STATE OF IOWA
IOWA DENTAL BOARD

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

JILL STUECKER
EXECUTIVE DIRECTOR

ANESTHESIA CREDENTIALS COMMITTEE

AGENDA

October 15, 2015
12:00 P.M.

Location: The public can participate in the public session of the teleconference by speakerphone at the Board's office, 400 SW 8th St., Suite D, Des Moines, Iowa. The public can also participate by telephone using the call-in information below:

1. Dial the following number to join the conference call: 1-866-685-1580
2. When promoted, enter the following conference code: 0009990326#

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.; Jonathan DeJong, D.D.S. (alternate)*

I. CALL MEETING TO ORDER – ROLL CALL

II. COMMITTEE MINUTES

a. September 10, 2015 – Teleconference

III. APPLICATION FOR GENERAL ANESTHESIA PERMIT

<none received to date>

IV. APPLICATION FOR MODERATE SEDATION PERMIT

a. Julia Ann Stanley, D.D.S.

V. OTHER BUSINESS

a. 2016 Meeting Dates

VI. OPPORTUNITY FOR PUBLIC COMMENT

VII. 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.

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

JILL STUECKER
EXECUTIVE DIRECTOR

ANESTHESIA CREDENTIALS COMMITTEE

MINUTES
September 10, 2015
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members	**September 10, 2015**
Kaaren Vargas, D.D.S.	Absent
Richard Burton, D.D.S.	Present
Steven Clark, D.D.S.	Present
John Frank, D.D.S.	Absent
Douglas Horton, D.D.S.	Present
Gary Roth, D.D.S.	Present
Kurt Westlund, D.D.S.	Present
Jonathan DeJong, D.D.S. *(alternate)*	Present

Staff Member
Christel Braness

I. CALL MEETING TO ORDER – SEPTEMBER 10, 2015

Ms. Braness called the meeting of the Anesthesia Credentials Committee to order at 12:03 p.m. on Tuesday, September 10, 2015. This meeting was held by conference call to review committee minutes, applications for general anesthesia and moderate sedation permits, and other committee business. It was impractical for the committee to meet in person with such a short agenda. A quorum was established with five (5) members present.

Roll Call:

Member	Burton	Clark	DeJong	Frank	Horton	Roth	Westlund	Vargas
Present		x	x		x	x	x	
Absent	x			x				x

II. COMMITTEE MEETING MINUTES

- *July 16, 2015 – Teleconference*

DRAFT

Ms. Braness reported that she found an item, which required correction. The minutes referenced application for general anesthesia permit in the area for moderate sedation application. Ms. Braness indicated that she had made that correction to accurately reflect the applications being discussed.

- ❖ MOVED by ROTH, SECONDED by CLARK to APPROVE the minutes with the correction as noted. Motion APPROVED unanimously.

III. APPLICATION FOR GENERAL ANESTHESIA PERMIT

- *Christopher M. Kepros, D.D.S.*

Ms. Braness provided an overview of the application.

Dr. Westlund asked if Dr. Kepros was joining Dr. Hogg's practice. Ms. Braness stated that she was not certain; however, she believed that he was joining an existing practice. If that was not the case, staff would ensure that the facility inspection and other requirements were met prior to issuance of the permit.

- ❖ MOVED by WESTLUND, SECONDED by DEJONG to APPROVE the application for general anesthesia permit, and to schedule a peer evaluation for a later date. Motion approved unanimously.

IV. APPLICATIONS FOR MODERATE SEDATION PERMIT

- *Daniel J. Binkowski, D.D.S.*

Ms. Braness provided an overview of the application.

Dr. Westlund asked about the facility inspection. Ms. Braness reported that she believed Dr. Binkowski was joining a previously-inspected facility. Ms. Braness stated that she would verify this. If it was not a previously-inspected facility, staff would ensure that this was completed prior to issuance.

