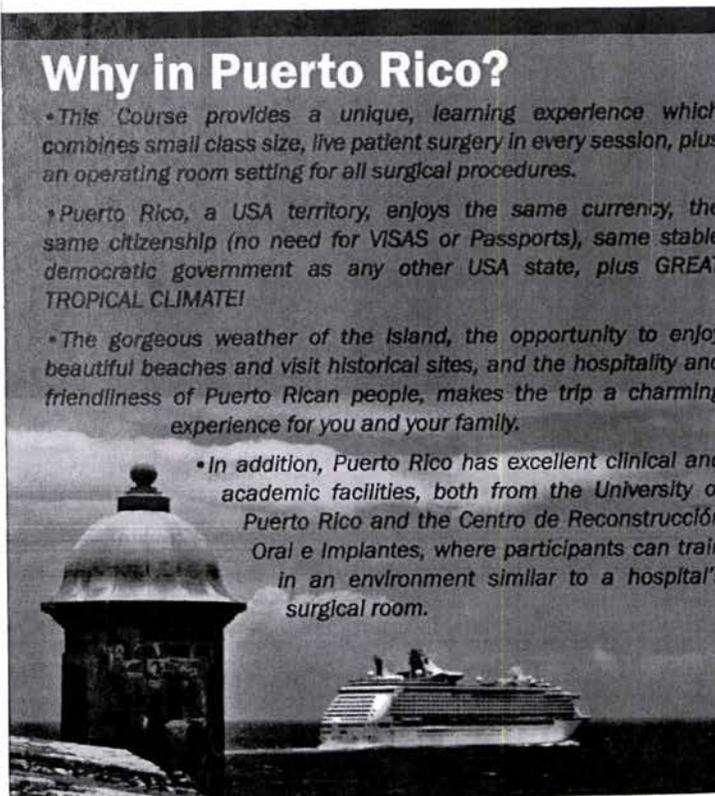
## Why in Puerto Rico?

• This Course provides a unique, learning experience which combines small class size, live patient surgery in every session, plus an operating room setting for all surgical procedures.

• Puerto Rico, a USA territory, enjoys the same currency, the same citizenship (no need for VISAS or Passports), same stable democratic government as any other USA state, plus GREAT TROPICAL CLIMATE!

• The gorgeous weather of the Island, the opportunity to enjoy beautiful beaches and visit historical sites, and the hospitality and friendliness of Puerto Rican people, makes the trip a charming experience for you and your family.

• In addition, Puerto Rico has excellent clinical and academic facilities, both from the University of Puerto Rico and the Centro de Reconstrucción Oral e Implantes, where participants can train in an environment similar to a hospital's surgical room.



The Advanced Dental Implant Institute and Tatum Institute International have the pleasure of announcing the **The Puerto Rico MaxiCourse® Program and Clinical Residency in Implant Dentistry**, which will consist in over 400 hours of continuing education, and will span from September 2014 up to June 2015. The course is presented in 10 sessions; however, due to the nature of the program, space availability is limited. Sessions will combine lectures with lab exercises and surgical demonstrations.

## Course Objective:

The mission of this course is to provide a comprehensive didactic and clinical curriculum leading to a full understanding of NIRISAB. (Natural Implants Restored in Stable Alveolar Bone)

## Why this course?

Implant Dentistry training is available from a variety of sources including Universities or courses run by individuals or implant companies. Most implant courses lack supervised clinical training and include a limited amount of supervised mentor/student contact. However, in this course you will be trained and mentored by one of the founders of modern dental implantology (Dr. Hilt Tatum) supported by a strong team of oral surgeons and restorative dentists, including Dr. José E. Pedroza.

## Hilt Tatum, Jr., DDS

Dr. Hilt Tatum, Jr. is widely regarded as the world's most skilled and capable dental implant surgeon. Numerous dentists knowledgeable in the history and development of implant dentistry consider his clinical skills to be legendary. For nearly forty years there have been countless reports from Oral Surgeons, Periodontists, General Dentists, Prosthodontists, and students at all levels of competency, amazed by direct observation of his unmatched surgical and conceptual talents. Dr. Tatum's original contributions of bone grafting, sinus augmentation, bone expansion for thin ridges, implant design, clinical patient management, and sterile operating technique established the standards for the field of implant dentistry as the discipline matured.



Review of his complete curriculum vitae requires considerable time. In summary he is the former President of both the American Academy of Implant Dentistry as well as the American Board of Oral Implantology, and has been a member and leader of many professional organizations. Dr. Tatum is also a recipient of the Aaron Gershkoff and Isiah Lew research awards, and in recognition of his important contributions to the healing sciences, in 2004 he was awarded the Chevalier of the French Legion of Honor by the former French President Jacques Chirac. However, Dr. Tatum's most important contributions have been the gifts graciously given to the profession and his students as he devoted an entire career to advancing the discipline of implant dentistry and teaching others the techniques he developed and perfected. The lives of many patients and dentists throughout the world have been significantly enriched as a result of Dr. Hilt Tatum's devoted efforts to improve the art and science of Implant Dentistry.

## José E. Pedroza, DMD, MSc



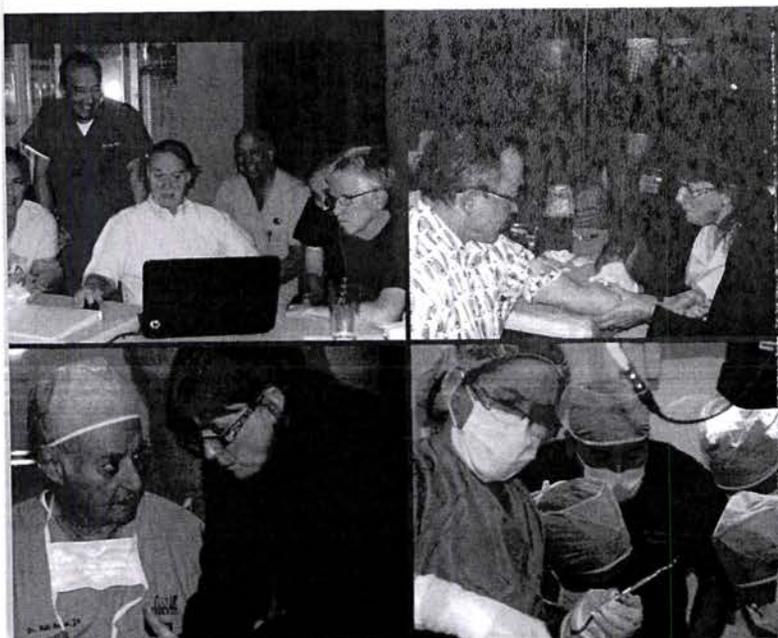
*"Twenty one years after I placed my first implant, I am thrilled to pass on the knowledge and experience that granted me the opportunity of a specialized practice, and the amazing responsibility of offering my patients revolutionary and life changing dental choices".*

Dr. José E. Pedroza is the founder and director of The Advanced Dental Implant Institute. Dr. Pedroza graduated in 1988 from the University of Puerto Rico (UPR) Medical Science Campus, School of Dental Medicine. For the past twenty years, he has developed a robust practice exclusively oriented to oral reconstruction and dental implants. His quest for knowledge and his commitment towards outstanding dental care for his patients inspired him to continue his pursuit of academic and clinical excellence. In 1992 Dr. Pedroza received a Full Externship Certificate for the Midwest Implant Institute and Center for the Advancement of Dentistry in Columbus, Ohio. For the next three years he underwent a Comprehensive Implant Dentistry Training Course at the Implant Reconstructive Center, in Florida. Since then, Dr. Pedroza has incorporated the "Hilt Tatum Philosophy of Implant Dentistry, and has kept a close mentorship relationship with Dr. Hilt Tatum, Jr.

Ever since 1999, Dr. Pedroza has worked as an Assistant Professor in the Office of Research of the School of Dental Medicine at the UPR. In 2006 he received an MSc degree on Clinical Research from the School of Medicine of the same institution. In 2007 Dr. Pedroza was awarded a Certificate for a 18 months Residency on Anesthesiology, from the UPR School of Medicine Anesthesiology Department. Dr. Pedroza has traveled extensively throughout the United States, Latin America and Europe to lecture on Implant Dentistry and has published impressive scientific articles. Dr. Pedroza's passion for Implant Dentistry and his determination to impart his knowledge and experience to others are the driving force behind the creation of the program *The University of Puerto Rico Clinical Residency and MaxiCourse® Program in Implant Dentistry.*

## And Our Team of Oral Surgeons, Restorative Dentists and Clinical Researchers

Hilt Tatum, Jr., DDS	Augusto Elías, DMD; MSD
José E. Pedroza, DMD; MSc	Ramón Pérez, DMD (Maxillofacial Surgeon)
Robert Giacosele, PhD	Rafael Aponte, DDS (Maxillofacial Surgeon)
Daniel Becker, DDS (Pharmacology & IV Sedation)	Wesley Shankland, DDS; PhD
Victor Cardona, MD (Anesthesiologist & Internal Medicine)	Albert Bläsius, DMD (Assistant Professor)
Aleida Burés, DMD (Graduate Assistant)	José A. Román, DMD (Graduate Assistant)



# Course Outline

- The scope of Implantology
- Apply basic science to Implant Dentistry
- Medical considerations and patient selection
- Patient assessment and treatment planning
- Medications
- Oral and intravenous sedation course (Following ADA conscious sedation guidelines)
- Basic surgical and restorative concepts
- Apply surgical anatomy and imaging techniques
- Bone physiology, biomaterials, and biomechanics
- Fundamental surgical principles
- Soft tissues: The importance of attached gingival and soft tissue reconstruction
- Root form implant techniques and bone expansion techniques
- Vertical bone reconstruction techniques with vascularized osteotomies and inter-positional grafts
- Onlay bone grafting techniques
- Non-root form implants and inferior alveolar nerve repositioning
- Principles of clinical governance in implantology
- Restorative and aesthetic enhancement techniques
- Maintenance in Implantology
- Management of surgical and prosthetic complications
- Research applied to Implant Dentistry

**Participants will be able to experience...**

## mentorship

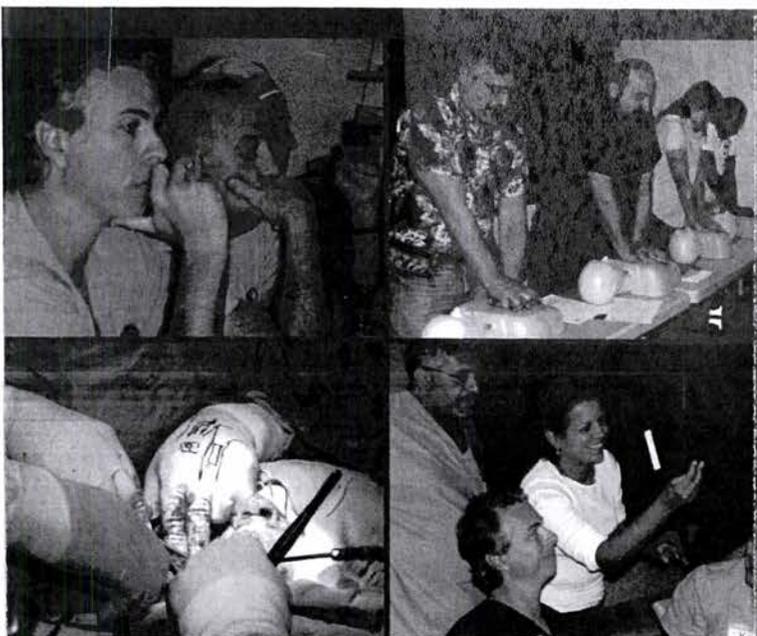
The development of a personal learning relationship between student and teacher is rarely encountered in these fast paced commercial times. However, mentorship is one of the cornerstones of The Advanced Dental Implant Institute, and perhaps the key element for success. The Institute is committed to personally mentoring each student with the purpose of developing his or her maximum potential in skill and understanding of Implant Dentistry.

## training

Participants are offered the opportunity to either observe, assist, or perform live surgical procedures at every training session. The Institute recognizes the fact that there is no substitute for the learning experience of live hands-on surgery, which follows the same method for the training of surgical residents in Medicine and Dentistry.

## research

Techniques taught at The Advanced Dental Implant Institute are based on research and scientific principles. Students are trained to interpret and evaluate research literature, which helps them to clearly understand and analyze new information once they have completed the Course.



## Sessions will include:

- An applied head and neck anatomy dissection related to Implant Dentistry
- Training in oral and intravenous sedation techniques
- Opportunity to develop clinical research skills and write a scientific paper.
- Opportunity to bring your own patients and perform surgical procedures under the mentor's close supervision.
- An intensive learning experience with repetitive training concepts similar to a hospital training program
- Lectures, laboratory exercises, surgical demonstrations and supervised hands-on surgical sessions used to develop skills for each procedure
- Closed circuit T.V. coverage of live procedures relayed into the main lecture room to enable all participants to observe surgical sessions close-up

## Course Venue

• *Anatomic sessions will take place in the facilities of the School of Dental Medicine of the University of Puerto Rico, San Juan, PR.*

• *Most Didactic Sessions will be held at the conference room of The Advanced Dental Implant Institute, San Juan PR.*

• *Live patients surgeries will be held at the Centro de Reconstrucción Oral e Implantes, San Juan, PR.*

## Fees and Funding

The total cost of tuition and training is \$19,950.00. This includes \$2,000 for required supplies, instruments and equipment, and an extensive CD.

A Non-Refundable deposit of \$750.00 (due in or before September 3, 2009) will secure your place for the year-long course. For the participants' convenience, we are offering a five equal installment option for the balance of the Course fees. The first installment is due at the commencement of the training on September. The remainder installment payments are due by October and November 2009, and January and March, 2010.

## Refunds and Cancellations Policies

Deposits and Tuition payments are Non-Refundable.

## Continuing Education Units

This course provides over 360 hours of continuing education credit. The University of Puerto Rico is an ADA CERP Recognized Provider.

**ADA CERP®** | Continuing Education Recognition Program

## Registration

For more information and registration,  
please call or write us at:

**Dr. José E. Pedroza**

(787) 644-3890 • jose.pedroza@upr.edu

**Tatum Surgical**

(888) 360-5550 • tatumimplants@verizon.net,

www.tatumsurgical.com

**Mrs. Miriam Montes**

(787) 642-2708 • mimontesmock@yahoo.com

# The AAID MaxiCourse®

RECEIVED

JUN 17 2014

IOWA DENTAL BOARD

A COMPREHENSIVE  
TRAINING PROGRAM ON  
ORAL REHABILITATION AND  
IMPLANT DENTISTRY

San Juan • Puerto Rico • 2009 - 2010

## mentorship

Get a condensed and robust "fellowship" program under the leading team in Implant Dentistry, Dr. Tatum and Dr. Pedroza.



