



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

DENTIST ANESTHESIA HOST APPLICATION

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

1. \$50 Application Fee;
2. Verification of completion of a *Board approved* course (ARSD § 20:43:09:04.05); and
 - a. *If you are not licensed and providing equivalent services in a different state, you must apply within twelve months of completing the course.*
3. A copy of your current Advanced Cardiovascular Life Support (ACLS) Card from the American Heart Association.

Name: _____ License #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

I will be utilizing licensed anesthesia provider services in the following office(s):

Please attach additional sheets if necessary

Office Name: _____

Phone: _____

Physical Address: _____

Mailing Address: _____

Level of Sedation or Anesthesia Provided at this Location: _____

Office Name: _____

Phone: _____

Physical Address: _____

Mailing Address: _____

Level of Sedation or Anesthesia Provided at this Location: _____

Office Name: _____

Phone: _____

Physical Address: _____

Mailing Address: _____

Level of Sedation or Anesthesia Provided at this Location: _____

Course Information: Please attach verification of completion of a course listed below. Courses are reviewed annually by the Board. If a course is not listed below and you would like it reviewed for approval per ARSD § 20:43:09:04.05, please submit a completed Host Permit Course Approval Request Form.

I have attached verification of completion of one of the following course(s):

American Society of Anesthesiologists (ASA) Safe Sedation Training (SST) – Location: Online.

Date(s) Completed: _____

1. Course Introduction
2. Continuum of Sedation
3. Pre-Procedure Patient Evaluation and Preparation
4. Rescue
5. Respiratory Complications
6. Patient Safety Monitoring
7. Airway Assessment and Management
8. Sedation Pharmacology
9. Recovery

American Dental Society of Anesthesiology (ADSA) On Demand Assistant Courses – Location: Online.

Verification of the following six individual courses must be attached:

1. Anesthetic Drugs (1 hour)
 - a. Date Completed: _____
2. Common Airway Complications (1 hour)
 - a. Date Completed: _____
3. Identifying Roles in an Anesthetic Emergency (1 hour)
 - a. Date Completed: _____
4. Emergencies Scenarios: An Interactive Experience (1.5 hours)
 - a. Date Completed: _____
5. Intraoperative + Postoperative Patient assessment (1.5 hours)
 - a. Date Completed: _____
6. Preoperative Assessment (1.5 hours)
 - a. Date Completed: _____

General Information:

Once a completed application has been received and approved, you must pass a temporary permit inspection before a temporary permit can be issued. 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.

A dentist that holds a host permit is authorized to utilize a licensed anesthesia provider per ARSD 20:43:09 and to monitor patients under general anesthesia, deep sedation, or moderate sedation. A dentist that holds a host permit and utilizes a licensed anesthesia provider to provide 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 host 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;
- 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: _____