- ❖ MOVED by ROTH, SECONDED by WESTLUND, to APPROVE the application for moderate sedation permit. Motion APPROVED unanimously.

- *Jarod W. Johnson, D.D.S.*

Ms. Braness provided an overview of the application. Dr. Johnson indicated on the application that he intended to sedate pediatric patients.

- ❖ MOVED by ROTH, SECONDED by CLARK, to APPROVE the application for moderate sedation permit and to allow the sedation of pediatric patients. Motion APPROVED unanimously.

DRAFT

V. OTHER BUSINESS

- *2016 Meeting Dates*

Ms. Braness reported that staff wanted to get input from committee members regarding their availability for days of the week and times of day for committee meetings. After receiving this input, staff will put together a list of proposed meeting dates, which will be considered at the next meeting of the Anesthesia Credentials Committee.

- Dr. Burton joined the call at 12:10 p.m.

Dr. Westlund and Dr. Horton indicated that Thursdays worked best for them. Dr. Roth stated that Thursdays also worked for him.

Dr. Burton stated that Thursday was his regularly scheduled day in the operating room. Dr. Burton indicated that he is sometimes out of surgery in time to join the calls on those days; and on other occasions he would not be available. Dr. Burton stated that Wednesdays were better for him; though, he would try to adjust his schedule to accommodate the meeting dates as scheduled.

VI. OPPORTUNITY FOR PUBLIC COMMENT

No comments were received.

VII. ADJOURN

- MOVED by WESTLUND, SECONDED by BURTON, to adjourn. Motion APPROVED unanimously.

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

NEXT MEETING OF THE COMMITTEE

The next meeting of the Anesthesia Credentials Committee has not yet been scheduled. Meeting dates for 2016 will be scheduled at the October 15, 2015 meeting. The meeting will be held at the Board office and by teleconference.

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

DRAFT

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

RECEIVED
SEP 18 2015
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) Stanley, Julia, Ann				
Other Names Used: (e.g. Maiden) Meyer	**Home E-mail:** juliastanleydds@gmail.com		**Work E-mail:** N/A	
Home Address: 182 Ashford Place	**City:** Iowa City	**State:** Iowa	**Zip:** 52245	**Home Phone:** 319.887.9453
License Number: DDS-08333	**Issue Date:** 8/14/14	**Expiration Date:** 8/31/16	**Type of Practice:** Dentist	

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

Principal Office Address:	City:	Zip:	Phone:	Office Hours/Days:
1700 Blairs Ferry Rd. NE	Hiawatha	52233	319.396.3596	M-Th 7am-5pm
Other Office Address:	**City:**	**Zip:**	**Phone:**	**Office Hours/Days:** F 7am-3pm
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	☒ Completed	8/21/15 – 9/13/15
ADA-accredited Residency Program that includes moderate sedation training	☐ Completed	
You must have training in moderate sedation AND one of the following: **Formal training in airway management; OR**	☒ Completed	8/21/15 – 9/13/15
Moderate sedation experience at graduate level, approved by the Board	☐ Completed	

SECTION 4 – ADVANCED CARDIAC LIFE SUPPORT (ACLS) CERTIFICATION

Name of Course: American Heart Association ACLS	**Location:** RC Health Services TX 20795 114 Andover Pearland, TX 77584
Date of Course: 8/28/15	**Date Certification Expires:** 8/2017

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

#1033
$500.00

Name of Applicant Stanley, Julia Ann

SECTION 5 – MODERATE SEDATION TRAINING INFORMATION

Type of Program:

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

Name of Training Program:	Address:	City:	State:
Conscious Sedation Consulting Dental IV Sedation Course	1640 Fountain View Drive	Houston	Texas

Type of Experience: Parental moderate sedation training program with classroom and direct participation in administering IV sedation, advanced training in airway management and medical emergencies.