## training

Experience advanced concepts on oral implantology first hand, and participate in live surgeries which will increase your surgical acumen in leaps and bounds.

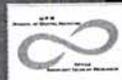


## research

Improve your understanding and knowledge of the current literature in Implant dentistry.



Presented by:



MENTORSHIP • TRAINING • RESEARCH

## Testimonials

"I can say that this 360 hour course effectively provides the skills and knowledge necessary in this multidisciplinary field of Dentistry. The Faculty's intensive mentorship is a very important aspect of this Course. I recommend it very highly".

Rafael I. Aponte, DDS  
San Juan, Puerto Rico

"This Course for myself as an intermediate level implantologist gives me 'pearls by the minute' and a paradigm shift in my clinical application immediately. The discussion of treatment planning gives you a vast jump in utilizing the traditional and advanced concepts that Dr. Tatum provides in his treatment armamentarium".

J. Thomas Carroll, DDS  
League City, Texas

"The Institute is an oasis for knowledge, both didactic and hand-on. I really feel honored and humbled to be able to work directly with the world's leading implantologist. You will learn how to be a more critical thinker and a more decisive surgeon. This is a Course for the practitioner who is striving for a higher level and enjoys getting there. One of the finest courses I have ever taken".

Kaz Zymantas, DDS  
Naperville, Ill.

"Personal mentorship, guidance, and repeated hands-on clinical experiences are essential to the cultivation of an outstanding Oral Implantologist. Dr. Hilt Tatum and Dr. José Pedroza have put together an extraordinary program which is the embodiment of these training principles. Simply put, this is the ultimate learning experience for those seeking to achieve the highest levels of skill and competency in Implant Dentistry".

Christopher H. Hughes, DDS  
Herrin, Ill

## About our Sponsors



ADVANCED  
DENTAL  
IMPLANT  
INSTITUTE

MENTORSHIP • TRAINING • RESEARCH

The mission of The Advanced Dental Implant Institute is to personally and comprehensively train Dentists to become proficient and highly skilled in the art and science of Oral Implantology. This goal is achieved by: intense hands on surgical and prosthetic training, continual mentorship, and the study and application of scientific research as it applies to Oral Implantology.

**Tatum**  
Institute International

To deliver a comprehensive clinical and didactic program in Implant Dentistry in order to meet and exceed the GDC requirements for training standards in Implant Dentistry for general dental practitioners.

The course is recognized as a stepping stone onto the Diploma and the Master of Science in Implant Dentistry at the University of Warrick. The course is accredited for 360 hours of CPD. The course is co-sponsored by the Department of Oral and Maxillofacial Implantology, Lille University Medical School. In addition to basic and advanced training in Implantology, there is an intensive surgical anatomy course held in Lille University Medical School and also training in sedation techniques and Intermediate Life Support (ILS).



Office of the Assistant Dean of Research  
School of Dental Medicine  
Medical Sciences Campus  
University of Puerto Rico

### Co-Sponsors



Founded in 1951, the American Academy of Implant Dentistry is the oldest dental implant organization in the world. Its mission is to advance the practice of implant dentistry through education, credentialing, and advocacy on behalf of patients and practitioners. The AAID promotes both the individual and team approaches to implant dentistry.

## A Comprehensive Training Program on Oral Rehabilitation and Implant Dentistry

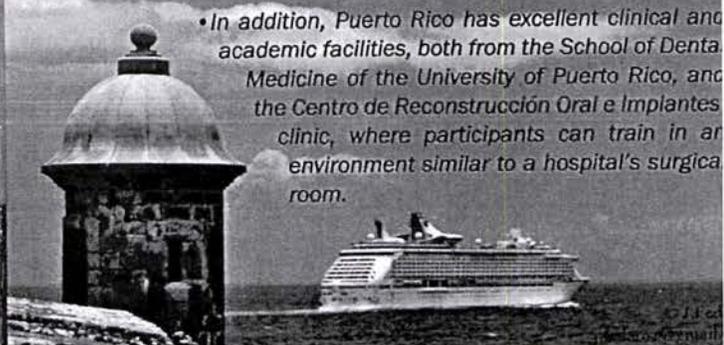
### Course Outline with New Schedule

- Session 1: Sept. 24-27, 2009** (Thursday through Sunday)  
• Laying the Foundations - Dr. H. Tatum, Dr. J. Pedroza
- Session 2: Oct. 19-24, 2009** (Monday through Saturday)  
• Intravenous Conscious Sedation, Soft Tissue Management, Sinus Graft Surgeries - Dr. Víctor Cardona, Dr. R. Pérez, Dr. H. Tatum, Dr. J. Pedroza
- Session 3: Nov. 4-8, 2009** (Wednesday through Sunday)  
• Sedation (Part II) and Basic Surgical Techniques  
Dr. D. Becker, Dr. H. Tatum, Dr. J. Pedroza
- Session 4: Dec. 2-6, 2009** (Wednesday through Sunday)  
• Principles of Bone Grafting and Segmental Osteotomy  
Dr. H. Tatum, Dr. J. Pedroza, Dr. R. Pérez
- Session 5: Jan. 13-17, 2010** (Wednesday through Sunday)  
• Orofacial Applied Anatomy Related to Oral Implant Dentistry - Anatomy Department, UPR, Dr. J. Pedroza
- Session 6: Feb. 3-7, 2010** (Wednesday through Sunday)  
• Maxillary Sinus Augmentation Techniques  
Dr. H. Tatum, Dr. J. Pedroza
- Session 7: Mar. 3-7, 2010** (Wednesday through Sunday)  
• Non Root Form Implants - Dr. H. Tatum, Dr. J. Pedroza
- Session 8: Apr. 7-11, 2010** (Wednesday through Sunday)  
• Occlusal Considerations and Advanced Restorative Techniques - Dr. H. Tatum, Dr. J. Pedroza, Dr. A. Blanco
- Session 9: May 5-9, 2010** (Wednesday through Sunday)  
• Advanced Surgical and Prosthetic Cases  
Dr. H. Tatum, Dr. J. Pedroza
- Session 10: Jun. 2-5, 2010** (Wednesday through Saturday)  
• Bringing It All Together - Dr. H. Tatum, Dr. J. Pedroza, Dr. R. Aponte

## Why in Puerto Rico?

- This Course provides a unique, learning experience which combines small class size, live patient surgery in every session, plus an operating room setting for all surgical procedures.
- Puerto Rico, a USA territory, enjoys the same currency, the same citizenship (no need for VISAS or Passports), same stable democratic government as any other USA state, plus GREAT TROPICAL CLIMATE!
- The gorgeous weather of the Island, the opportunity to enjoy beautiful beaches and visit historical sites, and the hospitality and friendliness of Puerto Rican people, makes the trip a charming experience for you and your family.

- In addition, Puerto Rico has excellent clinical and academic facilities, both from the School of Dental Medicine of the University of Puerto Rico, and the Centro de Reconstrucción Oral e Implantes clinic, where participants can train in an environment similar to a hospital's surgical room.



The Advanced Dental Implant Institute, Tatum Institute International, and the Office of the Assistant Dean of Research School of Dental Medicine Medical Sciences Campus University of Puerto Rico, have the pleasure of announcing the **AAID MaxiCourse®: A Comprehensive Training Program on Oral Rehabilitation and Implant Dentistry**, which will consist in over 360 hours of continuing education, and will span from September 2009 up to June 2010. The course is presented in 10 sessions; however, due to the nature of the program, space availability is limited. Sessions will combine lectures with lab exercises and surgical demonstrations.

## Course Objective:

The mission of this course is to provide a comprehensive didactic and clinical curriculum leading to a full understanding of NIRISAB. (Natural Implants Restored in Stable Alveolar Bone)

## Why this course?

Implant Dentistry training is available from a variety of sources including Universities or courses run by individuals or implant companies. Most implant courses lack supervised clinical training and include a limited amount of supervised mentor/student contact. However, in this course you will be trained and mentored by one of the founders of modern dental implantology (Dr. Hilt Tatum) supported by a strong team of oral surgeons and restorative dentists, including Dr.



## Hilt Tatum, Jr., DDS

Dr. Hilt Tatum, Jr. is widely regarded as the world's most skilled and capable dental implant surgeon. Numerous dentists knowledgeable in the history and development of implant dentistry consider his clinical skills to be legendary. For nearly forty years there have been countless reports from Oral Surgeons, Periodontists, General Dentists, Prosthodontists, and students at all levels of competency, amazed by direct observation of his unmatched surgical and conceptual talents. Dr. Tatum's original contributions of bone grafting, sinus augmentation, bone expansion for thin ridges, implant design, clinical patient management, and sterile operating technique established the standards for the field of implant dentistry as the discipline matured.



Review of his complete curriculum vitae requires considerable time. In summary, he is the former President of both the American Academy of Implant Dentistry as well as the American Board of Oral Implantology, and has been a member and leader of many professional organizations. Dr. Tatum is also a recipient of the the Aaron Gershkoff and Isiah Lew research awards, and in recognition of his important contributions to the healing sciences, in 2004 he was awarded the Chevalier of the French Legion of Honor by the former French President, Jacques Chirac. However, Dr. Tatum's most important contributions have been the gifts graciously given to the profession and his students as he devoted an entire career to advancing the discipline of implant dentistry and teaching others the techniques he developed and perfected. The lives of many patients and dentists throughout the world have been significantly enriched as a result of Dr. Hilt Tatum's devoted efforts to improve the art and science of Implant Dentistry.

## José E. Pedroza, DMD, MSc



"Twenty one years after I placed my first implant, I am thrilled to pass on the knowledge and experience that granted me the opportunity of a specialized practice, and the amazing responsibility of offering my patients revolutionary and life changing dental choices".

Dr. José E. Pedroza is the founder and director of The Advanced Dental Implant Institute. Dr. Pedroza graduated in 1983 from the University of Puerto Rico (UPR) Medical Science Campus, School of Dental Medicine. For the past twenty years, he has developed a robust practice exclusively oriented to oral reconstruction and dental implants. His quest for knowledge and his commitment towards outstanding dental care for his patients inspired him to continue his pursuit of academic and clinical excellence. In 1992 Dr. Pedroza received a Full Externship Certificate from the Midwest Implant Institute and Center for the Advancement of Dentistry in Columbus, Ohio. For the next three years he underwent a Comprehensive Implant Dentistry Training Course at the Implant Reconstructive Center, in Florida. Since then, Dr. Pedroza has incorporated the "Hilt Tatum Philosophy" of Implant Dentistry, and has kept a close mentorship relationship with Dr. Hilt Tatum, Jr.

Ever since 1999, Dr. Pedroza has worked as an Assistant Professor in the Office of Research of the School of Dental Medicine at the UPR. In 2006 he received an MSc degree on Clinical Research from the School of Medicine of the same institution. In 2007 Dr. Pedroza was awarded a Certificate for an 18 months Residency on Anesthesiology, from the UPR School of Medicine Anesthesiology Department. Dr. Pedroza has traveled extensively throughout the United States, Latin America and Europe to lecture on Implant Dentistry and has published impressive scientific articles. Dr. Pedroza's passion for Implant Dentistry and his determination to impart his knowledge and experience to others are the driving force behind the creation of the course **A Comprehensive Training Program on Oral Rehabilitation and Implant Dentistry**.

### And Our Team of Oral Surgeons, Restorative Dentists and Clinical Researchers

Hilt Tatum, Jr., DDS	Augusto Elías, DMD; MSc
José E. Pedroza, DMD; MSc	Richard Borgner, DDS
Arturo Blanco Plaud, DMD (Prosthodontist)	Ramón Pérez, DMD (Maxillofacial Surgeon)
Daniel Becker, DDS (Pharmacology & IV Sedation)	Javier Arbona, DMD (Periodontist)
Victor Cardona, MD (Anesthesiologist & Internal Medicine)	Rafael Aponte, DDS (Oral Surgeon)
Ben Aghabelgi, DDS; MSc; PhD (Maxillofacial Surgeon)	

# Course Outline:

- *The scope of Implantology*
- *Apply basic science to Implant Dentistry*
- *Medical considerations and patient selection*
- *Patient assessment and treatment planning*
- *Medications*
- *Oral and Intravenous sedation course*  
(Following ADA conscious sedation guide lines)
- *Basic surgical and restorative concepts*
- *Apply surgical anatomy and imaging techniques*
- *Bone physiology, biomaterials, and biomechanics*
- *Fundamental surgical principles*
- *Staff training*
- *Soft tissues: The importance of attached gingival and soft tissue reconstruction*
- *Root form Implant techniques and bone expansion techniques*
- *Vertical bone reconstruction techniques with vascularized osteotomies and inter-positional grafts*
- *Onlay bone grafting techniques*
- *Non-root form Implants and Inferior alveolar nerve repositioning*
- *Principles of clinical governance in Implantology*
- *Restorative and aesthetic enhancement techniques*
- *Maintenance in Implantology*
- *Management of surgical and prosthetic complications*
- *Research applied to Implant Dentistry*



Participants will be able to experience...

## mentorship

The development of a personal learning relationship between student and teacher is rarely encountered in these fast paced commercial times. However, mentorship is one of the cornerstones of The Advanced Dental Implant Institute, and perhaps the key element for success. The Institute is committed to personally mentoring each student with the purpose of developing his or her maximum potential in skill and understanding of Implant Dentistry.

## training

Participants are offered the opportunity to either observe, assist, or perform live surgical procedures at every training session. The Institute recognizes the fact that there is no substitute for the learning experience of live hands-on surgery, which follows the same method for the training of surgical residents in Medicine and Dentistry.

## research

Techniques taught at The Advanced Dental Implant Institute are based on research and scientific principles. Students are trained to interpret and evaluate research literature, which helps them to clearly understand and analyze new information once they have completed the Course.

