



OHIO STATE DENTAL BOARD

APPLICATION FOR AN

OFFICE CONSCIOUS SEDATION PERMIT

**OHIO STATE DENTAL BOARD
APPLICATION
FOR A PERMIT TO BE
RESPONSIBLE FOR AND UTILIZE CONSCIOUS SEDATION**

Please Print or Type

Registration Fee - \$127 (Must be enclosed with application. Make check payable the Ohio State Dental Board).

Inspection Fee - \$200 (Must be enclosed with application. Make check payable the Ohio State Dental Board).

Name: _____ Date of Birth: ____/____/____
Month Day Year

Ohio State Dental License No: _____

Home Address: _____

_____ Phone No: (____) _____

Primary Office or Facility Address: _____

_____ Phone No: (____) _____

Additional Facility Address:

_____ Phone No: (____) _____

Type of Practice

_____ General Practice

_____ Specialty Practice (Type) _____

INITIAL ALL APPLICABLE CATEGORIES QUALIFYING APPLICANT FOR A CONSCIOUS SEDATION PERMIT. (ENCLOSE A COPY OF SUBSTANTIATING DOCUMENTS).

- _____ A. Completed comprehensive **pre-doctoral** or continuing education conscious sedation training in an accredited educational institution or program, which included a minimum of sixty hours of didactic instruction and twenty cases of clinical experience commensurate with each intended route(s) of administration, whether oral for children 12 years or younger, non-intravenous parenteral, or intravenous.

- _____ B. Has satisfactorily completed an accredited post-doctoral training program which included conscious sedation training equivalent to 4715-5-07(B)(1) of the Ohio Administrative Code.
- _____ C. Completed the qualifications governing the use of general anesthesia in rule 4715-5-05 of the Administrative Code.
- _____ D. Has a properly equipped facility(s) whether fixed or mobile, in which the permit holder agrees to have available and utilize adequate monitoring, personnel, emergency equipment and drugs as recommended in the ADA's "Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists" and/or the American Academy of Pediatric Dentistry's "Guidelines for Conscious Sedation of Pediatric Dental Patients".
- _____ E. Is currently certified in Advanced Cardiac Life Support or its age appropriate equivalent.
- _____ F. Maintains a permanent address within the State of Ohio where he or she conducts business pursuant to his or her Ohio State Dental License.

EDUCATION AND TRAINING

Pre-Professional Education:

School, College or University	Degree(s)	Dates of Attendance
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Dental Education:

School, College or University	Degree(s)	Dates of Attendance
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Other Professional Education:

School, College or University	Degree(s)	Dates of Attendance
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Post-Doctoral Education:

School, College or University	Degree(s)	Dates of Attendance
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HOSPITAL AFFILIATIONS

List all present hospital medical staff affiliations with category of appointment.
(Use separate page if necessary)

TRAINING SUMMARY

Give a brief resume of your sedation training, experience, and methods. Please include the names of all institutions or programs where conscious sedation training was acquired.
(Use separate page if necessary)

EQUIPMENT, RECORDS, DRUGS, AND FACILITY

INITIAL ALL THAT ARE OR WILL BE IN PLACE AND FUNCTIONING IN YOUR OFFICE DURING THE OFFICE CONSCIOUS SEDATION EVALUATION.

_____ Drug Control Program (Give a brief description on separate page. Please include methods of storage, security measures, tracking of outdates, and reorder protocol.)

_____ Reserve Oxygen Supply
_____ Automatic Switchover?
_____ Manual Switchover?

_____ Electrocardiogram
(Hard copy available?) _____ Yes _____ No

_____ Pulse Oximeter
(Hard copy available?) _____ Yes _____ No

_____ Blood Pressure Apparatus
_____ Automatic
_____ Manual
(Hard copy available?) _____ Yes _____ No

_____ Reserve Suction
_____ Battery Powered _____ Water Powered _____ Oxygen Powered _____ Manual

- Oropharyngeal Airways
(Adult and Pediatric sizes?) Yes No
- Sedation Record (Attach a copy to this application)
- Preoperative medical history, blood pressure, pulse rate, body weight
(Attach a copy to this application)
- Safety-indexed fittings on all piped gas connections and outlets
- Steam, Dry Heat, ChemClave, or Gas Sterilizer
- Hepatitis Inoculations for all "patient contact" personnel
- Crash Cart
- Positive Pressure Oxygen Delivery System
- Method of checking accuracy of oxygen source
- Trained personnel in recommended numbers
- Auxiliary lighting available in each operatory

**IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES,
PLEASE GIVE FULL DETAILS ON A SEPARATE SHEET OF PAPER.**

1. Have you been or are you now addicted to the use of drugs or alcohol?
 Yes No

2. Has your license to practice your profession in any jurisdiction been limited, suspended, revoked, denied, or subjected to probationary conditions or have proceedings to any of these ends been instituted?
 Yes No

3. Have your clinical privileges at any hospital or health care institution been limited, suspended, revoked, not renewed, or subjected to any probationary conditions or have proceedings toward any of these ends been instituted or recommended by a standing medical staff committee or governing board?
 Yes No

4. Has your medical staff membership or medical staff status at any hospital been limited, suspended, revoked, not renewed, or subjected to probationary conditions, or have proceedings toward any of these ends been instituted by a standing medical staff committee or governing board?
- _____Yes _____No
5. Have you been denied membership on a hospital medical staff, or advancement in medical staff status, or has such denial been recommended by a standing medical staff committee or governing board?
- _____Yes _____No
6. Have you been denied membership or renewal thereof or been subject to any disciplinary action in any dental organization or professional society, local, state, or national, or have proceedings toward any of these ends been instituted because of actions or allegations related to your use of conscious sedation?
- _____Yes _____No
7. Has your Drug Enforcement Agency or other controlled substance authorization been denied, revoked, suspended, or reduced, or have proceedings toward these ends been instituted?
- _____Yes _____No
8. Have you been asked to voluntarily relinquish a medical staff membership, a clinical privilege, a professional license, or controlled substance registration?
- _____Yes _____No
9. Have you been denied professional liability insurance or has your policy ever been canceled?
- _____Yes _____No
10. Have any judgments been taken against you or medical malpractice arbitration awards rendered against you arising out of a claim of malpractice in any jurisdiction related to your use of conscious sedation?
- _____Yes _____No
11. Have any settlements been made by you or in your behalf by an insurance carrier arising out of a claim of malpractice related to your use of conscious sedation?
- _____Yes _____No

12. Are there any malpractice claims currently pending against you in any court or have you received notice that any patient is presently considering bringing a malpractice claim against you related to your use of conscious sedation?

_____Yes _____No

13. Have you been convicted of or entered a plea of guilty to, or entered a plea of no contest for a felony under state or federal law or a misdemeanor under state or federal law committed within the course of your dental practice?

_____Yes _____No

I am specifically applying and meet the qualifications for a conscious sedation permit that will allow me to administer conscious sedation for the following. (Please check all that apply).

_____a. Oral for children 12 years or younger

_____b. Non-intravenous parenteral

_____c. Intravenous

I hereby certify, under penalty of law, that all information contained in this application is true and correct. I also certify I have read Ohio State Dental Board Rule 4715-5-07 (Use of Conscious Sedation) and understand its contents.

Print Name: _____

Signed _____
Applicant Date

THIS SPACE TO BE COMPLETED BY THE OHIO STATE DENTAL BOARD

ACTION BY BOARD ON APPLICATION

_____Certified that applicant meets training, educational, and facility requirements.

_____Training, education and/or facility of applicant fail to meet requirements.

Reasons: _____

4715-5-07 Use of Conscious Sedation.

