



# STATE OF IOWA

## IOWA DENTAL BOARD

KIM REYNOLDS, GOVERNOR  
ADAM GREGG, LT. GOVERNOR

JILL STUECKER  
EXECUTIVE DIRECTOR

### **ANESTHESIA CREDENTIALS COMMITTEE**

#### **AGENDA**

JULY 9, 2020

12:00 P.M.

**Meeting Location:** The open session portion of this meeting will be held via Zoom. Board are not currently open due to COVID-19. To access the meeting, see details below:

Click here to [join the Zoom meeting](#)

**Meeting ID:** 876 4144 6766

**Password:** 5aPm7J (715077 for phones)

**Call Line for Phone Access:** 312-626-6799

**Members:** *Gregory Ceraso, D.D.S., Chair; Steven Clark, D.D.S.; Jonathan DeJong, D.D.S.; John Frank, D.D.S.; Karen Potaczek, D.D.S.; Kurt Westlund, D.D.S.; Darrick Zirker, D.D.S.*

- I. CALL MEETING TO ORDER – ROLL CALL**
- II. COMMITTEE MINUTES**
  - a. May 14, 2020 – Teleconference
- III. APPLICATIONS FOR GENERAL ANESTHESIA PERMIT**
  - a. Eric Schmidt, D.M.D.
- IV. APPLICATIONS FOR MODERATE SEDATION PERMIT**
  - a. Christopher Stevenson, D.D.S.
  - b. Amy Lesch, D.D.S.
- V. MODERATE SEDATION COURSE REVIEW**
  - a. DOCS Education: IV Sedation Certification in Affiliation with Idaho State University and Meharry Medical College
- VI. OPPORTUNITY FOR PUBLIC COMMENT**
- VII. ADJOURN**

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.



# STATE OF IOWA

## IOWA DENTAL BOARD

KIM REYNOLDS, GOVERNOR  
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EXECUTIVE DIRECTOR

### ANESTHESIA CREDENTIALS COMMITTEE

#### MINUTES

May 14, 2020

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

#### Committee Members

Gregory Ceraso, D.D.S., Chairperson  
Steven Clark, D.D.S.  
Jonathan DeJong, D.D.S.  
John Frank, D.D.S.  
Karen Potaczek, D.D.S.  
Gary Roth, D.D.S.  
Kurt Westlund, D.D.S.

May 14, 2020

Present  
Present  
Present  
Present  
Present  
Present  
Present

#### Staff Members

Christel Braness, David Schultz

#### I. CALL MEETING TO ORDER – MAY 14, 2020

Ms. Braness called the meeting of the Anesthesia Credentials Committee to order at 12:03 p.m. on Thursday, May 14, 2020. The meeting was held by electronic means in compliance with Iowa Code section 21.8 due to the COVID-19 pandemic. The purpose of the meeting was to review meeting minutes, applications for sedation permits, and other committee-related business.

Roll Call:

<u>Member</u>	<u>Ceraso</u>	<u>Clark</u>	<u>DeJong</u>	<u>Frank</u>	<u>Potaczek</u>	<u>Roth</u>	<u>Westlund</u>
Present	X	X	X	X	X	X	X
Absent							

A quorum was established with all members present.

#### II. COMMITTEE MINUTES

- *March 5, 2020 – Teleconference*

Dr. Potaczek noted that she was listed as both absent and having attended the meeting. Ms. Braness stated that that she would review that and correct the minutes as needed.

- ❖ MOVED by CERASO, SECONDED by FRANK, to APPROVE the minutes from the March 5, 2020 meeting with the correction as noted. Motion APPROVED unanimously.

### **III. APPLICATIONS FOR GENERAL ANESTHESIA PERMIT**

- *James M. O'Brien, D.D.S.*

Ms. Braness provided an overview of Dr. O'Brien's application. Dr. O'Brien completed his oral and maxillofacial surgery residency at the Naval Medical Center in Portsmouth, Virginia in 2016. Dr. O'Brien is joining a practice that has a location in Council Bluffs, Iowa. The facility was inspected in 2019.

Dr. Westlund asked about the chronology of activities. There was a gap of reported activity from 2009 to 2012. Ms. Braness reviewed information reported on the dental license and sedation permit applications. Both applications had the same gap. Ms. Braness will reach out to Dr. O'Brien for this information.

Ms. Braness noted that Dr. O'Brien's dental license had not yet been issued. The permit application will be held until the dental license is active.

- ❖ MOVED by CERASO, SECONDED by CLARK, to APPROVE the general anesthesia permit after the requested information is received and the dental license issued. Motion APPROVED unanimously.

### **IV. APPLICATIONS FOR MODERATE SEDATION PERMIT**

Ms. Braness reported that the Board had not received any new applications for moderate sedation permit to date.

### **V. OTHER BUSINESS**

- *2020-2021 Committee Appointments*

Ms. Braness reported that the Board would likely review committee appointments at its June 2020 meeting. Ms. Braness asked the committee members to let her know if anyone did not want to continue serving on the committee.

Dr. Roth reported that he retired on May 1, 2020. Dr. Roth would be happy to continue serving on the committee or step down if someone else would like to serve. Dr. Roth intended to keep his license active for one more renewal period.

### **VI. OPPORTUNITY FOR PUBLIC COMMENT**

Ms. Braness allowed the opportunity for public comment.

There were not any comments received.

## **VII. ADJOURN**

- ❖ MOVED by DEJONG, SECONDED by WESTLUND, to ADJOURN. Motion APPROVED unanimously.

The Anesthesia Credentials Committee adjourned its meeting at 12:11 p.m.

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

The next meeting of the Anesthesia Credentials Committee is scheduled for July 9, 2020. The meeting will be held at the Board office and by teleconference.

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



# APPLICATION FOR GENERAL ANESTHESIA PERMIT

## IOWA DENTAL BOARD

400 S.W. 8<sup>th</sup> Street, Suite D, Des Moines, Iowa 50309-4687

Ph. (515) 281-5157 <http://www.dentalboard.iowa.gov>

This form must be completed and returned to the Iowa Dental Board. Include the *non-refundable* application fee \$500. Do not submit payment in cash. Complete each question on the application. If not applicable, mark "N/A."

<b>Full Legal Name: (Last, First, Middle)</b> Eric Schmidt			
<b>Other Names Used: (e.g. Maiden Name)</b>			
<b>Home Address:</b>			
<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Iowa License #:</b> DDS-08534	<b>Issue Date:</b> 5/6/2008	<b>Expiration Date:</b> 08/31/2022	<b>Type of Practice:</b>

### LOCATIONS IN IOWA WHERE SEDATION SERVICES WILL BE PROVIDED

Office Address	City	Zip Code	Phone	Office Hours/Days
1225 S Gear Ave. #156	West Burlington	52655		

### BASIS FOR APPLICATION

Type of Training Completed	Check all that apply.	Date(s):
CODA-accredited advanced education program that provides training in deep sedation and general anesthesia; and	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formal training in airway management; and	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
One year of advanced training in anesthesiology and related academic subjects beyond the undergraduate level in a training program approved by the Board.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ACLS/PALS certification: (Date of expiration: <u>06/2022</u> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>For Office Use Only</b>	Permit. #	Approved by ACC:	Fees:
	Issue Date:	License #	Inspection:
			Training:

Name of Applicant: \_\_\_\_\_

GENERAL ANESTHESIA TRAINING INFORMATION		
<b>Name of Training Program:</b> David Grant Medical Center		
<b>Street Address:</b>	<b>City:</b> Travis AFB	<b>State/Zip:</b> CA
<b>Type of Experience:</b> <input type="checkbox"/> Intern <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Other (Be Specific):		
<b>Length of Training:</b> 4 years	<b>Dates Completed:</b> 06/30/2007	<b>Specialty:</b> OMS
<b>Number of Patient Contact Hours:</b>	<b>Total Number of Supervised Sedation Cases:</b>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	1. Did you satisfactorily complete the above training program? 2. Did the curriculum include training in physical evaluation? 3. Did the curriculum include training in IV sedation? 4. Did the curriculum include training in airway management? 5. Did the curriculum include training in monitoring? 6. Did the curriculum include training in basic life support and emergency management? 7. Did the program include the clinical experience in managing compromised airways? 8. Did the program provide training or experience in managing general anesthesia in pediatric patients? 9. Did the program provide training or experience in managing general anesthesia in medically-compromised patients?	

GENERAL ANESTHESIA EXPERIENCE	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	1. Do you have a license, permit or registration to perform general anesthesia in any other state? If yes, specify state(s) and permit numbers: <u>  KY  </u>
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2. Do you consider yourself engaged in the use of deep sedation/general anesthesia in your professional practice?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	3. Have you ever had any patient mortality, or other incident, which 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, general anesthesia or deep sedation/general anesthesia?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. Do you plan to use deep sedation/general anesthesia in pediatric patients?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	5. Do you plan to use deep sedation/general anesthesia in medically-compromised (ASA 3-4) patients?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. Do you plan to engage in enteral moderate sedation?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7. Do you plan to engage in parenteral moderate sedation?



**FACILITIES & EQUIPMENT**

Each facility in which you perform moderate sedation, deep sedation/general anesthesia 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. **Is your dental office properly maintained and equipped with the following?**

<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	1. An operating room large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least two individuals to move freely about the patient?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2. An operating table or chair that permits the patient to be positioned so the operating team can maintain the airway, quickly alter the patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system that is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	5. An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering oxygen to the patient under positive pressure, together with an adequate backup system?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets? (The recovery area can be the operating room.)
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7. Is the patient able to be observed by a member of the staff at all times during the recovery period?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. Anesthesia or analgesia systems coded to prevent accidental administration of the wrong gas and equipped with a fail-safe mechanism?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	9. EKG monitor?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	10. Laryngoscope and blades?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	11. Endotracheal tubes?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12. Magill forceps?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13. Oral airways?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	14. Stethoscope?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	15. Blood pressure monitoring device?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	16. Pulse oximeter?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	17. Emergency drugs that are not expired?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	18. A defibrillator (an automated defibrillator is recommended)?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	19. Capnography machine?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20. Pretracheal or precordial stethoscope?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	21. Do you employ volatile liquid anesthetics and a vaporizer (i.e. Halothane, Enflurane, Isoflurane)?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	22. How many nitrous oxide inhalation analgesia units are in your facility? <u>3</u>

Name of Applicant: \_\_\_\_\_

### DEFINITIONS

Important! Read these definitions before completing the following questions.

**“Ability to practice dentistry with reasonable skill and safety”** means ALL of the following:

1. The cognitive capacity to make appropriate clinical diagnosis, exercise reasoned clinical judgments, and to learn and keep abreast of clinical developments;
2. The ability to communicate clinical judgments and information to patients and other health care providers; and
3. The capability to perform clinical tasks such as dental examinations and dental surgical procedures.

**“Medical condition”** means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

**“Chemical substances”** means alcohol, legal and illegal drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

**“Currently”** does not mean on the day of, or even in weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of chemical substances or medical conditions may have an ongoing impact on the ability to function and practice, or has adversely affected the ability to function and practice within the past two (2) years.

**“Improper use of drugs or other chemical substances”** means ANY of the following:

1. The use of any controlled drug, legend drug, or other chemical substance for any purpose other than as directed by a licensed health care practitioner; and
2. The use of any substance, including but not limited to, petroleum products, adhesive products, nitrous oxide, and other chemical substances for mood enhancement.

**“Illegal use of drugs or other chemical substances”** means the manufacture, possession, distribution, or use of any drug or chemical substance prohibited by law.

### PERSONAL & CONFIDENTIAL

If you answer “yes” to any questions 1-11 below, attach a written, signed explanation. Attach additional pages, if needed.

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





# IOWA DENTAL BOARD

## License Detail Report

**First Name:** Eric

**Last Name:** Schmidt

June 06, 2020 5:35 pm

### Balance

#### License Basic Information

License Type	ANES-General Anesthesia
License Number	
Status	Internet Wait
Original 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?	3

#### Facility Information

Joining previously inspected facility?	Yes
Equipment or exemption details	
Provide sedation at more than 1 facility?	No
Have the equipment requirements listed above been met?	Yes
Equipment exemptions?	No



# IOWA DENTAL BOARD

## License Detail Report

**First Name:** Eric

**Last Name:** Schmidt

June 06, 2020 5:35 pm

### Balance

#### Final Acknowledgements

Application Signature	Yes
Application Signature Date	Jun 06, 2020 17:35:57
ACLS/PALS Certification Acknowledgement	Yes
ACLS/PALS Expiration (mm/yyyy)	06/2022

#### Initial Acknowledgements

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

#### Other State Licenses

Permitted In Other States?	Yes
State	Kentucky
Permit Number	7155-A
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	

#### Renewal Period Option

Joint New / Renewal Qualified	Yes
Joint New / Renewal Accepted	Yes

#### Sedation Experience

Any patient mortality or other incident?	No
Details of incident	
Use deep sedation/GA in pediatric?	Yes
Use deep sedation/GA in med comp?	Yes
Use enteral moderate sedation?	Yes
Use parenteral moderate sedation?	Yes

#### Sedation Training

Completed accredited ADA training in deep sedation?	Yes
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# IOWA DENTAL BOARD

## License Detail Report

**First Name:** Eric

**Last Name:** Schmidt

June 06, 2020 5:35 pm

### Balance

Completed formal training in airway management? Yes  
 Min. 1yr training in anesthesiology? Yes  
 ACLS Certified? Yes  
 Specialty 1 Oral & Max. Surgery  
 Post Graduate Training Type 1 Resident  
 Post Graduate Training Institution 1 David Grant Medical Center  
 Institution 1 City & State Travis Air Force Base, CA  
 Post Graduate Training 1 Start Date Jul 01, 2003  
 Post Graduate Training 1 End Date Jun 30, 2007  
 Post Graduate Training Type 2  
 Post Graduate Training Institution 2  
 Specialty 2  
 Institution 2 City & State  
 Post Graduate Training 2 Start Date  
 Post Graduate Training 2 End Date  
 Marriage/Divorce Decree Submission Method?

### Chronology

US Navy Dental Corps - General Dentist @ BDC Keflavik, Iceland	07/1996	07/1999
Private Practice General Dentist @ Villa Hills, KY	07/1999	09/2000
US Air Force Dental Corps - General Dentist @ Moody AFB Valdosta, GA	09/2000	07/2003
US Air Force Oral Surgery Resident @ Travis Air Force Base, CA	07/2003	07/2007
US Air Force Oral Surgeon @ Offutt Air Force Base	07/2007	07/2015
US Air Force Oral Surgeon @ RAF Lakenheath, England	07/2015	10/2018
Private Practice Oral Surgeon @ Owensboro, KY	10/2018	06/2020

### Out of State License Information

State/Country	Active	License No.	Date Issued	License Type	How Obtained
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### 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 other chemical substances? No

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



# License Detail Report

**First Name:** Eric

**Last Name:** Schmidt

June 06, 2020 5:35 pm

## Balance

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

**Board of Dentistry****License Details**

Kentucky Board of Dentistry  
312 Whittington Pkwy # 101  
Louisville, KY 40222

[START ANOTHER SEARCH](#)    [BACK TO SEARCH RESULTS](#)

**Details**

<b>First Name</b>	<b>ERIC RICHARD</b>
<b>Last Name</b>	<b>SCHMIDT</b>
Address	909 SCHERM ROAD
City	OWENSBORO
State	KY
Zip	42301
Phone	402/690-6188
License Number	7155
Issue Date	6/25/1996
Expiration Date	12/31/2021
Practice Type	SPECIALIST
Specialty License Number	1062
License Status	ACTIVE
Actions	0
<b>Anesthesia Permit</b>	<b>YES</b>
<b>Anesthesia Permit Number</b>	<b>7155-A</b>
Limited	0

**Disciplinary Actions**

There are no disciplinary documents available for this Dentist.



# APPLICATION FOR MODERATE SEDATION PERMIT

## IOWA DENTAL BOARD

400 S.W. 8<sup>th</sup> Street, Suite D, Des Moines, Iowa 50309-4687

Ph. (515) 281-5157 <http://www.dentalboard.iowa.gov>

This form must be completed and returned to the Iowa Dental Board. Include the *non-refundable* application fee \$500. Do not submit payment in cash. Complete each question on the application. If not applicable, mark "N/A."

<b>Full Legal Name: (Last, First, Middle)</b> Christopher Stevenson			
<b>Other Names Used: (e.g. Maiden Name)</b>			
<b>Home Address:</b>			
<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Iowa License #:</b> DDS-09179	<b>Issue Date:</b> 04/30/2015	<b>Expiration Date:</b> 08/31/2020	<b>Type of Practice:</b> Pediatric Office

### LOCATIONS IN IOWA WHERE MODERATE SEDATION SERVICES WILL BE PROVIDED

Office Address	City	Zip Code	Phone	Office Hours/Days
Dentistry for Children: 2401 128th St.	Urbandale	50323	515-223-5555	
<b>**Facility was previously inspected.</b>				

### BASIS FOR APPLICATION

Type of Training Completed	Check if completed	Date(s) completed:
A minimum of 60 hours instruction that meets ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, October 2016. (e.g. ADA-accredited residency or continuing education program.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Management of a minimum of 20 patients.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formal training in airway management:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Residency training, which included training in pediatric sedation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Residency training, which included training in medically-compromised patients:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ACLS/PALS certification: (Date of expiration: _____)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	06/19/2019

<b>For Office Use Only</b>	Permit. #	Approved by ACC:	ACLS/PALS:	Fees:
	Issue Date:	License #	Inspection:	Training:
				Ped/MC:

Name of Applicant: \_\_\_\_\_

MODERATE SEDATION TRAINING INFORMATION			
<b>Type of Program:</b> <input checked="" type="checkbox"/> Postgraduate residency <input type="checkbox"/> Continuing Education Program <input type="checkbox"/> Other Board-approved program, specify: _____			
<b>Name of Training Program:</b> NYU Lagone Hospitals	<b>Street Address:</b> _____	<b>City:</b> Brooklyn	<b>State:</b> NY
<b>Type of Experience:</b> Pediatric Residency			
<b>Length of Training:</b> 2 years			<b>Dates Completed:</b> 06/30/2019
<b>Number of Patient Contact Hours:</b> _____		<b>Total Number of Supervised Sedation Cases:</b> _____	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<ol style="list-style-type: none"> <li>1. Did you satisfactorily complete the above training program?</li> <li>2. Did the curriculum include training in physical evaluation?</li> <li>3. Did the curriculum include training in IV sedation?</li> <li>4. Did the curriculum include training in airway management?</li> <li>5. Did the curriculum include training in monitoring?</li> <li>6. Did the curriculum include training in basic life support and emergency management?</li> <li>7. Did the program include the clinical experience in managing compromised airways?</li> <li>8. Did the program include rescuing patients from a deeper level of sedation than intended, including, but not limited to, intravascular or intraosseous access and reversal medications?</li> <li>9. Did the program provide training or experience in managing moderate sedation in pediatric patients?</li> <li>10. Did the program provide training or experience in managing moderate sedation in medically-compromised patients?</li> </ol>		

MODERATE SEDATION EXPERIENCE	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<ol style="list-style-type: none"> <li>1. Do you have a license, permit or registration to perform moderate sedation in any other state? If yes, specify state(s) and permit numbers: <u>AZ</u></li> <li>2. Do you consider yourself engaged in the use of moderate sedation in your professional practice?</li> <li>3. Have you ever had any patient mortality, or other incident, which 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?</li> </ol>

