



# South Dakota State Board of Dentistry

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## **DENTIST GENERAL ANESTHESIA AND DEEP SEDATION PERMIT APPLICATION**

Pursuant to ARSD § 20:43:09:03 you must submit the following:

1. \$50 Application Fee;
2. A copy of your current Advanced Cardiovascular Life Support (ACLS) from the American Heart Association; and
3. Primary source verification of completion of a CODA accredited residency in oral and maxillofacial surgery or a CODA accredited residency in dental anesthesiology.
  - a. An applicant that is not licensed and providing general anesthesia and deep sedation in a different state must apply within twelve months of completing the residency.
  - b. An applicant that completed the residency more than 12 months before application and currently holds a general anesthesia and deep 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 general anesthesia or deep sedation permit (or equivalent permit) in; and
    - ii. Verification of 50 general anesthesia and deep sedation cases completed in the 12 months prior to application.
  - c. An applicant that completed the residency more than 12 months before application and does not currently hold a general anesthesia and deep 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 general anesthesia and deep 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.

I have requested proof of the following be sent directly to the Board office (please check one):

- Completion of a CODA accredited residency in oral and maxillofacial surgery; or
- Completion of a CODA accredited residency in dental anesthesiology.

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

STATE \_\_\_\_\_ PERMIT # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ STATUS \_\_\_\_\_  
STATE \_\_\_\_\_ PERMIT # \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ STATUS \_\_\_\_\_

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 general anesthesia and deep sedation permit.

A general anesthesia and deep sedation permit incorporates the authority granted by a moderation sedation permit, nitrous oxide permit, and a host permit. A dentist that administers general anesthesia or deep sedation to a patient under 12 years must be certified in Pediatric Advanced Life Support.

To maintain a general anesthesia and deep 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 in each five-year licensure cycle;
- Complete at least 50 cases of general anesthesia and deep 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 general anesthesia and deep sedation for each case not completed; and
- 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: \_\_\_\_\_

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For Office Use Only: Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_