



THE STATE
of

ALASKA *Department of Commerce, Community, and Economic Development*
Division of Corporations, Business and Professional Licensing

Board of Dental Examiners

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: BoardOfDentalExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

Permit to Administer Moderate Sedation

A dentist may not administer moderate sedation to patients over 13 years of age or moderate or minimal sedation to a patient younger than 13 years of age without a permit issued by the Alaska Board of Dental Examiners.

A moderate sedation permit is renewed biennially in conjunction with the renewal of the permittee's license to practice dentistry in the State of Alaska.

Average processing time to complete the application file is 6-8 weeks. Apply far enough in advance to allow this process to occur.

The following must be on file before your application will be reviewed by the Board:

1. Complete, signed and notarized application form 08-4172;
2. Course verification form.
 - a. If providing moderate sedation to a patient at least 13 years of age, documentation of either:
 - Training in moderate sedation consistent with the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* while enrolled in a dental program accredited by CODA or, a post-doctoral university or teaching hospital program (form 08-4172a); or
 - A board approved continuing education course in sedation consistent with the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*. The course must consist of a minimum of 60 hours of instruction plus administration of sedation for a least 20 individually managed patients per participant (form 08-4172b).
 - b. If providing moderate or minimal sedation to patients younger than 13 years of age in addition to patients 13 years of age and older, documentation of either:
 - Completion of a CODA accredited residency in pediatric dentistry; (form 08-4172a); or
 - An additional 30 hours of board-approved coursework in pediatric moderate sedation (form 08-4172d).

— and —

Provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age.

- c. If providing moderate or minimal sedation only to patients younger than 13 years of age, documentation of either:
 - Completion of a CODA accredited residency in pediatric dentistry; or
 - Completion of at least 60 hours of continuing education coursework in pediatric moderate sedation approved by the board (form 08-4172c);
- and —
- Provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age.

If providing moderate sedation to patients 13 years of age and older, and moderate or minimal sedation to patients younger than 13, the applicant must show proof of training under a. and b. in this section.

3. Certification of Equipment, Facilities and Staff (Article 1)
4. Copy of current American Heart Association Advanced Cardiovascular Life Support (ACLS) card, or other certification that meets the requirements of 12 AAC 28.015(d)(5). Copy of current Pediatric Advanced Life Support (PALS) for Health Professionals if providing sedation to patients younger than 13. Both are required if providing sedation to patients of all ages.
5. \$100 nonrefundable application fee;
6. \$1,000 permit fee for all or part of the initial biennial permit period.
7. In addition to meeting the requirements of #2 above, the documentation must:
 - a. have been completed within three years immediately before application;
— or —
 - b. if training was obtained three years but less than five years before submitting the application, document four hours of continuing education that focuses on one or more of the following:
 - a. Venipuncture
 - b. Intravenous sedation
 - c. Enteral sedation
 - d. Physiology
 - e. Pharmacology
 - f. Nitrous oxide analgesia
 - g. Patient evaluation, patient monitoring, or medical emergencies— or —
 - if training was obtained three years but less than five years before application, document completion of a comprehensive review course in moderate sedation approved by the board;— or —
 - c. If more than five years have elapsed since completion of the training required and the applicant holds a permit for moderate sedation from another jurisdiction where the applicant is also licensed to practice dentistry, you may submit documentation of at least 25 cases at the moderate sedation level not earlier than the 24 months immediately preceding application;
— or —
 - d. Demonstrate current competency to the satisfaction of the board that the applicant has skill in moderate sedation to safely deliver moderate sedation services to the public.

How Can You Help?

1. Average processing time to process the application from 6-8 weeks. Apply far enough in advance to allow this process to occur. Applications are reviewed in order of receipt in our office.
2. If you wish to expedite processing as much as you can, send any necessary verification forms out via overnight mail to the appropriate organization and include a return overnight mail envelope addressed to the licensing examiner for the organization's use. This will help them to respond quickly.
3. Ensure that the application is complete when you submit it and provide any necessary explanations with the application. Print legibly or type your application.

Applications will be processed according to the date received. You will be notified in writing or by email as soon as your application has been reviewed.

The Alaska State Board of Dental Examiners conducts a thorough evaluation of education, training, employment or work history, malpractice history, and any criminal or disciplinary history. The Board will not accelerate one application over others nor will it forego any elements of its screening process.

