



## CONSCIOUS SEDATION ATTESTATION

Pursuant to the Ohio State Dental Board Conscious Sedation permit I now hold or for which I have applied, I, \_\_\_\_\_, do hereby state my intention to administer conscious sedation in the following facilities located at

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By this declaration, I warrant the aforementioned facilities meets or exceeds all current Ohio State Dental Board requirements regarding structure, drugs, equipment, records, monitors and trained personnel as stated in the Ohio Revised Code.

Signed

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(Please print name)

Date: \_\_\_\_\_

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