Length of Training:	Date(s) Completed:
60 hrs didactic, 21 moderate sedation patients	8/21, 8/22, 8/23, 8/29, 8/30, 9/11, 9/12, 9/13/15
Number of Patient Contact Hours: 30 hrs	**Total Number of Supervised Sedation Cases:** 21

☒ YES ☐ NO **1. Did you satisfactorily complete the above training program?**

☒ YES ☐ NO **2. Does the program include at least sixty (60) hours of didactic training in pain and anxiety?**

☒ YES ☐ NO **3. Does the program include management of at least 20 clinical patients?**

As part of the curriculum, are the following concepts and procedures taught:

☒ YES ☐ NO **4. Physical evaluation;**

☒ YES ☐ NO **5. IV sedation;**

☒ YES ☐ NO **6. Airway management;**

☒ YES ☐ NO **7. Monitoring; and**

☒ YES ☐ NO **8. Basic life support and emergency management.**

☒ YES ☐ NO **9. Does the program include clinical experience in managing compromised airways?**

☐ YES ☒ NO **10. Does the program provide training or experience in managing moderate sedation in pediatric patients?**

☐ YES ☒ NO **11. Does the program provide training or experience in managing moderate sedation in ASA category 3 or 4 patients?**

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

SECTION 6 – MODERATE SEDATION EXPERIENCE

☐ YES ☒ NO **A. Do you have a license, permit, or registration to perform moderate sedation in any other state?**

If yes, specify state(s) and permit number(s):_____

☐ YES ☒ NO **B. Do you consider yourself engaged in the use of moderate sedation in your professional practice?**

☐ YES ☒ NO **C. Have you ever had any patient mortality or other incident that resulted in the temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of, your use of antianxiety premedication, nitrous oxide inhalation analgesia, moderate sedation or deep sedation/general anesthesia?**

☐ YES ☒ NO **D. Do you plan to use moderate sedation in pediatric patients?**

☐ YES ☒ NO **E. Do you plan to use moderate sedation in medically compromised (ASA category 3 or 4) patients?**

☐ YES ☒ NO **F. Do you plan to engage in enteral moderate sedation?**

☒ YES ☐ NO **G. Do you plan to engage in parenteral moderate sedation?**

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

Parenteral conscious sedation by titration to effect of single benzodiazepine or multiple sedative drugs, benzodiazepine, narcotic and diphenhydramine as taught and practiced clinically in the Conscious Sedation Consulting training course.

Name of Applicant Stanley, Julia Ann Facility Address 1700 Blairs Ferry Rd NE Hiawatha, IA 52233

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: See attached	License/ Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Name:	License/ Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Name:	License/ Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Name:	License/ Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Name:	License/ Registration #:	BLS Certification Date:	Date BLS Certification Expires:
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Name:	License/ Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Name:	License/ Registration #:	BLS Certification Date:	Date BLS Certification Expires:

SECTION 8 – FACILITIES & EQUIPMENT

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

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

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

	YES	NO
1. Do you currently have a medical condition that in any way impairs or limits your ability to practice dentistry with reasonable skill and safety?	☐	☒
2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances?	☐	☒
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?	☐	☒
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?	☐	☒
5. Have you ever been requested to repeat a portion of any professional training program/school?	☐	☒
6. Have you ever received a warning, reprimand, or been placed on probation during a professional training program/school?	☐	☒
7. Have you ever voluntarily surrendered a license or permit issued to you by any professional licensing agency?	☐	☒
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?	☐	☒
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?	☐	☒
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?	☐	☒
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?	☐	☒
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?	☐	☒

SECTION 10 – AFFIDAVIT OF APPLICANT

STATE: Iowa

COUNTY: Johnson / Linn

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

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

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

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

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

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

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

MUST BE SIGNED IN PRESENCE OF NOTARY ►

SIGNATURE OF APPLICANT Julia Stanley

NOTARY SEAL

KAYLEIGH CUTSHALL
Commission Number 783284
My Commission Expires
3/24/17

SUBSCRIBED AND SWORN BEFORE ME, THIS 16 **DAY OF** September **YEAR** 2015

NOTARY PUBLIC SIGNATURE Kayleigh Cutshall

NOTARY PUBLIC NAME (TYPED OR PRINTED) Kayleigh Cutshall

MY COMMISSION EXPIRES: 3/24/17

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

PLEASE TYPE OR PRINT LEGIBLY IN INK.

