



## APPLICATION FOR CONSCIOUS SEDATION PERMIT OR GENERAL ANESTHESIA/ DEEP SEDATION PERMIT - INITIAL LICENSURE

**GEORGIA BOARD OF DENTISTRY**  
237 Coliseum Drive  
Macon, Georgia 31217  
Phone (866) 888-1308  
[www.sos.ga.gov/plb/dentistry](http://www.sos.ga.gov/plb/dentistry)

Please read the instructions carefully and be familiar with the laws and rules governing the practice of dentistry in the State of Georgia. Visit the board's web site for information: <http://www.sos.ga.gov/plb/dentistry>.

**\*\*Important\*\***

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year.

### Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

The \$100. **non-refundable** application fee payable to **Georgia Board of Dentistry** must be included with application.

- 1. GENERAL INFORMATION:** Please check the category of anesthesia/sedation permit for which you are applying and submit the required documents. Permits are not transferable between offices. You **MUST** have a permit for each office in which you will be administering General Anesthesia or Conscious Sedation. For Conscious Sedation, **Specify Moderate Parenteral or Moderate Enteral and specify for adult patients and/or for Pediatric patients (age 12 and under) and document training for each age group requested.**
- 2. COMPLETED APPLICATION:** The completed application form must be accompanied by a **non-refundable application** fee **NOTE: The application fee includes one site evaluation.** If you list more than one facility on your application or if you request the inspection of an additional facility at a later date, you will be required to pay an additional non-refundable \$100.00 site evaluation fee.

3. **ACLS/PALS/BCLS REQUIREMENT:** All permits for moderate enteral conscious sedation, moderate parenteral conscious sedation, and general anesthesia/ deep sedation require current certification in both BLS and ACLS or an appropriate equivalent emergency management course approved by the Board. If the application is for pediatric patients only, PALS may be substituted for ACLS. **Submit copies of cards with your application.**
4. **CONSCIOUS SEDATION PERMITS:** Applicants for conscious sedation permits must meet all the requirements of O.C.G.A. § 43-11-21 and board rule 150-13-.01.
5. **GENERAL ANESTHESIA/DEEP SEDATION:** Applicants for general anesthesia/deep sedation permits must meet all of the requirements of O.C.G.A. § 43-11-21.1 and board rule 150-13-.02.
6. **REQUIRED INSPECTION:** A board designated examiner will contact the applicant in order to schedule a facility examination and demonstration by the applicant of proficiency in administering moderate parenteral conscious sedation or general anesthesia/deep sedation in accordance with O.C.G.A. §§ 43-11-21(b) and 43-11-21.1(b) respectively.
7. **RENEWAL & PROVISIONAL PERMITS:** If a permit is granted, the permit will be required to be renewed by the last day of December in ODD numbered years, regardless of when you were issued the permit. Four hours of anesthesia continuing education are required during the previous two years at each renewal. Provisional permits are valid for six (6) months and **MAY** be renewed once upon your request and at the discretion of the board prior to the expiration date.

Upon successful completion of the above requirements, as set forth in O.C.G.A. §§ 43-11-21 and 43-11-21.1 and board rules 150-13-.01 and 150-13-.02 the applicant may be issued the respective permit. **Applications cannot be processed until all requirements set forth in the Laws and Rules governing General Anesthesia and Conscious Sedation have been met.**



**Affiliation:**  
Name of practice

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**Physical Address** \_\_\_\_\_  
Number and Street                      Apt. No                      City/State                      Zip  
*P.O. Box not acceptable*

**Mailing Address** \_\_\_\_\_  
(if different)                      Number and Street                      Apt. No                      City/State                      Zip

**Office Address of Facility applying for evaluation:**  
(If different from physical address)

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SECONDARY OFFICE(S) ADDRESS(S): (Must Be Evaluated/add'l. \$100.00 fee per site)    PHONE NUMBER

(Please download the Conscious Sedation/General Anesthesia Additional Site Evaluation Request Form from our website—if you are applying for an additional evaluation)

(1) \_\_\_\_\_ / \_\_\_\_\_

(2) \_\_\_\_\_ / \_\_\_\_\_

(3) \_\_\_\_\_ / \_\_\_\_\_

(4) \_\_\_\_\_ / \_\_\_\_\_

I hereby certify that I have a properly equipped facility for the administration of general anesthesia/deep sedation and/or conscious sedation and it is staffed with a supervised team of certified auxiliary personnel. (In accordance with the Laws and Rules of the State of Georgia with respect to the practice of dentistry.) :

YES  NO

**I certify that all of the following equipment and supplies are present and stationary at each facility for which I am applying:**

