



THE STATE  
of

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

**Board of Dental Examiners**

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

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

## Notification of Sedation Agreement

An Alaska licensed dentist may employ or collaborate with an Alaska licensed certified nurse anesthetist or physician to administer deep sedation, general anesthesia, or moderate sedation. The dentist must notify the board at the initiation of the employment or collaboration by filing notice of the written agreement by completing this form.

The dentist must notify the board of updates to the agreement when a dental license is renewed.

### PART I Dentist Information

Name:		DEA Registration Number:	
AK Dental License Number:		Expiration Date:	

I certify:

- ☐ I have read 12 AAC 28.030 and will comply with all regulations.
- ☐ The established written agreement guarantees when deep sedation, general anesthesia, or moderate sedation is provided, all facility, equipment, monitoring, and training requirements for all personnel have been met.
- ☐ I will make available the written agreement to the board upon request.
- ☐ I will keep my DEA registration number current at all times.
- ☐ I will obtain all sedation and anesthesia records provided by the person administering sedation and maintain the records as a permanent part of the patient's record.
- ☐ I will notify the board of updates to the agreement when my dental license is renewed.

### PART II Certified Registered Nurse Anesthetist OR Physician Information

Name:			
AK License Number:		Expiration Date:	

### Signature

I hereby certify the above information is true and correct to the best of my knowledge.			
Dentist Printed Name:			
Dentist Signature:		Date Signed:	
Email:		Phone:	