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

SECTION 1 – APPLICANT INFORMATION

Instructions – Use this form if you obtained your training in moderate sedation from another program that must be approved by the Board (i.e. you 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): Julia Ann Stanley (Maiden: Meyer)

MAILING ADDRESS: 182 Ashford Place

CITY:	STATE:	ZIP CODE:	PHONE:
Iowa City	Iowa	52245	319.887.9453

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:	DATE:
Julia A. Stanley	8/20/15

SECTION 2 – TO BE COMPLETED BY TRAINING PROGRAM DIRECTOR

NAME OF PROGRAM DIRECTOR: Randy Pigg BSN

NAME AND LOCATION OF PROGRAM: – The Texas Center for Advanced Education Conscious Sedation Consulting – Houston, TX
IV Sedation Training Program for Dentists HOU 2015

PHONE: 888-581-4448

FAX:	E-MAIL: Info@ →	WEB ADDRESS: Sedation Consulting.Com	
DATES APPLICANT PARTICIPATED IN PROGRAM ►	FROM (MO/DAY/YR): 08/21/2015	TO (MO/DAY/YR): 09/13/2015	DATE PROGRAM COMPLETED: 09/13/15

☑ 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:	DATE:
[signature]	9/13/2015

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS Provider

PEEL HERE

Julia Stanley

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.

8/28/2015 — Issue Date

8/2017 — Recommended Renewal Date

ADVANCED CARDIOVASCULAR LIFE SUPPORT

Training Center Name: RC Health services TX20795 TC ID #

TC Info: 1143 Andover, Pearland, TX 77584 (City, State ZIP Phone)

Course Location: RC Health Services 281-416-5939

Instructor Name: Daniel Pehrson 10130204866 Inst. ID #

Holder's Signature

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

This card contains unique security features to protect against forgery.

90-1806

Name:	License/Registration #:	BLS Certification Date:	Date BLS Certification Expires:
Joel Sardzinski	DDS-07743	10/22/2013	10/22/2015
Amy Wilken	DDS-08160	10/22/2013	10/22/2015
Jin Cho	DDS-08661	10/22/2013	10/22/2015
JJ Heying	DDS-08352	10/22/2013	10/22/2015
Jillian Arnesen	RDH-03479	10/15/2013	10/15/2015
Paige Benesh	RDH-03879	10/22/2013	10/22/2015
Elisa Brady	RDA-Q07436	10/22/2013	10/22/2015
Carissa Brehm	RDA-Q09616	10/13/2013	10/13/2015
Nikki Donaldson	RDA-Q07270	10/15/2013	10/15/2015
Dami Grimes	RDA-05114	10/15/2013	10/15/2015
Jamie Goranson	RDH-03436	10/22/2013	10/22/2015
Paula Huff	RDA-Q05402	10/15/2013	10/15/2015
Carly Koenig	RDH-03446	10/15/2013	10/15/2015
Jenna Manternach	RDH-04361	10/20/2013	11/20/2015
Cristy McNamara	RDA-06154	10/22/2013	10/22/2015
Tiffany Nielsen	RDH-3510	10/22/2013	10/22/2015
Alexie Raddatz	RDH-04450	4/28/2015	4/20/2017
Deb Rassler	RDA-Q04058	10/15/2013	10/15/2015
Darcy Ries	RDA-Q05608	10/22/2013	10/22/2015
Jill Woods	RDH-03509	10/22/2013	10/22/2015

