



# South Dakota State Board of Dentistry

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## Host Permit Course Approval Request Form

The following information is required for approval of a Host Permit course. Courses are reviewed annually.

Date of Request: \_\_\_\_\_ Date(s) of Course: \_\_\_\_\_

Name of Person Requesting Approval: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Course: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Location: \_\_\_\_\_

***Please attach a detailed course outline that includes the following requirements from ARSD 20:43:09:04.05.***

The course must provide instruction and an assessment of knowledge and skill in the following areas:

- (A) Preoperative patient assessment;
- (B) Emergency scenarios and rescue;
- (C) Respiratory complications;
- (D) Patient safety and monitoring;
- (E) Airway assessment and management;
- (F) Anesthetic drugs;
- (G) Recovery; and

Upon completion, the course participant must be able to:

- (A) Identify a high-risk patient;
- (B) Differentiate between levels of sedation;
- (C) Monitor a patient receiving sedation or anesthesia; and
- (D) Rescue a patient from a deeper-than-intended level of sedation.