STATE OF IOWA
IOWA DENTAL BOARD

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

JILL STUECKER
EXECUTIVE DIRECTOR

ANESTHESIA CREDENTIALS COMMITTEE

AGENDA

JANUARY 15, 2014
12:00 P.M.

Location*: Iowa Dental Board, 400 SW 8th 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. October 2, 2014 – Teleconference Meeting

III. APPLICATION FOR MODERATE SEDATION PERMIT
a. Ashley Sunstrum, D.D.S.
b. Mitch Driscoll, D.D.S.

IV. OTHER BUSINESS
a. 2015 Committee Meeting Dates
b. Request for Consideration of Prior Training and Experience
   i. Judd Larson, 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.

ANESTHESIA CREDENTIALS COMMITTEE

MINUTES
October 2, 2014
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members	**October 2, 2014**
Kaaren Vargas, D.D.S.	Present
Richard Burton, D.D.S.	Present
Steven Clark, D.D.S.	Present
John Frank, D.D.S.	Present
Douglas Horton, D.D.S.	Absent
Gary Roth, D.D.S.	Present
Kurt Westlund, D.D.S.	Absent

Staff Member
Christel Braness

Other Attendees
Steven Thies, D.D.S.

I. CALL MEETING TO ORDER – OCTOBER 2, 2014

Ms. Braness called the meeting of the Anesthesia Credentials Committee to order at 12:05 p.m. on Thursday, October 2, 2014. This meeting was held by conference call to review meeting minutes, applications for 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 four members present.

Roll Call:

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

II. COMMITTEE MEETING MINUTES

- *July 17, 2014 – Teleconference Meeting*

- ❖ MOVED by BURTON, SECONDED by VARGAS, to APPROVE the minutes as submitted. Motion approved unanimously.

- ▪ *September 18, 2014 – Teleconference Meeting*

- ❖ MOVED by VARGAS, SECONDED by BURTON, to APPROVE the minutes as submitted. Motion approved unanimously.

III. APPLICATION FOR MODERATE SEDATION PERMIT

- ▪ *Kayla Risma, D.D.S.*

Ms. Braness provided an overview of the application. Dr. Risma completed a pediatric residency at the University of Iowa College of Dentistry.

Dr. Burton stated that Dr. Risma's documentation was sufficient.

Dr. Frank asked about the method of using an IV to introduce the medication versus oral medication. Dr. Roth and Mr. McCollum clarified that Iowa Administrative Code 650—Chapter 29 does not consider the method of delivery; rather, the concern is with the level of sedation reached.

Dr. Burton stated that although Dr. Risma may elect to not use IV sedation, her permit would allow her to do so since she would have received training in that area. Dr. Vargas reported that pediatric residents at the University of Iowa College of Dentistry complete a three-month rotation in anesthesia at the hospital. Therefore, Dr. Risma would have had the opportunity to start IVs; however, in the sedation training, the primary method of delivery is oral or intranasal.

Dr. Frank asked for clarification regarding the permit and her ability to perform IV sedation. Mr. McCollum confirmed that the permit would allow Ms. Risma to use IV sedation if she chose.

- ➢ Dr. Clark joined the meeting at 12:09 p.m.

Dr. Vargas reported on the sedation training program for pediatric dentistry residents. Most accredited programs will train, primarily, with the use of oral sedation versus IV sedation. Dr. Burton reported that the pediatric residents spend a minimum of three months in the area of sedation. Included in the training is experience in the use of IV sedation; however, it may not be the primary focus. Dr. Burton guessed that Dr. Risma will choose not to use IVs based on her previous training and experience. Dr. Burton stated that he would approve her application as submitted.

Dr. Roth provided some background regarding the committee's primary concerns. Dr. Roth reported that the committee, historically, has not been as concerned with residency-based training since the training must meet accreditation standards. Residency training in sedation tends to be more thorough. Rather, the committee has had greater concern with the sedation training courses,

which are continuing education training courses that may only be a few days or a few weeks long. Continuing education training courses are not required to meet accreditation standards.

Dr. Burton agreed with Dr. Roth. Dr. Burton stated that Dr. Risma's background is sufficient for approval. Dr. Roth indicated that most pediatric dentists will take higher risk patients to an operating room when introducing sedation. Dr. Burton and Dr. Vargas agreed.

- ❖ MOVED by BURTON, SECONDED by VARGAS, to APPROVE the application for moderate sedation permit. Motion approved unanimously.

  - *Brian Prudent, D.D.S.*

Ms. Braness provided an overview of the application.

Dr. Burton had some questions about the training. The hours, technically, appear to meet the requirements. However, there was some question about his level of experience using sedation.

Dr. Frank stated that the course description indicated that Dr. Prudent would have airway management and sedation experience. Dr. Burton agreed that over the number of sessions reported, it appeared that Dr. Prudent would have had sufficient hands-on surgical training.

Dr. Frank and Dr. Burton agreed that the training appeared to be appropriate for issuance of the permit.

- ❖ MOVED by BURTON, SECONDED by FRANK, to APPROVE the application for moderate sedation permit. Motion approved unanimously.

IV. OTHER BUSINESS

- *Committee Meeting Dates*

Ms. Braness provided an overview of the dates proposed. The committee chose to determine the meeting dates by email since not all committee members were present to discuss their availability. The dates with the greatest availability for the committee members will be selected as the meeting dates.

Dr. Burton said Fridays are better for him. Dr. Burton reported that he may be in the operating room during other days of the week, and his availability may be less certain.

- *Request for Survey*

Ms. Braness provided an overview of the request.

Mr. McCollum thought that it may be better for the Board office to forward the survey. Mr. McCollum stated that some of the moderate sedation training programs have already been

surveyed. The results of that survey will be brought back to the committee for review at a future meeting.

Dr. Frank asked about sharing the results of the survey with the committee members. Dr. Burton inquired about who may have asked Dr. Horton to conduct the survey. Dr. Burton did not have any problems with the survey; rather, he was interested in knowing who made the request. Mr. McCollum reported having discussed this request with Dr. Horton; however, he could not recall who made the original request.

Dr. Frank asked if other questions could be included with the survey. Dr. Burton agreed. Ms. Braness reported that the committee members could forward additional questions via email for inclusion.

- *Request for Consideration of Prior Training and Experience*
  - *Judd Larson, D.D.S.*

Ms. Braness provided an overview of the request. It appeared that Dr. Larson completed a DOCS course in moderate sedation, which has not, historically, been accepted for the purposes of issuance of a moderate sedation permit. Dr. Larson asked that the committee also consider his prior experience sedating in Oregon as a basis for issuance of a permit.