Name of Applicant: \_\_\_\_\_

<b>MODERATE SEDATION EXPERIENCE</b>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. Do you plan to use moderate sedation in pediatric patients?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	5. Do you plan to use moderate sedation in medically-compromised (ASA 3-4) patients?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. Do you plan to engage in enteral moderate sedation?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7. Do you plan to engage in parenteral moderate sedation?
<b>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.</b> <b>Online application does not request this information specifically. Unavailable.</b>	
<hr/> <hr/> <hr/>	

<b>AUXILIARY PERSONNEL</b>			
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. Attached another sheet if necessary.			
<b>Name:</b>	<b>License/Registration #:</b>	<b>CPR Certification Date:</b>	<b>CPR Certification Expiration Date:</b>
<b>Name:</b>	<b>License/Registration #:</b>	<b>CPR Certification Date:</b>	<b>CPR Certification Expiration Date:</b>
<b>Name:</b>	<b>License/Registration #:</b>	<b>CPR Certification Date:</b>	<b>CPR Certification Expiration Date:</b>
<b>Name:</b>	<b>License/Registration #:</b>	<b>CPR Certification Date:</b>	<b>CPR Certification Expiration Date:</b>
<b>Name:</b>	<b>License/Registration #:</b>	<b>CPR Certification Date:</b>	<b>CPR Certification Expiration Date:</b>
<b>Name:</b>	<b>License/Registration #:</b>	<b>CPR Certification Date:</b>	<b>CPR Certification Expiration Date:</b>
<b>Name:</b>	<b>License/Registration #:</b>	<b>CPR Certification Date:</b>	<b>CPR Certification Expiration Date:</b>

**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. **Is your dental office properly maintained and equipped with the following?**

<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	1. An operating room large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least two individuals to move freely about the patient?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2. An operating table or chair that permits the patient to be positioned so the operating team can maintain the airway, quickly alter the patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system that is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	5. An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering oxygen to the patient under positive pressure, together with an adequate backup system?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets? (The recovery area can be the operating room.)
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7. Is the patient able to be observed by a member of the staff at all times during the recovery period?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. Anesthesia or analgesia systems coded to prevent accidental administration of the wrong gas and equipped with a fail-safe mechanism?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	9. EKG monitor?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	10. Laryngoscope and blades?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	11. Endotracheal tubes?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12. Magill forceps?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13. Oral airways?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	14. Stethoscope?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	15. Blood pressure monitoring device?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	16. Pulse oximeter?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	17. Emergency drugs that are not expired?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	18. A defibrillator (an automated defibrillator is recommended)?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	19. Capnography machine?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20. Pretracheal or precordial stethoscope?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	21. Do you employ volatile liquid anesthetics and a vaporizer (i.e. Halothane, Enflurane, Isoflurane)?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	22. How many nitrous oxide inhalation analgesia units are in your facility? <u>6</u>



# IOWA DENTAL BOARD

## License Detail Report

**First Name:** Christopher

**Last Name:** Stevenson

May 21, 2020 12:13 pm

### Balance

#### License Basic Information

License Type	ANES-Moderate Sedation
License Number	
Status	Internet Wait
Original 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?	Yes
Number of nitrous oxide inhalation analgesia units in facility?	6

#### Facility Information

Joining previously inspected facility?	Yes
Equipment or exemption details	
Provide sedation at more than 1 facility?	No
Have the equipment requirements listed above been met?	Yes
Equipment exemptions?	No



# IOWA DENTAL BOARD

## License Detail Report

**First Name:** Christopher

**Last Name:** Stevenson

May 21, 2020 12:13 pm

### Balance

#### Final Acknowledgements

Application Signature	Yes
Application Signature Date	May 21, 2020 12:13:38
ACLS/PALS Certification Acknowledgement	Yes
ACLS/PALS Expiration (mm/yyyy)	06/2019

**Date PALS training completed.  
Provided certificate of completion.**

#### 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?	Yes
State	Arizona
Permit Number	13032251-M
Date Verified	Jun 20, 2019
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	

#### Renewal Period Option

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

#### Sedation Experience

Any patient mortality or other incident?	No
Details of incident	
Use enteral moderate sedation?	
Use parenteral moderate sedation?	



# IOWA DENTAL BOARD

## License Detail Report

**First Name:** Christopher

**Last Name:** Stevenson

May 21, 2020 12:13 pm

### Balance

#### Sedation Training

Mod Sedation training program 60 hrs and 20 patients? Yes  
 Airway management training? Yes  
 Airway Training Date Mar 16, 2019  
 ACLS Certified? No  
 ADA accredited residency program? Yes  
 Specialty 1 Pediatrics  
 Post Graduate Training Type 1 Resident  
 Post Graduate Training Institution 1 NYU Langone  
 Institution 1 City & State Tucson, AZ  
 Post Graduate Training 1 Start Date Jul 01, 2017  
 Post Graduate Training 1 End Date Jun 30, 2019  
 Continuing Education Course Yes  
 Continuing Education Course Location Los Angeles, CA  
 Continuing Education Course Date Completed Mar 16, 2019  
 Pediatric Training? Yes  
 Pediatric Training Location Scottsdale, AZ  
 Pediatric Training Date 06/19/2019  
 Med. Comp. Training? No  
 Med. Comp. Training Location  
 Med. Comp. Training Date  
 Marriage/Divorce Decree Submission Method?

#### Chronology

General Dentist at Molar Magic in Casa Grande, AZ.	06/2014	05/2015
General Dentist at Plaza Dental in West Des Moines, IA	06/2015	04/2016
General Dentist at Ocean Dental in Des Moines, IA (partial overlap with Plaza Dental).	12/2015	06/2017
Pediatric Dental resident at NYU-Langone site in Tucson, AZ.	07/2017	06/2019
Pediatric Dentist (temp) for Core Dental Partners at Kidtastic and Sun Valley Pediatric Dentistry locations.	07/2019	09/2019

#### 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 No  
 limits your ability to practice dentistry with reasonable skill and  
 safety?  
 Are you currently engaged in the illegal or improper use of drugs or No  
 other chemical substances?  
 Do you currently use alcohol, drugs, or other chemical substances No  
 that would in any way impair or limit your ability to practice  
 dentistry with reasonable skill and safety?  
 Are you receiving ongoing treatment or participating in a monitoring No  
 program that reduces or eliminates the limitations or impairments



# IOWA DENTAL BOARD

## License Detail Report

**First Name:** Christopher

**Last Name:** Stevenson

May 21, 2020 12:13 pm

### Balance

caused by either your medical conditions or use of alcohol, drugs, or 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

CE Certificates page 6.pdf	Pediatric Sedation Course
CE Certificates page 6.pdf	Pediatric Sedation Course
CE Certificates page 9.pdf	PALS Course
CE Certificates page 9.pdf	PALS course
Oral Sedation Permit.pdf	AZ Oral Sedation Permit
Residency certificate.pdf	Pediatric Residency Certificate

## CERTIFICATION OF MODERATE SEDATION TRAINING

**Instructions – Forward this form to the director of your moderate sedation training course.**

Name: (First, Middle, Last, Suffix, Former/Maiden):

**Christopher Edward Stevenson**

City/State:

**Urbandale, IA**

Email Address:

**cstevensondds@gmail.com**

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:

*Christopher Stevenson*

Date:

**5/21/20**

### SECTION 2 – TO BE COMPLETED BY MODERATE SEDATION TRAINING DIRECTOR

Name of Moderate Sedation Training Program:

**NYU LANGONE HOSPITALS**

Phone:

**718-630-8419**

Address:

**150 55<sup>th</sup> ST. BROOKLYN, NY 11220**

Name of Training Director:

**DANIEL J. KANE, DMD, MA**

Email Address:

**daniel.kane@nyulangone.org**

Type of Training Program:

**Accredited postgraduate residency program (ADA, AMA, AOA)**

- Did the residency program include training in the moderate sedation of pediatric patients? Yes  No
- Did the residency program include training in the moderate sedation of medically-compromised patients? Yes  No

**Continuing education course.**

- Did the course include training in the use of more than one drug in moderate sedation? Yes  No

If yes, please list drugs included in the training:

Dates Applicant Participated in Program:

From (Mo/Yr):

**7/2017**

To (Mo/Yr):

**6/2019**

Date Program Completed:

**6/30/2019**

YES  NO

1. Did the applicant satisfactorily complete the above training program?

YES  NO

2. Did the program include at least sixty (60) hours of didactic training in pain and anxiety?

YES  NO

3. Did the program comply with the guidelines of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, October 2016?

YES  NO

4. Did the program include the management of a minimum of 20 patients?

YES  NO

5. Did the program include training that addresses how to rescue patients from a deeper level of sedation than intended, including, but not limited to, intravascular or intraosseous access and reversal medications?

YES  NO

6. Did the program include clinical experience in managing compromised airways? (If no, please provide a detailed explanation.)

YES  NO

7. Did the applicant ever receive a warning, reprimand, or was the applicant placed on probation during the training program? (If yes, please explain.)

YES  NO

8. Was the applicant ever requested to repeat a portion of the training program? (If yes, please explain.)

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

Program Director Signature:

*Daniel J. Kane*  
**Daniel J. Kane DMD, MA**

Date:

**6/2/2020**

# NYU Langone Hospitals

*This is to certify*

**Chris Stevenson, D.D.S.**

*has served in the training program of the NYU Langone Hospitals and all of its Affiliated Academic Hospitals and has successfully performed the duties and responsibilities of a PGY-1 & PGY-2 Resident in*

**Advanced Education in Pediatric Dentistry**

**From July 1, 2017 to June 30, 2019**

*In witness whereof, we have caused these presents to be signed by the appropriate officers of the NYU Langone Hospitals under the imprint of the seal of the NYU Langone Hospitals in the City of New York this 1st day of July 2019*



*Edolfo Roluny*  
Chairman of Department

*Robert L. Grossman*  
Dean and CEO  
New York University School of Medicine

*Daniel F. Lane DMD*  
Program Director

*Guy Santus*  
Chief of Dental Medicine Service  
NYU Health System



# Arizona State Board of Dental Examiners

## DENTAL PROFESSIONAL PROFILE PAGE

Information Current as of 6/25/2020 12:05:11 PM

[Home](#) [Search](#)

### General

Christopher Edward  
Stevenson DDS

12500 N Cottonseed Ln

Marana, AZ 85653

(520) 260-8757

License Number: **D008972**

License Status: **Active**

License Type: **Dentist License**

License Issued: **06/06/2014**

Expiration: **06/30/2020**

### Additional Certifications

Dentist Anesthesia 1303 Permit

Status: **Active**

Expiration: **12/31/2023**

### Education

School: Creighton  
Omaha, NE

Graduation Date: 05/17/2014

### Disciplinary Board Actions

There are no disciplinary actions

### Non-Disciplinary Board Actions

There are no nondisciplinary actions

The Arizona State Board of Dental Examiners presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board actions may not appear until a few weeks after they are taken, due to appeals effective dates and other administrative processes.



# APPLICATION FOR MODERATE SEDATION PERMIT

## IOWA DENTAL BOARD

400 S.W. 8<sup>th</sup> Street, Suite D, Des Moines, Iowa 50309-4687

Ph. (515) 281-5157 <http://www.dentalboard.iowa.gov>

This form must be completed and returned to the Iowa Dental Board. Include the *non-refundable* application fee \$500. Do not submit payment in cash. Complete each question on the application. If not applicable, mark "N/A."

<b>Full Legal Name: (Last, First, Middle)</b> Amy Lesch			
<b>Other Names Used: (e.g. Maiden Name)</b>			
<b>Home Address:</b>			
<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Iowa License #:</b> DDS-09526	<b>Issue Date:</b> 04/26/2018	<b>Expiration Date:</b> 08/31/2020	<b>Type of Practice:</b> Univ of Iowa

### LOCATIONS IN IOWA WHERE MODERATE SEDATION SERVICES WILL BE PROVIDED

Office Address	City	Zip Code	Phone	Office Hours/Days
University of Iowa College of Dentistry	Iowa City			

### BASIS FOR APPLICATION

Type of Training Completed	Check if completed	Date(s) completed:
A minimum of 60 hours instruction that meets ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, October 2016. (e.g. ADA-accredited residency or continuing education program.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Management of a minimum of 20 patients.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formal training in airway management:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Residency training, which included training in pediatric sedation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Residency training, which included training in medically-compromised patients:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACLS/PALS certification: (Date of expiration: <u>06/2021</u> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>For Office Use Only</b>	Permit. #	Approved by ACC:	ACLS/PALS:	Fees:
	Issue Date:	License #	Inspection:	Training:
				Ped/MC:

Name of Applicant: \_\_\_\_\_

MODERATE SEDATION TRAINING INFORMATION			
<b>Type of Program:</b> <input checked="" type="checkbox"/> Postgraduate residency <input type="checkbox"/> Continuing Education Program <input type="checkbox"/> Other Board-approved program, specify: _____			
<b>Name of Training Program:</b> University of Iowa	<b>Street Address:</b> _____	<b>City:</b> Iowa City	<b>State:</b> IA
<b>Type of Experience:</b> Pediatric Residency			
<b>Length of Training:</b> 3 years			<b>Dates Completed:</b> 06/30/2018
<b>Number of Patient Contact Hours:</b> _____		<b>Total Number of Supervised Sedation Cases:</b> _____	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<ol style="list-style-type: none"> <li>1. Did you satisfactorily complete the above training program?</li> <li>2. Did the curriculum include training in physical evaluation?</li> <li>3. Did the curriculum include training in IV sedation?</li> <li>4. Did the curriculum include training in airway management?</li> <li>5. Did the curriculum include training in monitoring?</li> <li>6. Did the curriculum include training in basic life support and emergency management?</li> <li>7. Did the program include the clinical experience in managing compromised airways?</li> <li>8. Did the program include rescuing patients from a deeper level of sedation than intended, including, but not limited to, intravascular or intraosseous access and reversal medications?</li> <li>9. Did the program provide training or experience in managing moderate sedation in pediatric patients?</li> <li>10. Did the program provide training or experience in managing moderate sedation in medically-compromised patients?</li> </ol>		

MODERATE SEDATION EXPERIENCE	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<ol style="list-style-type: none"> <li>1. Do you have a license, permit or registration to perform moderate sedation in any other state? If yes, specify state(s) and permit numbers: _____</li> <li>2. Do you consider yourself engaged in the use of moderate sedation in your professional practice?</li> <li>3. Have you ever had any patient mortality, or other incident, which 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?</li> </ol>

Name of Applicant: \_\_\_\_\_

<b>MODERATE SEDATION EXPERIENCE</b>	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<p>4. Do you plan to use moderate sedation in pediatric patients?</p> <p>5. Do you plan to use moderate sedation in medically-compromised (ASA 3-4) patients?</p> <p>6. Do you plan to engage in enteral moderate sedation?</p> <p>7. Do you plan to engage in parenteral moderate sedation?</p>
<p><b>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.</b></p> <p>Not specifically asked as part of the online application. Unavailable.</p> <hr/> <hr/> <hr/>	

<b>AUXILIARY PERSONNEL</b>			
<p>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. Attached another sheet if necessary.</p>			
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<b>Name:</b>	<b>License/Registration #:</b>	<b>CPR Certification Date:</b>	<b>CPR Certification Expiration Date:</b>
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<b>Name:</b>	<b>License/Registration #:</b>	<b>CPR Certification Date:</b>	<b>CPR Certification Expiration Date:</b>
<b>Name:</b>	<b>License/Registration #:</b>	<b>CPR Certification Date:</b>	<b>CPR Certification Expiration Date:</b>

**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. **Is your dental office properly maintained and equipped with the following?**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 1. An operating room large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least two individuals to move freely about the patient?  |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 2. An operating table or chair that permits the patient to be positioned so the operating team can maintain the airway, quickly alter the patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation?             |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 3. A lighting system that is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system that is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure? |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 4. Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device?  |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 5. An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering oxygen to the patient under positive pressure, together with an adequate backup system?  |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 6. A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets? (The recovery area can be the operating room.)   |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 7. Is the patient able to be observed by a member of the staff at all times during the recovery period?  |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 8. Anesthesia or analgesia systems coded to prevent accidental administration of the wrong gas and equipped with a fail-safe mechanism?  |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 9. EKG monitor?  |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 10. Laryngoscope and blades?   |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 11. Endotracheal tubes?  |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 12. Magill forceps?  |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 13. Oral airways?  |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 14. Stethoscope?   |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 15. Blood pressure monitoring device?  |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 16. Pulse oximeter?  |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 17. Emergency drugs that are not expired?  |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 18. A defibrillator (an automated defibrillator is recommended)?   |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 19. Capnography machine?   |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 20. Pretracheal or precordial stethoscope?   |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 21. Do you employ volatile liquid anesthetics and a vaporizer (i.e. Halothane, Enflurane, Isoflurane)?   |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 22. How many nitrous oxide inhalation analgesia units are in your facility? <u>3</u>   |



# IOWA DENTAL BOARD

## License Detail Report

**First Name:** Amy

**Last Name:** Lesch

May 27, 2020 4:12 pm

### Balance

#### License Basic Information

License Type	ANES-Moderate Sedation
License Number	
Status	Internet Wait
Original 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?	Yes
Number of nitrous oxide inhalation analgesia units in facility?	3

#### Facility Information

Joining previously inspected facility?	Yes
Equipment or exemption details	
Provide sedation at more than 1 facility?	No
Have the equipment requirements listed above been met?	Yes
Equipment exemptions?	No



# IOWA DENTAL BOARD

## License Detail Report

**First Name:** Amy

**Last Name:** Lesch

May 27, 2020 4:12 pm

### Balance

#### Final Acknowledgements

Application Signature	Yes
Application Signature Date	May 27, 2020 16:12:46
ACLS/PALS Certification Acknowledgement	Yes
ACLS/PALS Expiration (mm/yyyy)	06/2021

#### 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?	No

#### Other State Licenses

Permitted In Other States?	
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:** Amy

**Last Name:** Lesch

May 27, 2020 4:12 pm

### Balance

Details of incident

Use enteral moderate sedation? Yes

Use parenteral moderate sedation? Yes

### Sedation Training

Mod Sedation training program 60 hrs and 20 patients? Yes

Airway management training? Yes

Airway Training Date Jan 04, 2016

ACLS Certified? No

ADA accredited residency program? Yes

Specialty 1 Pediatrics

Post Graduate Training Type 1 Resident

Post Graduate Training Institution 1 University of Iowa

Institution 1 City & State Iowa City, IA

Post Graduate Training 1 Start Date Jul 01, 2015

Post Graduate Training 1 End Date Jun 30, 2018

Continuing Education Course No

Continuing Education Course Location

Continuing Education Course Date Completed

Pediatric Training? Yes

Pediatric Training Location University of Iowa

Pediatric Training Date Jul 01, 2015

Med. Comp. Training? No

Med. Comp. Training Location

Med. Comp. Training Date

Marriage/Divorce Decree Submission Method?