## Sessions will include:

- *An applied head and neck anatomy dissection related to Implant Dentistry*
- *Training in oral and intravenous sedation techniques*
- *A staff training session to prepare each dental practice for the expanded duties involved in Implant Dentistry.*
- *An intensive learning experience with repetitive training concepts similar to a hospital training program*
- *Lectures, laboratory exercises, surgical demonstrations and supervised hands-on surgical sessions used to develop skills for each procedure*
- *Closed circuit T.V. coverage of live procedures relayed into the main lecture room to enable all participants to observe surgical sessions close-up*

Search DDS/DMD Programs - American Dental Association - ADA.org  
 Sciences Campus  
 Main Building-Office #A103B, 1st Floor  
 San Juan 00936-5067  
 Dean: Dr. Noel J. Aymat  
 Phone: 787-758-2525  
 Accreditation Status: Approval with Reporting Requirements  
 Next Accreditation Visit: 2020  
 Last Accreditation Visit: 2013  
[dental.rcm.upr.edu/](http://dental.rcm.upr.edu/)

**SC****Medical University of South Carolina James B. Edwards College of Dental Medicine**

173 Ashley Ave. MSC 507  
 PO Box 250507  
 Charleston 29425-5070  
 Dean: Dr. John J. Sanders  
 Phone: (843) 792-3811  
 Accreditation Status: Approval without Reporting Requirements  
 Next Accreditation Visit: 2017  
 Last Accreditation Visit: 2010  
[www.musc.edu/dentistry/](http://www.musc.edu/dentistry/)

**TN****University of Tennessee College of Dentistry**

University of Tennessee Health Science Ctr;  
 875 Union Avenue  
 Memphis 38163  
 Dean: Dr. Timothy L. Hottel  
 Phone: (901) 448-6202  
 Accreditation Status: Approval without Reporting Requirements  
 Next Accreditation Visit: 2017  
 Last Accreditation Visit: 2010  
[www.uthsc.edu/dentistry/](http://www.uthsc.edu/dentistry/)

**TN****Meharry Medical College School of Dentistry**

1005 D.B. Todd Blvd.  
 Nashville 37208  
 Dean: Dr. Cherae Farmer-Dixon  
 Phone: 615.327.6784  
 Accreditation Status: Approval with Reporting Requirements  
 Next Accreditation Visit: 2014  
 Last Accreditation Visit: 2013  
[www.mmc.edu/education/dentistry/](http://www.mmc.edu/education/dentistry/)

**TX****Texas A&M University Baylor College of Dentistry**

3302 Gaston Avenue  
 Dallas 75246  
 Dean: Dr. Lawrence E Wolinsky  
 Phone: (214) 828-8201  
 Accreditation Status: Approval without Reporting Requirements  
 Next Accreditation Visit: 2018  
 Last Accreditation Visit: 2011  
[www.tambcd.edu](http://www.tambcd.edu)

**TX****The University of Texas School of Dentistry at Houston**

7500 Cambridge Street  
 Houston 77054  
 Dean: Dr. John A. Valenza  
 Phone: (713) 486-4021  
 Accreditation Status: Approval without Reporting Requirements

HEALTHCARE PROVIDER

Healthcare  
Provider



JAMI ROTH

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.

FEBRUARY 2014

Issue Date

FEBRUARY 2016

Recommended Renewal Date

PEEL  
HERE

HEALTHCARE PROVIDER

Training Center Name **NORTHEAST IOWA** TC ID # **IA05133**

TC Info **Dubuque, IA** **52001** **563.557.8271**

Course Location **DR MURRAY'S OFFICE**

Instructor Name **ARENSDORF** Inst ID # **10110055307**

Holder's Signature

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Holder's Signature

Instructor Name

Inst ID # **10110055307**

**ARENSDORF**

Course Location

**DR MURRAY'S OFFICE**

TC Info

**Dubuque, IA** **52001** **563.557.8271**

Training Center Name

**NORTHEAST IOWA** TC ID # **IA05133**

Recommended Renewal Date

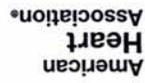
**FEBRUARY 2016**

Issue Date

**FEBRUARY 2014**

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**AIMEE EIGENBERGER**



Healthcare  
Provider

PEEL  
HERE

HEALTHCARE PROVIDER

HEALTHCARE PROVIDER

HEALTHCARE PROVIDER

HEALTHCARE PROVIDER

Healthcare  
Provider



Training Center Name **NORTHEAST IOWA** TC ID # **IA05133**

TC Info **Dubuque, IA** **52001** **563.557.8271**

Course Location **DR MURRAY'S OFFICE**

Instructor Name **ARENSDORF** Inst ID # **10110055307**

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**ALICIA OKEY**

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**FEBRUARY 2014**

**FEBRUARY 2016**

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Training Center Name **NORTHEAST IOWA** TC ID # **IA05133**

TC Info **Dubuque, IA** **52001** **563.557.8271**

Course Location **DR MURRAY'S OFFICE**

Instructor Name **ARENSDORF** Inst ID # **10110055307**

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HEALTHCARE PROVIDER

Healthcare Provider

American Heart Association

MEGAN TIMMERMAN

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Issue Date **FEBRUARY 2014**

Recommended Renewal Date **FEBRUARY 2016**

HEALTHCARE PROVIDER

Healthcare  
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→

SARAH LESLEIN

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.

FEBRUARY 2014

FEBRUARY 2016

Issue Date

Recommended Renewal Date

HEALTHCARE PROVIDER

Training Center Name NORTHEAST IOWA TC ID # IA05133

TC Info Dubuque, IA 52001 563.557.8271

Course Location DR MURRAY'S OFFICE

Instructor Name ARENSDORF Inst ID # 10110055307

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HEALTHCARE PROVIDER

Healthcare  
Provider



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HERE  
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MARY BETH SMITH

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FEBRUARY 2014

FEBRUARY 2016

Issue Date

Recommended Renewal Date

HEALTHCARE PROVIDER

Training Center Name NORTHEAST IOWA TC ID # IA05133

TC Info Dubuque, IA 52001 563.557.8271

Course Location DR MURRAY'S OFFICE

Instructor Name ARENSDORF Inst ID # 10110055307

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HEALTHCARE PROVIDER

Healthcare Provider



TAMARA MILLER-SCHULTZ

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FEBRUARY 2014

FEBRUARY 2016

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HEALTHCARE PROVIDER

Training Center Name NORTHEAST IOWA TC ID # IA05133

TC Info City Dubuque, IA 52001 TC 563.557.8271

Course Location DR MURRAY'S OFFICE

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HEALTHCARE PROVIDER

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STEPHANIE INGLES

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FEBRUARY 2014

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TC Info City Dubuque, IA 52001 TC 563.557.8271

Course Location DR MURRAY'S OFFICE

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**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

Pat Quinn  
Governor

RECEIVED

JUN 05 2014

Manuel Flores  
Acting Secretary

IOWA DENTAL BOARD

Jay Stewart  
Director  
Division of Professional Regulation

**CERTIFICATION OF LICENSURE**

Iowa Dental Board  
400 SW 8<sup>th</sup> St Ste D  
Des Moines IA 50309-4687

Licensee:	BRIAN ANTHONY PRUDENT DMD
License Number:	137.000803
Profession:	DENTAL SEDATION PERMIT
Date of Issuance:	11/17/2010
Expiration Date:	09/30/2015
License Status:	ACTIVE
License Method:	NON-EXAM
Disciplinary History:	Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Jay Stewart  
Director

Division of Professional Regulation

May 30, 2014  
Date

*Refer to the Department's Web Site at [www.idfpr.com](http://www.idfpr.com) to verify professional licenses via License Look-Up.*

State of Illinois  
Department of Financial and Professional Regulation  
Division of Professional Regulation  
320 W. Washington St., 3rd Floor, Springfield, IL 62786

# ATTENTION

The attached document is an official  
**State of Illinois**  
Licensure certification/verification, prepared by the  
Illinois Department of Financial and Professional Regulation.

This certifies that the named individual has met all of the  
education/examination requirements by law in order to  
receive the credential that is being verified.

The Department has eliminated specific  
examination status from certifications/verifications  
of licensure, as passage of an examination is a  
requirement for licensure.

This information is the **ONLY** certification  
information provided by this Department. If other information is  
needed, it **MUST** be obtained from the applicant.

THANK YOU

The University of Puerto Rico AAID Maxicourse®

**A Comprehensive Training Program on Oral Rehabilitation  
and Implant Dentistry**

(September 24, 2010 – June 5, 2011)

**Continuing Education Units Completed**

**Session 1: Laying the Foundations** (Sept. 24-27, 2009)

**Location:** The ADII facilities, Guaynabo, Puerto Rico

**Instructors:**

**Dr. Hilt Tatum, Jr.**

**Dr. José E. Pedroza**

**Dr. Robert Giacosis**

**Total CEU: 30 hours**

<b>Code</b>	<b>Topics</b>	<b>CEU</b>	<b>Type</b>
<b>690</b>	<b>Implants</b>	<b>5 hours</b>	<b>Lecture</b>
<b>163</b>	<b>Conscious Sedation</b>	<b>2 hours</b>	<b>Participation</b>
<b>163</b>	<b>Conscious Sedation</b>	<b>2 hours</b>	<b>Lecture</b>
<b>738</b>	<b>Case Presentation</b>	<b>2 hours</b>	<b>Participation</b>
<b>735</b>	<b>Treatment Planning</b>	<b>2 hours</b>	<b>Participation</b>
<b>318</b>	<b>Bone Grafting Surgery (2)</b>	<b>10 hours</b>	<b>Participation</b>
<b>690</b>	<b>Implants (Lab)</b>	<b>4 hours</b>	<b>Participation</b>
	<b>Clinical Research</b>	<b>3 hours</b>	<b>Lecture</b>

**Session 2: Intravenous Conscious Sedation, Implant Surgical Techniques,  
Bone Manipulation**

**(October 19-24, 2009)**

**Location: The ADII facilities, Guaynabo, Puerto Rico**

**Instructors:**

**Dr. Hilt Tatum, Jr.  
Dr. José E. Pedroza  
Dr. Víctor Cardona  
Dr. Robert Giacosis**

**Total CEU: 49 hours**

<b>Code</b>	<b>Topics</b>	<b>CEU</b>	<b>Type</b>
<b>132</b>	<b>Anesthesia &amp; Pain Control</b>	<b>2 hours</b>	<b>Lecture</b>
<b>142</b>	<b>Medical Emergency Training</b>	<b>4 hours</b>	<b>Lecture</b>
<b>142</b>	<b>Medical Emergency Training</b>	<b>6 hours</b>	<b>Participation</b>
<b>016</b>	<b>Pharmacology</b>	<b>2 hours</b>	<b>Lecture</b>
<b>134</b>	<b>Prescription Medication Manag.</b>	<b>2 hours</b>	<b>Lecture</b>
<b>163</b>	<b>Conscious Sedation</b>	<b>4 hours</b>	<b>Participation</b>
<b>315</b>	<b>Implant Surgery (2)</b>	<b>6 hours</b>	<b>Participation</b>
<b>318</b>	<b>Bone Grafting Surgery (bilateral)</b>	<b>8 hours</b>	<b>Participation</b>
<b>492</b>	<b>Soft Tissue Surgery</b>	<b>6 hours</b>	<b>Participation</b>
<b>735</b>	<b>Treatment Planning</b>	<b>3 hours</b>	<b>Participation</b>
<b>738</b>	<b>Case Presentation</b>	<b>3 hours</b>	<b>Participation</b>
	<b>Clinical Research</b>	<b>3 hours</b>	<b>Participation</b>

**Session 3: I.V. Sedation and Anesthesia, Implant Placement Techniques, Segmental Osteotomies, Sinus Grafting**

**(Nov. 4-8, 2009)**

**Location: The ADII facilities, Guaynabo, Puerto Rico**

**Instructors:**

**Dr. Hilt Tatum, Jr.**

**Dr. José E. Pedroza**

**Dr. Daniel Becker**

**Dr. Robert Giacosis**

**Total CEU: 60 hours**

<b>Code</b>	<b>Topics</b>	<b>CEU</b>	<b>Type</b>
<b>016</b>	<b>Pharmacotherapeutics</b>	<b>8 hours</b>	<b>Lecture</b>
<b>132</b>	<b>Anesthesia &amp; Pain Control</b>	<b>8 hours</b>	<b>Lecture</b>
<b>134</b>	<b>Prescription Medication Manag.</b>	<b>8 hours</b>	<b>Lecture</b>
<b>163</b>	<b>Conscious Sedation</b>	<b>10 hours</b>	<b>Participation</b>
<b>315</b>	<b>8 Implant Surgery</b>	<b>10 hours</b>	<b>Participation</b>
<b>315</b>	<b>1 Implant Surgery</b>	<b>3 hours</b>	<b>Participation</b>
<b>738</b>	<b>Case Presentations</b>	<b>2 hours</b>	<b>Participation</b>
<b>735</b>	<b>Treatment Planning</b>	<b>3 hours</b>	<b>Participation</b>
<b>492</b>	<b>Soft Tissue Grafting Surgery</b>	<b>5 hours</b>	<b>Participation</b>
	<b>Clinical Research</b>	<b>3 hours</b>	<b>Participation</b>

#### **Session 4: Principles of Bone Grafting and Segmental Osteotomies**

**Location: The ADII facilities, Guyaynabo, Puerto Rico**

**(Dec 2-6, 2009)**

**Instructors:**

**Dr. Hilt Tatum, Jr.**

**Dr. José E. Pedroza**

**Dr. Ramón Pérez**

**Dr. Robert Giacosis**

**Total CEU: 44 hours**

<b>Code</b>	<b>Topics</b>	<b>CEU</b>	<b>Type</b>
<b>690</b>	<b>Implants</b>	<b>3 hours</b>	<b>Lecture</b>
<b>315</b>	<b>4 Implant Surgery</b>	<b>4 hours</b>	<b>Participation</b>
<b>315</b>	<b>3 Implant Surgery</b>	<b>3 hours</b>	<b>Participation</b>
<b>318</b>	<b>Bone Grafting Surgeries (3)</b>	<b>15 hours</b>	<b>Participation</b>
<b>163</b>	<b>Conscious Sedation (for 5 surgeries)</b>	<b>7 hours</b>	<b>Participation</b>
<b>163</b>	<b>Conscious Sedation</b>	<b>4 hours</b>	<b>Lecture</b>
<b>738</b>	<b>Case Presentations</b>	<b>2 hours</b>	<b>Participation</b>
<b>735</b>	<b>Treatment Planning</b>	<b>3 hours</b>	<b>Participation</b>
	<b>Clinical Research</b>	<b>3 hours</b>	<b>Participation</b>