Dr. Burton stated that the education documentation that Dr. Larson submitted are American Dental Society of Dental Anesthesia (ADSA) courses. Dr. Burton stated that these are good continuing education courses; however, these are not initial training programs. The information submitted to the committee did not clearly state what Dr. Larson's primary training in moderate sedation was.

Ms. Braness reported that she had spoken with Dr. Larson on the phone. As Ms. Braness recalled, she informed Dr. Larson that DOCS courses have not been accepted in Iowa. Ms. Braness told Dr. Larson that he could submit information about his original training in moderate sedation for review by the committee.

Mr. McCollum stated that, historically, DOCS Education courses have not been accepted by the Anesthesia Credentials Committee. Dr. Burton stated that Dr. Larson would need to submit proof of his original moderate sedation training prior to the committee making a final decision.

Dr. Frank asked whether an enteral permit could be issued if Iowa does not distinguish between the methods of delivery. Ms. Braness stated that it appears that the committee would need to obtain additional information prior to making a decision.

Dr. Roth reported that granting a permit to someone coming from out of state with a DOCS training course could cause some problems, when those same courses would not be acceptable when completed by Iowa practitioners. Dr. Burton agreed.

Dr. Burton agreed that the committee needed more information about the original training before making a final decision. Dr. Burton believed that it was possible that enteral and parenteral training are separated.

Dr. Clark noted that Dr. Larson referenced completing DOCS training in 2005, and documented 25 patient experiences. Dr. Horton and Dr. Clark reported having attended a DOCS course in the past. During that particular course, watching videos of patient experiences counted as having completed those patient experiences. The training was not necessarily hands-on. The committee also needed clarification about what is being counted as a patient experience.

- *Dean Hussong, D.D.S.*

Ms. Braness provided an overview of the request.

Dr. Burton stated that Dr. Hussong referenced a course which predated Dr. Burton's time at the University of Iowa College of Dentistry. If the training was completed in Iowa, it probably would have been acceptable. There was an additional question as to whether or not Dr. Hussong was grandfathered into his sedation permit in Wisconsin.

Dr. Hussong has a lot of clinical experience with sedation. Dr. Hussong also reported having completed a training course in Minnesota. The three components of that course may be sufficient to have a permit issued.

Dr. Frank reported that Dr. Hussong has the equivalent of a general anesthesia permit in Wisconsin. Dr. Frank wondered if Dr. Hussong understood that he would be granted a moderate sedation permit in Iowa. Dr. Frank was interested in knowing if that would be acceptable to Dr. Hussong. If a moderate sedation permit were granted, Dr. Hussong would be limited in the kinds of drugs and treatments that could be used in conjunction with the moderate sedation permit.

Dr. Burton stated that he would support a request for a rule waiver for a moderate sedation permit if Dr. Hussong should pursue that option.

V. OPPORTUNITY FOR PUBLIC COMMENT

Dr. Thies commented on the request for survey. Dr. Thies pointed out that the proposed survey made reference to precordial stethoscopes, but did not make reference to pretracheal stethoscopes. Dr. Thies asked if the survey could include reference to this. Mr. McCollum reported that this could be added.

Dr. Thies inquired about attending the proposed meeting in Iowa City. Ms. Braness stated that he would be allowed to participate; however, she could not guarantee participation by teleconference until she confirmed this with the University of Iowa College of Dentistry since the meeting would be held there.

VI. ADJOURN

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

The Anesthesia Credentials Committee adjourned its meeting at 12:42 p.m.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Anesthesia Credentials Committee is scheduled for January 15, 2015. 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

License Detail Report

First Name: Ashley
Last Name: Sunstrum
)ctober 13, 2014 1:46 pm

Balance

License Basic Information

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

Facility Equipment

Operating room accommodates patient and 3 staff?	Yes
Operating table or chair sufficient to maintain airway and render emergency aid?	Yes
Lighting is sufficient to evaluate patient and has appropriate battery backup?	Yes
Suction equipment permits aspiration of oral / pharyngeal cavities & a backup?	Yes
Oxygen delivery system with adequate full face masks & adequate backup?	Yes
A recovery area that has oxygen, adequate lighting, suction, & electric outlets?	Yes
Is patient able to be observed by staff at all times during recovery?	Yes
Anesthesia / analgesia systems coded to prevent incorrect administration?	Yes
EKG Monitor?	Yes
Laryngoscope and blades?	Yes
Endotracheal tubes?	Yes
Magill forceps?	Yes
Oral airways?	Yes
Stethoscope	Yes
Blood pressure monitoring device?	Yes
A pulse oximeter?	Yes
Emergency drugs that are not expired?	Yes
A defibrillator (an automated defibrillator is recommended)?	Yes
Do you employ volatile liquid anesthetics and a vaporizer?	No
Number of nitrous oxide inhalation analgesia units in facility?	12

Facility Information

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

IOWA DENTAL BOARD

License Detail Report

First Name: Ashley
Last Name: Sunstrum
)ctober 13, 2014 1:46 pm

Balance

Final Acknowledgements

Application Signature	Yes
Application Signature Date	Oct 13, 2014 13:46:23
ACLS/PALS Certification Acknowledgement	Yes
ACLS/PALS Expiration (mm/yyyy)	09/2016

Initial Acknowledgements

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

MS Restrictions

Authorized to sedate pediatric patients?	Yes
Authorized to sedate ASA 3 or 4 patients?	Yes

Other State Licenses

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

Peer Evaluation

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

Printing

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

Renewal Period Option

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

Sedation Experience

Any patient mortality or other incident?	No

Balance	
Details of incident	
Use enteral moderate sedation?	No
Use parenteral moderate sedation?	Yes

Sedation Training

Mod Sedation training program 60 hrs and 20 patients?	Yes
Airway management training?	Yes
Airway Training Date	Sep 19, 2014
ACLS Certified?	Yes
ADA accredited residency program?	No
Specialty 1	
Post Graduate Training Type 1	
Post Graduate Training Institution 1	
Institution 1 City & State	
Post Graduate Training 1 Start Date	
Post Graduate Training 1 End Date	
Continuing Education Course	Yes
Continuing Education Course Location	University of Iowa college of Dentistry and Dental
Continuing Education Course Date Completed	Sep 19, 2014
Pediatric Training?	No
Pediatric Training Location	
Pediatric Training Date	
Med. Comp. Training?	No
Med. Comp. Training Location	
Med. Comp. Training Date	
Marriage/Divorce Decree Submission Method?	