### Chronology

Visiting Assistant Professor  
University of Iowa College of Dentistry  
Department of Pediatric Dentistry  
Iowa City, IA

07/2018

07/2020

### 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



# IOWA DENTAL BOARD

## License Detail Report

**First Name:** Amy

**Last Name:** Lesch

May 27, 2020 4:12 pm

### Balance

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 other chemical substances?	No
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

IMG\_3057.jpg  
Lesch PALS.pdf

ABPD diplomate certificate  
PALS certificate

**CERTIFICATION OF MODERATE SEDATION TRAINING**

**RECEIVED**

JUN 08 2020

**Instructions – Forward this form to the director of your moderate sedation training course.**

**IOWA DENTAL BOARD**

Name: (First, Middle, Last, Suffix, Former/Maiden):

*Amy Barbara Lesch*

City/State:

*Iowa City, Iowa*

Email Address:

*amy.b.lesch@gmail.com*

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:

*Amy B Lesch*

Date:

*3/25/19*

**SECTION 2 – TO BE COMPLETED BY MODERATE SEDATION TRAINING DIRECTOR**

Name of Moderate Sedation Training Program:

*University of Iowa College of Dentistry Pediatric Dentistry Residency Training*

Phone:

*319-335-7480*

Address:

*202 Dental Science S. Iowa City IA 52242*

Name of Training Director:

*Matthew Geneser DDS*

Email Address:

*matt-geneser@uiowa.edu*

Type of Training Program:

**Accredited postgraduate residency program (ADA, AMA, AOA)**

- Did the residency program include training in the moderate sedation of pediatric patients? Yes  No
- Did the residency program include training in the moderate sedation of medically-compromised patients? Yes  No

**Continuing education course.**

- Did the course include training in the use of more than one drug in moderate sedation? Yes  No
- If yes, please list drugs included in the training:

Dates Applicant Participated in Program:

From (Mo/Yr):

*July/2015*

To (Mo/Yr):

*July/2018*

Date Program Completed:

*6/30/18*

YES  NO

1. Did the applicant satisfactorily complete the above training program?

YES  NO

2. Did the program include at least sixty (60) hours of didactic training in pain and anxiety?

YES  NO

3. Did the program comply with the guidelines of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, October 2016?

YES  NO

4. Did the program include the management of a minimum of 20 patients?

YES  NO

5. Did the program include training that addresses how to rescue patients from a deeper level of sedation than intended, including, but not limited to, intravascular or intraosseous access and reversal medications?

YES  NO

6. Did the program include clinical experience in managing compromised airways? (If no, please provide a detailed explanation.)

YES  NO

7. Did the applicant ever receive a warning, reprimand, or was the applicant placed on probation during the training program? (If yes, please explain.)

YES  NO

8. Was the applicant ever requested to repeat a portion of the training program? (If yes, please explain).

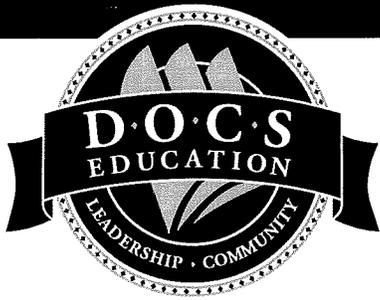
**I further certify that the above-named applicant has demonstrated competency in administering moderate sedation and airway management.**

Program Director Signature:

*Matthew Geneser DDS*

Date:

*3-27-19*



RECEIVED

MAR 09 2020

IOWA DENTAL BOARD

March 3, 2020

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

Re: Application for Prior Approval of a Continuing Education Course  
IV Sedation Dentistry

Enclosed please find the Application for Prior Approval of a Continuing Education Course for *IV Sedation Certification taught in affiliation with Idaho State University and Meharry Medical College* along with a in the amount of \$10 payable to the Iowa Dental Board. Also enclosed is a booklet containing course outline, course objective, and instructor CVs.

Please feel free to contact me with any questions or concerns.

Regards,

J. Kathleen Marcus, Esquire  
Regulatory Counsel

Enclosure

# 26690 \$10



RECEIVED

MAR 09 2020

IOWA DENTAL BOARD

IOWA DENTAL BOARD  
APPLICATION FOR PRIOR APPROVAL OF A  
CONTINUING EDUCATION COURSE

A fee of \$10 per course is required to process your request. Please submit payment, along with this form and all required documentation, to the Iowa Dental Board at 400 SW 8<sup>th</sup> Street, Suite D, Des Moines, IA 50309 or [ldb@iowa.gov](mailto:ldb@iowa.gov). Fax: 515-281-7969. A person or organization, which has been designated by the Board as an "Approved Sponsor" is not required to submit a fee.

**PLEASE TYPE OR PRINT**

Name of organization or person requesting approval: Idaho State University

If different from above, name of person submitting request: J. Kathleen Marcus, J.D.

Address: 34 E. Butler Avenue, 3rd floor, Ambler, PA 19002

Phone: 206-350-4889 E-mail: kathleen.marcus@docsedu.com

Signature: *J. Kathleen Marcus* Date: 2/13/2020

COURSE TITLE: IV Sedation Certification

Total Hours of Instruction: 90 Total CEU's Being Requested: \_\_\_\_\_

COURSE DATE(S): monthly

**COURSE SUBJECT:** Select the subject matter areas that apply.

- Clinical practice
- Patient record keeping
- Risk management
- Communication
- OSHA regulations/Infection Control
- Other: IV sedation didactic and clinical

**COURSE FORMAT:** Select the education methods that will be used during the training.

- Lecture
  - Home study (e.g. self-assessment, reading, educational tv)
  - Class discussion
  - Demonstration
  - Lab work
  - Other: Clinical participation
- 

### **ADDITIONAL DOCUMENTATION**

Additionally, please attach the following information to this form, for review by the continuing education committee. Please note that we are unable to return materials. If any of the following items are not included, the decision regarding your course may be delayed.

- 1.) Detailed course description
- 2.) Course outline, including breakout of hours spent on each topic area
- 3.) Brief speaker biography and credentials for teaching course

***\*All materials submitted to the Dental Board are considered public records. While the Board will not publically post your materials, they may be subject to inspection and copying under Iowa's open records law, if requested.***

### **NEXT STEPS**

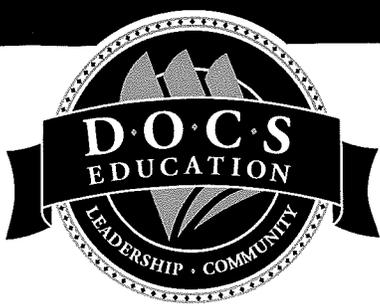
Review of your course is a two-step process. It is first reviewed by the continuing education committee, and is then forwarded to the next quarterly Dental Board meeting, where it is subject to either approval, denial or a request for additional information. If either the Continuing Education Advisory Committee or the Board requires more information regarding your course, Board staff will contact you.

Continuing education committee meetings and full Board meeting dates can be found on our website at [www.dentalboard.iowa.gov](http://www.dentalboard.iowa.gov). You will be contacted by Board staff three days after your course is reviewed at a Board meeting, and notified of the Board's decision regarding approval of your course. Pursuant to Iowa Administrative Code 650-25.3(5) courses must be submitted 90 days prior to the date of the course in order to ensure review at the next Board meeting.

**If you are a licensee or registrant**, submitting a course for pre-approval, the Dental Board recommends reviewing the list of approved sponsors, located on the Board website. If the course for which you are seeking approval is being taught by a Board approved sponsor, the course is approved, provided it meets the requirements in Iowa Administrative Code 650-Chapter 25.3(7), and this form does not need to be submitted. A list of approved sponsors can be found on our website at <http://www.dentalboard.iowa.gov/practitioners/continuing-education/approved-sponsors.html>

For more information on a particular course, contact the sponsor directly. Sponsors are responsible for informing attendees if a course is ineligible for credit.

*Please note that the following subjects are not acceptable for continuing education credit: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.*



Thank you very much for your interest in the DOCS Education IV Sedation course for dentistry.

DOCS Education is excited to offer this unique, comprehensive course in affiliation with Idaho State University and Meharry Medical College.

After successful completion of the course, a dentist will qualify to provide IV Sedation in almost every U.S. state and Canadian province.

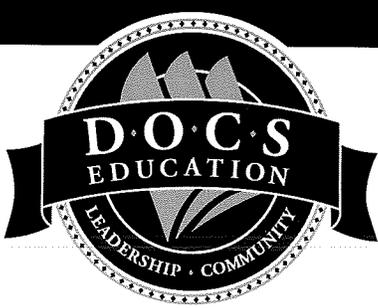
### Course Description

The course is designed to provide the participant with the knowledge necessary to safely administer IV Sedation in the dental office setting. The course meets or exceeds the "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students" (Oct. 2016) of the American Dental Association. It consists of a total of ninety (90) CE units as follows:

1. Sixty (60) hours of didactic instruction. This includes 50 hours of home-study divided into four modules, each with its own test, plus four corresponding 1-hour Office Hours sessions via Zoom/Skype with direct two-way audio/visual contact with the faculty.
2. A clinical module, during which each dentist personally administers IV Sedation to at least twenty (20) dental patients, while providing dental care in a one-to-one instructor-participant ratio. Class size is limited to 7 doctors, plus their assistants. All patients are carefully pre-screened with a thorough health history, and only ASA I or II are selected. The clinical module also includes emergency medical training on a high-fidelity patient simulator.

### DOCS Education Provides the Following Equipment, Supplies, and Services:

1. **Home-Study Course:** Four modules with six chapters in each, including three hours of opioid training.
2. **Course Manual:** 351 pages detailing each chapter of the home-study that follows along with each session.
3. **Office Hours:** Video conferencing with faculty in four required sessions, one for each module.
  - a. Module quizzes help faculty assess completion of required study.
4. **Final Exam:** Proctored final exam to verify competence.
5. **Pre-Clinical Session (Lexington, KY):** For practicing dentists to prepare for three days of providing IV Sedation to 20 patients.
  - a. Medical Emergency training with a high-fidelity patient simulator.
  - b. Doctor and at least one assistant training on IV access and all equipment used during treatment.



**6. Clinical Session:** (Lexington, KY): Three intense days of treating patients with one-to-one oversight by faculty.

- a. The student-instructor ratio is 1:1 in the early states of participation. In later states, student-instructor ratio is 2:1.
- b. Participants will personally perform pre-anesthetic evaluation on each patient, perform the sedation and dentistry, monitor the patient, and follow them through to discharge.
- c. The following agents are taught:
  - Midazolam (IV)
  - Fentanyl (IV)
  - Triazolam (oral)
  - Lorazepam (oral)
  - Diazepam (IV [emergency anticonvulsant] & oral)

**The Course Can be Offered on the Following Suggested Schedule:**

- 1. Didactic Home-Study:** May be started at any time
  - a. Office Hours are provided each month after business hours for convenience.
- 2. Clinical Sessions (for practicing dentists):** Run once a month for groups of six dentists with at least one team member.

April 15 - 18

May 27 - 30

June 24 - 27

July 22 - 25

August 12 - 15

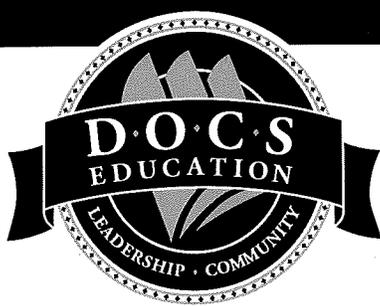
September 16 - 19

October 14 - 17

November 11 - 14

**Taught by World-Class Educators**

Our faculty includes renowned dental educators, Dr. Anthony Feck, Dr. Leslie Fang, Dr. Jerome Wellbrock, Dr. Carol Wilson, and James Bovia, EMT. (A full formal CV of each faculty member is attached as **Exhibit A**. Faculty state licenses and NPI Self-Queries with malpractice histories with NPI numbers are available upon request.) Anthony Feck, DMD, is the primary educational director in charge of and responsible for determining that participants have been trained to competence.



The complete course breakdown including teaching and lecture assignments as well as clinical teaching assignments of all faculties and the time spent in each activity is attached as **Exhibit B**.

The course is taught under the auspices of ADA-recognized educational institutions, Idaho State University Department of Dental Sciences and Meharry Medical College School of Dentistry. Certifications for ISU and Meharry are attached as **Exhibit C**.

### **Thank You**

Thank you for your time and consideration of our course. If you have any questions or require any additional information, please contact me at (206) 812-7713 or [DrMDS@DOCSEducation.com](mailto:DrMDS@DOCSEducation.com).

Kindest Regards,

A handwritten signature in cursive script that reads 'Michael Silverman'.

**Michael Silverman, DMD, President & Founder  
DOCS Education**

Phone: (206) 812-7713 • Fax: (800) 719-8929 • [DrMDS@DOCSeducation.com](mailto:DrMDS@DOCSeducation.com)

**EXHIBIT A**



## **ANTHONY S. FECK, DMD**

860 Corporate Dr., Ste. 202  
Lexington, KY 40503

(859) 223-4644  
Tony@TonyFeck.com

### **Education:**

1983 DMD University of Kentucky College of Dentistry - one of only three to graduate with High Distinction. Omicron Kappa Upsilon Honorary Dental Fraternity  
1979 University of Kentucky

### **Postdoctoral Training:**

2009 University of Kentucky – IV Sedation Mini Residency  
2007 - Present Midwest Implant Institute  
2002 - Present Advanced Cardiac Life Support Certified  
2002 - Present John Kois – Kois Center for Advanced Dental Learning  
2000 Montefiore Hospital IV Sedation Mini Residency, Bronx, NY  
1998 - 1999 Misch Implant Institute  
1995 - 1997 Peter Dawson – Center for Advanced Dental Studies  
1983 - 2008 Over 2300 Hours of Continuing Education spanning the spectrum of the Dental Profession from Anesthesia to Implantology, Cosmetics, Endodontics, and Complex Restorative Dentistry.

### **Licensure and Certification:**

1983 - Present Licensed to practice Dentistry in Kentucky  
2006 - Present Anesthesia Permit in Kentucky

### **Faculty:**

2009 - Present American Academy of Facial Esthetics  
2000 - Present Dean of Faculty - Dental Organization for Conscious Sedation  
2004 - Present New York University College of Dentistry, C.E. Division  
2004 - Present Sunrise Dental Solutions, Owner & Director of Education  
1996 - 2004 MasterPlan Alliance  
1996 - 2000 Dental Boot Kamp Continuum  
1983 - 1987 University of Kentucky College of Dentistry, Department of Periodontics

### **Study Clubs:**

2007 - Present Band of Brothers Mastermind  
2004 - 2007 Mile High Mastermind  
2002 - 2004 Soaring Eagles Mastermind

### **Associations:**

2003 - Present American Dental Society of Anesthesiology  
2000 - Present Dental Organization for Conscious Sedation  
1994 - Present International Congress of Oral Implantologists  
1985 - Present Academy of General Dentistry  
1983 - Present American Dental Association  
2003 - 2007 Crown Council Qualified Member  
2009 - Present American Academy of Facial Esthetics

### **Awards & Recognition:**

2010 American Academy of Facial Esthetics Diplomate  
2006 Dental Organization for Conscious Sedation Diplomate

2003 Dental Organization for Conscious Sedation Fellowship  
2000 MAP recognition for Outstanding Performance  
1999 MAP recognition for Dental Leadership

**Community Service:**

1983 - 1996 Lions Club International

**Family:**

Spouse: Rebecca Eastman Feck  
Children: Meredith (23), Travis (20)

**Avocations:**

Reading, Writing  
Sports - Boating, Golf  
Computers

**Professional Experience:**

1988 - Present Speaker, Educator, Author on Dental Topics  
1983 - Present Private Practice

**Positions Held:**

2010 - Present Director of IV Sedation – DOCS Education  
2008 - Present Chairman, Dentcubator General Dentistry Committee  
2007- Present Editor, DOCS Digest  
2006 - Present Dental Organization for Conscious Sedation, Dean of Faculty  
2004 - Present Sunrise Dental Solutions, President  
2003 - 2006 Dental Organization for Conscious Sedation Vice-President  
1997 - 1998 Managing Director of the Academy of Dental Consultants  
1983 - 1987 Associate Professor, University of Kentucky College of Dentistry

**Media Interviews:**

2009 Dental Tribune International  
2008 Dental Tribune International  
2007 Sedation Dentistry  
2005 Oral Cancer Detection  
2001 Digital Radiographs

**Published Manuals/Books:**

2005 "Sedation Solutions"  
2003 "Complex Adult Oral Sedation"  
2002 "Adult Oral Sedation"  
2002 "Anxiolysis – Beyond Valium"  
2001 "Complex Sedation Patient"  
2000 "The Essentials of Oral Sedation"

**Dental Board Presentations:**

2009 Texas  
2009 Missouri  
2009 Florida  
2008 Missouri  
2007 Arkansas  
2007 North Carolina  
2002 Texas

## Clinics and Courses Presented To Universities or Professional Organizations:

August 2019	"Master Series: Advanced Sedation" "Oral Sedation Dentistry" "IV Sedation Recertification" Memphis, TN
July 2019	"IV Sedation Certification" Lexington, KY
June 2019	"IV Sedation Certification" Lexington, KY
May 2019	"IV Sedation Certification" Lexington, KY
May 2019	"Oral Sedation Dentistry" "Master Series: Advanced Sedation" "IV Sedation Recertification" Arlington, VA
April 2019	IV Sedation Certification Lexington, KY
February 2019	"Oral Sedation Dentistry" "Master Series: Advanced Sedation" San Diego, CA
December 2018	"Little Implant Co. Mini-Residency" Lexington, KY
November 2018	"OsteoReady Institute Mini-Residency" Lexington, KY
November 2018	"Oral Sedation Dentistry" "Masters Series" Scottsdale, AZ
October 2018	"Nitrous Oxide & Single Dose Enteral Sedation" Las Vegas, NV
October 2018	"OsteoReady Institute Mini-Residency" Lexington, KY
October 2018	"Enteral Sedation Recertification for California Dentists" Irvine, CA
September 2018	"OsteoReady Institute Mini-Residency" Lexington, KY
August 2018	"Oral Sedation Dentistry" "Masters Series" "IV Sedation Recertification" Atlanta, GA
July 2018	"Sedation Dentistry" – for Implant Educators Tampa, FL
July 2018	"OsteoReady Institute Mini-Residency" Lexington, KY
June 2018	"OsteoReady Institute Mini-Residency" Lexington, KY
May 2018	"Oral Sedation Dentistry" "Masters Series" "IV Sedation Recertification" Chicago, IL

May 2018	"OsteoReady Institute Mini-Residency" Lexington, KY
April 2018	"OsteoReady Institute Mini-Residency" Lexington, KY
March 2018	"OsteoReady Institute Mini-Residency" Lexington, KY
February 2018	"Oral Sedation Dentistry" "Masters Series" San Francisco, CA
February 2018	"OsteoReady Institute Mini-Residency" Lexington, KY
December 2017	"OsteoReady Institute Mini-Residency" Lexington, KY
November 2017	"OsteoReady Institute Mini-Residency" Lexington, KY
November 2017	"Oral Sedation Dentistry" "Masters Series" Seattle, WA
October 2017	"OsteoReady Institute Mini-Residency" Lexington, KY
October 2017	"Nitrous Oxide/Single Dose Enteral Sedation" Dallas, TX
September 2017	"OsteoReady Institute Mini-Residency" Lexington, KY
August 2017	"OsteoReady Institute Mini-Residency" Lexington, KY
August 2017	"Oral Sedation Dentistry" "Masters Series" "IV Sedation Recertification" Memphis, TN
July 2017	"Sedation Dentistry" – for Implant Educators Tampa, FL
July 2017	"OsteoReady Institute Mini-Residency" Lexington, KY
June 2017	"Oral Sedation Dentistry" California Implant Institute San Diego, CA
June 2017	"IV Conscious Sedation Recertification – Tennessee" Chattanooga Dental Care
May 2017	"Oral Sedation Dentistry" "Masters Series" "IV Sedation Recertification" Reston, VA
April 2017	"OsteoReady Institute Mini-Residency" Lexington, KY
March 2017	"OsteoReady Institute Mini-Residency" Lexington, KY
February 2017	"OsteoReady Institute Mini-Residency" Lexington, KY