- (A) With the exception of nitrous oxide/oxygen inhalation conscious sedation for patients of any age and/or oral conscious sedation or anxiolysis of patients age thirteen or older, no dentist shall administer conscious sedation in the state of Ohio, in accordance with the definition of “conscious sedation,” as defined in rule 4715-3-01 of the Administrative Code, unless such dentist possesses a permit of authorization or has made application for such permit and, based on a credentials review, is notified that a formal evaluation as outlined in paragraph (C) of this rule is pending. The dentist holding such permit shall be subject to review and such permit must be renewed biennially.
- (B) In order to receive such permit, the dentist must apply on a prescribed application to the Ohio state dental board, submit the fee as established by section 4715.13(E) of the Revised Code and produce evidence showing that he or she:
- (1) Has satisfactorily completed comprehensive pre-doctoral or continuing education conscious sedation training in an accredited educational institution or program, which included a minimum of sixty hours of didactic instruction and twenty cases of clinical experience commensurate with each intended route(s) of administration, whether:
 - (a) Oral for children twelve years or younger; or
 - (b) Non-intravenous parenteral, or
 - (c) Intravenous.

Training in intravenous conscious sedation qualifies the permit holder to administer any route of conscious sedation. Didactic and clinical training shall conform to the principles in Part One or Part Three of the American dental association’s “Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry”, with clinical experience commensurate with the intended route of administration, or

- (2) Has satisfactorily completed an accredited post-doctoral training program which included conscious sedation training equivalent to paragraph (B)(1) of this rule; or
- (3) Has satisfactorily completed the qualifications governing the use of general anesthesia in rule 4715-5-05 of the Administrative Code; and
- (4) Has a properly equipped facility(s), whether fixed, mobile, or portable, in which the permit holder agrees to have available and utilize adequate monitoring, personnel, emergency equipment and drugs as recommended in the American dental association’s “Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists” and/or the American academy of pediatric dentistry “Guidelines for the Elective Use of Conscious Sedation, Deep Sedation and General Anesthesia in Pediatric Patients”; and

- (5) At the time of application maintains successful completion of an advanced cardiac life support course, or its age appropriate equivalent; and
 - (6) Maintains a permanent address within the state of Ohio where he or she conducts business pursuant to his or her Ohio state dental license.
- (C) Prior to the issuance of such permit, the Ohio state dental board shall require an on-site evaluation of the facility(s), equipment, personnel, conscious sedation techniques and related document(s) to determine if, the aforementioned requirements have been met. This evaluation shall be conducted by a qualified consultant appointed by the Ohio state dental board, and will follow the American dental association's "Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists" and/or the American academy of pediatric dentistry "Guidelines for the Elective Use of Conscious Sedation, Deep Sedation and General Anesthesia in Pediatric Patients". In the case of a mobile or portable facility, one inspection of that facility shall be conducted in the office of an Ohio licensed dentist where conscious sedation is administered. A written list of all monitors, emergency equipment and other materials which the mobile conscious sedation provider agrees to have available at all times while administering conscious sedation in multiple locations shall be provided to the Ohio state dental board. The applicant shall be responsible for the cost of this evaluation, which will be an amount not to exceed two hundred dollars.
- (D) In the event the Ohio state dental board deems the application or evaluation unsatisfactory, a written explanation documenting deficiencies and suggested remedies shall be forwarded to the applicant within fourteen days. The board may issue a permit based on documentation that deficiencies have been corrected; or the board may require a formal re-evaluation; or the applicant may request an appearance before the board to address the documented deficiencies.
- (E) The board shall, without charge, renew the conscious sedation permit biennially at the time of dental licensure renewal, provided the permit holder attests to the Ohio state dental board that he or she has maintained successful completion of a basic life support course, and maintains successful completion of a course in advanced cardiac life support or its age appropriate equivalent, or a minimum of six hours of board approved continuing education devoted specifically to the management and/or prevention of emergencies which may result from the use of conscious sedation. The board shall renew the permit unless the conscious sedation permit holder is informed in writing that a reevaluation as outlined in paragraph (C) of this rule, of his or her facility(s) and/or methods, is to be required. In determining whether such reevaluation is necessary, the board shall consider such factors as it deems pertinent including, but not limited to, patient complaints, reports of adverse occurrences, and random quality assurance audits. Such quality assurance audit(s), may include, but are not limited to, a review of documentation of pre-sedation evaluations, sedation and recovery records, and documentation of appropriateness for discharge. The permit holder shall be responsible for any costs incurred in a formal reevaluation, not to exceed two hundred dollars.
- (F) The Ohio state dental board may grant a permit authorizing the administration of conscious sedation within one year from the effective date of this rule, to those Ohio licensed dentists