**Session 5: Orofacial Applied Anatomy Related to Oral Implant Dentistry**

**(January 13-17, 2010)**

**Location: The ADII facilities, Guyaynabo, Puerto Rico**

**(Jan 13-17, 2010)**

**Instructors:**

**Dr. José E. Pedroza**

**Dr. Wesley Shankland**

**Dr. Ramón Pérez**

**Dr. Robert Giacosis**

**Total CEU: 53 hours**

<b>Code</b>	<b>Topics</b>	<b>CEU</b>	<b>Type</b>
<b>012</b>	<b>Anatomy</b>	<b>12 hours</b>	<b>Lecture</b>
<b>012</b>	<b>Anatomy (lab, dissections)</b>	<b>12 hours</b>	<b>Participation</b>
<b>315</b>	<b>4 Implant Surgery</b>	<b>4 hours</b>	<b>Participation</b>
<b>318</b>	<b>Bone Grafting Surgeries (2)</b>	<b>8 hours</b>	<b>Participation</b>
<b>163</b>	<b>Conscious Sedation (for 3 surgeries)</b>	<b>6 hours</b>	<b>Participation</b>
<b>163</b>	<b>Conscious Sedation</b>	<b>3 hours</b>	<b>Lecture</b>
<b>738</b>	<b>Case Presentations</b>	<b>2 hours</b>	<b>Participation</b>
<b>735</b>	<b>Treatment Planning</b>	<b>3 hours</b>	<b>Participation</b>
	<b>Clinical Research</b>	<b>3 hours</b>	<b>Participation</b>

**Session 6: Maxillary Sinus Augmentation Techniques**

**(Feb 3-7, 2010)**

**Location: The ADII facilities, Guaynabo, Puerto Rico**

**Instructors:**

**Dr. Hilt Tatum, Jr.**

**Dr. José E. Pedroza**

**Dr. Robert Giacosis**

**Total CEU: 41 hours**

<b>Code</b>	<b>Topics</b>	<b>CEU</b>	<b>Type</b>
<b>318</b>	<b>Bone Grafting</b>	<b>3 hours</b>	<b>Lecture</b>
<b>315</b>	<b>4 Implant Surgery</b>	<b>4 hours</b>	<b>Participation</b>
<b>318</b>	<b>Bone Grafting Surgeries (3)</b>	<b>12 hours</b>	<b>Participation</b>
<b>163</b>	<b>Conscious Sedation (for 4 surgeries)</b>	<b>8 hours</b>	<b>Participation</b>
<b>163</b>	<b>Conscious Sedation</b>	<b>4 hours</b>	<b>Lecture</b>
<b>738</b>	<b>Case Presentations</b>	<b>3 hours</b>	<b>Participation</b>
<b>735</b>	<b>Treatment Planning</b>	<b>4 hours</b>	<b>Participation</b>
	<b>Clinical Research</b>	<b>3 hours</b>	<b>Participation</b>

## **Session 7: Non-Root Forms Implants**

**(March 3-7, 2010)**

**Location: The ADII facilities, Guaynabo, Puerto Rico**

**Instructors:**

**Dr.Hilt Tatum, Jr.**

**Dr. José E. Pedroza**

**Dr. Ramón Pérez**

**Dr. Robert Giacocie**

**Total CEU: 47 hours**

<b>Code</b>	<b>Topics</b>	<b>CEU</b>	<b>Type</b>
<b>692</b>	<b>Reconstructive Phase (Implants)</b>	<b>2 hours</b>	<b>Lecture</b>
<b>693</b>	<b>Implant Maintenance</b>	<b>3 hours</b>	<b>Participation</b>
<b>072</b>	<b>Diagnosis and Medication</b>	<b>2 hours</b>	<b>Lecture</b>
<b>163</b>	<b>Conscious Sedation</b>	<b>4 hours</b>	<b>Participation</b>
<b>142</b>	<b>Anesthesia and Pain Control</b>	<b>2 hours</b>	<b>Lecture</b>
<b>315</b>	<b>4 Implant Surgery</b>	<b>4 hours</b>	<b>Participation</b>
<b>318</b>	<b>Bone Grafting Surgeries (3)</b>	<b>12 hours</b>	<b>Participation</b>
<b>163</b>	<b>Conscious Sedation (for 4 surgeries)</b>	<b>8 hours</b>	<b>Participation</b>
<b>738</b>	<b>Case Presentations</b>	<b>3 hours</b>	<b>Participation</b>
<b>735</b>	<b>Treatment Planning</b>	<b>4 hours</b>	<b>Participation</b>
	<b>Clinical Research</b>	<b>3 hours</b>	<b>Participation</b>

## **Session 8: Occlusal Considerations and Advanced Restorative Techniques**

**(April 7-11, 2010)**

**Location: The ADII facilities, Guaynabo, Puerto Rico**

**Instructors:**

**Dr. Hilt Tatum, Jr.**

**Dr. José E. Pedroza**

**Dr. Arturo Blanco-Plard**

**Dr. Robert Giacosis**

**Total CEU: 51 hours**

<b>Code</b>	<b>Topics</b>	<b>CEU</b>	<b>Type</b>
<b>616</b>	<b>Implant Restorations (Prothodontics)</b>	<b>8 hours</b>	<b>Lecture</b>
<b>693</b>	<b>Implant Maintenance</b>	<b>2 hours</b>	<b>Lecture</b>
<b>315</b>	<b>Implant Surgery (Ramus Frame)</b>	<b>8 hours</b>	<b>Participation</b>
<b>318</b>	<b>Bone Grafting Surgeries (2)</b>	<b>6 hours</b>	<b>Participation</b>
<b>492</b>	<b>Soft Tissue Surgery</b>	<b>3 hours</b>	<b>Participation</b>
<b>690</b>	<b>Implants (Lab)</b>	<b>3 hours</b>	<b>Participation</b>
<b>163</b>	<b>Conscious Sedation (for 4 surgeries)</b>	<b>8 hours</b>	<b>Participation</b>
<b>163</b>	<b>Conscious Sedation</b>	<b>4 hours</b>	<b>Lecture</b>
<b>738</b>	<b>Case Presentations</b>	<b>2 hours</b>	<b>Participation</b>
<b>735</b>	<b>Treatment Planning</b>	<b>4 hours</b>	<b>Participation</b>
	<b>Clinical Research</b>	<b>3 hours</b>	<b>Participation</b>

**Session 9: Advanced Surgical and Prosthetic Cases**

**(May 5-8, 2010)**

**Location: The ADII facilities, Guaynabo, Puerto Rico**

**Instructors:**

**Dr.Hilt Tatum, Jr.**

**Dr. José E. Pedroza**

**Dr. Robert Giacosis**

**Total CEU: 41 hours**

<b>Code</b>	<b>Topics</b>	<b>CEU</b>	<b>Type</b>
<b>693</b>	<b>Implant Maintenance</b>	<b>2 hours</b>	<b>Lecture</b>
<b>315</b>	<b>Implant Surgery (3)</b>	<b>9 hours</b>	<b>Participation</b>
<b>318</b>	<b>Bone Grafting Surgery</b>	<b>4 hours</b>	<b>Participation</b>
<b>690</b>	<b>Implants (Lab)</b>	<b>4 hours</b>	<b>Participation</b>
<b>163</b>	<b>Conscious Sedation (for 4 surgeries)</b>	<b>8 hours</b>	<b>Participation</b>
<b>163</b>	<b>Conscious Sedation</b>	<b>4 hours</b>	<b>Lecture</b>
<b>738</b>	<b>Case Presentations</b>	<b>3 hours</b>	<b>Participation</b>
<b>735</b>	<b>Treatment Planning</b>	<b>4 hours</b>	<b>Participation</b>
	<b>Clinical Research</b>	<b>3 hours</b>	<b>Participation</b>

**Session 10: Bringing it All Together**

**(June 2-5, 2010)**

**Location: The ADII facilities, Guaynabo, Puerto Rico**

**Instructors:**

**Dr. Hilt Tatum, Jr.**

**Dr. José E. Pedroza**

**Dr. Ramón Pérez**

**Dr. Robert Giacosis**

**Total CEU: 24 hours**

<b>Code</b>	<b>Topics</b>	<b>CEU</b>	<b>Type</b>
<b>690</b>	<b>Implants</b>	<b>2 hours</b>	<b>Lecture</b>
<b>132</b>	<b>Anesthesia and Pain Control</b>	<b>2 hours</b>	<b>Lecture</b>
<b>318</b>	<b>Bone Grafting Surgery</b>	<b>4 hours</b>	<b>Participation</b>
<b>315</b>	<b>Implant Surgery (2)</b>	<b>4 hours</b>	<b>Participation</b>
<b>163</b>	<b>Conscious Sedation (for 2 surgeries)</b>	<b>4 hours</b>	<b>Participation</b>
<b>163</b>	<b>Conscious Sedation</b>	<b>2 hours</b>	<b>Lecture</b>
<b>738</b>	<b>Case Presentations</b>	<b>4 hours</b>	<b>Participation</b>
<b>735</b>	<b>Treatment Planning</b>	<b>2 hours</b>	<b>Participation</b>

**THE PUERTO RICO MAXICOURSE® PROGRAM and  
CLINICAL RESIDENCY IN IMPLANT DENTISTRY**

**Sedation and Anesthesia in Dental Practice**

**Course Description**

This course is intended for continuing education training of dentists in the management of pain and anxiety during dental treatment. It is designed in a series of lectures, each requiring prerequisite study and the successful completion of a written examination following lectures for each session. Successful completion of these requirements fulfills the “Guidelines for Teaching Pain and Anxiety Control” as adopted by the American Dental Association and the American Dental Society of Anesthesiology. The Course complies with the ADA requirements for **Moderate Parenteral Sedation**, which consists of a minimum of 60 hours of instruction plus management of at least 20 patients by the IV route.

The Sedation and Anesthesia Course is offered as part of *The Puerto Rico Maxicourse® Program and Clinical Residency in Implant Dentistry*, a one academic year curriculum AAID Maxicourse®, sponsored by the *University of Puerto Rico, The Advanced Dental Implant Institute*, and *Tatum Institute-International*. The Program has been approved by the *Academy of General Dentistry* as a **PACE** Program Provider.

Sessions in this series include:

- Medical emergencies in Dental Practice (8hr)
- Patient Monitoring: Physiological and Technical Considerations (8hr)
- Nitrous Oxide, Oral and IM Sedation (16hr)
- Intravenous Conscious Sedation (48hr)

Detailed syllabi for each Session are found within this Course Description. Participants should follow the following instructions for each:

1. Each session commences with a syllabus that delineates specific objectives and reading assignments.
2. Consider the objectives as essay questions that should be answered while reading and studying the assigned reading.
3. After you have mastered your material, attempt to answer the pretest without consulting the answers that are provided. Then check your answers and reread those portions that you find yourself deficient.
4. The lecture outlines will be used by the instructor during the actual course.

5. At the completion of each module's lectures, you will have to score 80% on a written exam that will be similar, but not identical to, the pretest.

Any inquiries may be directed to the Course Director:

**Jose E. Pedroza, DMD, MSc.**

The Advanced Dental Implant Institute -Director

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1 Parkside Street

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Associate Professor, Research Office  
School of Dental Medicine  
Medical Science Campus  
University of Puerto Rico

E-mail: [jose.pedroza@upr.edu](mailto:jose.pedroza@upr.edu)

**Course Faculty**

Daniel Becker, DDS- Oral Surgeon

Victor Cardona, MD- Anesthesiologist and Internist

Ramon Perez, DMD – Oral and Maxillofacial Surgeon

Jose E. Pedroza, DMD, MSc – Oral Surgeon

## Course Syllabus

### **I. Medical Emergencies in Dental Practice**

#### **Description:**

A one day (8 hours) lecture/participation seminar covering principles required for the recognition and treatment of medical urgencies and emergencies in the dental office. Dentists are encouraged to attend with at least one office auxiliary. Current American Heart Association certification in BLS or Red Cross certification in Professional Rescuer CPR is a prerequisite to this seminar. Prerequisite reading and pretest will be mailed upon receipt of registration.

#### **Objectives:**

1. Describe the principles of emergency prevention including office/staff preparedness and the essential components of an appropriate patient evaluation.
2. Demonstrate proper techniques for respiratory assessment and support, including efficient delivery of oxygen supplementation and positive pressure ventilation.
3. Explain basic physiological influences that sustain arterial pressure, and demonstrate clinical assessment of blood pressure, pulse and perfusion.
4. Explain the actions, effects, indications, routes of administrations and doses for useful emergency drugs and demonstrate their preparation.
5. Describe the pathogenesis and appropriate protocols for managing urgencies and emergencies that may present during dental treatment.

#### **Method of Evaluation:**

1. Written post-test covering prerequisite reading and lectured material.
2. Laboratory check-offs on airway management, vital signs and drug preparation.

#### **Prerequisite Reading:**

1. Becker DE, Phero PC. Management of complications and emergencies. In: Dionne RA, Phero JP, Becker DE. Eds. Management of Pain and Anxiety in the Dental Office. Philadelphia: WB Saunders Co, 2002.

## **II. Physiological and Technical Aspects of Patient Monitoring**

### **Description:**

A one day (8 hour) lecture/laboratory seminar covering the general principles of autonomic, respiratory and cardiovascular physiology essential to properly monitor and assess the sedated patient. Requisite forms of patient monitoring are presented, including practical experiences in their use. This course is one in a series of courses designed for training in intravenous conscious sedation. However, it is also useful as preparation for training in Advanced Cardiac Life Support or as general review for those already trained in sedation and anesthesia. Prerequisite reading and pretest are mailed upon receipt of registration.

### **Objectives:**

1. Describe the rationale for patient monitoring and distinguish the ADSA Guidelines for monitoring patients receiving conscious sedation from those receiving deep sedation and general anesthesia.
2. Describe the autonomic control of vital organ systems.
3. Describe general principles of synaptic transmission using a cholinergic synapse as an example.
4. Describe the adrenergic synapse including the synthesis and termination of catecholamine neurotransmitters.
5. Describe the actions, effects and indications for prototypic drugs that mimic and inhibit autonomic control of vital organ systems.
6. Distinguish the neural control of laryngeal versus bronchial smooth muscle, and describe the pharmacological management of laryngospasm and bronchospasm.
7. Describe mechanisms of gas transport. Explain the oxygen-hemoglobin dissociation curve and information provided by arterial blood gases.
8. Define selected respiratory volumes and capacities.
9. Describe the principal mechanisms that control ventilation and how these are altered in patients suffering COPD. Distinguish the primary mechanisms by which selected drug classes depress respiration.
10. Describe the cardiac cycle in terms of valvular function, pressure gradients and ventricular volumes. Distinguish stroke volume from ejection fraction.
11. Name the principal components of the cardiac neuroconduction system. Describe their intrinsic rates of depolarization and how these are influenced by the autonomic nervous system.

12. Explain factors that determine coronary perfusion and describe the major determinants of myocardial oxygen consumption. Include definitions of preload and afterload in your explanation.
13. Explain the factors that sustain arterial blood pressure, and specifically address the influences of preload, contractility and afterload on stroke volume.
14. Describe and demonstrate available systems for monitoring cardiovascular function.
15. Describe methods for monitoring adequate ventilation.
16. Explain the physiological basis for pulse oximetry and discuss advantages and disadvantages of supplemental oxygenation while using conscious sedation.
17. Describe the physiological events indicated by standard wave forms and intervals on an ECG tracing.
18. Demonstrate technical aspects of lead selection and describe a systematic approach to assessment as an ECG tracing.
19. Correlate the components of an electrocardiogram with the corresponding events in a cardiac cycle and interpret common atrial and ventricular dysrhythmias from single-lead tracings.