February 2017	"Oral Sedation Dentistry" "Advanced Sedation" Newport Beach, CA
February 2017	"Strategic Winning Attitude Team Training" Sunrise Dental Solutions Dallas, TX
January 2017	"OsteoReady Institute Mini-Residency" Lexington, KY

**Dr. Feck has presented hundreds of courses between 2008 and 2020. For a full list, ask DOCS Education.**

### Sponsorship Affiliations

- Aurum Dental Laboratories
- Demandforce
- American Eagle Instruments – Manufacturers of the Feck Perio Profile Kit
- Golden Misch – Physics Forceps
- Dental Technology Consultants
- The Health Chair
- Darby Dental Supply
- Center For Employee Dispute Resolution
- Spectro-Shade Matching Instrument

### Communication/Practice Management Lectures:

- Creator and Speaker for "Production Explosion" for Sunrise Dental Solutions
- Creator and Speaker for "The Ultimate Team" for Sunrise Dental Solutions
- Creator and Speaker for "Starting Point" for Sunrise Dental Solutions
- Creator and Speaker for "Own Your Market" for Sunrise Dental Solutions
- Instructor for "Hands-On Dental Boot Kamp"
- Co-Creator & Lead Speaker for "The Leadership Challenge"
- Co-Creator & Lead Speaker for "MAP II" of the Master Plan Alliance

### Articles Published:

2010	Dentistry Today (April) – "Total Facial Esthetics For Every Dental Practice"
2010	California Dental Association Journal – "Evaluating the Potential Benefits of Combining Oral and IV Sedation Protocols in Treating the Anxious Dental Patient"
2009	Aurum Ceramic Continuum - "Be An Agent of Change – Become a "Dentpreneur"
2009	Dental Economics – "Profitability Comparison of Three Forms of Sedation"
2009	Dental Products Shopper – "The Sedation Driven Practice – A Business Model"
2008	Dental Tribune UK - "Thriving In An Economic Downturn"
2008	Dental Economics – "Sedation Architectonics"
2008	DOCS Digest – "Post-Operative Analgesia for Sedation Patients"
2008	Dental Tribune – "Recession Proof Your Practice"
2008	Dental Tribune – "The Five Words To More High Quality New Patients"
2008	Dental Economics – "Incorporating Sedation Dentistry Into Your Practice"
2006	Compendium of Continuing Dental Education – "Local Anesthesia Aided by Oral Conscious Sedation"
2005	Journal of the Academy of General Dentistry – "Oral Conscious Sedation"
2003	Dentistry Today – "Anxiolysis in General Dental Practice"
1999	Dental Products Report – "Marketing for the Dental Practice"
1998	Dental Economics – "Treatment Planning"
1983	Journal of the American Student Dental Association – "Acupuncture"



## Leslie Shu-Tung Fang, MD, PhD

151 Merrimac Street, 3rd Floor  
Boston, Massachusetts 02114

lfang@partners.org

### Education

1967	BSc	University of Illinois, Champaign-Urbana, Illinois (Bronze Tablet)
1969	MSc	University of Illinois, Champaign-Urbana, Illinois
1971	PhD	University of Illinois, Champaign-Urbana, Illinois
1974	MD	Physiology and Biophysics Harvard Medical School, Boston Massachusetts

### Postdoctoral Training

#### Internship and Residencies:

1974-1975	Internship in Medicine, Massachusetts General Hospital
1975-1976	Assistant Resident in Medicine, Massachusetts General Hospital
1978-1979	Senior Resident in Medicine, Massachusetts General Hospital
1979-1980	Chief Resident in Medicine, Massachusetts General Hospital

#### Fellowship:

1976-1977	Clinical Fellow in Medicine (Nephrology), Massachusetts General Hospital
1977-1978	Clinical and Research Fellow in Medicine (Nephrology), Massachusetts General Hospital

#### Licensure and Certification:

1975	Massachusetts License Registration
1975	American Board of Internal Medicine, Diplomate
1980	American Board of Internal Medicine, Diplomate in Subspecialty of Nephrology

### Academic and Hospital Appointments

#### Academic Appointments:

1967-1971	Teaching Assistant, Department of Physiology and Biophysics, University of Illinois, Champaign-Urbana, Illinois
1971	Instructor, Department of Physiology and Biophysics University of Illinois, Champaign-Urbana, Illinois
1974-1979	Teaching Fellow in Medicine, Harvard Medical School
1979-1983	Instructor in Medicine, Harvard Medical School
1983- Present	Assistant Professor in Medicine, Harvard Medical School

#### Hospital Appointments:

1980-1984	Assistant in Medicine, Massachusetts General Hospital
1980-1997	Clerkship Director, Core Clerkship in Medicine,

1980-Present	Massachusetts General Hospital Staff Physician, Renal Unit, Massachusetts General Hospital
1984-1990	Assistant Physician, Massachusetts General Hospital
1990-1993	Associate Physician, Massachusetts General Hospital
1993-Present	Physician, Massachusetts General Hospital

Hospital Service Responsibilities:

1980-Present	Attending Physician, Medical Service Massachusetts General Hospital
1980-Present	Attending Physician, Renal Service, Massachusetts General Hospital
1980-Present	Attending Physician, Primary Care Unit, Massachusetts General Hospital
1980-1990	Assistant in Medicine, Massachusetts General Hospital
1980-1997	Associate Director, Hemodialysis Unit, Massachusetts General Hospital
1984-1988	Co-Director, Chronic Ambulatory Peritoneal Dialysis Unit, Massachusetts General Hospital
1980-1997	Associate Director, Hemodialysis Unit Massachusetts General Hospital
1989-1997	Firm Chief, Bauer Firm, Medical Services, Massachusetts General Hospital

Major Administrative Responsibilities

1986-1987	Acting Program Director, Department of Medicine, Massachusetts General Hospital
1989-1997	Clerkship Director, Advanced Clerkship in Medicine, Massachusetts General Hospital
1989-1997	Firm Chief, Walter Bauer Firm, Medical Service, Massachusetts General Hospital
1991-1994	Coordinator, Private Service Team IV, Medical Service, Massachusetts General Hospital
1991-1992	Coordinator, Private Service Team V, Medical Service, Massachusetts General Hospital

Major Committee Assignments

Harvard Medical School:

1981-1997	Committee on Clinical Clerkship, Harvard Medical School
1984	Committee on Minority Recruitment, Harvard Medical School
1985	Committee on Student Evaluation, Harvard Medical School
1986	Committee on Stress in Residency Training, Harvard Medical School
1987-1988	Committee on Educational Evaluation, Surgery Core Clerkship Site Visits, Harvard Medical School
1987	Program on Student Evaluation, New Pathway Program Harvard Medical School
1988-1997	Committee of Medical Clerkship Directors, Harvard Medical School
1989	Chairman, Committee on Education, Core Clerkship in Surgery, Harvard Medical School
1991-1997	Committee on Years III and IV, New Pathway Program, Harvard Medical School
1991-1997	Committee on Years I and II, New Pathway Program,

1992 Harvard Medical School  
Faculty Council,  
Harvard Medical School

1993-1996 Curriculum Committee,  
Health Science and Technology Program (Harvard-MIT)

1994-1996 Committee on Enrichment of Clinical Clerkship  
Health Science and Technology Program (Harvard-MIT)

1994-1996 Screening Committee  
Harvard Medical School

1994 Faculty Council  
Harvard Medical School

1994 Docket Committee, Faculty Council,  
Harvard Medical School

1995 Faculty Council  
Harvard Medical School

1995-96 Curriculum Committee, Year III and IV  
Harvard Medical School

1996 Faculty Council  
Harvard Medical School

1997 Faculty Council  
Harvard Medical School

1998 Faculty Council  
Harvard Medical School

1999 Faculty Council  
Harvard Medical School

Hospital:

1980-1997 Internship Selection Committee,  
Massachusetts General Hospital

1982-1985 Committee on Teaching and Education,  
Massachusetts General Hospital

1982-1985 Executive Committee on Teaching and Education,  
Massachusetts General Hospital

1983-1993 Physician Advisory Committee, Utilization Review  
Committee, Massachusetts General Hospital

1983-1994 Executive Committee, Utilization Review,  
Massachusetts General Hospital

1985-1997 Clinical Advisory Committee, Medical Service,  
Massachusetts General Hospital

1989-1997 Chairman, Internship Selection Committee,  
Medical Service, Massachusetts General Hospital

1989-1997 Residency Selection Committee, Psychiatry Department  
Massachusetts General Hospital

1989-1997 Residency Selection Committee, Medicine-Pediatrics  
Program, Massachusetts General Hospital

1989-1997 Committee on Minority Recruitment,  
Massachusetts General Hospital

1989-1997 Committee on Clinical Teaching,  
Massachusetts General Hospital

1990-1997 Training Program Committee, Medical Service,  
Massachusetts General Hospital

1991-1993 Emergency Department Task Force,  
Massachusetts General Hospital

1991-1997 Clinical Practice Advisory Committee,  
Massachusetts General Hospital

1991-1992 Tower II Space Allocation Committee,  
Massachusetts General Hospital

1991-1992 Emergency Department Space Allocation Committee,  
Massachusetts General Hospital

1991-1993 Clinical Practice Information Committee,

1992-1994	Massachusetts General Hospital Executive Committee, Massachusetts General Professional Corporation
1992-1994	Massachusetts General Hospital Chairman, Information Resources Committee, Massachusetts General Professional Corporation
1992-1994	Massachusetts General Hospital US Healthcare Negotiating Team, Massachusetts General Professional Corporation
1992-1996	Massachusetts General Hospital Global Fee Analysis Team Massachusetts General Professional Corporation
1992-1997	Massachusetts General Hospital Committee on Promotions Clinician-Teacher Track
1993-1995	Massachusetts General Hospital Information Technology Committee (ITAB)
1993-1994	Massachusetts General Hospital Executive Committee, Massachusetts General Professional Corporation
1993-1995	Massachusetts General Hospital Executive Committee on Information System
1994-1996	Massachusetts General Hospital Steering Committee, Alumni Association
1994-1997	Massachusetts General Hospital Clinical Practice Council, Department of Medicine
1994-1997	Massachusetts General Hospital Task Force on Integrated Health Care Delivery System
1994-1997	Massachusetts General Hospital Clinical Practice Committee,
1994-1997	Massachusetts General Hospital Task Force on the Evaluation of Laboratory Systems
1995-1997	Massachusetts General Hospital Physician Information Resource Committee
1995-1997	Massachusetts General Hospital Governing Board, Medical Services Associates
1995-1997	Massachusetts General Hospital Executive Board, Medical Services Associates
1996-1997	Massachusetts General Hospital Clinical Director, Medical Services Associates

### Professional Societies

1980-Present	International Society of Nephrology
1980-Present	American Medical Association
1982-Present	American Society of Transplant Physicians
1990-Present	Association of Clerkship Directors in Internal Medicine
1993-Present	American Society of Nephrology

### Awards and Honors

1965	Phi ETA Sigma
1966	Phi Kappa Phi
1966	Gregory Scholar, University of Illinois
1967	Phi Beta Kappa
1965-1967	James Scholar, University of Illinois
1967	Bronze Tablet, University of Illinois
1969	Sigma Xi
1970	Phi Sigma
1974	Alpha Omega Alpha

1983	Boylston Society Award for Excellent in Clinical Teaching, Harvard Medical School
1989	Teaching Award for Excellence in Clinical Teaching, Harvard Medical School
1993	Faculty Award for Excellence in Clinical Teaching Harvard Medical School
1994	Teaching Award for Excellence in Clinical Teaching Harvard Medical School
1996	Teaching Award for Excellence in Clinical Teaching in Primary Care Massachusetts General Hospital
1998	The Alfred Kranes Award for Excellence in Clinical Teaching Massachusetts General Hospital
1999	Psychiatry Resident Award for Contribution to the Residency Selection Process Massachusetts General Hospital

## Part II. Research, Teaching and Clinical Contributions

I maintain a busy international practice in medicine and nephrology and continue to teach from the clinical forum. In clinical teaching, my major focus has involved the development of an interactive platform to facilitate education. Using case-based method and an audience response system, students would participate interactively to manage patients through a large variety of clinical scenarios. Pre- and post-tests would allow teachers and participants alike to gauge the effectiveness of any educational session. Interactive teaching has been extended from the education of students, residents and fellows to physicians in the community, and, most recently, to dental professionals who are interested in optimizing management of medically complex patients.

Internship and Residency: Massachusetts General Hospital  
 Chief Residency: Massachusetts General Hospital  
 Fellowship in Nephrology: Massachusetts General Hospital

Board Certification in Medicine  
 Board Certification in Nephrology  
 Board Certification in Emergency Medicine

International Practice in Nephrology and Internal Medicine at Massachusetts General Hospital

### Teaching Portfolio:

February 17, 2017	Sedation Voyage Dental Organization for Conscious Sedation Newport Beach, California
February 17, 2017	Pharmacology of Pediatric Sedation Drugs Dental Organization for Conscious Sedation Newport Beach, California
February 17, 2017	Drug Metabolism and Drug-Drug Interactions Dental Organization for Conscious Sedation Newport Beach, California
February 17, 2017	Patient Assessment in the Dental Office Dental Organization for Conscious Sedation Newport Beach, California
February 17, 2017	Airway Evaluation and Management Dental Organization for Conscious Sedation Newport Beach, California
February 17, 2017	Patient Assessment for IV Sedation Dental Organization for Conscious Sedation Newport Beach, California

February 17, 2017	Cardiac Rhythm Review Dental Organization for Conscious Sedation Newport Beach, California
February 17, 2017	Medical Emergencies in IV Sedation Dental Organization for Conscious Sedation Newport Beach, California
February 18, 2017	Pharmacology of Sedation Drugs Dental Organization for Conscious Sedation Newport Beach, California
February 18, 2017	Management of Patients with Cardiovascular Disease Dental Organization for Conscious Sedation Newport Beach, California
February 18, 2017	Assessment of Pediatric Patient Dental Organization for Conscious Sedation Newport Beach, California
February 18, 2017	Assessment of Complicated Patient Dental Organization for Conscious Sedation Newport Beach, California
February 19, 2017	Metabolism of Drugs and Drug-Drug Interactions Dental Organization for Conscious Sedation Seattle, Washington
February 19, 2017	Antibiotic Management of Odontogenic Infections Dental Organization for Conscious Sedation Newport Beach, California
February 19, 2017	Antibiotic Prophylaxis: Myths and Reality Dental Organization for Conscious Sedation Newport Beach, California
February 19, 2017	Management of Patients with Renal Disease Dental Organization for Conscious Sedation Newport Beach, California
February 19, 2017	Management of Patients with Coagulopathy Dental Organization for Conscious Sedation Newport Beach, California
February 19, 2017	Dental Management of Patients with Liver Disease Dental Organization for Conscious Sedation Newport Beach, California
February 19, 2017	Medical Emergencies in the Dental Office Dental Organization for Conscious Sedation Newport Beach, California
March 4, 2017	Science of Sedation New York University New York, New York
March 4, 2017	Local Anesthetics: Practical Vignettes New York University New York, New York
March 4, 2017	Patient Assessment in the Dental Office New York University New York, New York
March 4, 2017	Pharmacology of Sedation Drugs New York University New York, New York

March 4, 2017	Management of Patients with Cardiovascular Disease New York University New York, New York
March 5, 2017	Metabolism of Drugs and Drug-Drug Interactions New York University New York, New York
March 5, 2017	Antibiotic Management of Odontogenic Infections New York University New York, New York
March 5, 2017	Antibiotic Prophylaxis: Myths and Reality New York University New York, New York
March 5, 2017	Management of Patients with Renal Disease New York University New York, New York
March 5, 2017	Management of Patients with Coagulopathy New York University New York, New York
March 5, 2017	Dental Management of Patients with Liver Disease New York University New York, New York
March 5, 2017	Medical Emergencies in the Dental Office New York University New York, New York
May 19, 2017	Sedation Voyage Dental Organization for Conscious Sedation Washington, DC
May 19, 2017	Pharmacology of Pediatric Sedation Drugs Dental Organization for Conscious Sedation Washington, DC
May 19, 2017	Evaluation of the Pediatric Patient Dental Organization for Conscious Sedation Washington, DC
May 19, 2017	Drug-Drug Interactions in Sedation Dentistry Dental Organization for Conscious Sedation Washington, DC
May 19, 2017	Evaluation of the Complicated Pediatric Patient Dental Organization for Conscious Sedation San Diego, California
May 19, 2017	Airway Evaluation and Management Dental Organization for Conscious Sedation Washington, DC
May 20, 2017	General Principles of Pharmacology in Pediatric Sedation Dental Organization for Conscious Sedation Washington, DC
May 20, 2017	Pharmacology of Selected Drugs Dental Organization for Conscious Sedation Washington, DC
May 20, 2017	Management of Pediatric Emergencies Dental Organization for Conscious Sedation San Diego, California

May 20, 2017	Patient Assessment in the Dental Office Dental Organization for Conscious Sedation Washington, DC
May 20, 2017	Pharmacology of Sedation Drugs Dental Organization for Conscious Sedation Washington, DC
May 20, 2017	Management of Patients with Cardiovascular Disease Dental Organization for Conscious Sedation Washington, DC
May 20, 2017	Management of Patients with Diabetes Dental Organization for Conscious Sedation Washington, DC
May 20, 2017	Metabolism of Drugs and Drug-Drug Interactions Dental Organization for Conscious Sedation Washington, DC
May 21, 2017	Antibiotic Management of Odontogenic Infections Dental Organization for Conscious Sedation Washington, DC
May 21, 2017	Antibiotic Prophylaxis: Myths and Reality Dental Organization for Conscious Sedation Washington, DC
May 21, 2017	Management of Patients with Renal Disease Dental Organization for Conscious Sedation Washington, DC
May 21, 2017	Management of Patients with Coagulopathy Dental Organization for Conscious Sedation Washington, DC
May 21, 2017	Dental Management of Patients with Liver Disease Dental Organization for Conscious Sedation Washington, DC
May 21, 2017	Medical Emergencies in the Dental Office Dental Organization for Conscious Sedation Washington, DC
August 18, 2017	Sedation Voyage Dental Organization for Conscious Sedation Memphis, TN
August 18, 2017	Pharmacology of Pediatric Sedation Drugs Dental Organization for Conscious Sedation Memphis, TN
August 18, 2017	Evaluation of the Pediatric Patient Dental Organization for Conscious Sedation Memphis, TN
August 18, 2017	Drug-Drug Interactions in Sedation Dentistry Dental Organization for Conscious Sedation Memphis, TN
August 18, 2017	Evaluation of the Complicated Pediatric Patient Dental Organization for Conscious Sedation Memphis, TN
August 18, 2017	Airway Evaluation and Management in Pediatric Patient Dental Organization for Conscious Sedation Memphis, TN

August 19, 2017 Airway Evaluation and Management in IV Sedation  
Dental Organization for Conscious Sedation  
Memphis, TN

August 19, 2017 Patient Assessment for IV Sedation  
Dental Organization for Conscious Sedation  
Memphis, TN

August 19, 2017 Cardiac Rhythm Review  
Dental Organization for Conscious Sedation  
Memphis, TN

August 19, 2017 Medical Emergencies in IV Sedation  
Dental Organization for Conscious Sedation  
Memphis, TN

August 19, 2017 Management of Pediatric Emergencies  
Dental Organization for Conscious Sedation  
Memphis, TN

August 19, 2017 Patient Assessment in the Dental Office  
Dental Organization for Conscious Sedation  
Memphis, TN

August 19, 2017 Pharmacology of Sedation Drugs  
Dental Organization for Conscious Sedation  
Memphis, TN

