



SEDATION PERMIT RENEWAL

FOR BIENNIUM PERIOD SEPTEMBER 1, 2016, TO AUGUST 31, 2018

IOWA DENTAL BOARD

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

General Anesthesia **Moderate Sedation**

Include the *non-refundable* renewal fee of \$125. Payment may be made by check or money order, payable to the Iowa Dental Board. Do not submit cash. Complete each question on the application. If not applicable, mark "N/A."

Full Legal Name: (Last, First, Middle)		Permit #	
		GA/MS-	
<input type="checkbox"/> Primary Facility Address:			
City:	County:	State:	Zip:
Facility Phone:	Facility Fax:	Facility E-mail:	
Are you currently certified in ACLS/PALS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration date of ACLS/PALS:	A dentist administering moderate sedation to pediatric patients may maintain current certification in Pediatric Advanced Life Support (PALS) in lieu of ACLS.	

Your sedation permit expires on August 31, 2016.

If your complete renewal is not received before November 1, 2016, your permit will lapse and become invalid for practice. To continue providing sedation services in Iowa, you would be required to submit a new application for a sedation permit, and have an active permit issued to you by this office.

Are you claiming an exemption for the required at a facility where you provide sedation services? Yes No
 If yes, please provide details: (Exemptions must be approved by the Board.) _____

CONTINUING EDUCATION HOURS EARNED

FOR BIENNIUM PERIOD SEPTEMBER 1, 2014, TO AUGUST 31, 2016, permit holders are required to submit a minimum of six (6) hours of continuing education in the area of sedation. These hours may also be submitted as part of the requirements for renewal of your dental license.

_____ Number of continuing education hours in the area of sedation completed for your sedation permit renewal. These hours are subject to audit.

Do you provide sedation at more than one location? Yes No (If yes, please complete the attachment.)

Name: _____

Does the facility listed on this renewal application maintain the following equipment? If you provide sedation in more than one facility, please complete the sedation renewal attachment.

- | | | | |
|------------------------------|--|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No – Suction | <input type="checkbox"/> Yes | <input type="checkbox"/> No – Blood Pressure Monitoring Device |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No – Positive-Pressure Oxygen | <input type="checkbox"/> Yes | <input type="checkbox"/> No – Pulse Oximeter |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No – Endotracheal Tubes | <input type="checkbox"/> Yes | <input type="checkbox"/> No – Emergency Drugs, <i>which are not expired</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No – EKG Monitor | <input type="checkbox"/> Yes | <input type="checkbox"/> No – Defibrillator |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No – Laryngoscope and Blades | <input type="checkbox"/> Yes | <input type="checkbox"/> No – Capnography Machine, or pretracheal/precordial stethoscope* (*MS permit holders only) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No – Magill Forceps | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No – Oral Airways | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No – Stethoscope | | |

- Yes No Are you actively engaged in providing moderate sedation in your practice?
 Yes No Are you actively engaged in providing deep sedation/general anesthesia in your practice?

REPORTING OF ADVERSE OCCURRENCES RELATED TO SEDATION

All licensed dentists in this state must report to the Board within seven days any mortality or other incident that results in temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of anti-anxiety premedication, nitrous oxide inhalation analgesia, or sedation. Refer to Iowa Administrative Code 650—29.9(153) for further details concerning reporting requirements.

Yes No Have you had any mortality or other incident resulting in the temporary or permanent physical or mental injury requiring hospitalization of a patient during or as a result of anti-anxiety premedication, nitrous oxide inhalation analgesia, or sedation? If yes and you have not submitted a report to this office, please include a written explanation detailing the incident(s).

I certify that I am trained and capable of administering Advanced Cardiac Life Support or Pediatric Advanced Life Support and do employ sufficient personnel to assist in monitoring the patient under sedation. Such personnel are trained and capable of monitoring vital signs and assisting in emergency procedures. I further certify that all auxiliary personnel are trained and capable of administering basic life support.

I understand that my facility may be subject to an on-site evaluation and inspection as part of renewal of this permit and by submitting this renewal application hereby consent to such an evaluation.

APPLICANT’S SIGNATURE: _____ DATE: _____

Check here if you do not wish to renew your sedation permit. Sign the form & return to the Board’s office. If you choose not to renew your sedation permit, you will NOT be able to perform moderate sedation or deep sedation/general anesthesia in the state of Iowa.