- equipment capable of delivering positive pressure oxygen ventilation including ancillary airway devices
- pulse oximeter
- suction equipment
- operating table or chair that allows for patient positioning to maintain airway
- firm platform for CPR
- fail-safe nitrous oxide/oxygen inhalation system, **if used**
- equipment necessary to establish intravascular access
- equipment to continuously monitor blood pressure and heart rate
- EKG (**required for general anesthesia/deep sedation only**)
- defibrillator (AED or manual)
- emergency drugs per ACLS or PALS protocol
- if a separate recovery area**, oxygen and suction are available
- support personnel have current certification in BLS. **Submit copies of cards.**

**If you answer yes to any of the following questions, attach a full written explanation pertaining to each positive response.**

Have you ever been arrested, convicted, sentenced, pled guilty or given first offender status for any felony, misdemeanor or any offense other than a minor traffic violation? DWI or DUI are not minor traffic violations?

YES  NO

Have you undergone treatment for drug or alcohol use?  YES  NO

Has any disciplinary action been taken against you by any state board, or any regulatory board?

YES  NO

Have you had any patient require hospitalization or medical attention, or have you had any patient deaths in the office?  YES  NO

Are there any other facts not disclosed by your answers which may have a bearing on your fitness or eligibility to practice dentistry in Georgia and which should be placed at the disposal or brought to the attention of the State Board of Dentistry?  YES  NO

**PLEASE READ CAREFULLY.**

CHECK THE CATEGORY OF ANESTHESIA PERMIT FOR WHICH YOU ARE APPLYING (A), (B), or (C) AND CHECK THE APPROPRIATE QUALIFICATION WHICH CORRESPONDS TO THE REQUIREMENTS MET.

ALL APPLICANTS MUST SUBMIT WITH THIS APPLICATION PROOF OF SUCCESSFUL COMPLETION OF THE EDUCATIONAL REQUIREMENTS AND DOCUMENTATION OF ALL APPLICABLE REQUIREMENTS AS SPECIFIED.

\_\_\_\_\_ A. GENERAL ANESTHESIA/DEEP SEDATION: I hereby qualify for general anesthesia/deep sedation permit under one of the following:

**(Check all that apply and submit appropriate certificates. If your certificates of training were issued over two years ago, you must submit evidence of current competency, i.e., a current general anesthesia permit issued by another agency, or a letter certifying current competency from an institution or supervising individual; and submit all anesthesia CE taken in the last six years or since completion of training.)**

- ( ) I have completed a minimum of one year of advanced training, in anesthesiology and related academic subjects beyond the undergraduate dental school level at an institution accredited by the American Dental Association, the Joint Commission on Accreditation of Hospitals, or their respective successor agencies.
- ( ) I am a Diplomate of The American Board of Oral and Maxillofacial Surgery.
- ( ) I am a member of The American Association of Oral and Maxillofacial Surgery.
- ( ) I have successfully completed an accredited OMS residency.
- ( ) I am a Fellow of The American Dental Society of Anesthesiology.
- ( ) I am a Diplomate of the National Dental Board of Anesthesiology

\_\_\_\_\_ B. MODERATE PARENTERAL CONSCIOUS SEDATION: I hereby qualify under one of the following:

**(Submit a letter from your program director or your course director certifying your hours of training and number of patient experiences for adult and/or pediatric patients. If your training was over two years ago, submit evidence of current competency, i.e., a current anesthesia permit issued by another agency, or a letter certifying current competency from an institution or supervising individual; and submit all anesthesia CE taken in the last six years or since completion of training.)**

( )

Adult:

- ( ) Completion of an ADA accredited postdoctoral training program, which affords comprehensive training to administer and manage moderate parenteral conscious sedation in adults.
- ( ) Completion of a continuing education course of a board approved organization consisting of a minimum of sixty (60) hours of didactic instruction plus management of at least twenty (20) patients, which provides competency in moderate parenteral conscious sedation in adults.

( )

Pediatric (age 12 and under)

- ( ) Completion of an ADA accredited postdoctoral training program, which affords comprehensive training to administer and manage moderate parenteral conscious sedation in pediatric patients.
- ( ) Completion of a continuing education course of a board approved organization in pediatric sedation including not less than sixty (60) hours didactic and supervised administration of sedation of twenty (20) patients, which provides competency in moderate parenteral sedation in pediatric patients.