August 19, 2017 Management of Patients with Cardiovascular Disease  
Dental Organization for Conscious Sedation  
Memphis, TN

August 19, 2017 Management of Patients with Diabetes  
Dental Organization for Conscious Sedation  
Memphis, TN

August 20, 2017 Metabolism of Drugs and Drug-Drug Interactions  
Dental Organization for Conscious Sedation  
Memphis, TN

August 20, 2017 Antibiotic Management of Odontogenic Infections  
Dental Organization for Conscious Sedation  
Memphis, TN

August 20, 2017 Antibiotic Prophylaxis: Myths and Reality  
Dental Organization for Conscious Sedation  
Memphis, TN

August 20, 2017 Management of Patients with Renal Disease  
Dental Organization for Conscious Sedation  
San Francisco, California

August 20, 2017 Management of Patients with Coagulopathy  
Dental Organization for Conscious Sedation  
San Francisco, California

August 20, 2017 Dental Management of Patients with Liver Disease  
Dental Organization for Conscious Sedation  
Memphis, TN

August 20, 2017 Medical Emergencies in the Dental Office  
Dental Organization for Conscious Sedation  
Memphis, TN

November 10, 2017 Sedation Voyage  
Dental Organization for Conscious Sedation  
Seattle, Washington

November 10, 2017	Pharmacology of Pediatric Sedation Drugs Dental Organization for Conscious Sedation Seattle, Washington
November 10, 2017	Drug Metabolism and Drug-Drug Interactions Dental Organization for Conscious Sedation Seattle, Washington
November 10, 2017	Patient Assessment in the Dental Office Dental Organization for Conscious Sedation Seattle, Washington
November 10, 2017	Airway Evaluation and Management Dental Organization for Conscious Sedation Seattle, Washington
November 10, 2017	Patient Assessment for IV Sedation Dental Organization for Conscious Sedation Seattle, Washington
November 10, 2017	Cardiac Rhythm Review Dental Organization for Conscious Sedation Seattle, Washington
November 10, 2017	Medical Emergencies in IV Sedation Dental Organization for Conscious Sedation Seattle, Washington
November 11, 2017	Pharmacology of Sedation Drugs Dental Organization for Conscious Sedation Seattle, Washington
November 11, 2017	Management of Patients with Cardiovascular Disease Dental Organization for Conscious Sedation Seattle, Washington
November 11, 2017	Assessment of Pediatric Patient Dental Organization for Conscious Sedation Seattle, Washington
November 11, 2017	Assessment of Complicated Patient Dental Organization for Conscious Sedation Seattle, Washington
November 11, 2017	Metabolism of Drugs and Drug-Drug Interactions Dental Organization for Conscious Sedation Seattle, Washington
November 11, 2017	Antibiotic Management of Odontogenic Infections Dental Organization for Conscious Sedation Seattle, Washington
November 12, 2017	Antibiotic Prophylaxis: Myths and Reality Dental Organization for Conscious Sedation Seattle, Washington
November 12, 2017	Management of Patients with Renal Disease Dental Organization for Conscious Sedation Seattle, Washington
November 12, 2017	Management of Patients with Coagulopathy Dental Organization for Conscious Sedation Seattle, Washington
November 12, 2017	Dental Management of Patients with Liver Disease Dental Organization for Conscious Sedation Seattle, Washington

November 12, 2017 Medical Emergencies in the Dental Office  
Dental Organization for Conscious Sedation  
Seattle, Washington

February 23, 2018 Sedation Voyage  
Dental Organization for Conscious Sedation  
San Francisco, California

February 23, 2018 Pharmacology of Pediatric Sedation Drugs  
Dental Organization for Conscious Sedation  
San Francisco, California

February 23, 2018 Drug Metabolism and Drug-Drug Interactions  
Dental Organization for Conscious Sedation  
San Francisco, California

February 23, 2018 Patient Assessment in the Dental Office  
Dental Organization for Conscious Sedation  
San Francisco, California

February 23, 2018 Airway Evaluation and Management  
Dental Organization for Conscious Sedation  
San Francisco, California

February 24, 2018 Patient Assessment for IV Sedation  
Dental Organization for Conscious Sedation  
San Francisco, California

February 24, 2018 Cardiac Rhythm Review  
Dental Organization for Conscious Sedation  
San Francisco, California

February 24, 2018 Medical Emergencies in IV Sedation  
Dental Organization for Conscious Sedation  
San Francisco, California

February 24, 2018 Pharmacology of Sedation Drugs  
Dental Organization for Conscious Sedation  
San Francisco, California

February 24, 2018 Management of Patients with Cardiovascular Disease  
Dental Organization for Conscious Sedation  
San Francisco, California

February 24, 2018 Assessment of Pediatric Patient  
Dental Organization for Conscious Sedation  
San Francisco, California

February 24, 2018 Assessment of Complicated Patient  
Dental Organization for Conscious Sedation  
San Francisco, California

February 24, 2018 Metabolism of Drugs and Drug-Drug Interactions  
Dental Organization for Conscious Sedation  
San Francisco, California

February 25, 2018 Antibiotic Management of Odontogenic Infections  
Dental Organization for Conscious Sedation  
San Francisco, California

February 25, 2018 Antibiotic Prophylaxis: Myths and Reality  
Dental Organization for Conscious Sedation  
San Francisco, California

February 25, 2018 Management of Patients with Renal Disease  
Dental Organization for Conscious Sedation  
San Francisco, California

February 25, 2018	Management of Patients with Coagulopathy Dental Organization for Conscious Sedation San Francisco, California
February 25, 2018	Dental Management of Patients with Liver Disease Dental Organization for Conscious Sedation San Francisco, California
February 25, 2018	Medical Emergencies in the Dental Office Dental Organization for Conscious Sedation San Francisco, California
March 3, 2018	Science of Sedation New York University New York, New York
March 3, 2018	Local Anesthetics: Practical Vignettes New York University New York, New York
March 3, 2018	Patient Assessment in the Dental Office New York University New York, New York
March 3, 2018	Pharmacology of Sedation Drugs New York University New York, New York
March 3, 2018	Management of Patients with Cardiovascular Disease New York University New York, New York
March 3, 2018	New Drugs with Dental Implications New York University New York, New York
March 3, 2018	New Oral Anticoagulants (NOACs) New York University New York, New York
March 3, 2018	New Anti-platelet Drugs New York University New York, New York
March 3, 2018	Management of Patients with Hepatitis C New York University New York, New York
March 3, 2018	Management of Patients with Congestive Heart Failure New York University New York, New York
March 4, 2018	Metabolism of Drugs and Drug-Drug Interactions New York University New York, New York
March 4, 2018	Antibiotic Management of Odontogenic Infections New York University New York, New York
March 4, 2018	Antibiotic Prophylaxis: Myths and Reality New York University New York, New York
March 4, 2018	Management of Patients with Renal Disease New York University New York, New York

March 4, 2018	Management of Patients with Coagulopathy New York University New York, New York
March 4, 2018	Dental Management of Patients with Liver Disease New York University New York, New York
March 4, 2018	Medical Emergencies in the Dental Office New York University New York, New York
May 18, 2018	Sedation Voyage Dental Organization for Conscious Sedation Chicago, Illinois
May 18, 2018	Pharmacology of Pediatric Sedation Drugs Dental Organization for Conscious Sedation Chicago, Illinois
May 18, 2018	Drug Metabolism and Drug-Drug Interactions Dental Organization for Conscious Sedation Chicago, Illinois
May 18, 2018	Patient Assessment in the Dental Office Dental Organization for Conscious Sedation Chicago, Illinois
May 18, 2018	Airway Evaluation and Management Dental Organization for Conscious Sedation Chicago, Illinois
May 19, 2018	Patient Assessment for IV Sedation Dental Organization for Conscious Sedation Chicago, Illinois
May 19, 2018	Cardiac Rhythm Review Dental Organization for Conscious Sedation Chicago, Illinois
May 19, 2018	Medical Emergencies in IV Sedation Dental Organization for Conscious Sedation Chicago, Illinois
May 19, 2018	Pharmacology of Sedation Drugs Dental Organization for Conscious Sedation Chicago, Illinois
May 19, 2018	Management of Patients with Cardiovascular Disease Dental Organization for Conscious Sedation Chicago, Illinois
May 19, 2018	Assessment of Pediatric Patient Dental Organization for Conscious Sedation Chicago, Illinois
May 19, 2018	Assessment of Complicated Patient Dental Organization for Conscious Sedation Chicago, Illinois
May 20, 2018	Metabolism of Drugs and Drug-Drug Interactions Dental Organization for Conscious Sedation Chicago, Illinois
May 20, 2018	Antibiotic Management of Odontogenic Infections Dental Organization for Conscious Sedation Chicago, Illinois

May 20, 2018	Antibiotic Prophylaxis: Myths and Reality Dental Organization for Conscious Sedation Chicago, Illinois
May 20, 2018	Management of Patients with Renal Disease Dental Organization for Conscious Sedation Chicago, Illinois
May 20, 2018	Management of Patients with Coagulopathy Dental Organization for Conscious Sedation Chicago, Illinois
May 20, 2018	Dental Management of Patients with Liver Disease Dental Organization for Conscious Sedation Chicago, Illinois
May 20, 2018	Medical Emergencies in the Dental Office Dental Organization for Conscious Sedation Chicago, Illinois
August 17, 2018	Sedation Voyage Dental Organization for Conscious Sedation Atlanta, Georgia
August 17, 2018	Pharmacology of Pediatric Sedation Drugs Dental Organization for Conscious Sedation Atlanta, Georgia
August 17, 2018	Drug Metabolism and Drug-Drug Interactions Dental Organization for Conscious Sedation Atlanta, Georgia
August 17, 2018	Patient Assessment in the Dental Office Dental Organization for Conscious Sedation Atlanta, Georgia
August 17, 2018	Airway Evaluation and Management Dental Organization for Conscious Sedation Atlanta, Georgia
August 18, 2018	Patient Assessment for IV Sedation Dental Organization for Conscious Sedation Atlanta, Georgia
August 18, 2018	Cardiac Rhythm Review Dental Organization for Conscious Sedation Atlanta, Georgia
August 18, 2018	Medical Emergencies in IV Sedation Dental Organization for Conscious Sedation Atlanta, Georgia
August 18, 2018	Pharmacology of Sedation Drugs Dental Organization for Conscious Sedation Atlanta, Georgia
August 18, 2018	Management of Patients with Cardiovascular Disease Dental Organization for Conscious Sedation Atlanta, Georgia
August 18, 2018	Assessment of Pediatric Patient Dental Organization for Conscious Sedation Atlanta, Georgia
August 18, 2018	Assessment of Complicated Patient Dental Organization for Conscious Sedation Atlanta, Georgia

August 19, 2018 Metabolism of Drugs and Drug-Drug Interactions  
Dental Organization for Conscious Sedation  
Atlanta, Georgia

August 19, 2018 Antibiotic Management of Odontogenic Infections  
Dental Organization for Conscious Sedation  
Atlanta, Georgia

August 19, 2018 Antibiotic Prophylaxis: Myths and Reality  
Dental Organization for Conscious Sedation  
Atlanta, Georgia

August 19, 2018 Management of Patients with Renal Disease  
Dental Organization for Conscious Sedation  
Atlanta, Georgia

August 19, 2018 Management of Patients with Coagulopathy  
Dental Organization for Conscious Sedation  
Atlanta, Georgia

August 19, 2018 Dental Management of Patients with Liver Disease  
Dental Organization for Conscious Sedation  
Atlanta, Georgia

August 19, 2018 Medical Emergencies in the Dental Office  
Dental Organization for Conscious Sedation  
Atlanta, Georgia

November 9, 2018 Sedation Voyage  
Dental Organization for Conscious Sedation  
Scottsdale, Arizona

November 9, 2018 Pharmacology of Pediatric Sedation Drugs  
Dental Organization for Conscious Sedation  
Scottsdale, Arizona

November 9, 2018 Drug Metabolism and Drug-Drug Interactions  
Dental Organization for Conscious Sedation  
Scottsdale, Arizona

November 9, 2018 Patient Assessment in the Dental Office  
Dental Organization for Conscious Sedation  
Scottsdale, Arizona

November 9, 2018 Airway Evaluation and Management  
Dental Organization for Conscious Sedation  
Scottsdale, Arizona

November 10, 2018 Patient Assessment for IV Sedation  
Dental Organization for Conscious Sedation  
Scottsdale, Arizona

November 10, 2018 Cardiac Rhythm Review  
Dental Organization for Conscious Sedation  
Scottsdale, Arizona

November 10, 2018 Medical Emergencies in IV Sedation  
Dental Organization for Conscious Sedation  
Scottsdale, Arizona

November 10, 2018 Pharmacology of Sedation Drugs  
Dental Organization for Conscious Sedation  
Scottsdale, Arizona

November 10, 2018 Management of Patients with Cardiovascular Disease  
Dental Organization for Conscious Sedation  
Scottsdale, Arizona

November 10, 2018	Assessment of Pediatric Patient Dental Organization for Conscious Sedation Scottsdale, Arizona
November 10, 2018	Assessment of Complicated Patient Dental Organization for Conscious Sedation Scottsdale, Arizona
November 11, 2018	Metabolism of Drugs and Drug-Drug Interactions Dental Organization for Conscious Sedation Scottsdale, Arizona
November 11, 2018	Antibiotic Management of Odontogenic Infections Dental Organization for Conscious Sedation Scottsdale, Arizona
November 11, 2018	Antibiotic Prophylaxis: Myths and Reality Dental Organization for Conscious Sedation Scottsdale, Arizona
November 11, 2018	Management of Patients with Renal Disease Dental Organization for Conscious Sedation Scottsdale, Arizona
November 11, 2018	Management of Patients with Coagulopathy Dental Organization for Conscious Sedation Scottsdale, Arizona
November 11, 2018	Dental Management of Patients with Liver Disease Dental Organization for Conscious Sedation Scottsdale, Arizona
November 11, 2018	Medical Emergencies in the Dental Office Dental Organization for Conscious Sedation Scottsdale, Arizona
February 22, 2019	Sedation Voyage Dental Organization for Conscious Sedation San Diego, California
February 22, 2019	Pharmacology of Pediatric Sedation Drugs Dental Organization for Conscious Sedation San Diego, California
February 22, 2019	Drug Metabolism and Drug-Drug Interactions Dental Organization for Conscious Sedation San Diego, California
February 22, 2019	Patient Assessment in the Dental Office Dental Organization for Conscious Sedation San Diego, California
February 22, 2019	Airway Evaluation and Management Dental Organization for Conscious Sedation San Diego, California
February 23, 2019	Patient Assessment for IV Sedation Dental Organization for Conscious Sedation San Diego, California
February 23, 2019	Cardiac Rhythm Review Dental Organization for Conscious Sedation San Diego, California
February 23, 2019	Medical Emergencies in IV Sedation Dental Organization for Conscious Sedation San Diego, California

February 23, 2019 Pharmacology of Sedation Drugs  
Dental Organization for Conscious Sedation  
San Diego, California

February 23, 2019 Management of Patients with Cardiovascular Disease  
Dental Organization for Conscious Sedation  
San Diego, California

February 23, 2019 Assessment of Pediatric Patient  
Dental Organization for Conscious Sedation  
San Diego, California

February 23, 2019 Assessment of Complicated Patient  
Dental Organization for Conscious Sedation  
San Diego, California

February 24, 2019 Metabolism of Drugs and Drug-Drug Interactions  
Dental Organization for Conscious Sedation  
San Diego, California

February 24, 2019 Antibiotic Management of Odontogenic Infections  
Dental Organization for Conscious Sedation  
San Diego, California

February 24, 2019 Antibiotic Prophylaxis: Myths and Reality  
Dental Organization for Conscious Sedation  
San Diego, California

February 24, 2019 Management of Patients with Renal Disease  
Dental Organization for Conscious Sedation  
San Diego, California

February 24, 2019 Management of Patients with Coagulopathy  
Dental Organization for Conscious Sedation  
San Diego, California

February 24, 2019 Dental Management of Patients with Liver Disease  
Dental Organization for Conscious Sedation  
San Diego, California

February 24, 2019 Medical Emergencies in the Dental Office  
Dental Organization for Conscious Sedation  
San Diego, California

May 17, 2019 Sedation Voyage  
Dental Organization for Conscious Sedation  
Arlington, Virginia

May 17, 2019 Pharmacology of Pediatric Sedation Drugs  
Dental Organization for Conscious Sedation  
Arlington, Virginia

May 17, 2019 Drug Metabolism and Drug-Drug Interactions  
Dental Organization for Conscious Sedation  
Arlington, Virginia

May 17, 2019 Patient Assessment in the Dental Office  
Dental Organization for Conscious Sedation  
Arlington, Virginia

May 17, 2019 Airway Evaluation and Management  
Dental Organization for Conscious Sedation  
Arlington, Virginia

May 18, 2019 Patient Assessment for IV Sedation  
Dental Organization for Conscious Sedation  
Arlington, Virginia

May 18, 2019	Cardiac Rhythm Review Dental Organization for Conscious Sedation Arlington, Virginia
May 18, 2019	Medical Emergencies in IV Sedation Dental Organization for Conscious Sedation Arlington, Virginia
May 18, 2019	Pharmacology of Sedation Drugs Dental Organization for Conscious Sedation Arlington, Virginia
May 18, 2019	Management of Patients with Cardiovascular Disease Dental Organization for Conscious Sedation Arlington, Virginia
May 18, 2019	Assessment of Pediatric Patient Dental Organization for Conscious Sedation Arlington, Virginia
May 18, 2019	Assessment of Complicated Patient Dental Organization for Conscious Sedation Arlington, Virginia
May 19, 2019	Metabolism of Drugs and Drug-Drug Interactions Dental Organization for Conscious Sedation Arlington, Virginia
May 19, 2019	Antibiotic Management of Odontogenic Infections Dental Organization for Conscious Sedation Arlington, Virginia
May 19, 2019	Antibiotic Prophylaxis: Myths and Reality Dental Organization for Conscious Sedation Arlington, Virginia
May 19, 2019	Management of Patients with Renal Disease Dental Organization for Conscious Sedation Arlington, Virginia
May 19, 2019	Management of Patients with Coagulopathy Dental Organization for Conscious Sedation Arlington, Virginia
May 19, 2019	Dental Management of Patients with Liver Disease Dental Organization for Conscious Sedation Arlington, Virginia
May 19, 2019	Medical Emergencies in the Dental Office Dental Organization for Conscious Sedation Arlington, Virginia
August 16, 2019	Sedation Voyage Dental Organization for Conscious Sedation Memphis, Tennessee
August 16, 2019	Pharmacology of Pediatric Sedation Drugs Dental Organization for Conscious Sedation Memphis, Tennessee
August 16, 2019	Drug Metabolism and Drug-Drug Interactions Dental Organization for Conscious Sedation Memphis, Tennessee
August 16, 2019	Patient Assessment in the Dental Office Dental Organization for Conscious Sedation Memphis, Tennessee