Chronology

Out of State License Information

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

Question List and Details

Do you currently have a medical condition that in any way impairs or limits your ability to practice dentistry with reasonable skill and safety?	No
Are you currently engaged in the illegal or improper use of drugs or other chemical substances?	No
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?	No
Are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical conditions or use of alcohol, drugs, or	No

IOWA DENTAL BOARD

License Detail Report

First Name: Ashley
Last Name: Sunstrum

)ctober 13, 2014 1:46 pm

	Balance
other chemical substances?	
Have you ever been requested to repeat a portion of any professional training program/school?	No
Have you ever received a warning, reprimand, or placed on probation or disciplined during a professional training program/school?	No
Have you ever voluntarily surrendered a license issued to you by any professional licensing agency?	No
Was a license disciplinary action pending against you, or were you under investigation by a licensing agency at the time a voluntary surrender of license was tendered?	No
Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?	No
Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license you held?	No
Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation?	No
Have you ever been denied a Drug Enforcement Administration (DEA) or state controlled substance registration certificate or has your controlled substance registration ever been placed on probation, suspended, voluntarily suspended, or revoked?	No

Attachments

verification of training.pdf — Verification of moderate Sedation Training

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): Ashley Brooke, Sunstrum, Deemer

MAILING ADDRESS: 1803 Calvin Court Apt #11

CITY:	STATE:	ZIP CODE:	PHONE:
Iowa City	IA	52246	319-541-6202

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:
Ashley B Sunstrum	10/6/14

SECTION 2 – TO BE COMPLETED BY TRAINING PROGRAM DIRECTOR

NAME OF PROGRAM DIRECTOR: Kirk L Fridrich

NAME AND LOCATION OF PROGRAM: University of Iowa College of Dentistry and Dental Clinics
801 Newton Rd OMFS

PHONE: 319-335-7460

FAX:	E-MAIL:	WEB ADDRESS:
319-335-7458	kirk-fridrich@uiowa.edu	

DATES APPLICANT PARTICIPATED IN PROGRAM ▶	FROM (MO/DAY/YR):	TO (MO/DAY/YR):	DATE PROGRAM COMPLETED:
	08/25/14	09/19/14	09/19/14

☒ 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]	10-6-2014

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
DEC 15 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) Driscoll, Mitch J.				
Other Names Used: (e.g. Maiden)	**Home E-mail:** mitch.drisc@gmail.com		**Work E-mail:** mdriscoll@siouxlanddental.com	
Home Address: 30 Pheasant Pl. #202	**City:** Dakota Dunes	**State:** SD	**Zip:** 57049	**Home Phone:** 208-681-3798
License Number: DDS-09142	**Issue Date:** 9/16/14	**Expiration Date:** 8/31/16	**Type of Practice:** General Practice	

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

Principal Office Address: 214 Pierce St.	**City:** Sioux City	**Zip:** 51104	**Phone:** 712-252-3440	**Office Hours/Days:** M-7:00-17:00
Other Office Address: N/A	**City:**	**Zip:**	**Phone:**	**Office Hours/Days:**
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	10/15-17/14 11/17-21/14
ADA-accredited Residency Program that includes moderate sedation training	☐ Completed	N/A
You must have training in moderate sedation AND one of the following: **Formal training in airway management; OR**	☐ Completed	
Moderate sedation experience at graduate level, approved by the Board	☐ Completed	

SECTION 4 – ADVANCED CARDIAC LIFE SUPPORT (ACLS) CERTIFICATION

Name of Course: ACLS Provider Certification	**Location:** Nebraska Heart Institute / Lincoln, NE
Date of Course: 9/26/14	**Date Certification Expires:** 9/30/16

Office Use				
	Lic. #	Sent to ACC:	Inspection	Fee # #1043 8500
	Permit #	Approved by ACC:	Inspection Fee Pd:	ACLS
	Issue Date:	Temp #	ASA 3/4?	Form A/B
	Brd Approved:	T. Issue Date:	Pediatric?	Peer Eval

Name of Applicant _____

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:
IV Conscious Sedation - GRU CDM	1430 John Wesley Gilbert Dr.	Augusta	GA

Type of Experience: Didactic & Clinical

Length of Training:	Date(s) Completed:
10 days	10/15-19/14 & 11/17-21/14
Number of Patient Contact Hours: 60+	**Total Number of Supervised Sedation Cases:** 23

☒ 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): South Dakota – Pending (Application submitted)

☐ YES ☒ NO **B. Do you consider yourself engaged in the use of moderate sedation in your professional practice?** Not yet.

☐ 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.

Local Anesthetic (Lidocaine, Septocaine, Carbocaine, Marcaine), Nitrous Oxide (Inhalation), Versed (IV), Fentanyl (IV), Flumazenil (IV, pm), Naloxone (IV, pm), Decadron (IV), Toradol (IV), Triazolam (enteral)

Name of Applicant _____ Facility Address _____

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:
Martha Cedillo	QDA-12158	8/9/14	8/31/16
Tonya Stevens	QDA-10325	2/14/13	2/28/15
Hannah Kearney	QDA-12113	7/9/13	7/31/15
Krystal Lego	RDA-03103	5/20/14	5/31/16
Alyssa Paulsen	RDA-03893	6/20/13	6/30/15
Thu Bui	RDA-04394	8/19/14	8/31/16

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)?
6		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: South Dakota **COUNTY:** Union

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** Mark Johnson, DMD	
NOTARY SEAL	**SUBSCRIBED AND SWORN BEFORE ME, THIS** 12 **DAY OF** December **, YEAR** 2014	
SOUTH DAKOTA SEAL KARYN JOHNSON NOTARY PUBLIC My Commission expires May 3, 2016	**NOTARY PUBLIC SIGNATURE** Karyn Johnson	
	NOTARY PUBLIC NAME (TYPED OR PRINTED) Karyn Johnson	**MY COMMISSION EXPIRES:** 5-3-2016

SOUTH DAKOTA SEAL KARYN JOHNSON NOTARY PUBLIC My Commission expires May 3, 2016

GRU
GEORGIA REGENTS
UNIVERSITY

Division of Continuing Education

919 15th Street
Augusta, Georgia 30912
t. (706) 721-3967
t. (800) 221-6437
f. (706) 721-4642

www.gru.edu/ce

December 8, 2014

Mitch Driscoll, DMD
117 East Cherry St
Vermillion, SD 57069

The College of Dental Medicine at Georgia Regents University verifies that Mitch Driscoll, DMD participated in the continuing education lecture course, An Intensive Course in Intravenous Conscious Sedation directed by Drs. Lee Getter and Henry Ferguson, October 15-19 and November 17-21, 2014, at Georgia Regents University in Augusta, Georgia for 119.5 CE credit contact hours.

Verified by:

Caro M. Cassels

Caro M. Cassels, M.Ed.
Director, Continuing Education

Participants should retain this document for their records. It is the responsibility of each participant to verify the CE requirements of his/her licensing or regulatory agency.

Georgia Regents University College of Dental Medicine 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/goto/cerp.

