



# 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.org](http://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 seven individual courses must be attached:

1. Pharmacology of Common Sedation Medications (0.5 hour)
  - a. Date Completed: \_\_\_\_\_
2. Pharmacology of Emergency Drugs (0.5 hour)
  - a. Date Completed: \_\_\_\_\_
3. Airway Management (1 hour)
  - a. Date Completed: \_\_\_\_\_
4. Role of Assistants in Emergency (1 hour)
  - a. Date Completed: \_\_\_\_\_
5. Recognizing and Treating Emergencies in Anesthesia (2 hours)
  - a. Date Completed: \_\_\_\_\_
6. Monitoring for the Anesthesia Assistant (1 hour)
  - a. Date Completed: \_\_\_\_\_
7. Airway Assessment and Preoperative Evaluations (1 hour)
  - 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: \_\_\_\_\_

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