! General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program, but can take 6-8 weeks from the date it is received in this office, complete with all correct forms, supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid the license will be issued and sent to you with a cover letter about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

RENEWAL INFORMATION:

All dental licenses and sedation permits expire on February 28 of odd-numbered years regardless of when issued, except licenses issued within 90 days of the expiration which are issued through the next biennium. The sedation permit fee for subsequent renewal periods is \$350.00.

“YES” RESPONSES:

A “Yes” response in the application does not mean your application will be denied. If you have responded “Yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the Division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the Division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at ProfessionalLicense.Alaska.gov or contact the Division for a copy of the form.

SPECIAL ACCOMMODATIONS FOR EXAMINATION:

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit an *Application for Examination Accommodations for Candidates with Disabilities form* (08-4214).

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at ProfessionalLicense.Alaska.gov under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the Division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900, or the Postsecondary Education office at (907) 465-2962 in Juneau, or (800) 441-2962 to resolve payment issues.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, call (907) 465-2550 or online at: BusinessLicense.Alaska.gov

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the Division's website: ProfessionalLicense.Alaska.Gov

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

REGULATIONS SPECIALIST

Email: RegulationsAndPublicComment@Alaska.Gov
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806

12 AAC 28.015. Permit requirements for use of moderate sedation, or for use of minimal sedation for a patient younger than 13 years of age.

- (a) Unless exempt under 12 AAC 28.065, before administering moderate sedation to a patient, or minimal sedation to a patient younger than 13 years of age, a dentist licensed under AS 08.36 must have a moderate sedation permit issued by the board.
- (b) The requirement to obtain a permit to administer moderate or minimal sedation under this section does not apply to a dentist currently permitted under 12 AAC 28.010 to administer deep sedation and general anesthesia.
- (c) A dentist who holds a permit under this section may not administer or employ an agent or technique that has so narrow a margin for maintaining consciousness that the agent or technique is most likely to produce deep sedation or general anesthesia. These agents include ketamine, propofol, brexival, and sodium pentothal.
- (d) An applicant for an initial or renewed permit to administer moderate or minimal sedation under this section must
 - (1) submit a completed application on a form provided by the board;
 - (2) submit a dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with all applicable statutes and regulations;
 - (3) submit, on a form provided by the board, a dated and signed affidavit attesting that the dentist's facility meets the requirements of this chapter for the administration of moderate or minimal sedation under this section;
 - (4) hold a current registration to prescribe and administer controlled substances in this state issued by the United States Drug Enforcement Administration (DEA);
 - (5) provide proof of current certification in advanced resuscitative techniques with hands-on simulated airway and megacode training for healthcare providers, including basic electrocardiographic interpretation; qualifying certification for an applicant who seeks to treat patients 13 years of age and older includes the American Heart Association's Advanced Cardiac Life Support (ACLS) for Health Professionals; qualifying certification for an applicant who seeks to treat patients younger than 13 years of age includes Pediatric Advanced Life Support (PALS) for Health Professionals; an applicant who seeks to treat patients of any age must also be certified in both ACLS for Health Professionals and PALS for Health Professionals or must be certified in equivalent qualifying certifications under this paragraph, one for advanced cardiac life support for health professionals and one for pediatric advanced life support for health professionals; and
 - (6) submit the applicable fees specified in 12 AAC 02.190.
- (e) In addition to meeting the requirements of (d) and (g) of this section,
 - (1) an applicant for an initial permit to administer moderate sedation to a patient who is at least 13 years of age under this section must provide documentation that the applicant completed either
 - (A) training in moderate sedation consistent with the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, as adopted by the American Dental Association (ADA) House of Delegates, October 2016, adopted by reference; the applicant must complete the training required under this subparagraph while enrolled in
 - (i) a dental program accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association; or
 - (ii) a post-doctoral university or teaching hospital program; or
 - (B) a board-approved continuing education course in sedation consistent with the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, adopted by reference in (A) of this paragraph; the course must consist of a minimum of 60 hours of instruction plus administration of sedation for at least 20 individually managed patients per participant to establish competency and clinical experience in moderate sedation and management of a compromised airway; and
- (f) In addition to meeting the requirements of (d) and (g) of this section, an applicant for an initial permit to administer moderate or minimal sedation only to patients who are younger than 13 years of age under this section must provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age to establish competency and clinical experience in management of a compromised airway, and provide documentation that the applicant has completed
 - (1) a Commission on Dental Accreditation (CODA) accredited residency in pediatric dentistry; or
 - (2) at least 60 hours of continuing education coursework in pediatric moderate sedation approved by the board.
- (g) In addition to meeting the requirements of (d) and (e) of this section, or (f) of this section if administering moderate or minimal sedation to a patient who is younger than 13 years of age, an applicant for an initial permit to provide moderate sedation and minimal sedation under this section must provide documentation that
 - (1) within three years immediately before application, the applicant completed training or education as required in this section in moderate sedation;
 - (2) if more than three years but less than five years have elapsed since completing training or education as required in this section in moderate sedation, the applicant completed all continuing education that would have been required for a permit under this section;
 - (3) if more than three years but less than five years have elapsed since completing training or education as required in this section in moderate sedation, the applicant completed a comprehensive review course approved by the board in moderate sedation;
 - (4) if more than five years have elapsed since completing training or education as required in this section in moderate sedation, the applicant holds a permit for moderate sedation from another jurisdiction where the applicant is also licensed to practice dentistry and where the applicant completed at least 25 anesthesia cases at the moderate sedation level not earlier than the 24 months immediately preceding application; or
 - (5) demonstrates current competency to the satisfaction of the board that the applicant has skill in moderate sedation to safely deliver moderate sedation services to the public.