who do not meet the qualifications outlined in paragraphs (B)(1) and (B)(2) of this rule, but who have provided conscious sedation in a safe, competent, ethical and effective manner, provided such dentist meets the requirements of paragraphs (B)(4), (B)(5) and (B)(6) of this rule.

- (G) A dentist holding a general anesthesia permit under rule 4715-5-05 of the Administrative Code may administer conscious sedation without a conscious sedation permit.
- (H) No dentist shall administer or employ any agent(s) which has a narrow margin for maintaining consciousness including, but not limited to, ultra-short acting barbiturates, propofol, parenteral ketamine, and similarly acting drugs, or quantity of agent(s), or technique(s), or any combination thereof that would likely render a patient deeply sedated, generally anesthetized or otherwise not meeting the conditions of the definition of conscious sedation as stated in paragraph (B)(5) of rule 4715-3-01 of the Administrative Code, unless he or she holds a valid general anesthesia permit issued by the Ohio state dental board.
- (I) A dentist holding a valid conscious sedation permit may supervise a certified registered nurse anesthetist only for conscious sedation procedures for which the dentist is qualified.
- (J) All conscious sedation permit holders shall provide written notification within ten days to the Ohio state dental board if conscious sedation services are to be provided at any new facility(s) other than those already listed with the Ohio state dental board.
- (K) No dentist, without personally obtaining a conscious sedation permit, may employ or work in conjunction with a conscious sedation provider in an out-patient dental facility unless that conscious sedation provider is a dentist holding a valid general anesthesia or conscious sedation permit under rule(s) 4715-5-05 and/or 4715-5-07 of the Administrative Code or an Ohio licensed physician, who has successfully completed graduate medical education, as defined in section 4731.091 of the Revised Code, in the field of anesthesiology, provided that such physician maintains successful completion of a course in advanced cardiac life support whenever conscious sedation is provided in a dental facility. The conscious sedation provider, whether a dentist or physician, must remain on the premises of the dental facility until any patient given conscious sedation has adequately recovered. The operating dentist shall provide advanced written notification to the Ohio state dental board that conscious sedation services are provided at his or her facility by a physician anesthesiologist. Failure to comply with paragraph (L) of this rule when the conscious sedation provider is a physician may result in disciplinary action against the operating dentist.
- (L) Reference materials for paragraphs (B)(1)(c), (B)(4), and (C) of this rule may be found at the following addresses:
 - (1) American dental association: 211 E. Chicago Avenue, Chicago, Illinois, 60611; telephone - 312-440-2500; facsimile - 312-440-2800; internet website address - www.ada.org.
 - (2) American academy of pediatric dentistry: 211 E. Chicago Avenue #700, Chicago, Illinois, 60611-2663; telephone -312-337-2169; facsimile - 312-337-6329; internet website address - www.aapd.org.

HISTORY: Eff 10-1-88; 6-8-98; 5-15-03

4715-5-06 Reports of adverse occurrences.

- (A) All licensees engaged in the practice of dentistry in the state of Ohio must notify the Ohio state dental board within seventy-two hours, and submit a complete written report within thirty days of any untoward event requiring hospital admission or any mortality which occurred as a direct result of treatment in an out-patient dental facility.
- (B) Failure to comply with this rule when said mortality or untoward event is related to the use of conscious sedation, deep sedation, or general anesthesia may result in the restriction, suspension, or revocation of such permits as described in rules 4715-5-05 and 4715-5-07 of the Administrative Code and/or other disciplinary action.

HISTORY: Eff 8-1-74; 10-1-88; 4-27-98; 5-15-03