



## South Dakota State Board of Dentistry

P.O. Box 1079, 1351 N. Harrison Ave. Pierre, SD 57501-1079

Ph: 605-224-1282

Fax: 1-888-425-3032

E-mail: [contactus@sdboardofdentistry.com](mailto:contactus@sdboardofdentistry.com)

[www.sdboardofdentistry.com](http://www.sdboardofdentistry.com)

### Anesthesia Assisting Course Approval Request Form

The following information is required for prior approval of an Anesthesia Assisting course. Once approved, the course will be added to the "Approved Courses for a Permit to Monitor Patients Under Anesthesia" list on the SD State Board of Dentistry Website. You may fax, email or mail in your request.

Date of Request: \_\_\_\_\_ Date(s) of Course: \_\_\_\_\_

Name of Person Requesting Approval: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Course Length: \_\_\_\_\_ Hrs.

Title of Course:  
\_\_\_\_\_

Sponsor:  
\_\_\_\_\_

Speaker:  
\_\_\_\_\_

Location:  
\_\_\_\_\_

#### ***Requirements:***

1. Resume or bio of speaker.
2. Detailed course outlines that includes verification of:
  - i) 8 hours of instruction.