



THE STATE  
of

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

**Board of Dental Examiners**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfDentalExaminers@Alaska.Gov](mailto:BoardOfDentalExaminers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers)

---

## Permit to Administer Deep Sedation or General Anesthesia Application Instructions

A dentist may not administer deep sedation or general anesthesia without a permit issued by the Alaska Board of Dental Examiners.

General anesthesia or deep sedation permits are renewed biennially in conjunction with the renewal of the permittee's license to practice dentistry in the State of Alaska.

***The following must be received by the division before your application to administer deep sedation or general anesthesia can be reviewed by the board:***

### 1. APPLICATION

A completed application, signed and notarized (#08-4618, pages 1-3).

### 2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$ 100.00

Deep Sedation or General Anesthetic Permit Fee: \$1,000.00

---

Total Fees Due: \$1,100.00

### 3. ADVANCED CARDIOVASCULAR LIFE SUPPORT AND/OR PEDIATRIC ADVANCED LIFE SUPPORT

Copy of current American Heart Association Advanced Cardiovascular Life Support (ACLS) card, or other certification that meets the requirements of 12 AAC 28.010(b)(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.

### 4. COURSE VERIFICATION

- a. Verification of completion of an advanced educational program in *oral maxillofacial surgery* accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (form #08-4618a);
- b. Verification of completion of an advanced educational program in *dental anesthesiology* accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (form #08-4618a);

- OR -

- c. Verification of membership in the American Association of Oral and Maxillofacial Surgery (form #08-4618b).

#### **IN ADDITION TO MEETING THE REQUIREMENTS OF #4 ABOVE, THE DOCUMENTATION MUST SHOW:**

- The initial training or education in general anesthesia or deep sedation must have been completed within three years immediately before application;

- OR -

- If training was obtained more than three years but less than five years before submitting the application, document completion within the current biennial licensing period of four or more contact hours of continuing education that relates specifically to hands-on advanced airway management or general anesthesia; if the permit holder provides anesthesia for patients younger than 13 year of age, the course must be a pediatric course, and eight hours of continuing education that focuses on one or more of the following:

- Physical evaluation
- Medical Emergencies
- Monitoring and use of monitoring equipment
- Pharmacology of drugs and agents used in deep sedation and general anesthesia

- OR -

- If training was obtained three years but less than five years before application, document completion of a comprehensive review course approved by the board;  
- OR -
- If more than five years have elapsed since completion of the training required and the applicant holds a permit for general anesthesia or deep sedation from another jurisdiction where the applicant is also licensed to practice dentistry, provide documentation of at least 25 cases at the requested permit level not earlier than the 12 months immediately preceding application (form #08-4618c);  
- OR -
- Demonstrate current competency to the satisfaction of the board that the applicant has adequate sedation or anesthesia skill to safely deliver deep sedation or general anesthesia services to the public.

## General Information

---

### **APPLICATION PROCESSING:**

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the permit may be issued. 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.

### **PERMIT TERM:**

Permits are issued for a two-year period and expire on February 28 of odd-numbered years, regardless of the date of issuance, except permits issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license or permit on time.

### **DENIAL OF APPLICATION:**

Be aware that the denial of an application for 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.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the applicant'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. 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". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### **SOCIAL SECURITY NUMBERS:**

AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov).

### **PUBLIC INFORMATION:**

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

### **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.

### **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, (907) 465-2550 or [BusinessLicense.Alaska.Gov](http://BusinessLicense.Alaska.Gov).

### **STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

### **PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

### **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](http://ProfessionalLicense.Alaska.Gov). To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: [RegulationsAndPublicComment@Alaska.Gov](mailto:RegulationsAndPublicComment@Alaska.Gov).



THE STATE  
of **ALASKA**

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

**DEN**

FOR DIVISION USE ONLY

**Board of Dental Examiners**

PO Box 110806, Juneau, AK 99811

Website: [ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers)

## Permit to Administer Deep Sedation or General Anesthesia Application

### PART I Payment of Fees

<b>Required Fees:</b>	<input type="checkbox"/> Application and Permit Fee (\$100 is Non-Refundable)	<b>\$1100.00</b>
-----------------------	---	------------------

### PART II Personal Information

<b>Full Legal Name:</b>		<b>DEA Registration Number:</b>	
<b>Provide all other names used (maiden, nicknames, aliases).</b> If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Other Names Used: _____			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Date of Birth:</b>	
<b>EMAIL AGREEMENT:</b> 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.			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<b>Note: If both boxes are selected above, you will receive correspondence electronically.</b>			
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 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.			

