



South Dakota State Board of Dentistry

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DENTIST MODERATE SEDATION PERMIT APPLICATION

Pursuant to ARSD § 20:43:09:04 you must submit the following:

1. \$50 Application Fee;
2. \$250 Inspection Fee;
3. Completed Temporary Permit Practitioner Office Anesthesia Inspection Form;
4. A copy of your current Advanced Cardiovascular Life Support (ACLS) from the American Heart Association; and
5. Primary source verification of completion of a Board approved course pursuant to ARSD § 20:43:09:04(1);
A list of Board approved courses can be found on page two of this application. If the course is not Board approved at the time of completion, your application cannot be approved;
 - a. An applicant that is not licensed and providing moderate sedation in a different state must apply within twelve months of completing the course.
 - b. An applicant that completed the board approved course more than 12 months before application and currently holds a moderate sedation permit (or equivalent permit) in another state must also submit the following:
 - i. A verification letter from the state that the applicant currently holds a moderate sedation permit (or equivalent permit) in; and
 - ii. Verification of 12 moderate sedation cases completed in the 12 months prior to application.
 - c. An applicant that completed the board approved course more than 12 months before application and does not currently hold a moderate sedation permit (or equivalent) in another state must undergo a review by the board of the applicant's recent training and experience and complete supplemental training, education, evaluation, or remediation required by the board. The applicant must pay all costs of the required training, education, evaluation, remediation, and proceedings. Please contact our office for additional information.

Name: _____ License #: _____ Federal DEA#: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

I will be providing moderate sedation services in the following office(s):

Office Name: _____

Phone: _____

Physical Address: _____

Mailing Address: _____

Office Name: _____

Phone: _____

Physical Address: _____

Mailing Address: _____

Please attach additional sheets, as necessary.

Course Information: *You must request primary source verification of completion of a Board approved course (listed below) be sent directly to the Board office.* If the course is not Board approved, your application cannot be approved. If a course that you are interested in attending is not listed below, please submit a completed Moderate Sedation Course Approval Request Form *before you register to take the course.* Courses are reviewed by the Board annually. Please contact our office for additional information.

I have requested verification of completion of the following course (please check one):

- ☐ Intravenous Conscious Sedation Course -- Location: Augusta, GA. Sponsor: Augusta University Dental College of Georgia. Hours: At least 60. Patients: At least 20.
- ☐ Moderate Sedation in Dental Practice -- Location: Dayton, OH. Sponsor: Miami Valley Hospital. Hours: At least 60. Patients: At least 20.
- ☐ Parenteral Moderate Sedation -- Location: Portland, OR. Sponsor: Oregon Academy of General Dentistry. Hours: At least 60. Patients: At least 20.
- ☐ IV Sedation Training for Dentists -- Location: Various locations. Sponsor: Conscious Sedation Consulting. Hours: At least 60. Patients: At least 20.
- ☐ IV Sedation for Dentistry at Idaho State University and Meharry Medical College-- Location: Idaho State University and Dental School Satellite Campus. Sponsor: Idaho State University and DOCS Education. Hours: At least 60. Patients: At least 20.
- ☐ Moderate Sedation Training Course - - Location: Varies. Sponsor: Dentinomics. Hours: At least 60. Patients: At least 20.
- ☐ Puerto Rico AAID MaxiCourse Program and Clinical Residency in Implant Dentistry – Location: Puerto Rico. Sponsor: Advanced Dental Implant Institute. Hours: At least 60. Patients: At least 20.
- ☐ IV Sedation Training Program—Location: Cincinnati, OH. Sponsor: Vesper Institute. Hours: At least 60. Patients: At least 20.
- ☐ Moderate Parenteral Anesthesia – Location: Radcliff, KY. Sponsor: IV Sedation Training for Dentists, LLC. Hours: At least 60. Patients: At least 20.
- ☐ IV Sedation – Location: Gilbert, AZ. Sponsor: Stay in the Box Sedation. Hours: At least 60. Patients: At least 20.
- ☐ ADA CODA accredited General Practice, Periodontal or Pediatric Residency that meets the regulatory requirements. Location: Various locations. Hours: At least 60. Patients: At least 20.

Course Location: _____

Dates of Course: _____

Course Contact – Name: _____

Telephone: _____ Email: _____

I hold a moderate sedation permit in the following state(s) and have requested verification letters from each:

STATE _____	PERMIT # _____	DATE RECEIVED _____	STATUS _____
STATE _____	PERMIT # _____	DATE RECEIVED _____	STATUS _____

Pediatric Patients (please check one):

I will not be providing moderate sedation to individuals less than 12 years of age.

I will be providing moderate sedation to individuals less than 12 years of age and have submitted verification of the following:

- Completion of a CODA accredited residency program that provides comprehensive and appropriate training necessary to administer and manage pediatric moderate sedation; and
- A copy of my current Pediatric Advanced Life Support by the American Heart Association.

General Information:

You must pass a temporary permit inspection before a temporary permit can be issued. Once a completed application and inspection form have been received and reviewed, an inspector will be assigned to complete your inspection. You will be notified of this assignment via email. Upon completion of the inspection, a temporary permit may be issued for up to 12 months. Prior to the expiration of the temporary permit, you must pass a full inspection to obtain your moderate sedation permit.

A moderate sedation permit incorporates the authority granted by a nitrous oxide permit and a host permit. A dentist that holds a moderate sedation permit and utilizes a licensed anesthesia provider to administer general anesthesia, deep sedation, or moderate sedation to a patient under 12 years must be certified in Pediatric Advanced Life Support by the American Heart Association.

To maintain a moderate sedation permit you must:

- Remain compliant with ARSD 20:43:09 and other applicable regulations;
- Pass a full inspection in each five-year licensure cycle;
- Complete 25 hours of continuing education in anesthesia-related topics per five-year licensure cycle;
- Complete at least 12 cases of moderate sedation annually. If you are unable to complete the required number of annual sedation or anesthesia cases, you may complete three additional hours of board-approved continuing education that pertain to the administration and management of moderate sedation for each case not completed;
- Document completion of team training on emergency response protocols at least annually in the setting where the anesthesia or sedation is being provided.

I declare and affirm that I have read and I am compliant with ARSD § 20:43:09. I declare and affirm under the penalties of perjury that this application has been examined by me and to the best of my knowledge and belief is in all things true and correct.

Signature: _____ Date: _____

Printed Name: _____

For Office Use Only: Check #: _____ Amount: _____ Date Received: _____