August 16, 2019	Airway Evaluation and Management Dental Organization for Conscious Sedation Memphis, Tennessee
August 17, 2019	Patient Assessment for IV Sedation Dental Organization for Conscious Sedation Memphis, Tennessee
August 17, 2019	Cardiac Rhythm Review Dental Organization for Conscious Sedation Memphis, Tennessee
August 17, 2019	Medical Emergencies in IV Sedation Dental Organization for Conscious Sedation Memphis, Tennessee
August 17, 2019	Pharmacology of Sedation Drugs Dental Organization for Conscious Sedation Memphis, Tennessee
August 17, 2019	Management of Patients with Cardiovascular Disease Dental Organization for Conscious Sedation Memphis, Tennessee
August 17, 2019	Assessment of Pediatric Patient Dental Organization for Conscious Sedation Memphis, Tennessee
August 17, 2019	Assessment of Complicated Patient Dental Organization for Conscious Sedation Memphis, Tennessee
August 18, 2019	Metabolism of Drugs and Drug-Drug Interactions Dental Organization for Conscious Sedation Memphis, Tennessee
August 18, 2019	Antibiotic Management of Odontogenic Infections Dental Organization for Conscious Sedation Memphis, Tennessee
August 18, 2019	Antibiotic Prophylaxis: Myths and Reality Dental Organization for Conscious Sedation Memphis, Tennessee
August 18, 2019	Management of Patients with Renal Disease Dental Organization for Conscious Sedation Memphis, Tennessee
August 18, 2019	Management of Patients with Coagulopathy Dental Organization for Conscious Sedation Memphis, Tennessee
August 18, 2019	Dental Management of Patients with Liver Disease Dental Organization for Conscious Sedation Memphis, Tennessee
August 18, 2019	Medical Emergencies in the Dental Office Dental Organization for Conscious Sedation Memphis, Tennessee

**Dr. Fang has presented hundreds of courses between 2007 and 2020. For a full list, ask DOCS Education.**

## Academic and Hospital Appointments

### Academic Appointments:

Assistant Professor in Medicine, Harvard Medical School

### Hospital Appointments:

Former Firm Chief, Walter Bauer Firm, Medical Service,  
Massachusetts General Hospital

Physician, Massachusetts General Hospital

## Publications in Dentistry

1. Sonis, ST, Fazio, RC, Fang, LST. Principles and Practice of Oral Medicine. Third Edition. WB Saunders, Philadelphia, in preparation
2. Sonis, ST, Fazio, RC, Fang LST. Oral Medicine Secrets. Hanley. 2003
3. Fang, LST and Fazio, RC. Antibiotics in Dentistry. CE Magic 2002
4. Fang, LST, Fazio, RC and Menhall, TW. Ultimate Cheat Sheets. The Practical Guide for Dentists. UCS 2007
5. Fang, LST and Menhall, TW. The Ultimate Basic Drug Kit for Medical Emergencies in the Dental Office. UCS 2007
6. Fang, LST and Menhall, TW. The Ultimate Advanced Drug Kit for Medical Emergencies in the Dental Office. UCS 2008
7. Fang, LST, Fazio, RC and Menhall, TW. Ultimate Cheat Sheets. The Practical Guide for Dentists. UCS 2008
8. Fang, LST and Menhall, TW. The Ultimate Basic Drug Kit for Medical Emergencies in the Dental Office. UCS 2009
9. Fang, LST and Menhall, TW. The Ultimate Advanced Drug Kit for Medical Emergencies in the Dental Office. UCS 2009
10. Fang, LST, Fazio, RC and Menhall, TW. Ultimate Cheat Sheets. The Practical Guide for Dentists. UCS 2009

## Fellowship in Dentistry

Fellow of the Dental Organization for Conscious Sedation

## Contributions in Dentistry

Bridging the disciplines of medicine and dentistry

Empowering the dental professional to consider the patient as a whole

## Awards and Honors

- Boylston Society Award for Excellent in Clinical Teaching  
Harvard Medical School
- Teaching Award for Excellence in Clinical Teaching,  
Harvard Medical School
- Faculty Award for Excellence in Clinical Teaching  
Harvard Medical School
- Teaching Award for Excellence in Clinical Teaching  
Harvard Medical School
- Teaching Award for Excellence in Clinical Teaching in Primary Care  
Massachusetts General Hospital
- The Alfred Kranes Award for Excellence in Clinical Teaching  
Massachusetts General Hospital
- Psychiatry Resident Award for Contribution to the Residency Selection Process  
Massachusetts General Hospital
- Best Doctor In America 2008
- Best Doctor In Boston 2007

## Awards in Dentistry:

CRE Product of the Year 2004: Fang, LST and Fazio, RC. Antibiotics in Dentistry. CE Magic 2002

CE Best Educational Product of the Year 2008: Fang, LST, Fazio, RC and Menhall, TW. Ultimate Cheat Sheets. The Practical Guide for Dentists. UCS 2008

## Professional Biography

### In medicine:

Leslie S.T. Fang received his PhD degree in Physiology and Biophysics from the University of Illinois, Champaign-Urbana. At the University of Illinois, he was a Gregory Scholar and James Scholar and was elected to Phi Eta Sigma, Phi Kappa Phi, Phi Beta Kappa, Sigma Xi and Phi Sigma. He graduated as a Bronze Tablet Scholar. He did his medical training at Harvard Medical School and was elected to Alpha Omega Alpha as a junior. He did his residency training at the Massachusetts General Hospital where he served as Chief Medical Resident. He did his fellowship training in Nephrology at the Massachusetts General Hospital and is board certified in Internal Medicine and Nephrology.

He has been on the staff of Massachusetts General Hospital and on the faculty of Harvard Medical School. A clinician and a teacher, he maintains an active international practice in Internal Medicine and Nephrology and is a leading teacher at Harvard Medical School. At the Massachusetts General Hospital, he served as Chief of the Walter Bauer Firm and as the Clinical Director of the Governing Board of the Medical Services Associates. He has received numerous awards for excellence in teaching from Harvard Medical School and has served and chaired the Medical Internship Selection Committee at the Massachusetts General Hospital for two decades.

### In the dental field:

He is the co-author of the major textbook Principle and Practice of Oral Medicine, Oral Medicine Secrets and has been heavily involved in the clinical teaching of Oral Medicine. He is the co-author of an interactive DVD on Antibiotics in Dentistry in the EndoMagic Interactive Teaching Series, which won the CRE product of the year award for 2004. He is the co-author of the recently released Ultimate Cheat Sheets: Practical Guide for the Dentist, The Ultimate Basic Drug Kit and The Ultimate Advanced Drug Kit for Medical Emergencies in the Dental Office.

The Ultimate Cheat Sheets won the CE Award for Best Educational Product of 2008.

He has been the featured speaker at many of the major dental meetings. He has been integrally involved in the EndoMagic course, providing an important bridge between the dental and the medical profession. He has also been involved with teaching of oral medicine at the Las Vegas Institute of Advanced Dentistry where he runs a one-day seminar on Medical Emergencies in the Dental Office. He is on the board of LVI Global. He is on the faculty of Dental Organization for Conscious Sedation and is instrumental in the design of the curriculum and the teaching of oral medicine pertinent to sedation.

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3. Fang LST, Tolkoff-Rubin NE, Rubin RH. Efficacy of single dose and conventional amoxicillin therapy in urinary tract infection localized by antibody coated bacteria technic. *N Eng J Med*, 1978; 298: 413-6.
4. Fang LST, Tolkoff-Rubin NE, Rubin RH. Infection localization and the antibiotic management of urinary tract infection. *Ann Rev Med*, 1979; 30: 225-39.
5. Rubin RH, Fang LST, Cosimi AB, Herrin JT, Varga PA, Russell PS, Tolkoff-Rubin NE. The usefulness of the antibody coated bacteria assay in the management of urinary tract infection in the renal transplant patient. *Transplant*, 1979; 27: 18-20.
6. Fang, LST, Tolkoff-Rubin NE, Rubin RH. Urinary tract infections in women. *Comprehensive Therapy*, 1979; 5: 20-25.
7. Rubin RH, Fang LST, Jones SR, Mumford RS, Slepach JM, Varga PA, Onheiber L, Hall CL, Tolkoff-Rubin, NE. Single dose amoxicillin therapy for urinary tract infection. *JAMA*, 1980; 244: 561-4.
8. Fang LST, Sirota SA, Ebert TE, Lichtenstein NE. Low fractional excretion of sodium in contrast media-induced acute renal failure. *Arch Intern Med*, 1980; 140: 531-3.
9. Fang LST. Single-dose therapy for uncomplicated urinary tract infections in women. *Family Practice*, 1981; 15: 55-59.
10. Tolkoff-Rubin NE, Weber D, Fang LST, Kelly M, Wilkinson R, Rubin RH. Single-dose therapy with trimethoprim-sulfamethoxazole for urinary tract infection in women. *Rev Inf Dis*, 1982; 4: 444-8.

11. Fang LST, Tolckoff-Rubin NE, Rubin RH. Clinical management of urinary tract infection. *Pharmacotherapy*, 1982; 2: 91-9.
12. Blackshear PJ, Fang LST, Axelrod L. Treatment of severe lactic acidosis with dichloroacetate. *Diabetes Care*, 1982; 5: 391-4.
13. Delmonico FL, Cosimi AB, Jaffers GJ, Schooley RT, Rubin RH, Tolckoff-Rubin NE, Fang LST, Russell PS. Immunological monitoring of diabetic and non-diabetic recipients of renal allografts. *J Surg Res*, 1983; 35: 271-4.
14. Fang LST. Contrast medium-induced acute renal failure. *Medical Grand Rounds*, 1983; 3: 263-271.
15. Nelson, PW, Cosimi AB, Delmonico FL, Rubin RH, Tolckoff-Rubin NE, Fang LST, Russell PS. Antithymocyte globulin as the primary treatment for renal allograft rejection. *Transplantation*, 1983; 27: 18-20.
16. Corwin HL, Schreiber, MJ, Fang LST. Low fraction excretion of sodium: occurrence with hemoglobinuric- and myoglobinuric-induced acute renal failure. *Arch Intern Med*, 1984; 144: 981-982.
17. Diamond, JR, Cheung JY, Fang LST. Nifedipine-induced renal dysfunction. Alterations in renal hemodynamics. *Am J Med*, 1984; 77: 905-9.
18. Delmonico FL, Wang CA, Tolckoff-Rubin NE, Fang LST, Herrin JT, Cosimi AB. Parathyroid surgery in patients with renal failure. *Ann Surg*, 1984; 200: 644-7.
19. Nelson PW, Delmonico FL, Tolckoff-Rubin NE, Cosimi AB, Fang LST, Russell PS, Rubin RH. Unsuspected donor pseudomonas infection causing arterial disruption after renal transplantation. *Transplantation*, 1984; 37: 313-4.
20. Thistlethwaite, JR, Cosimi AB, Delmonico FL, Rubin RH, Tolckoff-Rubin NE, Nelson PW, Fang LST, Russell PS. Evolving use of OKT3 monoclonal antibody for treatment of renal allograft rejection. *Transplantation*, 1984; 38: 695-701.
21. Zarich S, Fang LST, Diamond JR. Fractional excretion of sodium. Exceptions to its diagnostic value. *Arch Intern Med*, 1985; 146: 108-112.
22. Patel IH, Bornemann LD, Brocks VM, Fang LST, Tolckoff-Rubin NE, Rubin RH. Pharmacokinetics of intravenous amdinocillin in healthy subjects and patients with renal insufficiency. *Antimicrob Agents Chemother*, 1985; 28: 46-50.
23. Fang LST. Light chain nephropathy. *Kidney International*, 1985; 27: 582-92.
24. Corwin HL, Teplick RS, Schreiber MJ, Fang LST, Bonventre JV, Coggins CH. Prediction of outcome in acute renal failure. *Am J Nephrol*, 1987; 7: 8-12.
25. Delmonico FL, Auchincloss H, Rubin RH, Russell PS, Tolckoff-Rubin NE, Fang LST, Cosimi AB. The selective use of antilymphocyte serum for cyclosporine treated patients with renal allograft dysfunction. *Ann Surg*, 1987; 206: 649-54.
26. Fang LST. Management of urinary tract infections in women. *Comprehensive Therapy*, 1987; 13: 3-7.
27. Cosimi AB, Auchincloss H, Delmonico FL, Fang LST, Nathan DM, Tolckoff-Rubin NE, Rubin RH, Yang HC, Russell PS. Combined kidney and pancreas transplantation in diabetics. *Arch Surg*, 1988; 123: 621-5.
28. Fang LST. Urinalysis in the diagnosis of urinary tract infections. *Clinics in Lab Med*, 1988; 8: 567-576.
29. Delmonico FL, Conti D, Auchincloss H, Russell PS, Tolckoff-Rubin NE, Fang LST, Cosimi AB. Long-term, low-dose cyclosporine treatment of renal allograft recipients. A randomized trial. *Transplantation*, 1990; 49: 899-904.
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33. Thadhani, RI, Camargo, CA, Xavier, RJ, Fang, LS, Bazari, H. Atheroembolic renal failure after invasive procedures. *Medicine* 1995; 74: 350-8.
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2. Willis JS, Fang LST, Gitler c, etal. Perspectives on the role of membranes in hibernation and hypothermia. In South FE, etal, eds. *Hibernation IV*. Amsterdam: Elsevier Publishing Company, 1972: 281-288.
3. Fang LST.

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Evaluation of proteinuria  
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Management of chronic renal failure

In Goroll A, May LA, Mulley AG, eds. Primary Care Medicine, Philadelphia, Lippincott, 1981.

4. Fang LST.  
Placement and care of peritoneal catheter  
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5. Fang LST.  
Fluid and electrolyte disorders  
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In Walsh, ET, eds. Manual of Geriatric Medicine, Boston, Little, Brown and Company, 1983

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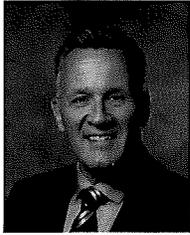
Therapy for specific forms of acute renal failure  
Management of patients with chronic renal failure  
Drug therapy in patients with renal insufficiency  
Nephrolithiasis  
The nephrotic syndrome  
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2. Sonis ST, Fazio RC, Fang LST. Principles and Practice of Oral Medicine. WB Saunders, Philadelphia, 1984.
3. Sonis ST, Fazio RC, Fang LST. Principles and Practice of Oral Medicine. Second Edition. WB Saunders, Philadelphia, 1994.
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5. Sonis, ST, Fazio, RC, Fang LST. Oral Medicine Secrets. Hanley and Balsey, Philadelphia 2004.
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10. Fang, LST and Menhall, T. Ultimate Drug Kit, Advanced Kit for Medical Emergencies in the Dental Office. UCS Boston, 2007, 2008, 2009



## **Jerome P. Wellbrock, D.M.D., MAGD, DDL**

Northern Kentucky Dental Medicine, PLLC

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Covington, Kentucky 41015

docjpw@fuse.net

859-491-1226 Office

### **Avocations:**

Martial Arts Expert, carpenter, reading science journals, volunteer firefighter

### **Education:**

1980 Doctorate Dental Medicine, University of Louisville School of Dentistry

1974 B.S. Biology, Northern Kentucky State College (now Northern Kentucky University)

### **Postdoctoral Training:**

2010 University of Kentucky College of Dentistry  
Parenteral IV Sedation in Dentistry, Program Completed Jan. 2010 to May 2010

2009 Certificate of Participation University of Medicine & Dentistry of New Jersey  
Update in Orofacial Pain

2008 Certificate of Completion, University of Kentucky College of Dentistry  
An Advanced and Comprehensive Program on Temporomandibular Disorders  
and Orofacial Pain

### **Licensure and Certification:**

Current BLS/AED for Medical Professionals

Current AHA ACLS

2010 - Present Anesthesia Permit in Kentucky Moderate Parenteral

1980 - Present Licensed to practice Dentistry in Kentucky

### **Faculty:**

2019 - Present Idaho State University School of Dental Science GPR Affiliate Faculty

2016 - Present Oregon Health Science University Affiliate Faculty

2016 - Present DOCS Education IV Sedation Faculty

2013 - Present Dental Organization for Continuing Sedation Education (DOCS)

### **Study Clubs:**

Past President L.D. Pankey Study Club of Kentucky

### **Associations:**

Academy of General Dentistry

American Dental Association

American Dental Society of Anesthesiology

International Federation of Dental Anesthesiology Society

DOCS Education

Donated Dental Services

Past President, Northern Kentucky Dental Society 1991-1992, 1995-1996

Past Vice-President Kentucky Dental Association

Past Board Member Kentucky Academy of General Dentistry

**Awards & Recognition:**

- 2016 DOCS, Dental Organization for Continuing Sedation Education  
Diplomate and Luminary Award
- 2013 Academy of General Dentistry, Life-Long Service Recognition Award
- 2001 Masters Academy of General Dentistry 8-4-01
- 1998 Kentucky Dental Association, Fellowship Award
- 1996 Fellowship American College of Dentistry 9-27-96
- 1993 Fellowship Academy of General Dentistry

**Community Service:**

- 1993-1995 Past President, Director Emeritus, Rosedale Manor Nursing Home, Active Board Member 15 years
- 1980–Present Founding Member Northern Kentucky State College Alumni Association now Northern Kentucky University
- 1984-1985 Founding Member of the Latonia Business Association, Past President  
Volunteer/Professional Firefighter/EMT (7 years) Taylor Mill Fire Department  
Volunteered – Northern Kentucky Medical Reserve Corp.

**Professional Experience:**

- 2013-Present Speaker, and Educator on Dental Topics
- 1980-Present Private Practice

**Positions Held:**

- 2013-Present DOCS Education Forum Moderator
- 2013-Present DOCS Education Faculty

**Media Interviews:**

- 2013-Present Contributor to The Incisor Newsletter

**Associations:**

- Academy of General Dentistry
- American Dental Association
- American Dental Society of Anesthesiology
- International Federation of Dental Anesthesiology Society
- DOCS Education
- Donated Dental Services
- Past President, Northern Kentucky Dental Society 1991-1992, 1995-1996
- Past Vice-President Kentucky Dental Association
- Past Board Member Kentucky Academy of General Dentistry

**Clinics and Courses Presented to Universities or Professional Organizations:**

- August 2019 Oral Sedation Recertification  
Memphis, TN
- August 2019 IV Sedation Recertification  
Memphis, TN
- August 2019 Master Series: Advanced Sedation  
Memphis, TN
- August 2019 Airway Management Hands-on Program  
Memphis, TN

July 2019	IV Sedation Certification Lexington, KY
June 2019	IV Sedation Certification Lexington, KY
May 2019	Oral Sedation Recertification Arlington, VA
May 2019	IV Sedation Recertification Arlington, VA
May 2019	Master Series: Advanced Sedation Arlington, VA
May 2019	Airway Management Hands-on Program Arlington, VA
May 2019	IV Sedation Certification Lexington, KY
April 2019	IV Sedation Certification Lexington, KY
February 2019	Oral Sedation Recertification San Diego, CA
February 2019	Master Series: Advanced Sedation San Diego, CA
February 2019	Airway Management Hands-on Program San Diego, CA
November 2018	Oral Sedation Recertification Scottsdale, AZ
November 2018	Master Series: Advanced Sedation Scottsdale, AZ
November 2018	Airway Management Hands-on Program Scottsdale, AZ
September 2018	IV Sedation Certification Lexington, KY
August 2018	Oral Sedation Recertification Atlanta, GA
August 2018	IV Sedation Recertification Atlanta, GA
August 2018	Master Series: Advanced Sedation Atlanta, GA
August 2018	Airway Management Hands-on Program Atlanta, GA
May 2018	Oral Sedation Recertification Chicago, IL
May 2018	IV Sedation Recertification Chicago, IL
May 2018	Master Series: Advanced Sedation Chicago, IL
May 2018	Airway Management Hands-on Program Chicago, IL
February 2018	Oral Sedation Recertification San Francisco, CA
February 2018	Master Series: Advanced Sedation San Francisco, CA

February 2018	Airway Management Hands-on Program San Francisco, CA
November 2017	Oral Sedation Recertification Bellevue, WA
November 2017	Master Series: Advanced Sedation Bellevue, WA
November 2017	Airway Management Hands-on Program Bellevue, WA
August 2017	Oral Sedation Recertification Memphis, TN
August 2017	IV Sedation Recertification Memphis, TN
August 2017	Master Series: Advanced Sedation Memphis, TN
August 2017	Airway Management Hands-on Program Memphis, TN
July 2017	IV Sedation Certification OSHU
May 2017	Oral Sedation Recertification Reston, VA
May 2017	IV Sedation Recertification Reston, VA
May 2017	Master Series: Advanced Sedation Reston, VA
May 2017	Airway Management Hands-on Program Reston, VA
February 2017	Oral Sedation Recertification Newport Beach, CA
February 2017	Master Series: Advanced Sedation Newport Beach, CA
February 2017	Airway Management Hands-on Program Newport Beach, CA

**Dr. Wellbrock has presented dozens of courses between 2013 and 2020. For a full list, ask DOCS Education.**



## CAROL A. WILSON, DMD

527 Wellington Way, Ste.120  
Lexington, KY 40503  
859.223.4644  
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### Education:

- 2006 DMD University of Kentucky College of Dentistry  
With Distinction- Top 20% of Class, GPA 3.81
- 2002 Morehead State University  
Summa Cum Laude, GPA 4.0

### Postdoctoral Training:

- Externship Oral and Maxillofacial Surgery, University of Kentucky  
University of Kentucky College of Dentistry  
Chandler Medical Center  
Lexington, KY 40536  
859.323.5749
- Externship Jack Lenihan, DMD  
800 Violet Road  
Crittenden, KY 41030  
859.428.3100
- 2018 Rutkowski PRP/PRF Bone Grafting Training
- 2017 DOCS & OHSU IV Sedation Training
- 2017 SWAT- Patient Relation
- 2016 DOCS Conscious Oral Sedation Training
- 2016 OsteoReady Implant Mini Residency (Now Little Implant Company)
- 2016 Advanced Cardiac Life Support Certified
- 2015 Facially Generated Treatment Planning, Spear Institute Seminar
- 2015 Dental Bootcamp
- 2015 Cerec Three Dimensional Imaging and Milling
- 2014 Sybron Endodontic Hands on Course
- 2010 Brasseler Endodontic Hands on Course
- 2006 Maintain CE for each renewal cycle courses include OSA, practice management, restorative dentistry, restoring the worn dentition, Implant restoration, OSHA and HIPPA compliance.