12 AAC 28.040. Informed written consent. Before administering deep sedation, general anesthesia, or moderate sedation, and before administering minimal sedation to a patient younger than 13 years of age, a dentist shall

- (1) discuss with the patient, or with the patient's parent, legal guardian, or caregiver if the patient is younger than 13 years of age, the nature and objectives of the sedation and anesthesia along with the risks, benefits, and alternatives;
- (2) obtain informed written consent of the patient or of the parent or legal guardian; and
- (3) maintain a copy of the informed written consent in the patient's permanent record.

12 AAC 28.050. Medical history.

- (a) Before administering deep sedation, general anesthesia, or moderate sedation to a patient, and before administering minimal sedation to a patient younger than 13 years of age, a dentist shall
 - (1) obtain and record the patient's medical history, including
 - (A) a description of all current treatments;
 - (B) all current medications and dosages;
 - (C) assessment of the patient's body mass index (BMI);
 - (D) impending operations;
 - (E) pregnancies; and
 - (F) other information that may be helpful to the person administering the sedation or anesthesia; and
 - (2) record the questions asked of and answers received from the patient, parent, legal guardian, or caregiver, signed by the patient, parent, legal guardian, or caregiver, as a permanent part of the patient's treatment record.
- (b) The dentist is not required to make a medical examination of the patient and draw medical diagnostic conclusions. If the dentist suspects a problem and calls in a physician for an examination, the dentist may rely upon the physician's conclusion and diagnosis.

12 AAC 28.060. Requirements for administering deep sedation, general anesthesia, moderate sedation, or minimal sedation for a patient younger than 13 years of age.

- (a) The document Guidelines for the Use of Sedation and General Anesthesia by Dentists, as adopted by the American Dental Association (ADA) House of Delegates, October 2016, is adopted by reference as the standards for administering deep sedation, general anesthesia, and moderate sedation to patients 13 years of age and older and applies to all licensees subject to this chapter, unless otherwise specified in this chapter.
- (b) The document Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures, developed and endorsed by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry, adopted in 2006 and reaffirmed in 2011, is adopted by reference as the standards for administering deep sedation, general anesthesia, moderate sedation, and minimal sedation to patients younger than 13 years of age and applies to all licensees subject to this chapter, unless otherwise specified in this chapter.
- (c) When a patient younger than 13 years of age requires sedation or anesthesia, a sedating medication may not be prescribed for or administered to that patient before the patient arrives at the dentist's facility.
- (d) When deep sedation, general anesthesia, moderate sedation, or minimal sedation to a patient younger than 13 years old is administered, the dentist
 - (1) shall record baseline vital signs before administration of a controlled substance and before discharge, unless the patient's behavior prevents this determination; in this paragraph "controlled substance" has the meaning given in AS 11.71.900;
 - (2) shall continually monitor a patient's heart rate, blood pressure, and respiration using electrocardiographic monitoring, pulse oximetry, a blood pressure monitoring device, and a respiration monitoring device;
 - (3) shall record sedation and anesthesia records in a timely manner; the records must include
 - (A) blood pressure;
 - (B) heart rate;
 - (C) respiration;
 - (D) blood oxygen saturation;
 - (E) drugs administered, including dosages, the time that drugs were administered, and the route of administration;
 - (F) the length of the procedure;
 - (G) the patient's temperature; if depolarizing medications or volatile anesthetics are administered, temperature must be monitored constantly; and
 - (H) any complications from anesthesia or sedation;
 - (4) shall stop the dental procedure if a patient enters a deeper level of sedation than the dentist is permitted to provide until the patient returns to, and is stable at, the intended level of sedation; while returning the patient to the intended level of sedation, the patient's pulse, respiration, blood pressure, and pulse oximetry must be monitored and recorded at least every five minutes;
 - (5) may not discharge a patient until the person who administered the sedation or anesthesia, or another practitioner qualified to administer the same level of sedation or anesthesia, determines that the patient's level of consciousness, oxygenation, ventilation, and circulation are satisfactory for discharge and vital signs have been taken and recorded;
 - (6) shall give postoperative instructions verbally and in writing; the written instructions must include a 24-hour emergency telephone number that directly calls the dental provider;
 - (7) shall discharge the patient to a responsible individual who has been instructed with regard to the patient's care; and
 - (8) shall make a discharge entry in the patient's record describing the patient's condition upon discharge and the responsible party to whom the patient was discharged.
- (e) When deep sedation, general anesthesia, moderate sedation, or minimal sedation to a patient younger than 13 years of age is administered, the dentist's facility shall