CONSCIOUS SEDATION CONSULTING

www.SedationConsulting.com

Conscious Sedation Consulting, LLC verifies that

Julia Stanley, DDS

Has successfully completed 100 hours of continuing education and formal training, including 60 hours of didactic instruction as well as personal administration, utilizing single or multiple agents of parenteral sedation to at least 20 patients for a variety of dental procedures with documented understanding of:

1) **Principles ensuring patient safety**
2) **Goals and risks of conscious sedation**
3) **Continuum of sedation**
4) **Patient pre-sedation assessment**
5) **Pertinent pharmacology and physiology of sedative agents**
6) **Intra-procedure patient management and monitoring**
7) **Titration to effect techniques**
8) **Administration of sedative agent combinations**
9) **Advanced techniques of airway management**
10) **Preparedness and management of adverse events/ emergencies**
11) **Patient recovery and discharge**
12) **State regulations and facility requirements**

August 21 – September 13, 2015 during the IV Sedation for Dentistry Training Program held at 1640 Fountain View Dr. Houston, TX 77057

This program is presented in compliance with the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students by the American Dental Association.

ADA C·E·R·P® | Continuing Education Recognition Program

Conscious Sedation Consulting, LLC 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.*

Academy of General Dentistry PACE Program Approval for Continuing Education

Conscious Sedation Consulting LLC is designated as an Approved PACE Program Provider by the Academy of General Dentistry. *The formal continuing dental education programs of this program provider are accepted by the AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from January 1, 2013 to December 31, 2015.*

Randy Pigg, CEO
Conscious Sedation Consulting

11845 County Road 140
Salida, CO 81201

888.581.4448
fax 866.672.8844

CONSCIOUS SEDATION CONSULTING

www.SedationConsulting.com

September 15, 2015

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309-4686

Dear Board Members,

This letter is to confirm that Julia Ann Stanley, DDS License # 08333 recently successfully completed 100 hours of continuing education while participating in a comprehensive post doctorial training program on the administration of parenteral conscious (moderate) sedation, which is consistent to *The Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.* As adopted by the October 2007 American Dental Association (ADA) House of Delegates. Program also exceeds the educational requirements and guidelines set forth in the ADA's *Guidelines for the Use of Sedation and General Anesthesia by Dentists*, 2012.

This program was presented August 21 – September 14, 2015 in Houston, Texas

Documented competency has been demonstrated with successful completion of at least 60 hours of didactic education and the personal administration of parenteral sedation to at least 20 dental patients while being supervised by an anesthesia provider. In addition, a hands on skills lab in airway management was completed utilizing simulation with multiple airway devices including advanced airway devices.

If you have any questions or need any additional information please do not hesitate to contact me.

Thank you,

Randy Pigg, BSN
CEO, Conscious Sedation Consulting
888-581-4448
randy@sedationconsulting.com

CONSCIOUS SEDATION CONSULTING

www.SedationConsulting.com

RECEIVED
SEP 21 2015
IOWA DENTAL BOARD

September 15, 2015

Iowa Dental Board
400 SW 8th Street, Suite D
Des Moines, IA 50309-4686

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ANESTHESIA CREDENTIALS COMMITTEE (ACC)

DATE OF MEETING:	October 15, 2015
RE:	Meeting Dates
ACTION REQUESTED:	Set 2016 Meeting Dates

Proposed meeting times would be scheduled for 12:00 p.m., noon, unless otherwise scheduled.

2016

January 20, 2016 (Wednesday) or January 21, 2016 (Thursday)

April 7, 2016 (Thursday) or April 17, 2016 (Thursday)

June 1, 2016 (Wednesday) or June 2, 2016 (Thursday)

July 7, 2016 (Thursday) or July 14, 2016 (Thursday)

August 24, 2016 (Wednesday) or August 25, 2016 (Thursday)

September 28, 2016 (Wednesday) or September 29, 2016 (Thursday)