STATE OF IOWA
IOWA DENTAL BOARD

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

JILL STUECKER
EXECUTIVE DIRECTOR

ANESTHESIA CREDENTIALS COMMITTEE

AGENDA

March 10, 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. APPLICATION FOR MODERATE SEDATION PERMIT

a. Ashley Sunstrum, D.D.S.
b. Mitch Driscoll, D.D.S.

III. OPPORTUNITY FOR PUBLIC COMMENT

IV. 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.

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

IOWA DENTAL BOARD

License Detail Report

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

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:	PHONE:
University of Iowa College of Dentistry and Dental Clinics 801 Newton Rd OMFS	319-335-7460

FAX: 319-335-7458	E-MAIL: kirk-fridrich@uiowa.edu	WEB ADDRESS:	
DATES APPLICANT PARTICIPATED IN PROGRAM ▶	FROM (MO/DAY/YR): 08/25/14	TO (MO/DAY/YR): 09/19/14	DATE PROGRAM COMPLETED: 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

Report of Anesthesia Training

Prepared for

Anesthesia Credentials Committee
Iowa Dental Board

Prepared by
Ashley Brooke Sunstrum DDS
February 17, 2015

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Anesthesia Rotation

- Summary
- Simulation Experiences
- Clinical Experiences
- Pharmacological Training
- Didactic Coursework

Supplemental Training

- Supervised Patient Procedures
- Didactic Coursework

Anesthesia Rotation

Summary

The anesthesia rotation I completed was a competency based full time, four week rotation **(160 hours)** with The University of Iowa Department of Anesthesia. The four week rotation entailed didactic, simulation, and clinical experiences. The didactic component was completed with forth year medical students and second year anesthesia residents and included multiple topics of anesthesia, as detailed below. In addition simulation exercises provided procedural training before I began clinical experiences. The clinical component comprised the vast majority of the rotation. This included one-on-one patient experiences paired with anesthesiologists or an anesthesia team consisting of an anesthesiologist and a certified nurse anesthetist or student nurse anesthetist. The clinical experience involved all aspects of anesthesia including pre-anesthesia evaluation, pre-induction protocol, induction, maintenance, emergence, and postoperative care. Most of my experiences included cases in which patients were undergoing general anesthesia. Working closely with the anesthesiologist or anesthesia team I would participate in pre-anesthesia evaluations, premedication and pre-induction protocols, masking patients during induction (induction conducted by anesthesiologist), intubation of patients under direct supervision of the anesthesiologist, management of maintenance and emergence with the primary staff, extubating patients under the direct supervision of the anesthesiologist, and concluding the cases with postoperative care in conjunction with the anesthesia and surgical teams. In addition to general anesthesia cases I also worked with conscious sedation cases where my primary role was assisting in pre-anesthesia evaluations, maintenance, and emergence. Below is a detailed outline of the procedures I completed, medications I received training on and used during my rotation, and didactic course work completed during the rotation. In addition, my time as a Fellow Associate in the Department of Oral and Maxillofacial Surgery at The University of Iowa has provided me with didactic course work and supervised sedations as outlined below.

Simulation Experiences

Intravenous catheter placement
Arterial line placement with the use of ultrasound
Central venous catheter placement with the use of ultrasound
Oropharyngeal airway placement
Endotracheal intubation
Emergency medical situation management with a multidisciplinary team

Clinical Experiences

30+ supervised cases demonstrating proper masking technique
20 supervised endotracheal and nasotracheal intubations, including the use of laryngeal mask airways
4 supervised conscious sedations
Intravenous catheter placement
Use of oropharyngeal airways

Pharmacological Training

Medications used under supervision during rotation:

Premedication: midazolam, ketamine
Induction: propofol, fentanyl, sevoflurane
Neuromuscular Blockade: succinylcholine, rocuronium
Reversal of Neuromuscular Blockade: neostigmine, atropine
Vasopressors: phenylephrine, ephedrine
Vasodilators: labetalol, vasopressin
Maintenance (intravenous): propofol, fentanyl, remifentanil, alfentanil
Maintenance (inhalational): sevoflurane, isoflurane, desflurane, and nitrous oxide

Didactic Coursework

Topics including but not limited to:

History of anesthesia
Preoperative evaluation
Premedication
Intubation and anesthesia complications

Intravenous anesthetics
Inhalational anesthetics
Intraoperative monitoring
Ventilation systems and modes
Extubation
Pediatric anesthesia
Obstetric anesthesia
Pain medicine
Regional anesthesia
Pharmacology of anesthetics
Clinical Case Conferences

Supplemental Anesthesia Training

Supervised Patient Procedures (Additional competency based instruction exceeding 60 hours)

45 supervised sedations in clinic setting
Intravenous catheter placement

Didactic Coursework

Topics including but not limited to:

Capnography use in OMFS
Review of anesthetic techniques and complications
Physical evaluation of patients
The use of conscious sedation in dentistry
Pediatric sedation considerations
Geriatric sedation considerations
Nitrous oxide
Emergency preparation and management
Monitoring for conscious sedation
Venipuncture anatomy and techniques
Intramuscular sedation (pharmacology and technique)
Intravenous sedation (pharmacology and technique)
Medically compromised patients

*The Department of Oral and Maxillofacial Surgery has arranged this individualized, competency based curriculum to benefit the education of our pre-doctoral students at

the College of Dentistry. The individualized curriculum consisted of well over **220 hours** of training (didactic, clinical and simulation) and included live airway training and intubation experiences. It is not our intent (nor is it feasible) to offer such a comprehensive training program to others not associated with our Departmental or its mission(s).

