



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

www.sdboardofdentistry.org

REGISTERED DENTAL ASSISTANT APPLICATION TO ADMINISTER NITROUS OXIDE SEDATION AND ANALGESIA

Pursuant to ARSD § 20:43:09:06 you must submit the following:

1. \$40 Application Fee;
2. A copy of your current cardiopulmonary resuscitation (CPR) card. The Board accepts only the American Heart Association for the Basic Life Support Provider (BLS), or the American Red Cross for Basic Life Support (BLS);
3. Proof of successful completion of a nitrous oxide course taken through an American Dental Association Commission on Dental Accreditation (CODA) accredited dental, dental hygiene or dental assisting school, and proof that you:
 - a. Completed the course within thirteen months prior to application; or
 - b. Completed the course more than thirteen months prior to application, have legally administered nitrous oxide sedation and analgesia for a period of time during the three years preceding application, and provide written documentation from a dentist that has employed or supervised you, attesting to your current clinical proficiency to administer nitrous oxide sedation and analgesia. *(Please have a dentist that has employed or supervised you complete the attached document if you completed the course more than thirteen months prior to application.)*

Name: _____ License #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Employer Office: _____ Phone: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Satellite Office: _____ Phone: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

If you have more than one satellite office, please include that information on another page.

I hereby certify that when I administer nitrous oxide, I will have equipment for administering nitrous oxide inhalation analgesia with fail-safe features, a 30% minimum oxygen flow and a scavenger system.

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: _____



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

www.sdboardofdentistry.com

This form is to be submitted with the *Registered Dental Assistant Application to Administer Nitrous Oxide Sedation and Analgesia* only if the applicant completed a board approved course in nitrous oxide sedation and analgesia more than thirteen months prior to application and is currently authorized to provide this service in a state other than South Dakota.

To Whom It May Concern:

The South Dakota State Board of Dentistry is conducting a review of an applicant for a permit to administer nitrous oxide sedation and analgesia in the State of South Dakota. One of the requirements for that permit is written documentation from a dentist that has employed or supervised the applicant, attesting to the current clinical proficiency of the applicant to administer nitrous oxide sedation and analgesia. Please provide your professional assessment of the applicant's current clinical proficiency to administer nitrous oxide sedation and analgesia by completing the form below.

Applicant's Name: _____

I supervised or employed the above named applicant during the following timeframe ____/____ (month/year) through ____/____ (month/year). During that timeframe, he/she legally administered nitrous oxide sedation and analgesia in the state of _____. I hereby certify the above named applicant is **currently** clinically proficient to administer nitrous oxide sedation and analgesia.

Name of Office

Address

City, State, Zip

(____)_____
Office Phone Number

Dentist Name (Print)

Dentist License # State

Signature of Dentist

Date