### PART III Dental Education

<b>Name of Dental School:</b>			
<b>Location:</b> (City, State)			
<b>Date Attended From:</b>		<b>Date Attended To:</b>	
<b>Degree Awarded:</b>			

**PART IV Sedation or General Anesthesia Training**

<b>Name of College or University:</b>			
<b>Location:</b> (City, State)			
<b>Date Attended From:</b>		<b>Date Attended To:</b>	
<b>Degree Awarded:</b>			

**PART V Alaska Law**

☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.36, AS 08.32 and 12 AAC 28).



THE STATE  
of **ALASKA**

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

**DEN**

FOR DIVISION USE ONLY

**Board of Dental Examiners**

PO Box 110806, Juneau, AK 99811

Website: [ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers)

## Notary Signature Page

<b>Applicant Name:</b>		
<b>Alaska License Number (if known):</b>		<input type="checkbox"/> <i>Application in Process</i>

### PART VI Notarized Signature

By my signature below, I certify 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 deep sedation and general anesthesia.

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification. A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

<div>Notary Stamp</div>	<b>Applicant Printed Name:</b>			
	<b>Applicant Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	



THE STATE  
of

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

**Board of Dental Examiners**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfDentalExaminers@Alaska.Gov](mailto:BoardOfDentalExaminers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers)

## Verification of Education

→ **Applicant:** Complete this top section, then forward to the institution where you received training in deep sedation or general anesthesia.

<b>Applicant Name:</b>			
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

→ **Institution Use Only:** Complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Dental Examiners at the letterhead address.

<b>Institution Name:</b>				
<b>Address:</b>	P.O. Box or Street	City	State	Zip
1. Is the institution accredited by the Commission on Dental Accreditation of the American Dental Association?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. The above-named applicant received oral surgery advanced education.  If yes, supply the completion dates:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. The above-named applicant received advanced training in anesthesiology in an accredited program which is beyond the dental school level.  If yes, supply the completion dates:			<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Signature

I hereby certify the above information regarding the training in deep sedation or general anesthesia for the above-named applicant is true and correct to the best of my knowledge.

School Seal	<b>Signature:</b>		<b>Date Signed:</b>	
	<b>Printed Name:</b>		<b>Title:</b>	
	<b>Email:</b>		<b>Phone:</b>	



THE STATE  
of

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

**Board of Dental Examiners**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfDentalExaminers@Alaska.Gov](mailto:BoardOfDentalExaminers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers)

## Verification of Membership

➔ **Applicant:** Complete this top section, then forward to the American Association of Oral and Maxillofacial Surgery.

<b>Applicant Name:</b>			
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

➔ **Association Use Only:** Complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Dental Examiners at the letterhead address.

<b>Member Name:</b>			
<b>Member or Certification Number:</b>			
<b>Issue Date:</b>		<b>Expiration Date:</b>	
<b>If a member, has the applicant met the minimum requirements in anesthesiology as recommended by the American Association of Oral and Maxillofacial Surgery?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

### Signature

I hereby certify the above information is true and correct to the best of my knowledge.

School Seal	<b>Signature:</b>		<b>Date Signed:</b>	
	<b>Printed Name:</b>		<b>Title:</b>	
	<b>Email:</b>		<b>Phone:</b>	





THE STATE  
of

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

**Board of Dental Examiners**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfDentalExaminers@Alaska.Gov](mailto:BoardOfDentalExaminers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers)

---

## Anesthesia Documentation

If you qualify for a deep sedation and general anesthesia permit under 12 AAC 28.010(d)(4), complete this form documenting 25 anesthesia cases.

<b>Applicant Name:</b>	
------------------------	--

Date	Patient Date of Birth	Sedation Duration	Name of Medication	Dose	Sedation Level
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Date	Patient Date of Birth	Sedation Duration	Name of Medication	Dose	Sedation Level
21.					
22.					
23.					
24.					
25.					

## Signature

I hereby certify the above information is true and correct to the best of my knowledge. 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.

<b>Applicant Printed Name:</b>			
<b>Applicant Signature:</b>		<b>Date Signed:</b>	
<b>Email:</b>		<b>Phone:</b>	



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  
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:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed.  This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		