**Method of Evaluation:**

1. Written post-test covering prerequisite reading and lectured information.
2. Laboratory check-offs including vital signs, ECG monitoring, precordial stethoscope, and pulse oximetry.

**Prerequisite Reading:**

1. Becker DE. Lecture monograph: Basic arrhythmia interpretation. (Included in this workbook)
2. Becker DE, Bradley BE. Basic physiologic considerations. In: Dionne RA, Phero JP, Becker DE . Eds. Management of Pain and Anxiety in the Dental Office. Philadelphia: WB Saunders Co, 2002.

### **III. Oral, I.M. and Nitrous Oxide Sedation**

#### **Description:**

A one day (8 hours) presentation of essential information required for the safe and effective use of nitrous oxide and sedative/anxiolytics administered IM or PO for management of the anxious dental patient. Local anesthesia is reviewed and emphasized as the foundation upon which all conscious sedation regimens are employed. Prerequisite reading will be required.

#### **Objectives:**

1. Distinguish analgesia, anesthesia, anxiolysis, sedation and hypnosis.
2. Characterize 5 levels of sedation distinguishing those for “conscious sedation” from “deep sedation”. Compare these to the state of general anesthesia, distinguishing dated classifications for ether anesthesia introduced by Guedel with the more contemporary concept of an anesthesia triad. ..
3. Describe fundamental pharmacokinetic principles emphasizing those that distinguish oral and parenteral routes of administration.
4. Explain the mechanism of action for local anesthetics and correlate chemical and physical properties with their clinical characteristics.
5. Calculate the dose of local anesthetic solutions and explain systemic complications associated with parent drug and metabolites.
6. Discuss issues regarding hypersensitivity reactions to local anesthetics and their additives.
7. Explain the advantages of including vasopressors in local anesthetic solutions, and state the effects mediated via adrenergic receptors. Calculate the dose of vasopressors contained in local anesthetic solutions.
8. Discuss the appropriate use of vasopressors for patients having histories of coronary artery disease and hypertension.
9. Distinguish the patterns of clearance for catecholamines versus non-catecholamines, and clarify controversies regarding interactions with antidepressant medications and nonselective beta blockers.
10. Explain the influence of blood:gas coefficient on uptake and distribution of inhalation agents.
11. Define MAC and explain the influences of other drugs on this parameter.
12. Discuss nitrous oxide in terms of issues regarding diffusion hypoxia and distribution to air-filled spaces.
13. Distinguish the analgesic and anesthetic actions of nitrous oxide and explain its influence on respiratory and cardiovascular function.

14. Discuss putative mechanisms that may account for toxic influences of nitrous oxide following chronic exposure.
15. Offer strategies for reducing nitrous oxide exposure to healthcare providers.
16. Discuss relative contraindications for using nitrous oxide sedation.
17. Describe the components and function of nitrous oxide/oxygen delivery systems, and demonstrate its proper use.
18. Explain the mechanism of action for benzodiazepines and the principal pharmacokinetic parameters by which they are compared.
19. Offer appropriate doses for diazepam, triazolam and lorazepam for preoperative sedation, and describe the pharmacology and appropriate use of flumazenil for benzodiazepine reversal.
20. Describe the actions and effects of antihistamines, chloral hydrate and opioids. Explain the hazards of combination regimens administered by PO or IM routes.
21. Describe and demonstrate assessment of vital signs, monitoring and discharge criteria for patients sedated with oral, IM and/or N2O. Address any unique considerations for geriatric and pediatric patients.

**Method of Evaluation:**

1. Written and posttest covering prerequisite reading and lectured material.
2. Laboratory and clinical check off on nitrous oxide sedation, IM injection technique, airway management, and monitoring and assessment.

**Prerequisite Reading:**

1. Becker DE. General Principles of Pharmacology. (Monograph included in this workbook; Adapted from Becker DE. Drug Therapy in Dentistry, 3<sup>rd</sup> Ed. 1998, MVH Dept of Medical Education and Hayden- McNeil Publishing, Inc.
2. Becker DE. Local Anesthetics. (Monograph included in this workbook; Adapted from Becker DE. Drug Therapy in Dentistry, 3<sup>rd</sup> Ed. 1998, MVH Dept of Medical Education and Hayden McNeil Publishing, Inc.

The following chapters from Dionne RA, Phero JP, Becker DE. Management of Pain and Anxiety in the Dental Office. WB Saunders Co. Philadelphia 2002.

3. Becker DE, Moore PA. Anxiolytics and sedative-hypnotics. In: Dionne RA, Phero JP, Becker DE. Eds. Management of Pain and Anxiety in the Dental Office. Philadelphia: WB Saunders Co, 2002.

4. Dionne RA, Kaneko Y. Overcoming pain and anxiety in dentistry. In: Dionne RA, Phero JP, Becker DE. Eds. Management of Pain and Anxiety in the Dental Office. Philadelphia: WB Saunders Co, 2002.
5. Dionne RA, Trapp LD. Oral and rectal sedation. in: Dionne RA, Phero JP, Becker DE. Eds. Management of Pain and Anxiety in the Dental Office. Philadelphia: WB Saunders Co, 2002.
6. Garrison RS, Holliday SR, Kretzchmar DP. Nitrous oxide sedation. In: Dionne RA, Phero JP, Becker DE. Eds. Management of Pain and Anxiety in the Dental Office. Philadelphia: WB Saunders Co, 2002.
7. Hawkins JM, Meecham JG. Local anesthetic techniques and adjuncts. In: Dionne RA, Phero JP, Becker DE. Eds. Management of Pain and Anxiety in the Dental Office. Philadelphia: WB Saunders Co, 2002.
8. Houpt MI, Giovannitti JA. Pediatric sedation. in: Dionne RA, Phero JP, Becker DE. Eds. Management of Pain and Anxiety in the Dental Office. Philadelphia: WB Saunders Co, 2002.
9. Yagiela JA. Local anesthetics. In: Dionne RA, Phero JP, Becker DE. Eds. Management of Pain and Anxiety in the Dental Office. Philadelphia: WB Saunders Co, 2002.

#### **IV. Intravenous Conscious Sedation**

##### **Description:**

A five day lectures, laboratory and clinical presentation covering the safe and effective use of intravenous sedation in dental practice. In addition, each participant must arrange for 8 hours of clinical experience during which he or she manages and supports the airway of unconscious patients. This can occur in a hospital operating room or office of an oral surgeon or dentist **3, and 4 (ACLS provider course) is an absolute prerequisite** for participation in this final module of the complete series in conscious sedation. Prerequisite reading and pretest are mailed upon receipt of registration.

##### **Objectives:**

1. Compare and contrast the principal pharmacokinetic processes as they pertain to drugs administered PO, IM and IV.
2. Given a receptor type, state the principal effects it mediates, and a prototypic agonist and an antagonist for the receptor.

3. Explain three distinct mechanisms by which drugs can produce a sedative effect.
4. Compare diazepam and midazolam in terms of their pharmacokinetics, pharmacodynamics and dosage increments for IV sedation. Describe essential pharmacological features of flumazenil.
5. Compare diphenhydramine and promethazine in terms of their pharmacokinetics, pharmacodynamics and dosage increments for IV sedation.
6. Compare meperidine, fentanyl and nalbuphine in terms of their pharmacokinetics, pharmacodynamics and dosage increments for IV sedation.
7. Explain the five levels of sedation, distinguishing those appropriate for conscious sedation from deep sedation.
8. Describe available options for the three principal components of an IV infusion setup and demonstrate its assembly.
9. Demonstrate proper venipuncture technique and establish a continuous IV infusion.
10. Explain and demonstrate discharge criteria for patients and demonstrate appropriate record keeping.
11. Explain the objectives of patient monitoring and distinguish the ADSA monitoring guidelines for conscious sedations versus deep sedation/general anesthesia. Demonstrate and understanding of essential physiological principles and technical skills for monitor use.
12. Describe the recognition and treatment for local and systemic complications that can be associated with intravenous sedation. Include essential pharmacological features of any drugs indicated.
13. Describe preoperative considerations when preparing a patient for intravenous conscious sedation including : a) assessment of medical status, b) management of patient's medications, and c) appropriate preoperative instructions including NPO status.
14. Demonstrate competent intravenous sedation technique including proper airway management, monitoring, proper drug titration, record keeping and implementation of appropriate criteria for patient discharge.

**Method of Evaluation:**

1. 1 written post-test that is comprehensive over all prerequisite reading and lectured materials.
2. Emergency simulation practical exam.
3. Clinical exam (mock IV sedation on partner using a placebo).
4. Competence during IV sedation of clinic patients.

**Prerequisite Reading:**

The following chapters from Dionne RA, Phero JP, Becker DE. Management of Pain and Anxiety in the Dental Office. WB Saunders Co. Philadelphia 2002.

1. Becker DE, Bennett CR. Intravenous and intramuscular sedation. In: Dionne RA, Phero JP, Becker DE. Eds. Management of Pain and Anxiety in the Dental Office. Philadelphia: WB Saunders Co, 2002.
2. Becker DE. Preoperative assessment. In: Dionne RA, Phero JP, Becker DE. Eds. Management of Pain and Anxiety in the Dental Office. Philadelphia: WB Saunders Co, 2002.
3. Becker DE. General anesthetics. In: Dionne RA, Phero JP, Becker DE. Eds. Management of Pain and Anxiety in the Dental Office. Philadelphia: WB Saunders Co, 2002.
4. Mitchell JZ, Roelofse JA. Airway management. In: Dionne RA, Phero JP, Becker DE. Eds. Management of Pain and Anxiety in the Dental Office. Philadelphia: WB Saunders Co, 2002.

## **Proposed Meeting Dates – Anesthesia Credentials Committee**

### **Proposed Meeting 2014 Dates**

- November 6, 2014 – Thursday, 2:00 p.m., Iowa City
- November 20, 2014 – Thursday, 2:00 p.m., Iowa City
- November 21, 2014 – Friday, 2:00 p.m., Iowa City

### **Proposed Meeting 2015 Dates**

- |                                 |                             |
|---------------------------------|-----------------------------|
| • January 8, 2015 – Thursday    | January 15, 2015 – Thursday |
| • April 9, 2015 – Thursday      | April 16, 2015 – Thursday   |
| • June 4, 2015 – Thursday       | June 11, 2015 – Thursday    |
| • July 9, 2015 – Thursday       | July 16, 2015 – Thursday    |
| • September 10, 2015 – Thursday | September 11, 2015 – Friday |
| • October 8, 2015 – Thursday    | October 15, 2015 – Thursday |

\*All meeting times would be scheduled to begin at 12:00 p.m. and held by teleconference unless otherwise noted.

## Braness, Christel [IDB]

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**From:** Douglas Horton <djameshorton@gmail.com>  
**Sent:** Friday, September 26, 2014 10:01 AM  
**To:** Braness, Christel [IDB]  
**Cc:** Doug Horton  
**Subject:** Re: Upcoming ACC Meeting - October 2, 2014

Christel: Please forward this request to the members of ACC. I would like comments for additions or corrections to the survey, as well as approval to send to moderate sedation permit holders. Thanks.

Dear Dr.

I have been asked to conduct a survey of moderate sedation permit holders. The following information is requested. If you have any questions please call me at 319-393-0773 or e-mail at [DJHDDSPC@gmail.com](mailto:DJHDDSPC@gmail.com). It is important that we have 100% participation, so thanks in advance for your cooperation.

What is your current methodology for sedation:

Oral or IV?

Do you use a precordial stethoscope?

Do you use capnography?

How often do you use sedation? (Patient experiences per month. Do not include minimal sedation or N2O)

Please copy your last 5 anesthesia records, block out patient names, and send them along with this cover letter to the IBDE at the letterhead address by November 15th.

Thanks for your help.

Doug Horton

Sent from my iPad

On Sep 23, 2014, at 5:14 PM, "Braness, Christel [IDB]" <[Christel.Braness@iowa.gov](mailto:Christel.Braness@iowa.gov)> wrote:

Phil and I are hoping to finalize the plans for next week's meeting Thursday morning. Right now, it looks like we just barely have a quorum to hold the meeting the afternoon of October 2, 2014 in Iowa City. We really need to have a quorum plus one, at a minimum, to go ahead with the meeting in Iowa City. If something should come up for a committee member who planned to attend, and we don't have a quorum, the committee would be unable to meet. Seeing as how some committee members would be required to travel, we want to be certain we'd have a quorum before finalizing the meeting details.

To date: the following members have indicated that they are available to participate:

- Dr. Clark
- Dr. Roth

# **REPORT TO THE ANESTHESIA CREDENTIALS COMMITTEE (ACC)**

---

**DATE OF MEETING:** October 2, 2014

**RE:** **Request for Consideration of Prior Training and Experience**

**ACTION REQUESTED:** Recommendation for Eligibility

---

## **Topic(s) for Committee Review**

Two practitioners from out of state are asking the Anesthesia Credentials Committee to consider their prior training and out-of-state experience when determining if they are eligible to obtain a moderate sedation permit in Iowa.

- Dr. Judd Larson is currently licensed and practicing dentistry in Oregon. Dr. Larson has submitted an application for an Iowa dental license. Dr. Larson expressed interest in obtaining a moderate sedation permit in Iowa. Dr. Larson reports having been permitted to provide moderate sedation in Oregon for approximately 7 years.
  
- Dr. Dean Hussong is currently licensed in Wisconsin and Iowa. Dr. Hussong practices in Wisconsin primarily. Dr. Hussong is asking for the committee's direction as to whether a moderate sedation permit could be issued to him based on his prior training and experience.

# Healthcare Provider



Judd Larson

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.

Issue Date 01/26/13

Recommended Renewal Date 01/2015

This card contains unique security features to protect against forgery.

# ACLS Provider



Judd Larson

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.

Issue Date 01/26/13

Recommended Renewal Date 01/2015

This card contains unique security features to protect against forgery.