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): Mitch J Driscoll

MAILING ADDRESS: 30 Pheasant Pl #202

CITY:	STATE:	ZIP CODE:	PHONE:
Dakota Dunes	SD	57049	208-681-3728

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:
Mitch Driscoll, DMD	11/21/14

SECTION 2 – TO BE COMPLETED BY TRAINING PROGRAM DIRECTOR

NAME OF PROGRAM DIRECTOR: LEE GETTER BADDS MSD

NAME AND LOCATION OF PROGRAM:	PHONE:
IV CONSCIOUS SEDATION, Georgia Regents University College of Dental Medicine, 1430 John Wesley Gilbert Dr., Augusta, GA 30912	706-721-2411

FAX:	E-MAIL:	WEB ADDRESS:	
706-721-3511	lgetter@gru.edu	www.gru.edu/ce/dentalce	
DATES APPLICANT PARTICIPATED IN PROGRAM ▶	FROM (MO/DAY/YR): 10/15-19/14	TO (MO/DAY/YR): 11/17-21/14	DATE PROGRAM COMPLETED: 11/21/14

☑ 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:
Lee Getter DDS MSD	11/21/2014

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS Provider

American Heart Association®

PEEL HERE

Mitch Driscoll

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.

09/26/2014 — Issue Date

09/2016 — Recommended Renewal Date

ADVANCED CARDIOVASCULAR LIFE SUPPORT

Training Center Name: ALS Affiliates Inc — TC ID #: NE02062

TC Info: Omaha, Nebraska, 68144 (City, State) — 402-292-8535 (TC Phone)

Course Location: Nebraska Heart Institute/Lincoln

Instructor Name: Scott Hartley — Inst. ID #: 4112390097

Holder's Signature: Mitch Driscoll

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

Mitch Driscoll
117 E Cherry St
Vermillion, SD 57067

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

This card contains unique security features to protect against forgery.

This card can be inserted into either a number 10 window or regular envelope.

If using a number 10 regular envelope, peel off the address label and apply it to the outside of the envelope.

90-1805 3/11

STATE OF IOWA
IOWA DENTAL BOARD

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

JILL STUECKER
EXECUTIVE DIRECTOR

2015 Meeting Dates – Anesthesia Credentials Committee

January 15, 2015 – Thursday

April 16, 2015 – Thursday

June 11, 2015 – Thursday

July 16, 2015 – Thursday

September 10, 2015 – Thursday

October 15, 2015 – Thursday

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

(The meeting dates were selected based on the dates on which the majority of committee members indicated their availability to participate.)

400 SW 8th STREET, SUITE D, DES MOINES, IA 50309-4687
PHONE:515-281-5157 FAX:515-281-7969 http://www.dentalboard.iowa.gov

Braness, Christel [IDB]

From: judd larson <judd22@hotmail.com>
Sent: Friday, January 09, 2015 10:02 AM
To: Braness, Christel [IDB]
Subject: Re: Sedation records

Christel,

I am writing you to give you more detailed information about my training. My initial training was done in Las Vegas in 2006 like I said before. It was 22.5 hours and 22 patient experiences. The patient experiences were video simulations of real patient experiences but we also did our airway and coding training on simulators as well. I was trained in the use of multiple drugs and them given in combination with each other and have received further training in more drugs through the American Dental Society of Anesthesiology. I have been trained in the use of Triazolam, Diazepam, Lorazepam, Hydroxyzine, Zaleplon, Nitrous Oxide, Midazolam, Promethazine, Demerol, and Choral Hydrate. I was trained and have had further training since the initial training in using combinations of these drugs depending on the patients age, medical history, and ASA classifications. When I use the drugs in combination it is based on their half life, the onset of the drug, the drug's sedative properties, how long of an appointment we have, and what we are doing at that appointment. I have used all of these drugs in combination in live patient practice depending on the patient and their age and their medical history. I do sedate children but I only use a single dose medication and nitrous because they can have so many more complications than an adult with a fully developed respiratory system. As I have said before I have been doing moderate sedation since 2006 with all positive patient outcomes. I have also continued my training since my initial training and have many more hours than the original 60 hours required by the Iowa Board rules. The only reason I did not have more hours with my initial training was because the OR anesthesia rules did not require it but as you can see I have continued my education and expanded my knowledge base since that time and have also done around 400 live sedation cases in my offices since that time with all positive outcomes. I hope the Anesthesia committee takes that into account when deciding on my moderate permit.
Thank you for your time.

Judd
Sent from my iJudd

> On Jan 8, 2015, at 11:55 AM, "Braness, Christel [IDB]" <Christel.Braness@iowa.gov> wrote:
>
> I am finalizing the information for the Anesthesia Credentials Committee meeting scheduled for January 15, 2015. In reviewing the information, which you've submitted to date regarding your moderate sedation training, it appears that the information, which you've submitted may be insufficient. I've attached a PDF of the documentation, which I've received to date. If I am missing anything, please let me know.
>
> The information, which you provided in response to my list of questions emailed to you on October 7, 2014, appears to be inadequate. There are some questions for which I don't see a response, or the information provided is insufficient. I've included the email I sent you in the PDF, on page 2, and highlighted the questions that were not answered or for which the response appeared insufficient.
>
> As I mentioned to you previously, to date, Iowa has not accepted DOCS training in moderate sedation for the purposes of obtaining a moderate sedation permit in Iowa. Without very specific information about the training completed, it is unlikely that the Anesthesia Credentials Committee will approve your request for approval of your training for the purposes of obtaining a sedation permit in Iowa. Iowa Administrative Code 650-29.4* stipulates the requirements for a moderate sedation permit in Iowa. If your training does not meet these requirements, the Anesthesia Credentials

Committee cannot approve the course. In order to make a final recommendation, the Anesthesia Credentials Committee determined that additional information was needed.
>
> If you choose to provide additional information, please be as specific as possible. For example, when providing an explanation regarding the drugs in which you've received training, please list the specific drugs in which you received training. Were trained to use them as a 'single drug' or if you received training in the combination of drugs. If you were trained to use drugs in combination, which drugs, specifically did you receive training in? Unfortunately, listing the drug class is not adequate for the committee's review. Did the training, which you completed meet the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students? The committee will require this kind of detailed information before making a decision. The email, which I sent on October 7, 2014 included the questions, which the committee asked at the last meeting. Please refer to that email for additional information, or let me know if you have any questions.
> 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.
>
> If you are able to submit additional information about your training, I will see that it is forwarded to the committee for review. I will be sending out the meeting materials by the end of the day tomorrow. Therefore, I would need to receive additional information no later than 10:30 a.m. tomorrow, January 9, 2015.
>
> * You may access Iowa Administrative Code 650-Chapter 29 at https://www.legis.iowa.gov/docs/ACO/chapter/11-12-2014.650.29.pdf for more information.
>
> Let me know if you have any other questions.
>
> Christel Braness, Program Planner
> Iowa Dental Board<http://www.dentalboard.iowa.gov/>
> 400 SW 8th St., Suite D
> Des Moines, IA 50309
> Phone: 515-242-6369 | Fax: 515-281-7969 | IDB Online Services<https://eservices.iowa.gov/PublicPortal/Iowa/IDB/common/index.jsp>
>
> CONFIDENTIAL NOTICE: This email and the documents accompanying this electronic transmission may contain confidential information belonging to the sender, which is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reference to the contents of this electronic information is strictly prohibited. If you have received this email in error, please notify the sender and delete all copies of the email and all attachments. Thank you.
>
> From: judd larson [mailto:judd22@hotmail.com]
> Sent: Wednesday, December 17, 2014 12:24 PM
> To: Braness, Christel [IDB]
> Subject: Sedation records
>
> Christel,
>