- (1) have an operating table or chair that permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the administration of basic life support;
- (2) have a lighting system that is adequate to permit evaluation of the patient's skin and mucosal color, and a backup lighting system of sufficient intensity to permit conclusion of the operation when power fails;
- (3) have suction equipment capable of aspirating gastric contents from the mouth and pharyngeal cavities, and a backup suction device that does not depend on power supply from the facility;
- (4) have an oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, and an adequate portable backup system;
- (5) have a recovery area that has available oxygen, adequate lighting, suction, and electrical outlets, though the recovery area can be the operating area;
- (6) have a defibrillator or automated external defibrillator (AED) available and in reach within 60 seconds from any area where anesthesia or sedation is administered;
- (7) have written basic emergency procedures established and maintain a staff of supervised personnel capable of handling procedures, complications, and emergency incidents; all personnel involved in patient care must hold a certification in healthcare professional cardiopulmonary resuscitation (CPR);
- (8) conduct a training exercise at least two times each calendar year and log each exercise; the log must be signed and dated and must include
 - (A) the names and positions of facility personnel or practitioners present;
 - (B) proof of current certification in cardiopulmonary resuscitation (CPR), advanced cardiac life support (ACLS), or pediatric advanced life support (PALS) for each person involved in patient care; and
 - (C) a completed checklist provided by the board, or an equivalent, to establish competency in handling procedures, complications, and emergency incidents;
- (9) maintain the following equipment and drugs in the facility and available for immediate use:
 - (A) oral and nasal airways of various sizes;
 - (B) a supra-glottic airway device;
 - (C) a blood pressure cuff of appropriate size and stethoscope, or equivalent monitoring devices;
 - (D) a pulse oximeter;
 - (E) a respiratory monitoring device;
 - (F) adequate equipment to establish an intravenous infusion, including hardware and fluids;
 - (G) a narcotic antagonist;
 - (H) a corticosteroid;
 - (I) a bronchodilator;
 - (J) an anticholinergic;
 - (K) an antiarrhythmic;
 - (L) an antihistamine;
 - (M) a coronary artery vasodilator;
 - (N) a benzodiazepine antagonist;
 - (O) sterile needles, syringes, tourniquets, and tape;
 - (P) epinephrine;
 - (Q) an antiemetic; and
 - (R) 50 percent dextrose or other anti-hypoglycemic; and
- (10) display a permit for moderate sedation, deep sedation, or general anesthesia and current dental license in a conspicuous place where the dentist practices.

12 AAC 28.062. Additional requirements for administering moderate sedation, or minimal sedation for a patient younger than 13 years of age.