Training Center Name Hillsboro, OR 97124 TC ID # OR04455  
Info Hillsboro, OR 97124 (503) 693-3352

Course Metro West Ambulance

Instructor Name Dawn Poetter - Regional Faculty Inst. ID # 07110035429

Holder's Signature

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Training Center Name Education For Life TC ID # OR04455  
Info Hillsboro, OR 97124 (503) 693-3352

Course Metro West Ambulance

Instructor Name Dawn Poetter - Regional Faculty Inst. ID # 07110035429

Holder's Signature

© 2011 American Heart Association. Forging will alter its appearance. 90-1806

90-1801 3/11

90-1806 3/11

3	Linda Praelert, MS	Exposure Control/Bloodborne Pathogens	148	
3	Pat Preston, MS	Emerging Infectious Diseases: Impact on Dental Professionals	148	
3	Kevin Henry	Tips for Going Green in the Dental Offices	453	
3	Samuel J. Higdon, DDS	TMJ - What You Probably Didn't Learn in Dental School	180	
3	Samuel J. Higdon, DDS	TMJ - What You May Not Have Learned Since Dental School	180	M250
3	Kristine Modadon, RDH, BS	Building Better Change: Mapping the DNA of "Well-Being" Professionals (repeat)	130	
4	David W. Howerton/Joni Hopkins/Kennedy	Medical Emergencies (repeat)	142	
3	Kenneth Koch, DMD	The Endo-Restorative Continuum (repeat)	70	
3	Kenneth Koch, DMD	The Endo-Restorative Continuum - Workshop (repeat)	70	
3	Jane Lawson	Conquer Clutter in Your Home & Office	553	
3	Jane Lawson	Office Clutter: The Efficiency Killer	550	
3	Mike Lehman	Keeping out of HR Hot Water	550	
3	Amy Lynch	The Way of Y	551	
3	Amy Lynch	Align Generations for Bottom Line Results	550	
2	Kaydel Marshall	Tax Education for Small Business and Self-Employed	552	
3	Brad McPhee, DDS	Digital Photography Made Simple	158	
3	Cindy O'Neal	Hiring Smart	551	
3	Tricia Osuna, RDH, BS, FAADH	Save me - Save You! Ergonomics and Effective Patient Care	494	
8	Jeffrey S. Rouse, DDS	Arteries Occlude-Teeth Mislocate: Understanding Oral function	730	
0	Terry Salke, DDS, MS	Imagine What is Possible...Then Make it a Reality	730	
2	Angie Skinsar	Sold on Service, Smileosophy	559	
2	Angie Skinsar	Sold on Service, Smileosophy (repeat)	559	
3	Bothany Valachi, MS, PT, CEAS	Neck, Back & Beyond: Preventing Pain for Peak Productivity	18	
3.5	Mary Ann Vaughan, RN, CEN, EMT-P	CPR for the health care provider refresher (repeated)	142	
2.5	Mary Ann Vaughan, RN, CEN, EMT-P	CPR for the health care provider refresher (repeated)	142	
3	Mike Werner, DMD, MS	Bisphosphonates and Osteonecrosis	18	
3	Raymond A. Yelms, DMD, MS	Lesions in Periodontal Therapy	490	
3	Raymond A. Yelms, DMD, MS	Lesions in Periodontal Therapy (repeat)	490	

Saturday, April 4, 2009

CE Credits	Presenter(s)	Course Title	AGD Code	Completion Code
6	J Bruce Bavit, DMD	An Update on Local Anesthesia and Conscious Sedation for the Dental Team	132	N233
5	Doug Dederich, DDS	Lessons in dentistry: An update	135	
5	Belle Ducharme, RDA, CDPMA	5 M's of a Successful Practice	550	
3	James Engum	Strength Training Doesn't Need to be a Way of Life: How to Meet Your Goals without Becoming an Iron Head	670	
6	Edward Feinberg, DMD	A Philosophical Approach to Full Coverage Restorations in Genera: Practice (part 2)	250	
3	Richard H. Fixott, DDS, DABFO	ODA Dental Identification Team Seminar	146	
6	John C. Kola, DMD, MSD	Interdisciplinary Treatment Planning: Diagnostically Driven	735	
3	Jane Lawson	Conquer Clutter in Your Home	770	
3	Jane Lawson	Clean Faster - Live More!	770	
3	Mike Lehman	Keeping out of HR Hot Water	550	
3	Robert Marx, DDS	Pathology Review for Oral Surgeons	310	
3	Robert Marx, DDS	Management of Bisphosphonate Induced Osteonecrosis/Osteoporosis	18	
4	MTI	Medical Teams International: At Home and Abroad	130	
3	Cindy O'Neal	Hiring Smart	556	
3	Shannon Pace	Clinical Materials Update for Dental Assistants	17	
3	Shannon Pace	Exquis to Provisionals: Anterior/Posterior (Workshop)	250	
3	Ray Padilla, DDS	Sports Dentistry: Trauma Treatment and Prevention	154	
3	Ray Padilla, DDS	Fabrication of Dental Appliances (Including Athletic Mouthguards) Using the Pressure Thermforming Technique	154	
2.5	Mary Ann Vaughan, RN, CEN, EMT-P	CPR for the Health Care Provider Refresher (repeat)	142	
3.5	Mary Ann Vaughan, RN, CEN, EMT-P	CPR for the Health Care Provider Refresher (repeat)	142	
3	Katherine Walto	3 Hours of Power: Tusen Women's Self-Defense	770	

By my signature, I warrant that I have completed all the courses indicated above.

**Retain this form for proof of continuing education.**

Continuing education credits issued for participation in the CE activity may not apply toward license renewal in all states/provinces. It is the responsibility of each participant to verify the requirements of his/her state/provincial licensing board(s).

Course Syllabus :

## **American Dental Society of Anesthesiology**

### **Minimal and Moderate Sedation Review Course**

#### Description:

A two day course reviewing topics related to the safe and effective delivery of minimal and moderate sedation by inhalation, enteral and parenteral routes of administration. The course includes a laboratory portion where participants will learn and practice advanced airway maneuvers, monitoring skills and emergency procedures related to minimal and moderate sedation.

#### Objectives:

1. Define relevant terms and discuss educational requirements and parameters of care from the 2007 ADA Guidelines.
2. Contrast respiratory and cardiovascular changes that accompany minimal and moderate sedation, deep sedation and general anesthesia.
3. Define essential components of preoperative assessment, noting information that is particularly relevant when planning sedation.
4. Describe fundamental principles of pharmacokinetics and pharmacodynamics that impact the use of particular drugs for sedation and general anesthesia.
5. Describe essential pharmacological features of nitrous oxide including the concept of MAC and influences on respiratory and cardiovascular function.
6. Explain significant pharmacological features of local anesthetic and vasopressor formulations distinguishing dosages and potential side effects.
7. Describe physiological and technical aspects of patient monitoring during sedation and recognize pathological electrocardiographic rhythms.
8. Explain unique characteristics of the pediatric and geriatric patient and describe modifications necessary for their safe management.
9. Describe appropriate regimens for minimal and moderate sedation.
10. Describe the recognition and management of possible complications associated with minimal and moderate sedation including the pharmacology and appropriate use of drug antagonists.

**ADSA**  
**Minimal and Moderate Sedation Review Course**  
**Las Vegas, Nevada**  
**February 25-26, 2011**

**Friday, February 25, 2011**  
**Silver Room**

7:00-8:00	<u>Continental Breakfast ---- Event Center</u>	
8:00-9:00	<u>Issues Surrounding Moderate Sedation in Dentistry</u> Morton Rosenberg, DMD	pg. 1-6
9:00-10:00	<u>Preoperative Assessment For Moderate Sedation</u> Ernie Luce, DDS	pg. 7-20
10:00-10:15	<u>Break----Event Center</u>	
10:15-11:00	<u>General Pharmacology Principles</u> Daniel Becker, DDS	pg. 21-32
11:00-12:00	<u>Pharmacology of Moderate Sedation Agents</u> Daniel Becker, DDS	
12:00-1:00	<u>Lunch-----Event Center</u>	
1:00-2:00	<u>Nitrous Oxide and Oxygen Sedation</u> Morton Rosenberg, DMD	pg. 33-38
2:00-3:00	<u>Local Anesthesia and Vasoconstrictors</u> Kenneth Reed, DMD	pg. 39-44
3:00-3:15	<u>Break----Event Center</u>	
3:15-4:15	<u>Monitoring During Moderate Sedation</u> Ernie Luce, DDS	pg. 45-54
4:15-5:00	<u>Special Considerations for Geriatric Patients</u> Morton Rosenberg, DMD	pg. 55-60



Course Syllabus :

**American Dental Society of Anesthesiology**  
**Minimal and Moderate Sedation Review Course**  
**February 22-23, 2013 Las Vegas, NV**

Description:

A two day course reviewing topics related to the safe and effective delivery of minimal and moderate sedation of dental patients by inhalation, enteral and parenteral routes of administration. The topics presented will be applicable to all minimal and moderate sedation providers and will provide the attendee with a broad overview of topics related to safe practice of minimal and moderate sedation.

Objectives:

1. Describe the components of a proper preoperative medical assessment for a dental patient about to undergo sedation.
2. Describe physiological and technical aspects of patient monitoring during sedation and interpretation of that data.
3. Describe the pharmacology of nitrous oxide and its role as a sole sedative agent and an adjunct to other forms of sedation.
4. Describe office preparations necessary for effective management of medical emergencies.
5. Describe common medical complications associated with sedation during dental treatment and their management.
6. Describe the pharmacology of agents used for minimal and moderate sedation.
7. Describe complications commonly seen with administration of local anesthetics and their management.
8. Describe unique considerations for minimal and moderate sedation of geriatric patients.
9. Describe the parts of a normal ECG tracing and be able to recognize common cardiac dysrhythmias.
10. Describe prevention and management of non-life threatening complications of minimal and moderate sedation.

**ADSA**  
**Minimal and Moderate Sedation Review Course**  
**Las Vegas, NV**  
**February 22-23, 2013**

**Friday, February 22, 2013**

**Silver Room**

7:00am-8:00am	<u>Breakfast – Event Center</u>	
8:00am-8:15am	<u>Welcome and Introduction</u> Roy L. Stevens, DDS	
8:15am-10:15am	<u>Medical Assessment and Patient Medications</u> Michael K. Rollert, DDS	pg. 1-22
10:15am-10:30am	<u>Break – Event Center</u>	
10:30am- 12:00pm	<u>Patient Monitoring</u> Ernie B. Luce, DDS	pg. 23-30
12:00-1:00pm	<u>Lunch – Event Center</u>	
1:00pm-2:00pm	<u>Nitrous Oxide Sedation</u> Morton B. Rosenberg, DMD	pg. 31-34
2:00pm-3:00pm	<u>Preparing Your Office for a Medical Emergency:</u> <u>Crisis Resource Management</u> James C. Phero, DMD	pg. 35-52
3:00pm-3:15pm	<u>Break – Event Center</u>	
3:15pm-4:15pm	<u>Recognition and Management of Complications</u> Michael K. Rollert, DDS	pg. 53-64
4:15pm-5:30pm	<u>Anesthesia Emergency Management:</u> <u>Interactive Computer Simulation</u> Karen E. Crowley, DDS Rick Ritt, EMT-P, MA	

**Saturday, February 23, 2013****Silver Room**

7:00am-8:00am	<u>Breakfast – Event Center</u>	
8:00am-10:15am	<u>Pharmacotherapeutics of Minimal and Moderate Sedation</u>	pg. 65-86
	Stuart Lieblich, DM	
10:15am-10:30am	<u>Break – Event Center</u>	
10:30am-12:00pm	<u>Complications of Local Anesthesia</u>	pg. 87-98
	Robert C. Bosack, D.D.S.	
12:00pm-1:00pm	<u>Lunch – Event Center</u>	
1:00pm-2:30pm	<u>A Review of ECG Rhythm Recognition</u>	pg. 99-106
	Ernie B. Luce, DDS	
2:30pm-3:00pm	<u>Sedation for the Geriatric Patient</u>	pg. 107-110
	Roy L. Stevens, DDS	
3:00pm-3:15pm	<u>Break – Event Center</u>	
3:15pm-4:30pm	<u>Nuisance Complications of Minimal and Moderate Sedation</u>	pg. 111-120
	Ernie B. Luce, D.D.S.	



## CONTINUING EDUCATION INFORMATION

### AGD APPROVED NATIONAL SPONSOR

This is to verify that the following individual participated in "Anxiolysis – Beyond Valium" January 19, 2006

Judd Larson, DDS

**Sponsor Name:** Dental Organization for Conscious Sedation, LLC  
**Instruction:** Michael Silverman, DMD; Anthony Feck, DMD  
**Seminar Date:** January 19, 2006  
**Program Location:** Las Vegas, NV

**Type of Credit:** Lecture/Scientific 7.5

**TOTAL CREDIT HOURS: 7.5**

Retain a copy for your files. Mail a copy to:

Academy of General Dentistry  
 Department of Dental Education  
 211 E. Chicago Ave. #900  
 Chicago, IL 60611  
 Doctor/Hygienist  
 ID#217651 Academy of General Dentistry

Dental Board of California  
 Course #7.5-3873-05001

Kentucky Board of Dentistry  
 Provider # 0304





## CONTINUING EDUCATION INFORMATION

### AGD APPROVED NATIONAL SPONSOR

This is to verify that the following individual participated in "Adult Oral Sedation"  
January 20-21, 2005

Judd Larson, DDS

**Sponsor Name:** Dental Organization for Conscious Sedation, LLC  
**Instruction:** Michael Silverman, DMD; Anthony Feck, DMD  
**Seminar Date:** January 20-21, 2005  
**Program Location:** Las Vegas, NV

**Type of Credit:** Lecture/Scientific 15 (22 Patient Experiences)

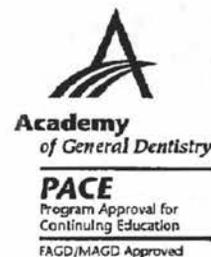
**TOTAL CREDIT HOURS: 15**

Retain a copy for your files. Mail a copy to:

Academy of General Dentistry  
Department of Dental Education  
211 E. Chicago Ave. #900  
Chicago, IL 60611  
Doctor/Hygienist  
ID#217651

Dental Board of California  
Course #15-3873-05007

Kentucky Board of Dentistry  
Provider # 0304



**2013 Oregon Dental Conference, April 4 - 6  
Oregon Convention Center - Portland, Oregon**

Oregon Dental Association AGD Provider Code: 2738

The Oregon Dental Association (ODA) is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at [www.ada.org/cerp](http://www.ada.org/cerp).

All licensed dentists and hygienists are required by the Oregon Board of Dentistry to maintain a record of CE credits earned. **Retain this certificate as proof of continuing education for at least four (4) years pursuant to OAR 818-021-0060(2) & 0070(2). Do not submit CE to the Oregon Board of Dentistry unless audited.**

The formal continuing education programs of the Oregon Dental Association are accepted by the Academy of General Dentistry (AGD) for Fellowship/Mastership credit. The current term of acceptance extends from 5/1/2009 through 6/30/2013.