> Here is the information again. I typed your email wrong the first time.
>
>
> Judd Larson, DDS
>
>
>
>
>
>
>
> --Forwarded Message Attachment--
> From: judd22@hotmail.com<mailto:judd22@hotmail.com>
> To: cristel.braness@iowa.gov<mailto:cristel.braness@iowa.gov>
> Subject: FW: Sedation Records
> Date: Wed, 17 Dec 2014 18:18:09 +0000
> Christel,
>
> Here are the Sedation notes and readings from 2 of my sedation patients. You have the CE records but my original training was done with DOCS in 2006. I had 22 patient experiences. I was trained in the use of multiple drugs and different combinations
> of them - benzodiazepines and other sedative drug combinations depending on the patients medical history and their ASA classification. I have had extensive airway training through my ACLS classes and renewals as well as my American Dental Society of Anesthesiology courses. I have been doing oral conscious sedation since 2006 and between my 2 offices we have done almost 400 cases with all positive outcomes. I feel I am very qualified in this area and have had patient outcomes needed to prove my experience. We also have been doing capnography on all of our sedation patients since Jan. 1st of this year when the rule changed in Oregon. I was disappointed to hear you did not have a anesthesia committee meeting in November. I would like a recommendation as soon as you can please. I know the rules are different in Oregon but my experience and successful case record speak for themselves. I understand this is a unique situation that you are dealing with but I do want to get my sedation permit. Please let me know if there is anything else you need. I just want to get a decision because I do want to do sedation here in Iowa. Thank you for your time. I will follow up later this week.
>
>
> Judd Larson, DDS
>
> _____
>
>
>
>
> _____
> This email message and its attachments may contain confidential information that is exempt from disclosure under Iowa Code chapters 22, 139A, and other applicable law. Confidential information is for the sole use of the intended recipient. If you believe that you have received this transmission in error, please reply to the sender, and then delete all copies of this message and any attachments. If you are not the intended recipient, you are hereby notified that any review, use, retention, dissemination, distribution, or copying of this message is strictly prohibited by law.
> <LarsonJ_MS_TrainingInfo.pdf>

Braness, Christel [IDB]

From: judd larson <judd22@hotmail.com>
Sent: Wednesday, December 17, 2014 12:24 PM
To: Braness, Christel [IDB]
Subject: Sedation records
Attachments: Sedation.pdf; ATT00001

Christel,

Here is the information again. I typed your email wrong the first time.

Judd Larson, DDS

--Forwarded Message Attachment--
From: judd22@hotmail.com
To: cristel.braness@iowa.gov
Subject: FW: Sedation Records
Date: Wed, 17 Dec 2014 18:18:09 +0000

Christel,

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of them - benzodiazepines and other sedative drug combinations depending on the patients medical history and their ASA classification. I have had extensive airway training through my ACLS classes and renewals as well as my American Dental Society of Anesthesiology courses. I have been doing oral conscious sedation since 2006 and between my 2 offices we have done almost 400 cases with all positive outcomes. I feel I am very qualified in this area and have had patient outcomes needed to prove my experience. We also have been doing capnography on all of our sedation patients since Jan. 1st of this year when the rule changed in Oregon. I was disappointed to hear you did not have a anesthesia committee meeting in November. I would like a recommendation as soon as you can please. I know the rules are different in Oregon but my experience and successful case record speak for themselves. I understand this is a unique situation that you are dealing with but I do want to get my sedation permit. Please let me know if there is anything else you need. I just want to get a decision because I do want to do sedation here in Iowa. Thank you for your time. I will follow up later this week.

Judd Larson, DDS

Braness, Christel [IDB]

From: Braness, Christel [IDB]
Sent: Tuesday, October 07, 2014 10:46 AM
To: 'judd22@hotmail.com'
Subject: Request for Review - Moderate Sedation

Importance: High

At its recent meeting, the Anesthesia Credentials Committee reviewed the material, which you submitted in support of a request to obtain approval for a moderate sedation permit in Iowa. Ultimately, the committee stated that additional information would be required prior to making a final recommendation.

Although, you've documented continuing education hours in the area of sedation, the committee determined that it needed to review detailed information about your initial training in moderate sedation. Specifically, the committee would like to see the following information:

- Who provided the (initial) moderate sedation training?
- When and where was the training completed?
- Does the training completed comply with the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students? (Training must consist of a minimum of 60 hours of instruction and management of at least 20 patients.)
- How many patient experiences did you have? What did the program constitute a patient experience? Were you provided patient experiences on live patients?
- What kind of formal training did you receive in airway management?
- Did you receive training for enteral and/or parenteral sedation?
- Were you trained in the use of a single drug? Or did you receive training in the use of more than one drug? If yes, with what drugs did you receive training?

Upon receipt of this information, it will be forwarded to the Anesthesia Credentials Committee for additional review.

For more information about requirements to obtain a moderate sedation permit in Iowa, please refer to Iowa Administrative Code 650—29.4, which you can access at https://www.legis.iowa.gov/docs/ACO/chapter/12-11-2013.650.29.pdf.

Let me know if you have any questions.