In addition to meeting the requirements of 12 AAC 28.060, when moderate sedation is administered to a patient of any age, or minimal sedation is administered to a patient younger than 13 years of age,

- (1) the dentist's facility must have an operating area of size and design to permit access of emergency equipment and personnel and to permit effective emergency management;
- (2) the dentist shall use an end-tidal carbon dioxide monitor or a pre-cordial stethoscope to monitor respiration;
- (3) the treatment team shall consist of the treating dentist and a second person to assist, monitor, and observe the patient; both the treating dentist and the second person shall be in the operating area with the patient throughout the dental procedure; and
- (4) the dentist shall continually monitor the patient's heart rate, blood pressure, and respiration using electrocardiographic monitoring, pulse oximetry, a blood pressure monitoring device, and a respiration monitoring device, unless the patient's behavior prevents it and is documented in the patient record.

Please refer to the Statute and Regulation booklet on the Board's website for the full sedation requirements.



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Application for Permit to Administer Moderate Sedation, or Minimal Sedation to Patients Younger than 13 years of Age

PART I Payment of Fees		
Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$100
	<input type="checkbox"/> Moderate Sedation Permit Fee	\$1000

PART II Applicant Information	
It is the responsibility of the applicant to ensure that all information requested in this application is received. Each question must be answered fully, truthfully, and accurately. Any omissions or inaccuracies are grounds for disapproval and rejection. Section 08.36.315(1) of the Dental Practice Act provides that knowingly cooperating in deceit, fraud, or intentional misrepresentation to obtain a license is cause for suspension, revocation, or annulment of licensure. If the space of any answer is insufficient, the applicant may complete the answer on a separate sheet specifying the question number it applies to and signed by the applicant.	
Full Legal Name:	
Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes.	
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____	

Mailing Address:	
Contact Phone:	

Birthdate:		Gender:	
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EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.	
Email Address:	<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail

SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

PART III Education

College or university where you received your dental degree:

College or University:	
City and State:	
Dates of Attendance:	
Degree:	

College, university, CODA-accredited hospital, or other facility approved by the Board where you received your training in administering moderate sedation, or minimal sedation to patients younger than 13 years of age:

College or University:			
City and State:			
Dates of Attendance:		Completion Date:	
Program Name:			

Age of Patients:

I will be providing moderate sedation to patients 13 years of age and older:

-
- Yes
-
-
- No

I will be providing moderate or minimal sedation to patients younger than 13 years of age:

-
- Yes
-
-
- No

PART IV Professional History

How many years have you devoted to the clinical practice as a dentist? _____

Alaska Dental License Number:		Date Issued:	
DEA Registration Number:		Expiration Date:	

List all other states where you are licensed or have held a license:

State/Jurisdiction	License #	Original Issue Date

PART V

Notarized Signature

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a permit to administer moderate/minimal sedation in the State of Alaska.

I have read the Alaska Dental Practice Act. I solemnly declare upon my honor that, if granted a sedation permit in Alaska, I will respectfully comply with any law governing the practice of dentistry in this state, and I will do my best to uphold and maintain the ethics of the profession.

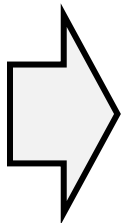
Certification of Facility Compliance

By my signature on this form, I attest that I have read and will comply with all of the equipment, facility, and staff requirements of Article I of the dental regulations regarding the facility compliance in the administration of moderate and minimal sedation.

Notary Stamp	Applicant's Signature:		Printed Name:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	

Before issuance of a moderate sedation permit and during the term of the permit, the board may require an on-site inspection of the permittee's facilities and equipment, and an evaluation of the ancillary staff.

Before mailing this license application, have you...



- ✓ Completed all questions in the form?
- ✓ Attached your check for fees payable to the State of Alaska or credit card payment form?
- ✓ Signed and dated the form?
- ✓ Attached explanations and supporting documents for any "Yes" responses?
- ✓ Obtained necessary signatures?
- ✓ Attached required documents?



Board of Dental Examiners

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Program Verification

I am applying for a permit to allow me to administer moderate sedation or minimal/moderate sedation for patients 13 years of age and younger in the State of Alaska. The Board of Dental Examiners requires that this form be completed by the institution where I received my training in administering moderate/minimal sedation. Please complete this form and return it directly to the address above.

I hereby release all academic records necessary to complete the following questionnaire to the Board of Dental Examiners.

Name on Certificate:			
Signature:		Date:	

THE BELOW IS FOR INSTITUTION USE ONLY

Institution Name:		Program Name:	
Address:		Date Completed:	

- Is the program accredited by the Commission on Dental Accreditation (CODA). Yes No
- Is the program a post-doctoral university or teaching hospital? Yes No
- Is the program a CODA-approved residency in pediatric dentistry? Yes No
- If "Yes" to question #3, did the student perform at least 20 sedations on patients younger than 13? Yes No
- Is the training consistent with the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students as adopted by the October 2016 American Dental Association House of Delegates? Yes No

I have attached a course description or course outline.