PO Box 3710  
Wilsonville, OR  
97070-3710  
(503) 218-2010  
(800) 452-5628

[www.oregondental.org](http://www.oregondental.org)

ADA CERP Continuing Education  
Recognized Provider

**Judd Larson**

**License Number:** \_\_\_\_\_

Date	Course Title, Code & Time	Presenter(s)	CE Credits	AGD Code	Education Method
4/4/2013	Treatment Planning and Reconstruction from Endodontics to Full Arch Implant Fixed Prosthesis Utilizing a Graftless Approach and Computer Guided Surgery (3129) 9:00 am - 4:30 pm	Richard Williamson, DDS, MS, FACP	6	610	Lecture
4/5/2013	The Hottest Topics in Dentistry Today (3151) 9:00 am - 12:00 pm	Louis Malcmacher, DDS, MAGD	3	250	Lecture
4/5/2013	Empowering Your Practice With Complete Dentures, Removable Partial Dentures and Implant Assisted Overdentures (3165) 2:00 pm - 5:00 pm	Richard Williamson, DDS, MS, FACP	3	670	Lecture
4/6/2013	Advanced Anterior Esthetics (3182) 8:00 am - 11:00 am	Stephen Poss, DDS	3	254	Lecture
4/6/2013	Oral Sedation: Clinical "How-To" Applications, Pharmacology and Controversies (3175) 1:00 pm - 4:00 pm	J. Mel Hawkins, DDS, BScD(AN), FADSA	3	164	Lecture

By my signature, I warrant that I have completed all the courses indicated above.

Signature: \_\_\_\_\_

ADA or AGD Number: \_\_\_\_\_

**It is the responsibility of each participant to self-report their continuing education hours earned.**

Continuing education credits issued may not apply toward license renewal in all states/provinces. It is the responsibility of each participant to verify the requirements of his/her state/provincial licensing board(s).

**Oregon AGD Members:** To report your CE credits, fax this form to the Oregon Academy of General Dentistry at (503) 228-4838 or mail a copy to 1730 SW Harbor Way #502, Portland, OR 97201.

**ADA American  
Dental  
Association®**

211 East Chicago Avenue  
Chicago, Illinois 60611

T 312.440.2500  
F 312.440.3494  
www.ada.org

### CONTINUING EDUCATION VERIFICATION OF PARTICIPATION

Date: Friday, December 30, 2011

Participant Name: Judd Larson

Participant address: 57 N 2nd St. Central Point, OR - Oregon 97502-2017

Location: Las Vegas, Nevada

Event/Activity Summary: 152nd ADA Annual Session  
October 10 - 13, 2011

<u>Course Title</u>	<u>Date</u>	<u>Instructors</u>	<u>Activity Type</u>	<u>CE Credits</u>
Sleep Bruxism: It May Not Mean What You Think	10/11/2011	Steve Carstensen DDS	Sleep Medicine	2.50
Understanding the Apprehensive Patient	10/13/2011	Larry Sangrik DDS	Anesthesia, Oral Sedation and Pain Control	2.50
<b>Total Credits:</b>				<b>5.00</b>

This confirms that the individual designated above has met all the requirements of the above course(s) for awarding applicable continuing education credit. Participants should retain this document for their records.

Sincerely,



Kevin M. Lang, DDS  
2011 Chariman  
Council on ADA Session

The American Dental Association is an ADA CERP recognized provider **ADA CERP**™ | Continuing Education Recognition Program

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at [www.ada.org/goto/cerp](http://www.ada.org/goto/cerp)  
<<http://www.ada.org/goto/cerp>>

The Center for Continuing Education and Lifelong Learning (CELL) 2009

57 N. 2<sup>nd</sup>. St.  
Central Point. Or. 97502  
Phone: 541-664-1408  
Fax:541-664-9308

**Dr. Judd R. Larson D.D.S., P.C.**

# Fax

**To:** \_\_\_\_\_ **From:** Crystal

**Fax:** \_\_\_\_\_ **Pages:** (Including Cover)

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Re:** \_\_\_\_\_ **cc:** \_\_\_\_\_

**Urgent**    **For Review**    **Please Comment**    **Please Reply**    **Please Recycle**

● **Comments:** This fax may contain protected health information and is only for the use of the individual or entity above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action based on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error please notify us by telephone immediately to arrange for the return of the original documents to us.

## Oregon Board of Dentistry



# Licensee Detail

---

**Name:** JUDD R LARSON D.D.S.  
**License Type:** Dentist  
**License #:** D7909  
**Initial License Date:** 6/22/2001  
**License Status:** Active  
**Current License Expires:** 3/31/2015  
**Business Address:** 57 NORTH 2ND STREET  
CENTRAL POINT OR 97502  
**Permits and Endorsements:** Moderate Sedation  
Enteral  
**Board Action:** There has been no discipline on this license.  
**Malpractice Action:** There has been no reported malpractice on this license pursuant to ORS 742.400, effective July 17, 2007.

This information was last updated 9/26/2014

For More Information, contact this office via phone at (971) 673-3200, fax at (971) 673-3202 or e-mail [information@oregondentistry.org](mailto:information@oregondentistry.org)

RECEIVED

AUG 22 2014

IOWA DENTAL BOARD

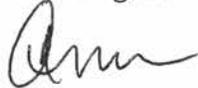
August 20, 2014

Crystal,

Per our telephone conversation, you indicated I should send a letter to your attention for you to take to the Anesthesia Board which meets on September 1, 2014 to see if they would consider a rule waiver to grant Dr. Dean Hussong a permit to administer IV sedation in our son's office in Iowa.

Thank you for your attention. Please let me know if there is anything else you might need. We will be out of the country from 8-27-14 to 9-15-14 and I will be unable to access my email so I look forward to hearing from you when we return.

Thanks again!



Ann Hussong  
Office Manager  
Dean R Hussong, DDS, SC  
10 Bradley Farm Rd  
Tomahawk, WI 54487  
715.453.5321  
[deanhussong@frontier.com](mailto:deanhussong@frontier.com)

**DEAN R. HUSSONG, DDS, SC**

- GENERAL & COSMETIC DENTISTRY
- ADVANCED RECONSTRUCTION
- IMPLANTS & BONE REGENERATION
- ORAL & IV SEDATION

August 20, 2014

Iowa Dental Board  
400 SW 8<sup>th</sup> St, Suite D  
Des Moines, IA 50309

RE: Dean R Hussong, DDS, SC  
Iowa License #: DDS-06379  
Wisconsin License # with Class III sedation permit: 5002144-15  
ACLS certification through: Nov, 2015

Dear Iowa Dental Board/Anesthesia Committee Member,

I am a 1978 graduate of the University of Iowa College of Dentistry who recently had my inactive Iowa license re-instated to allow me to practice part-time with my son in the Des Moines area. I am requesting a rule waiver to allow me to provide IV sedation in the state of Iowa. I believe my education, history, experience, ethics, and utmost concern for the well-being of my patients make this a sensible and reasonable request.

Since graduation, I have continued to maintain my full time practices in Tomahawk and Rib Lake, Wisconsin where I have been safely providing IV sedation to my patients since 1981. I have conservatively performed over 1500 IV sedations without incident. My first sedation/surgery course was a 10 student, 3<sup>rd</sup> molar/sedation session at the U of Iowa in 1980 under the tutelage of Drs Acevedo, Higa, Wolfson and Olson. My most recent course was in 2005 at the University of Minnesota; an 84 hour conscious sedation training program under the chairman of the oral surgery department, Dr. James Swift, along with Drs Basi, Sandler, Linde, Laing, and Stacy.

Continuing education has been the hallmark of my practice philosophy throughout my career. I served on the Board of Trustees for the Wisconsin Dental Association for over 4 years and on the continuing education committee for over 10 years, chairing that committee in 2012 and 2013. If you would like to discuss my qualifications with me in person, I am available at 715.612.5321.

Enclosed are copies of the State of Wisconsin's parameters for issuing the Class III sedation permit which I have held since they were first issued in our state in 2007, as well as a partial list of dates when sedation procedures were performed in my office. Your expedient response to this request would be deeply appreciated as patients are waiting for your reply.

Sincerely,

  
Dean R Hussong, DDS, SC  
DRH/ah

Dean R Hussong, DDS, SC  
10 Bradley Farm Rd.  
Tomahawk, WI 54487  
715-453-5321

License # 500-2144-015 / Iowa License # DDS-06379

All sedation procedures were performed in my office at 10 Bradley Farm Rd., Tomahawk, WI. Individual anesthesia records are kept for each patient sedation. Deep sedation in my office utilizes I.V. Valium or Versed in conjunction with Propofol. Occasionally, I will utilize Ketamine. I have documentation of doing I.V. sedation in my practice since 1981. There have been no adverse occurrences.

Pt #	Date	Pt #	Date	Pt #	Date
1	1-03-02	22	1-02-03	50	1-09-04
2	1-14-02	23	1-03-03	51	2-11-04
3	3-04-02	24	3-17-03	52	2-16-04
4	3-04-02	25	3-17-03	53	2-16-04
5	4-04-02	26	3-24-03	54	3-22-04
6	4-10-02	27	3-31-03	55	3-25-04
7	4-26-02	28	6-06-03	56	3-31-04
8	5-06-02	29	6-12-03	57	4-05-04
9	5-29-02	30	6-23-03	58	4-12-04
10	6-10-02	31	6-26-03	59	4-14-04
11	6-20-02	32	6-30-06	60	4-29-04
12	6-20-02	33	7-07-03	61	6-07-04
13	6-24-02	34	7-07-03	62	6-28-04
14	7-11-02	35	7-11-03	63	7-05-04
15	7-22-02	36	7-18-03	64	7-15-04
16	7-26-02	37	7-18-03	65	7-21-04
17	8-06-02	38	7-24-03	66	8-23-04
18	8-12-02	39	8-01-03	67	9-13-04
19	8-14-02	40	8-04-03	68	9-27-04
20	11-11-02	41	8-18-03	69	10-07-04
21	12-09-02	42	9-15-03	70	11-01-04
		43	9-24-03	71	11-04-04
		44	9-25-03	72	11-23-04
		45	10-02-03	73	12-15-04
		46	10-17-03	74	12-29-04
		47	10-22-03		
		48	11-14-03		
		49	11-17-03		

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Pt #	Date	Pt #	Date	Pt #	Date
75	1-07-05	112	1-02-06	139	2-15-07
76	1-10-05	113	1-05-06	140	2-26-07
77	2-02-05	114	1-05-06	141	3-14-07
78	3-03-05	115	1-09-06	142	3-19-07
79	3-07-05	116	1-13-06	143	3-21-07
80	4-01-05	117	1-16-06	144	4-02-07
81	4-14-05	118	2-01-06	145	4-04-07
82	4-28-05	119	2-15-06	146	4-25-07
83	5-13-05	120	4-05-06	147	5-17-07
84	5-25-05	121	4-12-06	148	5-21-07
85	5-26-05	122	5-15-06	149	5-31-07
86	6-01-05	123	6-05-06	150	6-20-07
87	6-17-05	124	6-19-06	151	7-16-07
88	6-20-05	125	6-26-06	152	8-27-07
89	6-22-05	126	7-13-06	153	10-15-07
90	6-27-05	127	7-17-06	154	10-31-07
91	7-11-05	128	7-24-06	155	11-14-07
92	7-13-05	129	8-07-06	156	12-03-07
93	7-29-05	130	8-09-06	157	12-20-07
94	8-18-05	131	8-16-06	158	12-26-07
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96	8-26-05	133	9-06-06		
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98	9-08-05	135	9-11-06		
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103	11-16-05				
104	11-17-05				
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106	12-12-05				
107	12-15-05				
108	12-19-05				
109	12-21-05				
110	12-28-05				
111	12-29-05				

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Pt #	Date						
159	03-12-08	193	01-04-10	227	12-01-11	261	11-08-13
160	03-17-08	194	01-08-10	228	12-09-11	262	11-15-13
161	03-19-08	195	02-15-10	229	12-19-11	263	11-21-13
162	03-19-08	196	03-08-10	230	01-27-12	264	11-25-13
163	05-07-08	197	03-18-10	231	01-30-12	265	12-19-13
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165	07-07-08	199	03-31-10	233	03-16-12	267	01-24-14
166	07-16-08	200	04-01-10	234	05-02-12	268	01-29-14
167	08-04-08	201	04-30-10	235	05-31-12	269	02-24-14
168	08-08-08	202	05-24-10	236	06-01-12	270	03-03-14
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170	10-02-08	204	07-12-10	238	06-27-12	272	04-04-14
171	10-16-08	205	08-23-10	239	07-02-12	273	04-17-14
172	10-23-08	206	08-25-10	240	08-17-12	274	05-23-14
173	11-07-08	207	10-14-10	241	09-05-12	275	05-28-14
174	11-07-08	208	12-17-10	242	09-13-12	276	06-04-14
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176	01-07-09	210	03-16-11	244	10-26-12	278	08-13-14
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179	03-02-09	213	05-16-11	247	01-02-13		
180	03-16-09	214	06-02-11	248	01-03-13		
181	03-18-09	215	06-21-11	249	01-18-13		
182	03-19-09	216	06-27-11	250	01-24-13		
183	04-27-09	217	07-07-11	251	03-25-13		
184	04-29-09	218	07-28-11	252	04-29-13		
185	05-13-09	219	08-10-11	253	05-20-13		
186	06-17-09	220	08-17-11	254	06-05-13		
187	07-20-09	221	08-24-11	255	06-21-14		
188	08-05-09	222	09-08-11	256	07-17-13		
189	10-29-09	223	10-07-11	257	08-07-13		
190	11-09-09	224	10-19-11	258	09-30-13		
191	12-28-09	225	11-11-11	259	10-07-13		
192	12-29-09	226	11-21-11	260	10-25-13		

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## Sedation Regulations

- Overview
- Permit levels
- Requirements
- FAQs
- Check the status of your permit

### Overview

Beginning in 2007, the Wisconsin Dentistry Examining Board began requiring dentists who provide enteral conscious sedation, parenteral conscious sedation or deep sedation/general anesthesia to obtain a sedation permit prior to providing sedation services to their patients.

Permits are issued by the DEB through the Department of Safety and Professional Services for three different levels depending on the type of sedation performed by the dentist: Class I for enteral conscious sedation, Class II for parenteral conscious sedation and Class III for deep sedation/general anesthesia.