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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 # ~~[illegible]~~ #1043 $500
	Permit #	Approved by ACC:	Inspection Fee Pd:	ACLS
	Issue Date:	Temp #	ASA 3/4?	Form A/B
	Brd Approved:	T. Issue Date:	Pediatric?	Peer Eval

Name of Applicant _____

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:	**Total Number of Supervised Sedation Cases:**
60+	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-04374	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.

COPY FORM AND SUBMIT FOR EACH 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

IOWA DENTAL BOARD
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PLEASE TYPE OR PRINT LEGIBLY IN INK.

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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: IV CONSCIOUS SEDATION, Georgia Regents University College of Dental Medicine, 1430 John Wesley Gilbert Dr., Augusta, GA 30912

PHONE: 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):	TO (MO/DAY/YR):	DATE PROGRAM COMPLETED:
	10/15-19/14	11/17-21/14	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

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

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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.

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.

College of Dental Medicine
Department of Oral & Maxillofacial Surgery
1120 15th Street, GC-1055
Augusta, Georgia 30912
t. (706) 721-2411
f. (706) 721-3511

December 16, 2014

To Whom It May Concern:

Dr. Mitch Driscoll, successfully completed the IV Sedation Course taught at the Georgia Regents University, College of Dental Medicine in Augusta, Georgia. He successfully completed more than 60 hours of academics and treated a total of 20 or more patients with 40 hours of hands on clinical experience. The dates he attended the course were October 15-19, 2104 (didactic) and November 17-21, 2014 (clinical). The course meets and exceeds the ADA Guidelines for teaching parenteral sedation. Dr. Driscoll demonstrated competency in the administration of parenteral IV sedation and the management of patients being treated.

The academic hours included lectures in the following subjects. The methods available for conscious sedation with parenteral drugs, multiple oral agents and inhalation agents. There were lectures in basic conscious sedation, physical evaluation, venipuncture, technical administration, recognition and management of complications, emergencies, monitoring, preparing for emergencies, team training requirements, equipment needed, drugs used, medical legal considerations, patient selection, indications for sedation. The pharmacology of agents used in conscious sedation where emphasized. Local anesthetic drugs, pharmacology and techniques were reviewed. There were supervised experiences in providing conscious sedation to twenty (20) or more patients. Dr. Driscoll was exposed to the management of patients undergoing deep sedation. This was to familiarize him with what deep sedation is and how to recover from or avoid this level.

Included in his training were sessions in our advanced simulation laboratory. Here the management of simulated medical emergencies, drugs used in the management of conscious sedation and airway problems is created in a dental environment on an advanced simulation mannequin. This requires the participant to provide real time responses to drug, medical and clinical emergencies developed on the monitored simulation mannequin in different dental scenarios involving various emergencies and drug reactions. There, with other dentists varying their roles in the scenarios, they learn the team efforts necessary for the management of patients in their dental situation. Team work and training are always stressed. We find this a very effective method and integrate it into our IV Conscious sedation course. This is a very advanced simulation mannequin developed for training of persons in all types of general anesthesia, deep sedation and conscious sedation. This is the most current simulation mannequin available at this time for this area. Airway control is stressed in the lab and with patients. The use of oral airways and intubations is demonstrated and practiced in the simulation laboratory.

Sincerely,

HWFerguson

Henry W. Ferguson, DMD
IV Sedation Course Co-Director

Braness, Christel [IDB]

From: Mitch Driscoll <mdriscoll@summitdentalhealth.net>
Sent: Thursday, January 22, 2015 2:29 PM
To: Braness, Christel [IDB]
Subject: Re: Moderate Sedation License

Chistel,
As far as the drugs I intend to use, I think those are listed on my license application. The only drugs I would use in combination during an IV sedation would be Versed and Fentanyl. Other drugs I listed for use in IV sedation would be decadron (steroid) during wisdom teeth removal, and toradol (NSAID) after surgery is completed. Neither of those drugs have any sedative effect. I appreciate your help.
Mitch Driscoll

----- Original Message -----
From: "christel braness" <Christel.Braness@iowa.gov>
To: "Mitch Driscoll" <mdriscoll@summitdentalhealth.net>
Sent: Thursday, January 22, 2015 2:23:14 PM
Subject: RE: Moderate Sedation License

For the most part, I think that should answer their questions. The only other thing they may ask about is what drugs, specifically, do you intend to use for sedation, and would you use any of them in combination? That question has come up more often lately, and would like to avoid any further delays where possible.

I know that the intent is to schedule another teleconference in the near future. I am just waiting on another licensee to forward curriculum on another course before we schedule a date.

Let me know if you have any other 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 | IDB Online Services

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-----Original Message-----
From: Mitch Driscoll [mailto:mdriscoll@summitdentalhealth.net]
Sent: Thursday, January 22, 2015 11:24 AM
To: Braness, Christel [IDB]
Subject: Re: Moderate Sedation License

Christel,

Braness, Christel [IDB]

From: Mitch Driscoll <mdriscoll@summitdentalhealth.net>
Sent: Monday, January 19, 2015 4:22 PM
To: Braness, Christel [IDB]
Subject: Moderate Sedation License

Hey Christel,
I just wanted to check in and see if there had been any updates with my Moderate Sedation License. I think you had told me the board would meet the middle of this month and it could be issued sometime by the end of January if everything was in line. Let me know if there's any more information needed on my end or if there's anything else I can do.
Thanks for your help,

--
Mitch J Driscoll, DMD
Summit Dental Health
117 E Cherry St.
Vermillion, SD 57069
Work: (605)624-0070
Cell: (208)681-3798