Christel Braness, Program Planner
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309
Phone: 515-242-6369; Fax: 515-281-7969; www.dentalboard.iowa.gov

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DSI 3060XN7P2 REVISION 4.60
29-SEP-14 10:39:35

NAME: Lisa Reiber

ID#:

TIME	RATE	SPO2	SYS	DIA	MAP		CO_2
10:39	84P	98%					
10:39			118 / 71		98	MMHG	38
10:54	94P	97%					
10:54			112 / 72		87	MMHG	34
11:09	100P	96%					
11:09			117 / 70		88	MMHG	38
11:24	92P	96%					
11:24			125 / 68		95	MMHG	33
11:39	96P	97%					
11:39			122 / 81		98	MMHG	35
11:54	90P	97%					
11:54			127 / 75		108	MMHG	31
12:09	95P	98%					
12:09			127 / 81		98	MMHG	37
12:24	95P	98%					
12:24			129 / 83		98	MMHG	36
12:39	91P	97%					
12:39			116 / 79		100	MMHG	40
12:54	94P	97%					
12:54			112 / 77		92	MMHG	39

Lisa Reiber 9/29/2014

Prob: #5 - MO, #30 - B/U, #30 - crown prep and impression, get PA`s of #20 and #30, Reviewed medical history - no changes, pt. took sedation meds. as prescribed and was monitored on the pulse oximeter and End tidal CO2 monitor throughout the procedure

Tx: Applied top. anesthetic, gave inj. - 2% Xylocaine with 1:100 Kepi. - 3 carpules, took PA`s of #20 and #30, removed decay and prepped tooth - #5 - moderate depth, placed etchant and bonding agents, filled #5 with composite - Shade (A3)(Optibond), finished and polished, checked occlusion and contacts, discussed different crown types with patient at her sedation consult appt. - advantages and disadvantages - pt. chose to do all-ceramic crown, removed decay and placed retention grooves, did B/U on#30 - placed etchant and bonding agents, filled #30 with composite - Shade(A1)(Optibond), finished and polished, prepped tooth - #30 for all-ceramic crown, packed cord(Hemodent), took impression with PVS, fabricated temp. crown and checked occlusion, selected preliminary Shade (A3) from Vita shade guide, pt. will have to verify shade and give final approval of it when she is not sedated, cemented temp. crown on with IRM, removed excess cement, pt. given 2 tablets(.25mg) incrementally throughout the procedure - crushed underneath her tongue, pt. maintained spontaneous breathing throughout the procedure, discussed post op. instructions with pt.`s ride - Shannon, ride also given written post sedation instructions, pt. oriented x 3 times, pt. escorted from office in companion chair and buckled into place on the passenger side of car and delivered to (Shannon), instructed ride to take pt. straight home and call office upon arrival, PARQ

Eval: Patient departed well

CSI 506DXNTP2 REVISION 4.00
14-AUG-14 14:25:44

NAME: Teri Gibson

ID:

TIME	RATE	SPO2	SYS	DIA	MAP		CO_2:
14:25	73P	96%					
14:25			136 / 76		106	mmHg	35
14:40	72P	96%					
14:40			129 / 73		107	mmHg	38

Teri Gibson 8/14/2014

Prob: #25 - place implant in area and do bone graft, Reviewed medical history - no changes, pt. took sedation meds. as prescribed and was monitored on the pulse oximeter and End tidal CO2 monitor throughout the procedure

Tx: Applied top. anesthetic, gave inj. - 2% Xylocaine with 1:100 Kepi. - 1 carpules, tried surgical stent in place and verified accuracy, did some bone sounding with endo. explorer in implant placement site, marked implant spot with purple marker, did chlorhexidine wash and Betadine swab in the surgical area, placed pilot hole transmucosally into underlying bone to a depth of about 7 mm, the implant - (Intra-Lock - 2.0 x 15mm) was placed using the electric handpiece, hand torque wrench was used to do final torque down for all of the implants, took post op. x-ray of implants in place - WNL, made small B flap, placed bone graft material(ReOss) in bony defect area, placed 3 sutures in area(4-0 Silk), pt. given antibiotic Rx: PenVK(500mg) x 32 x take 2 tabs STAT, then 1 tab q6h until gone, pt. given pain med. Rx: Norco(5/325) x 12 x take 1 tab q6h prn pain, pt. given last 1 tablet incrementally throughout the procedure - crushed underneath her tongue, pt. maintained spontaneous breathing throughout the procedure, discussed post op. instructions - verbal and written with pt.`s ride - Wayne, ride also given written post sedation instructions, pt. oriented x 3 times, pt. escorted from office in companion chair and buckled into place on the passenger side of car and delivered to (Wayne), instructed ride to take pt. straight home and call office upon arrival, PARQ

Eval: Patient departed well

Patient: _____
57 N. 2nd St.
Central Point, OR 97502
Phone: (541)-664-1406
www.JuddLarsonDDS.com

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

Preoperative Instructions for Our Sedation Patients:

1. MINORS MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN.

2. THE PATIENT MUST HAVE AN ADULT OR ADULTS TO HELP PLACE THEM IN VEHICLE MORNING OF APPOINTMENT. PATIENT MUST HAVE A RIDE TO AND FROM THE OFFICE AND MUST BE ACCOMPIANED BY A RESPONSIBLE ADULT WHO, IF POSSIBLE, SHOULD REMAIN IN THE OFFICE FOR THE DURATION OF THE APPOINTMENT.

3. IF, DURING THE PROCEDURE, A CHANGE IN TREATMENT IS REQUIRED, I AUTHORIZE THE DOCTOR AND THE OPERATIVE TEAM TO MAKE WHATEVER CHANGE THEY DEEM IN THEIR PROFESSIONAL JUDGEMENT IS NECESSARY. **I UNDERSTAND THAT I HAVE THE RIGHT TO DESIGNATE THE INDIVIDUAL WHO WILL MAKE SUCH A DECISION ON MY BEHALF.**

4. THE PATIENT SHOULD WEAR LOOSE, COMFORTABLE CLOTHING **WITH SHORT SLEEVES FOR EASE OF PLACEMENT OF THE MONITORING EQUIPMENT.**

5. **THE PATIENT MUST NOT HAVE ANYTHING TO EAT OR DRINK FOR 8 HOURS PRIOR TO THE APPOINTMENT.** MOST OF THE SEDATIVE MEDICATIONS THAT WE USE ARE GIVEN ORALLY AND WORK BEST ON AN EMPTY STOMACH. HAVING AN EMPTY STOMACH ENSURES A MORE COMPLETE ABSORPTION OF THE MEDICINE INTO THE BLOOD STREAM. SOME OF THE MEDICATIONS MAY CAUSE NAUSEA OR VOMITING – AN EMPTY STOMACH REDUCES THE CHANCE OF THESE UNPLEASANT REACTIONS. **DIABETIC PATIENTS PLEASE FOLLOW THE DOCTOR'S SPECIAL INSTRUCTIONS.**

6. PATIENT MUST NOTIFY THE DOCTOR OF THE USE OF ANY OTHER MEDICATIONS NOT PRESCRIBED BY OUR OFFICE WITHIN 24 HOURS OF THE SEDATION APPOINTMENT.

7. PLEASE HAVE PATIENT USE THE RESTROOM BEFORE LEAVING HOME FOR APPOINTMENT.

8. PATIENTS WITH HEALTH-RELATED CONDITIONS WHICH MAY REQUIRE PREMEDICATION WITH ANTIBIOTICS SHOULD CONTACT OUR OFFICE AT LEAST 48 HOURS IN ADVANCE FOR PREMEDICATION INSTRUCTIONS.

