



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

Notification of Sedation Agreement

With a Certified Nurse Anesthetist or Physician

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 the attached form.

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

INSTRUCTIONS:

1. Read 12 AAC 28.030 governing the employment or collaboration of another licensed practitioner for use in sedation of patients.
2. Complete and notarize the attached form and submit to the board at the address on top of the form.

12 AAC 28.030. Other than permit holders. (a) In addition to a dentist holding a valid permit under 12 AAC 28.010 or 12 AAC 28.015, the following persons may administer deep sedation, general anesthesia, or moderate sedation:

- (1) a certified registered nurse anesthetist with a valid license under AS 08.68 and 12 AAC 44 from the Board of Nursing;
- (2) a physician with a valid license under AS 08.64 and 12 AAC 40 from the State Medical Board to practice anesthesiology.
- (b) A dentist employing or collaborating with a person described in (a)(1) or (2) of this section must establish a written agreement with that person to guarantee that when deep sedation, general anesthesia, or moderate sedation is provided, all facility, equipment, monitoring, and training requirements for all personnel under this chapter have been met.
- (c) The dentist employing or collaborating with a person described in (a)(1) or (2) of this section must
 - (1) hold a current registration to prescribe and administer controlled substances in this state issued by the United States Drug Enforcement Administration (DEA);
 - (2) provide all dental treatment and ensure that the person described in (a)(1) or (2) of this section remains in the dental facility until the patient receiving anesthesia or sedation services is discharged;
 - (3) ensure that all sedation and anesthesia records provided by the person described in (a)(1) or (2) of this section are maintained as a permanent part of the patient's treatment record; and
 - (4) notify the board at the initiation of the employment or collaboration by filing notice of the written agreement, on a form provided by the board; the dentist must notify the board of any amendments to the agreement when a dental license is renewed.



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DENTIST'S INFORMATION:

Name:		DEA Registration #:	
License #:		Expiration Date:	

CERTIFIED NURSE ANESTHETIST'S OR PHYSICIAN'S INFORMATION:

Name:			
License Number:		Expiration Date:	

By my signature below, I certify that I have read 12 AAC 28.030 and will comply with all regulations and of the provisions listed below:

1. 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.
2. The dentist and the person providing sedation agrees and arranges for either the dentist or the other person to meet the facility, equipment, monitoring, and training requirements, if the delineation of those responsibilities is written into the agreement.
3. Make available the written agreement to the board upon request.
4. Keep my DEA registration number current at all times.
5. 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.
6. Notify the board of updates to the agreement when my dental license is renewed.

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