**Licensure & Certification:**

2006 - Present	Licensed to Practice Dentistry in Kentucky
2006 - Present	DEA Licensed
2006 - Present	Basic Life Support
2010	Dental Expert Witness - Nicholasville, KY
2006 - Present	Advanced Cardiac Life Support
2006 - Present	Anesthesia Permit in Kentucky - Moderate Parenteral

**Faculty:**

2019 - Present	DOCS Education IV Sedation Clinical Instructor
2018 - Present	Associate Clinical Instructor, Little Implant Company
2006 - 2007	Part time Prosthodontic Clinical Instructor, UKCD

**Associations:**

2002 - 2006	American Student Dental Association
2002 - 2006	American Association of Women Dentists
2006 - 2008	American Dental Association
2006 - 2008	Kentucky Dental Association
2006 - 2007	Lexington Dental Implant Society

**Study Clubs:**

2015 - Present	Spear Study Club
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**Awards & Recognitions:**

2006	Excellence in Prosthodontics
2006	Outstanding Radiology Student
2006	Omicron Kappa Upsilon Dental Honor Society
2004	Susan McEvoy Scholarship
2003 - 2006	Dean's Scholarship
2001 - 2002	Phi Kappa Phi Honoree and Scholarship Recipient
2001	Cardinal Key Inductee
2000	Harrison Electric Cooperative Scholarship
2000	General Human Science Scholarship
1999 - 2002	Presidential Scholarship, Governor's Scholar
1999 - 2002	Academic Honor's Scholarship

**Institutional Committees:**

2005 - Present Associate Member of the UKCD Admissions Committee

2015 - 2016 Brookside Elementary Site Based Decision Making Council

2013 - 2014 President Jessamine Early Learning Village PTO

2004 - 2006 President American Association of Women Dentists

2004 - 2006 UKCD Student Clinical Advisory Committee

2004 - 2006 Voting Member of UKCD Admissions Committee

2003 Physiology Review Committee, Dental School Member

2002 - 2009 Professional Education Preparation Program (PEPP) Dental Experiential Coordinator

2000 - 2002 Baptist Student Union Council Member.

2000 - 2002 Student Alumni Ambassador, Secretary

**National Presentations:**

2000 "Application of Plato's 'Capital Ideas'", National Honors Conference, Washington, D.C

2000 "Euthanasia", National Honors Conference, Washington, D.C

**Presentations To Predoctoral Students:**

2007 Authored Prosthodontic Unit Exam, UKCD

2001 "Food Mythology, Food Symbolism, and the Manipulation of the American Consumer, Honor's Round Table

2001 "Beauty and Aesthetic Quality", Honor's Round Table

**Media Content:**

2019 Created YouTube Videos to Assist Participating Dentists in the DOCS IV Sedation Curriculum with record keeping and EKG Monitoring

**Professional Experience:**

2016 - Present Associate Dentist, Dental Wellness of Lexington

2017 - 2019 Locum Tenen Dentist, Dentistry for Today

2015 - 2017 Locum Tenen Dentist, Susan Couzens, DMD

2014 - 2016 Associate Dentist, Immediadent

2010 - 2014 Owner, Jessamine Dental

2009 - 2010 Locum Tenen Dentist, Malcom Miracle, DMD, Jessamine Dental

2006 - 2007 Part Time Faculty Member of Prosthodontics, UKCD

2006 - 2009 Associate Dentist, Jack Lenihan, DMD

**Clinics & Courses Presented:**

May 2018	IV Sedation Clinical Instruction for DOCS/OHSU Course
September 2018	IV Sedation Clinical Instruction for DOCS/OHSU Course
January 2019	IV Sedation Clinical Instruction for DOCS/OHSU Course
April 2019	IV Sedation Clinical Instruction for DOCS/OHSU Course
May 2019	IV Sedation Clinical Instruction for DOCS/OHSU Course
June 2019	IV Sedation Clinical Instruction for DOCS/OHSU Course
July 2019	IV Sedation Clinical Instruction for DOCS/OHSU Course
September 2019	IV Sedation Clinical Instruction for DOCS/OHSU Course

**Community Service:**

2017 - Present	Associate Dentist, Dental Wellness of Lexington
2018, 2019	Volunteer at Smiles From the Heart, Bowling Green, KY
2017	Volunteer at Gift of Smiles, Lexington, KY
2016 - 2017	YMCA Assistant Soccer Coach
2015 - 2016	Council of Councils Site Based Council Jessamine County
2013 - 2014	Southland Christian Church Weekend Story Teller Youth

**Ministry:**

2012	Refuge Clinic
2013	Volunteer at Smiles From the Heart, Bowling Green, KY
2012, 2015	Presentation on Oral Health, Brookside Elementary
2007	YMCA Assistant Soccer Coach
2006 - 2011	Southland Christian Church "The Zone" Ministry
2004 - 2005	Sealant Project at Kentucky State Fair
2005	University of Kentucky Summer Dental Camp Counselor
2003, 2016	Jesus Prom
2002 - 2006, 2018	University of Kentucky College of Dentistry Fall Open House
2003 - 2005	Race for the Cure
2003	God's Pantry
2002, 2006	Saturday Morning Clinic

### Private Practice

Phoenix Arizona General Dentist since June, 1989, concentrating on Full Mouth Reconstruction with an emphasis on Reconstructive and Cosmetic Dentistry.

### Post-Doctorate Training

CAD/CAM Advanced Training – 2009

Advanced Laser Training for Diode, Erbium, Chromium, Yttrium, Scandium, Gallium, Garnett lasers

Dentrix Approved Beta Testing – 2005

ACLS Certified since 2013

Over 3,500 hours of continuing education since 1989 including: implants, advanced removable and fixed prosthetics, treatment planning, diagnosis, radiographs, CBCT scans, operative dentistry, dental management, OSHA training, sedation dentistry, and sleep apnea.

### Home Address

104 Kenton Court

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859.492.2735

carolwilsondmd@yahoo.com



## **JAMES BOVIA, VP OF EDUCATION**

Life Support Services, Inc.  
4343 Concourse Dr, Ste. 300  
Ann Arbor, MI 48108  
(734) 973-9320  
jamesbovia@gmail.com

### **Objective:**

It is Jim's objective to enhance the ability of primary care physicians and dentists to deliver effective emergency treatment when presented with the rare occurrence until EMS arrives.

### **Employment:**

1995-Present	Vice President – Life Support Services, Inc. Oversees the annual training of 16,000 medical professionals in Basic Life Support, Advanced Cardiac Life Support, Pediatric Advanced Life Support, and trauma management.
1994-2000 2004-2015	Paramedic – Huron Valley Ambulance.
2000-2004	Emergency room technician - University of Michigan Hospital .
1989-1994	Basic EMT Washtenaw county jail medical unit .
1989-1994	Fire fighter Sumpter twp fire fighter.

### **University of Michigan Emergency Department**

#### **Education:**

1985	Lincoln High school
1988 - 1992	Life Support Services Inc. EMT and Paramedic training.

### **Consultant in Pre-Hospital Care and Acute Intervention:**

2016 - Current	Lincoln High school
2010 - Current	Life Support Services Inc. EMT and Paramedic training.

### **Program Development:**

2015	Designed an Emergency Management Course for Dentists incorporating advanced airway maneuvers.
2007	Customized the American Heart Association's Advanced Cardiac Life Support to fit the challenges of the free standing Dental office.

Has Provided Emergency Medical Training to the following organizations:

- Berry Center LLC
- Blake Woods Surgery Center
- Bloomfield Children's Dentistry
- Fred Bonine, DDS, Brighton, MI
- Cardiology & Vascular Associates
- Central Michigan Community Hospital
- Central Michigan University
- Chelsea Community Hospital
- Dental Organization for Conscious Sedation
- Eaton Rapids Medical Center
- Anthony Feck, DDS Lexington, KY
- Great Lakes Heart & Vascular Institute
- Harbor Beach Medical Center
- Henry Ford Hospital
- Independent Anesthesia
- Ingham Regional Medical Center Emergency Department
- LaRabida Children's Hospital
- NorthWest Anesthesia Seminars
- Oakwood Healthcare System
- Orthopedic Associates
- St Joes Mercy Livingston Hospital, Ann Arbor, Livingston, Pontiac, MI
- Government of Turks & Caicos
- University of Michigan Health Systems
- UnaSource Surgery Center
- VA Healthcare System
- Woods Mill Anesthesia

Home Address:

2178 Cobblestone Creek Dr.  
Pinckney, MI 48169  
(734) 368-3248

**EXHIBIT B**

# 2020

## Module 1 (Chapters 1-6)

	Instructor	Segment Length
<b>INTRODUCTION TO IV SEDATION DENTISTRY 1</b>	Tony Feck	1:31:00
<b>Workbook pages: I 1 - 8</b>		0:12:00
<b>IV SEDATION VOYAGE (ANATOMY &amp; PHYSIOLOGY) 2</b>	Tony Feck	1:07:42
<b>Workbook pages: II 1 - 26</b>		0:52:00
<b>PHARMACOLOGY FOR THE IV SEDATION PROCEDURE 3</b>	Tony Feck	2:21:29
<b>Workbook pages: III 1 - 28</b>		0:56:00
<b>MONITORING FOR THE IV SEDATION PROCEDURE 4</b>	Tony Feck	0:28:36
<b>Workbook pages: IV 1 - 15</b>		0:30:00
<b>LOCAL ANESTHETICS 5</b>	Tony Feck	0:27:23
<b>Workbook pages: V 1 - 19</b>		0:38:00
<b>PRE-OPERATIVE ENTERAL SEDATION FOR IV SEDATION 6</b>	Tony Feck	0:24:43
<b>Workbook pages: VI 1 - 16</b>		0:32:00
Test. End of Session 1		0:30:00
Office Hour Session 1 Review test and questions with instructor	Jerry Wellbrock	1:00:00

## Module 2 (Chapters 7-12)

	Instructor	Part 1 - Segment Length
<b>NITROUS OXIDE 7</b>	Tony Feck	1:13:01
<b>Workbook pages: VII 1 - 36</b>		1:12:00
<b>AIRWAY MAINTENANCE &amp; MANAGEMENT 8</b>	Tony Feck	1:54:50
<b>Workbook pages: VIII 1 - 25</b>		0:50:00
<b>VENIPUNCTURE 9</b>	Tony Feck	0:58:43
<b>Workbook pages: IX 1 - 8</b>		0:16:00
<b>IV SEDATION PROTOCOLS 10</b>	Tony Feck	0:30:03
<b>Workbook pages: X 1 - 12</b>		0:24:00
<b>IV SEDATION COMPLICATIONS 11</b>	Tony Feck	0:20:47
<b>Workbook pages: XI 1 - 8</b>		0:16:00
<b>IV SEDATION CHALLENGES 12</b>	Tony Feck	0:21:02
<b>Workbook pages: XII 1 - 11</b>		0:22:00
Test. End of Session 2		0:30:00
Office Hour Session 2 Review test and questions with instructor	Jerry Wellbrock	1:00:00

## Module 3 (Chapters 13-19)

	Instructor	Part 1 - Segment Length
<b>NEW DRUGS 2018 13</b>	Leslie Fang	1:17:40
<b>Workbook pages: XIII 1 - 8</b>		0:16:00
<b>PATIENT ASSESSMENT 14</b>	Leslie Fang	3:48:35
<b>Workbook pages: XIV 1 - 35</b>		1:10:00
<b>PROSTHETIC JOINT 15</b>	Leslie Fang	0:34:19
<b>Workbook pages: XV 1 - 7</b>		0:14:00
<b>POST-SEDATION ANALGESIA 16</b>	Leslie Fang	0:32:09
<b>Workbook pages: XVI 1 - 4</b>		0:08:00
<b>BLEEDING DIATHESIS 17</b>	Leslie Fang	0:32:16
<b>Workbook pages: XVII 1 - 12</b>		0:22:00
<b>ANTIBIOTICS FOR ODONTOGENIC INFECTIONS 18</b>	Leslie Fang	0:36:02
<b>Workbook pages: XVIII 1 - 10</b>		0:20:00
<b>CARDIAC RHYTHM REVIEW 19</b>	Leslie Fang	0:58:25
<b>Workbook pages: XIX 1 - 19</b>		0:38:00

<b>NEW ADA POLICY FOR OPIOID PRESCRIPTIONS (to include T. C. A. § 63-1-402)</b>	Leslie Fang	2:24:04
		0:30:00
Test. End of Session 3	Jerry Wellbrock	1:00:00
Office Hour Session 3 Review test and questions with instructor	Instructor	Part 1 - Segment Length
<u>Module 3 (Chapters 20-24)</u>	Leslie Fang	1:13:14
<b>CASE EXAMPLES I 20</b>		0:42:00
<b>Workbook pages: XX 1 - 21</b>	Leslie Fang	0:45:47
<b>CASE EXAMPLES II 21</b>		0:40:00
<b>Workbook pages: XXI 1 - 20</b>	Tony Feck	0:50:45
<b>IV SEDATION RECORD-KEEPING, DISPENSING, AND DEA COMPLIANCE 22</b>		0:32:00
<b>Workbook pages: XXII 1 - 16</b>	Tony Feck	0:56:41
<b>IV SEDATION CASE EXAMPLES 23</b>		0:32:00
<b>Workbook pages: XXIII 1 - 16</b>	Tony Feck	0:40:44
<b>OFFICE INSPECTION 24</b>		0:16:00
<b>Workbook pages: XXIV 1 - 8</b>		0:22:31
<b>Clinic instruction videos</b>		0:28:00
<b>Workbook page: Appendix</b> Final Test. End of Session Didactic		0:30:00
Office Hour Session 4 Review test and questions with instructor - Clinic instruction and review videos and full review of any chapters that they want to go back over before the clinical session. They will still have access to the full course. (Many will probably want to go back to chapters 10-12 to review)	Jerry Wellbrock	1:00:00
	Jim Bovia	3:30:00
Medical Emergency Training Video	Feck/Bovia	10:00:00
Didactic lectures at clinic site (day 1 session)	Feck	30:00:00
20 Patients - clinical 3 days		2:00:00
Final Exam - 75 Questions		

**EXHIBIT C**

# Idaho State UNIVERSITY

Department of Dental Sciences  
Idaho Dental Education Program  
921 South 8th Avenue, Stop 8088 • Pocatello, Idaho 83209-8088

October 09, 2019

To whom it may concern,

Since 2019, the DOCS Education IV Sedation Certification course has been taught under the auspices of the Idaho State University Department of Dental Sciences. The Idaho Advanced Education in General Dentistry is an ADA-recognized educational and CODA accredited program.

Respectfully,



Brian R. Crawford, DDS, FICD  
Chair, Department of Dental Science  
Program Director, Idaho AEGD  
Idaho State University  
921 S. 8th Ave, Stop 8088  
Pocatello, ID 83209  
(208)282-5275



Office of Lifelong Learning

10/23/19

To Whom It May Concern:

Since 2019, the DOCS Education IV Sedation Certification course has been taught under the auspices of Meharry Medical College School of Dentistry an ADA-CERP educational institution.

Sincerely,

A handwritten signature in cursive script that reads "Allyson F. Fleming".

Allyson F. Fleming, Ed.D, Director  
Meharry Medical College  
Office of Lifelong Learning  
Continuing Medical Education  
Continuing Dental Education  
[afleming@mmc.edu](mailto:afleming@mmc.edu) email  
(615) 327-6009 work  
(615) 260-6324 cell  
(615) 327-6133 fax



CHAPTER 29  
SEDATION AND NITROUS OXIDE  
[Prior to 5/18/88, Dental Examiners, Board of[320]]

**650—29.1(153) Definitions.** For the purpose of these rules, relative to the administration of deep sedation, general anesthesia, moderate sedation, minimal sedation, and nitrous oxide inhalation analgesia by licensed dentists, the following definitions shall apply:

“*ACC*” means the anesthesia credentials committee of the board.

“*ASA*” refers to the American Society of Anesthesiologists Patient Physical Status Classification System. Category I means normal healthy patients, and category II means patients with mild systemic disease. Category III means patients with severe systemic disease, and category IV means patients with severe systemic disease that is a constant threat to life.

“*Board*” means the Iowa dental board established in Iowa Code section 147.14(1)“*d.*”

“*Capnography*” means the monitoring of the concentration of exhaled carbon dioxide in order to assess physiologic status or determine the adequacy of ventilation during anesthesia.

“*Current ACLS or PALS certification*” means current certification in advanced cardiac life support (ACLS) or pediatric advanced life support (PALS). Current certification means certification by an organization on an annual basis or, if that certifying organization requires certification on a less frequent basis, evidence that the individual has been properly certified for each year covered by the renewal period. The course for the purposes of certification must include a clinical component.

“*DAANCE*” means the dental anesthesia assistant national certification examination as offered by the American Association of Oral and Maxillofacial Surgeons (AAOMS).

“*Deep sedation*” means drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

“*Facility*” means any dental office or clinic where sedation is used in the practice of dentistry. The term “*facility*” does not include a hospital.

“*General anesthesia*” means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

“*Licensed sedation provider*” means a physician anesthesiologist currently licensed by the Iowa board of medicine or a certified registered nurse anesthetist (CRNA) currently licensed by the Iowa board of nursing.

