



# **OHIO STATE DENTAL BOARD**

APPLICATION FOR A  
GENERAL ANESTHESIA PERMIT

**OHIO STATE DENTAL BOARD  
APPLICATION  
FOR A PERMIT TO BE  
RESPONSIBLE FOR AND UTILIZE GENERAL ANESTHESIA  
AND/OR DEEP SEDATION**

Please Print or Type

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

Inspection Fee - \$400 (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 of 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 GENERAL ANESTHESIA PERMIT. (ENCLOSE A COPY OF SUBSTANTIATING DOCUMENTS).**

- \_\_\_\_\_ 1. Completed an approved, accredited post-doctoral training program which affords appropriate training necessary to administer deep sedation and general anesthesia and meets the objectives set forth in Part Two of the American dental association's "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry".

- \_\_\_\_\_ 2. Completed an approved Accreditation council for graduate medical education (ACGME) accredited **post-doctoral** training program in anesthesiology which affords appropriate training necessary to administer deep sedation and general anesthesia.
- \_\_\_\_\_ 3. Completed a minimum of one year advanced clinical training in anesthesiology from a Joint commission on accreditation of healthcare organization (JCAHO) accredited institution that meets the objectives set forth in Part Two of the American dental association’s “Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry”.
- \_\_\_\_\_ 4. Has a properly equipped facility(s), whether fixed, mobile, or portable, for the administration of general anesthesia or deep sedation 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 association of oral and maxillofacial surgeon’s “Office Anesthesia Evaluation Manual”.
- \_\_\_\_\_ 5. Is currently certified in Advanced Cardiac Life Support or its age appropriate equivalent.
- \_\_\_\_\_ 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.

**EDUCATION AND TRAINING**

Pre-Professional Education:

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

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

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

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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)

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## TRAINING SUMMARY

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

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## PROFESSIONAL AFFILIATIONS

\_\_\_\_\_ Diplomat of or eligible for the American Board of Oral & Maxillofacial Surgery.

\_\_\_\_\_ Member or Fellow of the American Association of Oral & Maxillofacial Surgeons.

\_\_\_\_\_ Fellow of the American Dental Society of Anesthesiology.

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## EQUIPMENT, RECORDS, DRUGS, AND FACILITY

**INITIAL ALL THAT ARE OR WILL BE IN PLACE AND FUNCTIONING IN YOUR OFFICE DURING THE OFFICE GENERAL ANESTHESIA 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
- Laryngoscope  
(Bulbs and batteries checked regularly?)  Yes  No
- Endotracheal Tubes and Connectors  
(Adult and pediatric sizes?)  Yes  No
- Oropharyngeal Airways  
(Adult and Pediatric sizes?)  Yes  No
- Anesthesia 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
- At least two assistants with doctor during general anesthesia or deep sedation
- Crash Cart
- Positive Pressure Oxygen Delivery System
- Vaporizer(s)  
Agents? \_\_\_\_\_
- Defibrillator
- Auxiliary lighting available in each operatory
- Method of checking the accuracy of the oxygen source and other anesthetic agents delivery systems

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 administration of General Anesthesia or Deep Sedation?

\_\_\_\_\_Yes \_\_\_\_\_No

7. Has your specialty board certification or eligibility been denied, revoked, relinquished, not renewed, suspended, or reduced, or have proceedings toward these ends ever been instituted?

\_\_\_\_\_Yes \_\_\_\_\_No

8. 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
9. Have you been asked to voluntarily relinquish a medical staff membership, a clinical privilege, a professional license, or controlled substance registration?
- \_\_\_\_\_Yes    \_\_\_\_\_No
10. Have you been denied professional liability insurance or has your policy ever been canceled?
- \_\_\_\_\_Yes    \_\_\_\_\_No
11. 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 administration of General Anesthesia or Deep Sedation?
- \_\_\_\_\_Yes    \_\_\_\_\_No
12. 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 administration of General Anesthesia or Deep Sedation?
- \_\_\_\_\_Yes    \_\_\_\_\_No
13. 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 administration of General Anesthesia or Deep Sedation?
- \_\_\_\_\_Yes    \_\_\_\_\_No
14. 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 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 4715-5-05 (Use of General Anesthesia and Deep Sedation) and understand its contents.