No permit is specifically required for anxiolysis or nitrous oxide inhalation (as defined in the regulation), but there are "standard of care" and "office equipment" requirements that apply to all dentists providing anxiolysis or any other sedation service in their practice. All dentists are encouraged to thoroughly review the entire anesthesia rule and ensure current practices comply with regulations for the highest level of sedation utilized. You can view the actual regulation for dentists on the DSPS website.

If a dentist intends for the patient to only reach anxiolysis – which does not require a permit to administer – but the patient accidentally slips into the state of conscious sedation, the dentist will be held responsible for being permitted to the level of sedation that is actually achieved, regardless of intention. Due to this requirement, it would be wise for dentists to be prepared for a patient slipping into a level of sedation that may not have been intended. Furthermore, all dentists, including those who only use sedation to achieve anxiolysis, must meet the specified standards of care outlined in Administrative Rule DE 11.09.

A DEB-approved sedation permit application can be obtained on the DSPS website. For additional information, contact the DEB's Kris Hendrickson at [Kris.Hendrickson@drl.state.wi.us](mailto:Kris.Hendrickson@drl.state.wi.us) or 608-266-2112.

To obtain a permit, dentists must submit proof of having completed a DEB-approved anesthesia course **or** an appropriate graduate level or post-doctoral training in anesthesia. If you attend a course not on the approved DEB list, you may apply for approval by submitting a syllabus that specifies content, hours and clinical cases contained in the training to: Office of Education and Examinations, Department of Regulation and Licensing, PO Box 8935, Madison, WI 53708. There is no guarantee of acceptance of your course, but the materials will be referred to the DEB for review.

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### Permit levels

1. A Class I Permit only allows a dentist to do oral conscious sedation-enteral.
2. A Class II Permit allows a dentist to do the following: Conscious sedation-parenteral and conscious sedation-enteral. Dentists who hold a Class II permit do not have to obtain a Class I Permit.
3. A Class III Permit allows a dentist to do all of the following: deep sedation, general anesthesia, conscious sedation-parenteral, and conscious sedation-enteral. Dentists who hold Class III Permits do not have to obtain any other permit.

The general requirements for obtaining a permit at the three specified levels follow.

### Requirements

#### ***Class I/Conscious Sedation-Enteral Permit***

- (1) A Board-approved training course which includes:

- 18 hours of didactic instruction addressing physical evaluation of patients, conscious sedation-enteral, emergency management, and conforms to principles in part 1 or 3 of the ADA "Guidelines for Teaching the Comprehensive control of Anxiety and Pain in Dentistry."
- 20 clinical cases using an enteral route of administration, which may include group observation

OR

- Graduate level training approved by the board that includes the above requirements

**AND**

(2) Proof of basic cardiac life support certification for health care providers and a board approved course in airway management

OR

Proof of advanced cardiac life support certification

**Note** if the dentist is sedating patients age 14 or younger, the dentist must provide proof of certification in pediatric advanced life support. The DEB advises that dentists should be permitted one class above the level they intend to use when sedating patients in their practices. This could be interpreted to mean dentists who intend to administer anxiolysis (some dentists use Valium for this purpose) are encouraged to be permitted at the enteral conscious sedation level or Class I.

**Class II/Conscious Sedation-Parenteral Permit**

(1) Proof of one of the following:

A Board-approved training course which includes:

- A minimum of 60 hours of didactic instruction addressing physical evaluation of patients, IV sedation, and emergency management
- 20 clinical cases managing parenteral routes of administration

OR

Graduate level training approved by the Board that includes the above requirements

OR

Has been Wisconsin licensed and administered conscious sedation-parenteral on an outpatient basis for 5 years prior to Jan. 1, 2007

**AND**

(2) Proof of advanced cardiac life support certification

**Note** if the dentist is a pediatric specialist, the dentist may substitute proof of certification in pediatric advanced life support.

**Class III/Deep Sedation and General Anesthesia**

(1) Proof of one of the following:

- A Board-approved postdoctoral training program in administration of deep sedation and general anesthesia
- A postdoctoral anesthesiology program approved by the Accreditation Council for Graduate Medical Education
- One year of advanced clinical training in anesthesiology meeting part 2 objectives of the ADA "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry"
- Has been Wisconsin licensed and utilizing general anesthesia for at least 5 years prior to Jan. 1, 2007

**AND**

(2) Proof of advanced cardiac life support certification

**Note** if the dentist is a pediatric specialist, the dentist may substitute proof of certification in pediatric advanced life support.

**Note to Experienced Wisconsin Dentists and Oral Surgeons:** If you have been using general anesthesia for at least five years as a Wisconsin licensee prior to Jan. 1, 2007, or if you have been administering parenteral conscious sedation for at least five years as a Wisconsin licensee prior to Jan. 1, 2007, you will be asked to submit an affidavit of work experience, along with proof of current advanced cardiac life support certification with your application. (Pediatric specialists may submit proof of current pediatric advanced life support.) Proof of prior education will not need to be submitted.

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FAQs



# Wisconsin Department of Safety and Professional Services

## Credential/Licensing Search

### Individual Search Results - Detail

Credential/License Summary for 5002144

**Name:** HUSSONG, DEAN R

**Profession:** DENTISTRY (15)

**Credential/License Number:** 5002144-15

**Location:** TOMAHAWK WI

**Credential/License Type:** regular

**Status:** License is current (Active)

**Eligible To Practice:** credential license is current

**First Fee Received:** Yes

**Credential/License current through:** 9/30/2015

**Granted date:** 7/20/1978

**Multi-state:** N

**Orders:** NONE

**Specialties:** Sedation III

**Other Names:** NONE

[Return to Search Results](#)

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Consistent with The Joint Commission and NCQA standards for primary source verification. Data on this page is refreshed hourly.

Send questions or comments to [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov).

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(1)“*d.*”

“*Capnography*” means 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; ARC 1194C, IAB 11/27/13, effective 11/4/13]

**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. Dentists shall only administer deep sedation/general anesthesia in a facility that has successfully passed inspection as required by the provisions of this chapter.

**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. 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; ARC 1194C, IAB 11/27/13, effective 11/4/13]

**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; and
- 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: capnography, 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).

[ARC 8614B, IAB 3/10/10, effective 4/14/10; ARC 1194C, IAB 11/27/13, effective 11/4/13]

**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; and
- 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: 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 29.4(2) and staffed with trained auxiliary personnel capable of reasonably handling procedures, problems and emergencies incident to the administration of moderate sedation. 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)** 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(7)** If moderate sedation results in a general anesthetic state, the rules for deep sedation/general anesthesia apply.

**29.4(8)** 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; ARC 1194C, IAB 11/27/13, effective 11/4/13]

#### **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 for dental patients, unless the dentist possesses a current permit issued by the board. No dentist shall use or permit the use of deep sedation/general anesthesia or moderate sedation for dental patients in a facility that has not successfully passed an equipment inspection pursuant to the requirements of subrule 29.3(2). A dentist holding a permit shall be subject to review and facility inspection at a frequency described in subrule 29.5(10).

**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 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 of each facility every five years, with the exception of the University of Iowa College of Dentistry.

*b.* The University of Iowa College of Dentistry shall submit written verification to the board office every five years indicating that it is properly equipped pursuant to this chapter.

**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 general anesthesia/deep sedation permit holders shall use capnography at all facilities where they provide sedation beginning January 1, 2014.

[ARC 8614B, IAB 3/10/10, effective 4/14/10; ARC 0265C, IAB 8/8/12, effective 9/12/12; ARC 1194C, IAB 11/27/13, effective 11/4/13]

#### **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 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.

*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, ansiolysis, 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; ARC 1194C, IAB 11/27/13, effective 11/4/13]

**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 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 rule 650—29.5(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.
- 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.

[ARC 1194C, IAB 11/27/13, effective 11/4/13]

**650—29.11(153) Review of permit applications.**

**29.11(1) Review by board staff.** Upon receipt of a completed application, board staff will review the application 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:

- a. Request additional information;
- b. Request an investigation;
- c. Request that the applicant appear for an interview;
- d. Recommend issuance of the permit;

- e. Recommend issuance of the permit under certain terms and conditions or with certain restrictions;
  - f. Recommend denial of the permit;
  - g. Refer the permit application to the board for review and consideration without recommendation;
- or
- h. Request a peer review evaluation.

**29.11(3) Review by executive director.** If, following review and consideration of an application, the ACC recommends issuance of the permit with no restrictions or conditions, the executive director as authorized by the board has discretion to authorize the issuance of the permit.

**29.11(4) Review by board.** The board shall consider applications and recommendations from the ACC. The board may take any of the following actions:

- a. Request additional information;
- b. Request an investigation;
- c. Request that the applicant appear for an interview;
- d. Grant the permit;
- e. Grant the permit under certain terms and conditions or with certain restrictions; or
- f. Deny the permit.

**29.11(5) Right to defer final action.** 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 the 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(6) 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).

[ARC 1194C, IAB 11/27/13, effective 11/4/13]

**650—29.12(153) Renewal.** A permit to administer deep sedation/general anesthesia or moderate sedation shall be renewed biennially at the time of license renewal. Permits expire August 31 of every even-numbered year.

**29.12(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.

**29.12(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)** A permit that has been lapsed may be reinstated upon submission of a new application for a permit in compliance with rule 650—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; ARC 1194C, IAB 11/27/13, effective 11/4/13]

**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 or 650—Chapter 34.

[ARC 1194C, IAB 11/27/13, effective 11/4/13]

**650—29.14(153) Record keeping.**

**29.14(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) 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) 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; ARC 1194C, IAB 11/27/13, effective 11/4/13]

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

[Filed 5/16/86, Notice 3/26/86—published 6/4/86, effective 7/9/86]

[Filed 1/23/87, Notice 12/17/86—published 2/11/87, effective 3/18/87]

[Filed 4/28/88, Notice 3/23/88—published 5/18/88, effective 6/22/88]

[Filed 3/17/89, Notice 1/25/89—published 4/5/89, effective 5/10/89]

[Filed 1/29/92, Notice 11/13/91—published 2/19/92, effective 3/25/92]

[Filed 10/17/97, Notice 8/13/97—published 11/5/97, effective 12/10/97]

[Filed 5/1/98, Notice 2/11/98—published 5/20/98, effective 6/24/98<sup>1</sup>]

[Filed emergency 7/24/98—published 8/12/98, effective 7/24/98]

[Filed 7/23/99, Notice 5/19/99—published 8/11/99, effective 9/15/99<sup>2</sup>]

[Filed 1/21/00, Notice 12/15/99—published 2/9/00, effective 3/15/00]

[Filed 1/19/01, Notice 11/15/00—published 2/7/01, effective 3/14/01]<sup>◇</sup>

[Filed 3/30/01, Notice 2/7/01—published 4/18/01, effective 5/23/01]

[Filed 1/16/04, Notice 9/17/03—published 2/4/04, effective 3/10/04]

[Filed 1/27/06, Notice 9/28/05—published 2/15/06, effective 3/22/06]

[Filed 2/5/07, Notice 9/27/06—published 2/28/07, effective 4/4/07]

[Filed 2/5/07, Notice 11/22/06—published 2/28/07, effective 4/4/07]

[Filed ARC 8369B (Notice ARC 8044B, IAB 8/12/09), IAB 12/16/09, effective 1/20/10]

[Filed ARC 8614B (Notice ARC 8370B, IAB 12/16/09), IAB 3/10/10, effective 4/14/10]

[Filed ARC 0265C (Notice ARC 0128C, IAB 5/16/12), IAB 8/8/12, effective 9/12/12]

[Filed Emergency After Notice ARC 1194C (Notice ARC 1008C, IAB 9/4/13), IAB 11/27/13, effective 11/4/13]

<sup>◇</sup> Two or more ARCs

<sup>1</sup> Effective date of 29.6(4) to 29.6(6) delayed 70 days by the Administrative Rules Review Committee at its meeting held June 9, 1998.

<sup>2</sup> Effective date of 29.6(4) to 29.6(6) delayed until the end of the 2000 Session of the General Assembly by the Administrative Rules Review Committee at its meeting held September 15, 1999. Subrules 29.6(4) and 29.6(5) were rescinded IAB 2/9/00, effective 3/15/00; delay on subrule 29.6(6) lifted by the Administrative Rules Review Committee at its meeting held January 4, 2000, effective January 5, 2000.

## Oregon Board of Dentistry



# Licensee Detail

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**Name:** JUDD R LARSON D.D.S.  
**License Type:** Dentist  
**License #:** D7909  
**Initial License Date:** 6/22/2001  
**License Status:** Active  
**Current License Expires:** 3/31/2015  
**Business Address:** 57 NORTH 2ND STREET  
CENTRAL POINT OR 97502  
**Permits and Endorsements:** Moderate Sedation  
Enteral  
**Board Action:** There has been no discipline on this license.  
**Malpractice Action:** There has been no reported malpractice on this license pursuant to ORS 742.400, effective July 17, 2007.

This information was last updated 9/26/2014

For More Information, contact this office via phone at (971) 673-3200, fax at (971) 673-3202 or e-mail [information@oregondentistry.org](mailto:information@oregondentistry.org)



# Wisconsin Department of Safety and Professional Services

## Credential/Licensing Search

### Individual Search Results - Detail

Credential/License Summary for 5002144

**Name:** HUSSONG, DEAN R

**Profession:** DENTISTRY (15)

**Credential/License Number:** 5002144-15

**Location:** TOMAHAWK WI

**Credential/License Type:** regular

**Status:** License is current (Active)

**Eligible To Practice:** credential license is current

**First Fee Received:** Yes

**Credential/License current through:** 9/30/2015

**Granted date:** 7/20/1978

**Multi-state:** N

**Orders:** NONE

**Specialties:** Sedation III

**Other Names:** NONE

[Return to Search Results](#)

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**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; ARC 1194C, IAB 11/27/13, effective 11/4/13]

**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; and
- 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: capnography, 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).

[ARC 8614B, IAB 3/10/10, effective 4/14/10; ARC 1194C, IAB 11/27/13, effective 11/4/13]

**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; and
- 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: 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 29.4(2) and staffed with trained auxiliary personnel capable of reasonably handling procedures, problems and emergencies incident to the administration of moderate sedation. 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)** 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(7)** If moderate sedation results in a general anesthetic state, the rules for deep sedation/general anesthesia apply.

**29.4(8)** 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; ARC 1194C, IAB 11/27/13, effective 11/4/13]

#### **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 for dental patients, unless the dentist possesses a current permit issued by the board. No dentist shall use or permit the use of deep sedation/general anesthesia or moderate sedation for dental patients in a facility that has not successfully passed an equipment inspection pursuant to the requirements of subrule 29.3(2). A dentist holding a permit shall be subject to review and facility inspection at a frequency described in subrule 29.5(10).

**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 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.