9. **PATIENTS ARE REQUIRED TO CALL AT LEAST 48 HOURS IN ADVANCE IF THEY ARE UNABLE TO KEEP THEIR APPOINTMENT,** SINCE WE RESERVE LARGE BLOCKS OF TIME EXCLUSIVELY FOR THEM. **IT IS EXTREMELY IMPORTANT TO KEEP YOUR SCHEDULED APPOINTMENT.** WITH YOUR COOPERATION, WE WILL BE ABLE TO PROVIDE MORE EFFICIENT QUALITY CARE FOR YOU AS WELL AS OTHERS.

10. IF APPOINTMENT IS CANCELLED WITHOUT 48 HOURS' NOTICE, THE PATIENT WILL BE RESPONSIBLE FOR ONE-HALF (1/2) THE TOTAL FEE OF THE SEDATION APPOINTMENT.

11. **MAKE SURE WHEN TAKING MEDICATION THE MORNING BEFORE APPOINTMENT, THE PATIENT IS IN A SAFE SPOT. EX (COUCH, OR CAR). ALSO THAT THE PATIENT'S RIDE HAS SUFFICIENT HELP (FAMILY OR FRIEND) TO GET PATIENT SAFELY TO CAR. PATIENT MAY OR MAY NOT BE ABLE TO WALK. THIS IS NORMAL.**

12. IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THESE INSTRUCTIONS PLEASE CALL OUR OFFICE AT (541) 664-1406.

_____	_____	_____
Patient/ Guardian	Date	Witness

Dr. Judd R. Larson, D.D.S., P.C.
57 N. 2nd St.
Central Point, OR 97502
Phone: (541)-664-1406
www.juddlarsondds.com

Post-Sedation Instructions

1. A responsible adult must accompany the patient home. Sensory imbalance should be expected following the sedation appointment, and the patient must be supported while ambulatory.

2. **Keep patient hydrated.** Patient should have clear liquids every 1 ½-2 hours to keep patient fully hydrated and help prevent nausea.

3. Following dental office dismissal, mild sleepiness may persist for several hours, and the patient should be encouraged to go to bed and sleep.

4. The patient should be cautioned against sitting up or standing erect suddenly after a rest period at home; as this may lead to transient dizzy spells.

5. **The patient is not to engage in any activity that requires sensory or motor coordination for 24 hours following the sedation appointment.** Driving a car, operating power tools, or making important decisions are not to be done during this period.

6. **The patient should not consume any alcoholic beverages for 24 hours following the dental appointment.**

7. Nausea may develop if patient is ambulatory too soon or frequently. Patient should lie quietly in a comfortable place.

8. Take post operative medication only as instructed by your dentist.

9. Any unusual event such as extreme pain or swelling, any rash, prolonged sleeping, fainting episodes, marked vomiting, or bizarre dreams should be reported to our office.

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 HEALTHCARE PROVIDER

Healthcare Provider

American Heart Association

PEEL HERE

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.

01/26/13 — Issue Date

01/2015 — Recommended Renewal Date

Training Center Name: Education For Life — TC ID #: OR04455

TC Info: Hillsboro, OR 97124 (503) 693-3352

Course Location: Metro West Ambulance

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

Holder's Signature

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15

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90-1801 3/11

ACLS Provider

American Heart Association

PEEL HERE

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.

01/26/13 — Issue Date

01/2015 — Recommended Renewal Date

Training Center Name: Education For Life — TC ID #: OR04455

TC Info: Hillsboro, OR 97124 (503) 693-3352

Course Location: Metro West Ambulance

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

Holder's Signature

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90-1806 3/11

3	Linda Presnell, MS	Exposure Control/Bloodborne Pathogens	148	
3	Pat Preston, MS	Emerging Infectious Diseases: Impact on Dental Professionals	148	
2	Kevin Henry	Tips for Going Green in the Dental Offices	553	
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 Hodsdon, RDH, BS	Building Better Change: Mapping the DNA of "Well-Being" Professionals (repeat)	130	
4	David W. Howerton/Joel Hopkin/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	563	
3	Jane Lawson	Office Clutter: The Efficiency Killer	550	
3	Mike Lehman	Keeping out of HR Hot Water	550	
3	Amy Lynch	The Why 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	138	
3	Cindy O'Neal	Hiring Smart	551	
3	Tricia Osuna, RDH, BS, FAADH	Save me - Save You! Ergonomics and Effective Patient Care	494	
6	Jeffrey S. Rouse, DDS	Arteries Occlude-Teeth Mastticate: Understanding Oral function	730	
6	Terry Sellke, DDS, MS	Imagine What Is Possible...Then Make It a Reality	730	
3	Angie Skinner	Sold on Service, Smileosophy	559	
3	Angie Skinner	Sold on Service, Smileosophy (repeat)	559	
3	Bethany 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	
3.5	Mary Ann Vaughan, RN, CEN, EMT-P	CPR for the health care provider refresher (repeated)	142	
3	Mike Werner, DMD, MS	Bisphosphonates and Osteonecrosis	16	
3	Raymond A. Yukna, DMD, MS	Lasers in Periodontal Therapy	490	
3	Raymond A. Yukna, DMD, MS	Lasers in Periodontal Therapy (repeat)	490	

Saturday, April 4, 2009

CE Credits	Presenter(s)	Course Title	AGD Code	Completion Code
6	J Bruce Bavitz, DMD	An Update on Local Anesthesia and Conscious Sedation for the Dental Team	132	N233
6	Doug Dederich, DDS	Lasers in dentistry: An update	135	
6	Belle Ducharme, RDA, CDPMA	5 M's of a Successful Practice	550	
3	James Engum	StrengthTraining 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 General Practice (part 2)	250	
3	Richard H. Fixott, DDS, DABFO	ODA Dental Identification Team Seminar	146	
6	John C. Kois, DMD, MSD	Interdisciplinary Treatment Planning is Diagnostically Driven	735	
3	Jane Lawson	Conquer Clutter in Your Home	770	
3	Jane Lawson	Clean Faster - Live More!	778	
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/Osteopetrosis	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	Exquisite 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 Thermoforming Technique	154	
3.5	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 White	3 Hours of Power: Tulsa 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).

Received Time Jul. 15. 2014 3:54PM No. 5240

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.