\_\_\_\_\_C. MODERATE ENTERALCONSCIOUS SEDATION: I hereby qualify under one of the following:

**(Submit a letter from your program director or your course director certifying your hours of training and number of patient experiences for adult and/or pediatric patients. If your training was over two years ago, submit evidence of current competency, i.e., a current anesthesia permit issued by another agency, or a letter certifying current competency from an institution or supervising individual; and submit all anesthesia CE taken in the last six years or since completion of training.)**

( ) Adult

( ) Completion of an ADA accredited postdoctoral training program, which affords comprehensive training to administer and manage moderate enteral conscious sedation in adults

( ) Completion of a continuing education course of a board approved organization, which consists of a minimum of twenty-four (24) hours of didactic instruction plus management of at least ten (10) adult case experiences, which may include simulated cases, which provides competency in moderate enteral conscious sedation in adults.

( ) Pediatric (age 12 and under)

( ) Completion of an ADA accredited postdoctoral training program, which affords comprehensive training to administer and manage moderate enteral conscious sedation in pediatric patients.

( ) After completion of adult enteral conscious sedation training, completion of a continuing education course of a board approved organization in pediatric sedation including twenty-four (24) hours of pediatric-specific instruction and ten (10) pediatric patient experiences to include supervised administration of sedation of at least five (5) patients.

Dental school attended \_\_\_\_\_

Year of graduation \_\_\_\_\_

**POSTDOCTORAL PROGRAMS:**

Name of accredited institution: \_\_\_\_\_

Type of program: \_\_\_\_\_

Program Director: \_\_\_\_\_

Dates of training: \_\_\_\_\_

**CONTINUING EDUCATION COURSES:**

Name of course and sponsoring organization: \_\_\_\_\_

\_\_\_\_\_

Course Director: \_\_\_\_\_

Dates attended: \_\_\_\_\_

**MODERATE ENTERAL AND PARENTERAL CONSCIOUS SEDATION PERMIT APPLICANTS:**

# didactic hours: \_\_\_\_\_

# clinical hours: \_\_\_\_\_

# adult patient experiences:

simulated/video: \_\_\_\_\_

supervised administration of sedation: \_\_\_\_\_

# pediatric patient experiences:

simulated/video: \_\_\_\_\_

supervised administration of sedation: \_\_\_\_\_

**Conscious Sedation permit applications must submit a letter of verification from the institution listed above certifying the level of competency, number of hours of didactic training, number of hours of clinical training and the number of patient induced during the course of training.**

III. Type of agents used and route of administration:

	Type of Agents Used	Route of Administration
(a) Children		
(b) Adults		

**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440**

**CONSENT FORM**

I hereby authorize the Georgia Board of Dentistry (“Board”) to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Physical Address (P.O. Boxes NOT Accepted)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**One of the following must be checked:**

This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Special licensure provisions (check if applicable):

\_\_\_\_ Working with mentally disabled

\_\_\_\_ Working with elder care

\_\_\_\_ Working with children

**AFFIDAVIT OF APPLICANT:**

I hereby certify that I am the person who executed this application for a permit to employ or use conscious sedation or general anesthesia/deep sedation in the practice of dentistry in the State of Georgia.

All statements herein contained are true in every respect, and I hereby swear, if I am granted a permit to employ or use conscious sedation or general anesthesia/deep sedation in the practice of dentistry in the State of Georgia in compliance with all its dental laws, I will faithfully serve humanity and refrain from anything in any manner which does not conform to the statutes and regulations which govern the practice of dentistry in the State of Georgia.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 14 & 15 of the application.**

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications to practice. I understand that any final disciplinary action that may ever be taken against my license, if it is granted, would be provided to a national disciplinary reporting system and that my Social Security number would be a part of that report.

I further hereby certify that in the event I am granted an enteral/inhalation conscious sedation, conscious sedation, or general anesthesia/deep sedation permit by the Georgia Board of Dentistry (hereinafter referred to as the "Board"), I agree to provide a thirty (30)-day advance notice to the Board should either or both of the following conditions occur:

- (1) I implement a significant change in technique or agents for administering enteral/inhalation conscious sedation, conscious sedation, or general anesthesia/deep sedation.
- (2) If I relocate or open an additional facility where I will administer enteral/inhalation conscious sedation, conscious sedation, or general anesthesia/deep sedation, I understand that all such facilities must be appropriately equipped with its own suction, physiologic monitoring equipment, positive pressure oxygen, emergency drugs, and equipment of administration of enteral/inhalation conscious sedation, conscious sedation, or general anesthesia/deep sedation. All of the aforementioned items must be stationary and not subject to transfer from one site to another. (In accordance with Board Rules 150-13-.01(3) and 150-13-.02(3) respectively).

**SIGNATURE FOR AFFIDAVIT OF APPLICANT:**

\_\_\_\_\_  
Signature of Applicant

**ATTACH RECENT PHOTOGRAPH**  
**(Passport Photo Size)**  
Please use glue or tape

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

\_\_\_\_\_  
**Name**

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]