I hereby certify that the above information regarding the training in moderate/minimal sedation that the above-named applicant completed is true and correct to the best of my knowledge, and that he/she has acquired the necessary knowledge and proficiency to perform moderate sedation, or minimal sedation to patients younger than 13 years of age.



Printed Name of Instructor of Dean: _____

Signature of Instructor or Dean: _____



Board of Dental Examiners

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: BoardOfDentalExaminers@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

Continuing Education Course Verification

I am applying for a permit to allow me to administer moderate sedation to patients 13 years of age and older in the State of Alaska. The Board of Dental Examiners requires that this form be completed by the institution where I received my training in administering moderate sedation. Please complete this form and return it directly to the address above.

I hereby release all academic records necessary to complete the following questionnaire to the Board of Dental Examiners.

Name on Certificate:			
Signature:		Date:	

— — — **THE BELOW IS FOR INSTITUTION USE ONLY** — — —

Institution Name:		Course Title:	
Address:		Date Completed:	

1. Does the course consist of at least 60 hours of instruction? Yes No

2. Did the student perform sedation on at least 20 individually managed patients? Yes No

3. Is the training consistent with the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students as adopted by the October 2016 American Dental Association House of Delegates? Yes No

<input type="checkbox"/> I have attached a course description or course outline.	
<p>I hereby certify that the above information regarding the training in moderate sedation that the above-named applicant completed is true and correct to the best of my knowledge, and that he/she has acquired the necessary knowledge and proficiency to perform moderate sedation.</p>	
Printed Name of Instructor:	_____
Signature of Instructor:	_____



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Continuing Education Course Verification

I am applying for a permit to allow me to administer moderate and minimal sedation only to patients younger than 13 years of age in the State of Alaska. The Board of Dental Examiners requires that this form be completed by the institution where I received my training in administering moderate sedation for pediatric patients. Please complete this form and return it directly to the address above.

I hereby release all academic records necessary to complete the following questionnaire to the Board of Dental Examiners.

Name on Certificate:			
Signature:		Date:	

THE BELOW IS FOR INSTITUTION USE ONLY

Institution Name:		Course Title:	
Address:		Date Completed:	

- How many hours of instruction pertained to pediatric sedation? _____
- Did the student perform sedation on pediatric patients? Yes No
If yes, how many were individually managed? _____
- Is the training consistent with the Guideline for Monitoring and management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures endorsed by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry? Yes No

I have attached a course description or course outline.

I hereby certify that the above information regarding the training in moderate sedation for pediatric patients that the above-named applicant completed is true and correct to the best of my knowledge, and that he/she has acquired the necessary knowledge and proficiency to perform moderate sedation for pediatric patients.

Printed Name of Instructor: _____

Signature of Instructor: _____



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I hereby release all academic records necessary to complete the following questionnaire to the Board of Dental Examiners.

Name on Diploma:			
Signature:		Date:	

— — — **THE BELOW IS FOR INSTITUTION USE ONLY** — — —

Institution Name:		Course Title:	
Address:		Date Completed:	

- Does the course consist of at least 30 hours of instruction? Yes No

- Did the student perform sedation on at least 20 individually managed pediatric patients? Yes No

- Is the training consistent with the Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures endorsed by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry? Yes No

I have attached a course description or course outline.

I hereby certify that the above information regarding the training in moderate sedation for pediatric patients that the above-named applicant completed is true and correct to the best of my knowledge, and that he/she has acquired the necessary knowledge and proficiency to perform moderate sedation for pediatric patients.

Printed Name of Instructor: _____

Signature of Instructor: _____

ADDENDUM TO MODERATE SEDATION PERMIT

If you qualify for a Moderate Sedation permit under 12 AAC 28.015(e)(2) or (f), complete this form documenting 20 anesthesia cases, or 25 cases if applying under (g)(4), and submit with your application.

	Date	Patient Birthdate	Sedation Duration	Name of Medication	Dose	Sedation Level
01.						
02.						
03.						
04.						
05.						
06.						
07.						
08.						
09.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						

By my signature below, I certify that all information contained on this form is true and correct. I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Signature: _____

Date: _____



THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>