“*Minimal sedation*” means a minimally depressed level of consciousness produced by a pharmacological method that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. A patient whose only response reflex is withdrawal from repeated painful stimuli is not considered to be in a state of minimal sedation.

“*Moderate sedation*” means a drug-induced depression of consciousness, either by enteral or parenteral means, during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. A patient whose only response reflex is withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.

“*Monitoring nitrous oxide inhalation analgesia*” means continually observing the patient receiving nitrous oxide and recognizing and notifying the dentist of any adverse reactions or complications.

“*MRD*” means the manufacturer’s maximum recommended dose of a drug as printed in FDA-approved labeling.

“*Nitrous oxide inhalation analgesia*” refers to the administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

“*Patient monitor*” means a dental assistant, dental hygienist, nurse or dentist whose primary responsibility is to continuously monitor a patient receiving moderate sedation, deep sedation or general anesthesia until the patient meets the criteria to be discharged to the recovery area.

“*Pediatric*” means patients aged 12 or under.

“*Permit holder*” means an Iowa licensed dentist who has been issued a moderate sedation or general anesthesia permit by the board.

“*Time-oriented anesthesia record*” means documentation at appropriate time intervals of drugs, doses and physiologic data obtained during patient monitoring.

[ARC 4556C, IAB 7/17/19, effective 8/21/19]

**650—29.2(153) Advertising.** A dentist shall ensure that any advertisements related to the availability of anti-anxiety premedication or minimal sedation clearly reflect the level of sedation provided and are not misleading.

[ARC 4556C, IAB 7/17/19, effective 8/21/19]

**650—29.3(153) Nitrous oxide inhalation analgesia.**

**29.3(1)** A dentist may use nitrous oxide inhalation analgesia sedation on an outpatient basis for dental patients provided the dentist has completed training and complies with the following:

- a. Has adequate equipment with fail-safe features.
- b. Has routine inspection, calibration, and maintenance on equipment performed every two years and maintains documentation of such and provides documentation to the board upon request.
- c. Ensures the patient is continually monitored by a patient monitor while receiving nitrous oxide inhalation analgesia.

**29.3(2)** A dentist shall provide direct supervision of the administration and monitoring of nitrous oxide and establish a written office protocol for taking vital signs, adjusting anesthetic concentrations, and addressing emergency situations that may arise. The dentist shall be responsible for dismissing the patient following completion of the procedure.

**29.3(3)** A dental hygienist may administer and monitor nitrous oxide inhalation analgesia provided the services have been prescribed by a dentist and the hygienist has completed training while a student in an accredited school of dental hygiene or a board-approved course of training.

**29.3(4)** A dental assistant may monitor a patient who is under nitrous oxide after the dentist has induced a patient and established the maintenance level, provided the dental assistant has completed a board-approved expanded function course. A dental assistant may make adjustments to decrease the nitrous oxide concentration while monitoring the patient or may turn off oxygen delivery at the completion of the dental procedure.

**29.3(5)** Record keeping. The patient chart must include the concentration administered and duration of administration, as well as any vital signs taken.

[ARC 4556C, IAB 7/17/19, effective 8/21/19]

**650—29.4(153) Minimal sedation standards.**

**29.4(1)** A dentist shall evaluate a patient prior to the start of any sedative procedure. In healthy or medically stable patients (ASA I, II), the dentist should review the patient’s current medical history and medication use. For a patient with significant medical considerations (ASA III, IV), a dentist may need to consult with the patient’s primary care provider or consulting medical specialist. A dentist shall obtain informed consent from the patient or the patient’s parent or legal guardian prior to providing minimal sedation.

**29.4(2)** Record keeping. A time-oriented anesthesia record must be maintained and must contain the names of all drugs administered, including local anesthetics and nitrous oxide, dosages, time administered, and monitored physiological parameters, including oxygenation, ventilation, and circulation.

**29.4(3)** Minimal sedation for ASA I or II nonpediatric patients.

*a.* A dentist may prescribe or administer a single medication for minimal sedation via the enteral route that does not exceed the MRD for unmonitored home use. A dentist may administer a supplemental dose of the same drug provided the total aggregate dose does not exceed 1.5 times the MRD on the day of treatment. The dentist shall not administer a supplemental dose until the clinical half-life of the initial dose has passed.

*b.* A dentist may administer a single medication for minimal sedation via the enteral route that does not exceed the MRD for monitored use on the day of treatment.

*c.* A dentist may utilize nitrous oxide inhalation analgesia in combination with a single enteral drug.

**29.4(4)** Minimal sedation for ASA III, ASA IV or pediatric patients.

*a.* A dentist may prescribe or administer a single medication for minimal sedation via the enteral route for ASA III or IV patients or pediatric patients that does not exceed the MRD for unmonitored home use.

*b.* A dentist may administer a single medication for minimal sedation via the enteral route that does not exceed the MRD for monitored use on the day of treatment.

*c.* A dentist may administer nitrous oxide inhalation analgesia for minimal sedation of ASA III or IV patients or pediatric patients provided the concentration does not exceed 50 percent and is not used in combination with any other drug.

[ARC 4556C, IAB 7/17/19, effective 8/21/19]

#### **650—29.5(153) Shared standards for moderate sedation, deep sedation and general anesthesia.**

**29.5(1)** Prior to administering moderate sedation, deep sedation or general anesthesia, a dentist must obtain a current moderate sedation permit or general anesthesia permit pursuant to rule 650—29.11(153).

**29.5(2)** A dentist administering moderate sedation, deep sedation or general anesthesia must maintain current ACLS certification. A dentist administering moderate sedation to pediatric patients may maintain current PALS certification in lieu of current ACLS certification.

**29.5(3)** A dentist shall evaluate a patient prior to the start of any sedative procedure. A dentist should review a patient's medical history, medication(s) and NPO (nothing by mouth) status. For a patient with significant medical considerations (ASA III, IV), a dentist may need to consult with the patient's primary care provider or consulting medical specialist. The dentist should consult the body mass index as part of the preprocedural workup.

**29.5(4)** A dentist who administers sedation or anesthesia shall ensure that each facility where sedation services are provided is appropriately staffed to reasonably handle emergencies incident to the administration of sedation. A patient monitor shall be present in the treatment room and continually monitor the patient until the patient returns to a level of minimal sedation.

**29.5(5)** The dentist must provide postoperative verbal and written instructions to the patient and caregiver prior to discharging the patient.

**29.5(6)** The dentist must not leave the facility until the patient meets the criteria for discharge.

**29.5(7)** The dentist or another designated permit holder or licensed sedation provider must be available for postoperative aftercare for a minimum of 48 hours following the administration of sedation.

**29.5(8)** The dentist must establish emergency protocols which comply with the following:

*a.* A dentist must establish a protocol for immediate access to backup emergency services;

*b.* A patient monitor shall employ initial life-saving measures in the event of an emergency and shall activate the EMS system for life-threatening complications;

*c.* A dentist who utilizes an immobilization device must avoid chest or airway obstruction when applying the device and shall allow a hand or foot to remain exposed; and

*d.* The recovery room for a pediatric patient must include a functioning suction apparatus as well as the ability to provide >90% oxygen and positive-pressure ventilation, along with age- and size-appropriate rescue equipment.

**29.5(9) Record keeping.** A time-oriented anesthesia record must include preoperative and postoperative vital signs, drugs administered, dosage administered, anesthesia time in minutes, and monitors used. Pulse oximetry, heart rate, respiratory rate, and blood pressure must be recorded continually until the patient is fully ambulatory. The chart should contain the name of the person to whom the patient was discharged.

[ARC 4556C, IAB 7/17/19, effective 8/21/19]

#### **650—29.6(153) Moderate sedation standards.**

**29.6(1) Moderate sedation for ASA I or II nonpediatric patients.**

*a.* A dentist may prescribe or administer a single enteral drug in excess of the MRD on the day of treatment.

*b.* A dentist may prescribe or administer a combination of more than one enteral drug.

*c.* A dentist may administer a medication for moderate sedation via the parenteral route.

*d.* A dentist may administer a medication for moderate sedation via the parenteral route in incremental doses.

*e.* A dentist shall ensure the drug(s) or techniques, or both, carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

*f.* A dentist may administer nitrous oxide with more than one enteral drug.

**29.6(2) Moderate sedation for ASA III, ASA IV or pediatric patients.** A dentist who does not meet the requirements of paragraph 29.11(3) “c” is prohibited from administering moderate sedation to pediatric or ASA III or IV patients. The following constitutes moderate sedation:

*a.* The use of one or more enteral drugs in combination with nitrous oxide.

*b.* The administration of any intravenous drug.

**29.6(3)** A dentist administering moderate sedation in a facility shall have at least one patient monitor observe the patient while under moderate sedation. The patient monitor shall be capable of administering emergency support and shall complete one of the following:

*a.* A minimum of three hours of on-site training in airway management that provides the knowledge and skills necessary for a patient monitor to competently assist with emergencies including, but not limited to, recognizing apnea and airway obstruction;

*b.* Current ACLS or PALS certification; or

*c.* Current DAANCE certification.

**29.6(4)** Use of capnography or pretracheal/precordial stethoscope is required for moderate sedation providers.

*a.* All moderate sedation permit holders shall use capnography to monitor end-tidal carbon dioxide unless the use of capnography is precluded or invalidated by the nature of the patient, procedure or equipment.

*b.* In cases where the use of capnography is precluded or invalidated for the reasons listed previously, a pretracheal or precordial stethoscope must be used to continually monitor the auscultation of breath sounds at all facilities where licensed sedation providers provide sedation.

[ARC 4556C, IAB 7/17/19, effective 8/21/19]

#### **650—29.7(153) Deep sedation or general anesthesia standards.**

**29.7(1)** The administration of anesthetic sedative agents intended for deep sedation or general anesthesia, including but not limited to Propofol, Ketamine and Dilaudid, shall constitute deep sedation or general anesthesia.

**29.7(2)** A dentist shall have at least two patient monitors observe the patient while the patient is under deep sedation or general anesthesia. The patient monitors who observe patients under deep sedation or general anesthesia shall be capable of administering emergency support and shall have completed one of the following:

*a.* Current ACLS or PALS certification; or

*b.* Current DAANCE certification.

**29.7(3)** A dentist shall use capnography and a pretracheal/precordial stethoscope.

**29.7(4)** If the dentist has a recovery area separate from the operator, the recovery area must have oxygen and suction equipment.

[ARC 4556C, IAB 7/17/19, effective 8/21/19]

**650—29.8(153) Facility and equipment requirements for moderate sedation, deep sedation or general anesthesia.**

**29.8(1)** Change of address or addition of facility location(s). A permit holder shall notify the board office in writing within 60 days of a change in location or the addition of a sedation facility.

**29.8(2)** Facilities shall be permanently equipped. A dentist who administers moderate sedation, deep sedation or general anesthesia in a facility is required to be trained in and maintain, at a minimum, the following equipment to be properly equipped:

- a.* Electrocardiogram (EKG) monitor;
- b.* Positive pressure oxygen;
- c.* Suction;
- d.* Laryngoscope and blades;
- e.* Endotracheal tubes;
- f.* Magill forceps;
- g.* Oral airways;
- h.* Stethoscope;
- i.* Blood pressure monitoring device;
- j.* Pulse oximeter;
- k.* Emergency drugs;
- l.* Defibrillator;
- m.* Capnography machine to monitor end-tidal carbon dioxide;
- n.* Pretracheal or precordial stethoscope; and
- o.* Any additional equipment necessary to establish intravascular or intraosseous access, which shall be available until the patient meets discharge criteria.

**29.8(3)** The board or designated agents of the board may conduct facility inspections. The actual costs associated with the on-site evaluation of the facility shall be the primary responsibility of the licensee. The cost to the licensee shall not exceed the fee specified in 650—Chapter 15.

[ARC 4556C, IAB 7/17/19, effective 8/21/19]

**650—29.9(153) Use of another licensed sedation provider or permit holder.**

**29.9(1)** A dentist may only use the services of a licensed sedation provider or another permit holder to administer moderate sedation, deep sedation, or general anesthesia in a dental facility if the dentist holds a current moderate sedation or general anesthesia permit. A permit holder who does not meet the training requirement in paragraph 29.11(3) “*c*” to administer moderate sedation to pediatric or ASA III or IV patients may use a licensed sedation provider or another qualified permit holder to administer moderate sedation to pediatric or ASA III or IV patients. A dentist who does not hold a sedation permit is prohibited from using a licensed sedation provider or permit holder to provide moderate sedation, deep sedation or general anesthesia.

**29.9(2)** The dentist must remain present in the treatment room for the duration of any dental treatment.

**29.9(3)** When a licensed sedation provider or another permit holder is used to administer moderate sedation, deep sedation or general anesthesia, that provider constitutes one patient monitor for the purpose of complying with subrule 29.6(3) or 29.7(2).

**29.9(4)** A permit holder who has a licensed sedation provider or another permit holder administer moderate sedation, deep sedation or general anesthesia services must maintain a permanently and properly equipped facility pursuant to the provisions of this chapter.

**29.9(5)** A permit holder shall assess the need and the patient suitability for sedation services. A permit holder shall not interfere with any independent assessment performed by a licensed sedation provider.

[ARC 4556C, IAB 7/17/19, effective 8/21/19]

**650—29.10(153) Reporting of adverse occurrences related to sedation or nitrous oxide.**

**29.10(1)** All licensed dentists must submit a report to the board office within a period of seven days of any mortality related to sedation or nitrous oxide or any other incident related to sedation or nitrous oxide which results in the patient receiving inpatient treatment at a hospital or clinic. The report shall include a complete copy of the patient record and include responses to the following:

- a. Description of dental procedure.
- b. Description of preoperative physical condition of patient.
- c. List of drugs and dosage administered.
- d. Description, in detail, of techniques utilized in administering the drugs utilized.
- e. Description of adverse occurrence:
  - (1) Description, in detail, of symptoms of any complications, to include but not be limited to onset, and type of symptoms in patient.
  - (2) Treatment instituted on the patient.
  - (3) Response of the patient to the treatment.
- f. Description of the patient's condition on termination of any procedures undertaken.

**29.10(2)** Failure to report an adverse occurrence, when the occurrence is related to the use of sedation or nitrous oxide, may result in disciplinary action.

[ARC 4556C, IAB 7/17/19, effective 8/21/19]

**650—29.11(153) Requirements for issuance of a moderate sedation or general anesthesia permit.**

**29.11(1)** No dentist shall administer moderate sedation, deep sedation or general anesthesia for dental patients unless the dentist possesses a current permit issued by the board.

**29.11(2)** A dentist who intends to obtain a sedation permit must submit a completed application and pay the fee specified in 650—Chapter 15.

**29.11(3)** To qualify for a moderate sedation permit, the applicant shall have successfully completed the following education and training:

- a. A training program, approved by the board, that consists of a minimum of 60 hours of instruction and management of at least 20 patients, or an accredited residency program that includes formal training and clinical experience in moderate sedation.
- b. Training that includes rescuing patients from a deeper level of sedation than intended, including managing the airway, intravascular or intraosseous access, and reversal medications.
- c. For a dentist who intends to utilize moderate sedation on pediatric or ASA III or IV patients: an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric or ASA III or IV patients.

**29.11(4)** To qualify for a general anesthesia permit, the applicant shall have successfully completed the following education and training:

- a. An advanced education program accredited by the Commission on Dental Accreditation that provides training in deep sedation and general anesthesia.
- b. A minimum of one year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level, in a training program approved by the ACC.
- c. Formal training in airway management.
- d. Current ACLS certification.

**29.11(5)** Prior to issuance of a new permit, all facilities where the applicant intends to provide sedation services must have passed inspection by the board or designated agent.

**29.11(6)** The applicant may be required to complete a peer review evaluation, if requested by the ACC, prior to issuance of a permit.

[ARC 4556C, IAB 7/17/19, effective 8/21/19]

**650—29.12(153) ACC.**

**29.12(1)** The ACC shall be chaired by a member of the board and shall include at least six additional members who are licensed to practice dentistry in Iowa. At least four members of the ACC shall hold deep sedation/general anesthesia or moderate sedation permits issued under this chapter.

**29.12(2)** The ACC shall perform the following duties:

- a. Review all permit applications and take action as authorized.
- b. Perform peer reviews as needed and report the results to the board.
- c. Other duties as delegated by the board.

[ARC 4556C, IAB 7/17/19, effective 8/21/19]

**650—29.13(153) Review of permit applications.**

**29.13(1)** *Referral to the ACC.* All applications will be referred to the ACC for review at its next scheduled meeting.

**29.13(2)** *Review by the ACC.* Following review and consideration of an application, the ACC may take any of the following actions:

- a. Request additional information;
- b. Request that the applicant appear for an interview;
- c. Approve issuance of the permit;
- d. Approve issuance of the permit under certain terms and conditions or with certain restrictions;
- e. Recommend denial of the permit;
- f. Refer the permit application to the board for review and consideration with or without recommendation; or
- g. Request a peer review evaluation.

**29.13(3)** *Review by board.* The board shall consider applications and recommendations referred by the ACC. The board may take any of the following actions:

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

**29.13(4)** *Appeal process for denials.* If a permit application is denied, an applicant may file an appeal of the final decision using the process described in rule 650—11.10(147).

[ARC 4556C, IAB 7/17/19, effective 8/21/19]

**650—29.14(153) Renewal.** A permit to administer deep sedation/general anesthesia or moderate sedation shall be renewed biennially at the time of license renewal. Permits expire August 31 of every even-numbered year.

**29.14(1)** To renew a permit, a licensee must submit the following:

- a. Evidence of renewal of current ACLS certification or of current PALS certification if the permit holder provides sedation services for pediatric patients.
- b. A minimum of six hours of continuing education in the area of sedation. These hours may also be submitted as part of license renewal requirements.
- c. The appropriate fee for renewal as specified in 650—Chapter 15.

**29.14(2)** Failure to renew the permit prior to November 1 following its expiration shall cause the permit to lapse and become invalid for practice.

**29.14(3)** A permit that has been lapsed may be reinstated upon submission of a new application for a permit in compliance with the provisions of this chapter and payment of the application fee as specified in 650—Chapter 15.

[ARC 4556C, IAB 7/17/19, effective 8/21/19]

**650—29.15(147,153,272C) Grounds for nonrenewal.** A request to renew a permit may be denied on any of the following grounds:

**29.15(1)** After proper notice and hearing, for a violation of these rules or Iowa Code chapter 147, 153, or 272C during the term of the last permit renewal.

**29.15(2)** Failure to pay required fees.

**29.15(3)** Failure to obtain required continuing education.

**29.15(4)** Failure to provide documentation of current ACLS or PALS certification.

**29.15(5)** Failure to provide documentation of maintaining a properly equipped facility.

**29.15(6)** Receipt of a certificate of noncompliance from the child support recovery unit of the department of human services in accordance with 650—Chapter 33.

[ARC 4556C, IAB 7/17/19, effective 8/21/19; ARC 4747C, IAB 11/6/19, effective 12/11/19]

**650—29.16(153) Noncompliance.** Violations of the provisions of this chapter may result in revocation or suspension of the dentist's permit or other disciplinary measures as deemed appropriate by the board.

[ARC 4556C, IAB 7/17/19, effective 8/21/19]

These rules are intended to implement Iowa Code sections 153.13, 153.33, and 153.33B.

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[Filed ARC 4747C (Notice ARC 4526C, IAB 7/3/19), IAB 11/6/19, effective 12/11/19]

<sup>◇</sup> Two or more ARCs

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

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