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

Friday, February 25, 2011
Silver Room

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

Received Time Jul. 15. 2014 3:54PM No. 5240

Saturday, February 26, 2011
Silver Room

7:00-8:00	Continental Breakfast ---- Event Center	
8:00-9:00	Special Considerations for Pediatric Patients Morton Rosenberg, DMD	pg. 61-66
9:00-10:15	Case Studies in Minimal and Moderate Sedation Daniel Becker, DDS	pg. 67-74
10:15-10:30	Break----Event Center	
10:30-11:45	Managing Complications Associated with Moderate Sedation Daniel Becker, DDS	pg. 75-84
11:45-12:00	Laboratory Overview Roy Stevens, DDS	
12:00-1:00	Lunch-----Event Center	
1:00-2:30	Morbidity and Mortality Review (Group 1) Roy Stevens, DDS	pg. 85-100
1:00-3:00	Laboratory Exercises (Group 2) Various Faculty	pg. 101-102
3:00-5:00	Laboratory Exercises (Group 1) Various Faculty	
3:15-4:45	Morbidity and Mortality Review (Group 2) Roy Stevens, DDS	

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.

Received Time Jul. 15. 2014 3:54PM No. 5240

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

Friday, February 22, 2013
Silver Room

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

Received Time Jul. 15. 2014 3:54PM No. 5240

Saturday, February 23, 2013
Silver Room

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

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

Academy
of General Dentistry
PACE
Program Approval for Continuing Education
FAGD/MAGD Approved

Dental Board of California
Course #7.5-3873-05001

Kentucky Board of Dentistry
Provider # 0304

CONTINUING EDUCATION INFORMATION

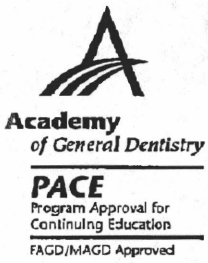
AGD APPROVED NATIONAL SPONSOR

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

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

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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.

ADA CERP

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 Prostheses 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 312.440.2494
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

Course Title	Date	Instructors	Activity Type	CE Credits
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
			Total Credits:	5.00

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

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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>.

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

57 N. 2nd. St.
Central Point. Or. 97502
Phone: 541-664-1406
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:**

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Received Time Jul. 15. 2014 3:54PM No. 5240

Oregon Board of Dentistry

New Search

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

Oregon Board of Dentistry

New Search

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

American Dental Society of Anesthesiology

verifies that

Judd Larson DDS

has attended the

Continuing Education Course:

Minimal and Moderate Sedation Review Course
Las Vegas, NV
February 22 – 23, 2013

For **16** CE Credit Hours

Peter M. Jones DDS, MSHS

President, ADSA

Continuing education credits awarded for participation may not apply toward the issuance of a new license or the renewal of a license in all states. It is the responsibility of each participant to verify the requirements of their state licensing board.

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www.adsahome.org

American Dental Society of Anesthesiology

verifies that

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Continuing Education Course:

Minimal and Moderate Sedation Review Course
Las Vegas, NV
February 25 – 26, 2011

For **16** CE Credit Hours

Karen E. Crowley

President, ADSA

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Braness, Christel [IDB]

From: Braness, Christel [IDB]
Sent: Thursday, January 08, 2015 11:53 AM
To: 'judd larson'
Subject: RE: Sedation records
Attachments: LarsonJ_MS_TrainingInfo.pdf

Importance: High

I am finalizing the information for the Anesthesia Credentials Committee meeting scheduled for January 15, 2015. In reviewing the information, which you've submitted to date regarding your moderate sedation training, it appears that the information, which you've submitted may be insufficient. I've attached a PDF of the documentation, which I've received to date. If I am missing anything, please let me know.

The information, which you provided in response to my list of questions emailed to you on October 7, 2014, appears to be inadequate. There are some questions for which I don't see a response, or the information provided is insufficient. I've included the email I sent you in the PDF, on page 2, and highlighted the questions that were not answered or for which the response appeared insufficient.

As I mentioned to you previously, to date, Iowa has not accepted DOCS training in moderate sedation for the purposes of obtaining a moderate sedation permit in Iowa. Without very specific information about the training completed, it is unlikely that the Anesthesia Credentials Committee will approve your request for approval of your training for the purposes of obtaining a sedation permit in Iowa. Iowa Administrative Code 650—29.4* stipulates the requirements for a moderate sedation permit in Iowa. If your training does not meet these requirements, the Anesthesia Credentials Committee cannot approve the course. In order to make a final recommendation, the Anesthesia Credentials Committee determined that additional information was needed.

<u>If you choose to provide additional information, please be as specific as possible</u>. For example, when providing an explanation regarding the drugs in which you've received training, please list the specific drugs in which you received training. Were trained to use them as a 'single drug' or if you received training in the combination of drugs. If you were trained to use drugs in combination, which drugs, specifically did you receive training in? Unfortunately, listing the drug class is not adequate for the committee's review. Did the training, which you completed meet the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students? The committee will require this kind of detailed information before making a decision. The email, which I sent on October 7, 2014 included the questions, which the committee asked at the last meeting. Please refer to that email for additional information, or let me know if you have any questions.

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.

If you are able to submit additional information about your training, I will see that it is forwarded to the committee for review. I will be sending out the meeting materials by the end of the day tomorrow. Therefore, I would need to receive additional information no later than 10:30 a.m. tomorrow, January 9, 2015.

* You may access Iowa Administrative Code 650—Chapter 29 at https://www.legis.iowa.gov/docs/ACO/chapter/11-12-2014.650.29.pdf for more information.

Let me know if you have any other questions.

Christel Braness, Program Planner
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Des Moines, IA 50309
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From: judd larson [mailto:judd22@hotmail.com]
Sent: Wednesday, December 17, 2014 12:24 PM
To: Braness, Christel [IDB]
Subject: Sedation records

Christel,

Here is the information again. I typed your email wrong the first time.

Judd Larson, DDS

--Forwarded Message Attachment--
From: judd22@hotmail.com
To: cristel.braness@iowa.gov
Subject: FW: Sedation Records
Date: Wed, 17 Dec 2014 18:18:09 +0000

Christel,

Here are the Sedation notes and readings from 2 of my sedation patients. You have the CE records but my original training was done with DOCS in 2006. I had 22 patient experiences. I was trained in the use of multiple drugs and different combinations
of them - benzodiazepines and other sedative drug combinations depending on the patients medical history and their ASA classification. I have had extensive airway training through my ACLS classes and renewals as well as my American Dental Society of Anesthesiology courses. I have been doing oral conscious sedation

since 2006 and between my 2 offices we have done almost 400 cases with all positive outcomes. I feel I am very qualified in this area and have had patient outcomes needed to prove my experience. We also have been doing capnography on all of our sedation patients since Jan. 1st of this year when the rule changed in Oregon. I was disappointed to hear you did not have a anesthesia committee meeting in November. I would like a recommendation as soon as you can please. I know the rules are different in Oregon but my experience and successful case record speak for themselves. I understand this is a unique situation that you are dealing with but I do want to get my sedation permit. Please let me know if there is anything else you need. I just want to get a decision because I do want to do sedation here in Iowa. Thank you for your time. I will follow up later this week.

Judd Larson, DDS