



ATTESTATION

I, _____, do hereby state my intention to administer general anesthesia or conscious sedation (circle one) in a secondary or new (circle one) facility located at _____, Ohio, pursuant to the Ohio State Dental Board permit which I now hold or for which I have applied.

By this declaration, I warrant the aforementioned facility meets or exceeds all current Ohio State Dental Board requirements regarding structure, drugs, equipment, records, trained personnel, monitors and sterilization, as stated in Ohio State Dental Board rule 4715-5-04 or 4715-5-07 and the "Guidelines for the Conduct of an Office Anesthesia/Conscious Sedation Evaluation."

Signed:

(Please print name)

Date: _____

State of _____

SS.

County of _____

Dr. _____, being duly sworn, states that the foregoing statements are true in every respect.

Sworn to and subscribed before me, this ____ day of _____.

Signature of Notary _____