Print Name \_\_\_\_\_

Signed \_\_\_\_\_  
Applicant Date

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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: \_\_\_\_\_  
\_\_\_\_\_

### **4715-5-05 Use of general anesthesia and deep sedation.**

- (A) No dentist shall administer general anesthesia or deep sedation in the state of Ohio unless such dentist possesses a permit of authorization issued by the Ohio state dental board 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 form to the Ohio state dental board, submit the application fee, and produce evidence showing that he or she:
  - (1) Has completed an approved, accredited post-doctoral training program which affords appropriate training necessary to administer deep sedation and general anesthesia; and/or
  - (2) Has completed an approved Accreditation council for graduate medical education (ACGME) accredited post-doctoral training program in anesthesiology which affords appropriate training necessary to administer deep sedation and general anesthesia; and/or
  - (3) Has completed a minimum of one year advanced clinical training in anesthesiology from a Joint commission on accreditation of healthcare organization (JCAHO) accredited institution that meets the objectives set forth in Part Two of the American dental association's "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry"; and
  - (4) Has a properly equipped facility(s), whether fixed, mobile, or portable, for the administration of general anesthesia or deep sedation 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 association of oral and maxillofacial surgeon's "Office Anesthesia Evaluation Manual"; 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 in which he or she conducts business pursuant to his or her Ohio 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, anesthetic 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 association of oral and maxillofacial surgeon's "Office Anesthesia Evaluation

Manual”. 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 deep sedation or general anesthesia is administered. A written list of all monitors, emergency equipment, and other materials which the mobile anesthesia provider agrees to have available at all times while administering conscious sedation, deep sedation, and general anesthesia in multiple locations shall be provided to the Ohio state dental board. The applicant shall be responsible for the cost of this evaluation not to exceed four 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 general anesthesia 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 associated with general anesthesia/deep sedation. The board shall renew the permit unless the permit holder is informed in writing that a reevaluation as described 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-anesthetic evaluation(s), anesthetic 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 four hundred dollars.
- (F) A dentist holding a general anesthesia permit may supervise a certified registered nurse anesthetist for any anesthetic procedure for which the dentist is qualified.
- (G) All permit holders shall provide written notification within ten days to the Ohio state dental board if anesthesia services are provided at any new facility(s) other than those already listed with the Ohio state dental board.
- (H) No dentist, without personally obtaining a general anesthesia permit, may employ or work in conjunction with a general anesthesia/deep sedation provider in an out-patient dental facility unless that anesthesia provider is a dentist holding a valid general anesthesia permit under rule 4715-5-05 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 advanced cardiac life support whenever general anesthesia or deep sedation is provided in a dental facility. The general anesthesia/deep sedation provider, whether a dentist or physician, must remain on the premises of the dental facility until any patient given a general anesthetic or deep sedation regains consciousness and has adequately

recovered. The operating dentist shall provide advanced written notice to the Ohio state dental board that general anesthesia/deep sedation services are provided at his or her facility by a physician anesthesiologist. Failure to comply with paragraph (H) of this rule when the general anesthesia/deep sedation provider is a physician may result in disciplinary action against the operating dentist.

- (I) Reference materials for paragraphs (B)(3), (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](http://www.ada.org).
  - (2) American association of oral and maxillofacial surgeons: 9700 West Bryn Mawr Avenue, Rosemont, Illinois, 60018-5701; telephone - 847-678-6200; internet website address - [www.aaoms.org](http://www.aaoms.org).

HISTORY: Eff 8-1-74; 10-1-88; 3-3-95; 4-27-98; 5-15-03; 4-7-05

#### **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