



Oregon

John A. Kitzhaber, MD, Governor

Board of Dentistry
1500 SW 1st Avenue
Suite 770
Portland, OR 97201-5828
(971) 673-3200
Fax: (971) 673-3202
www.oregon.gov/dentistry

EDUCATIONAL REQUIREMENTS FOR NITROUS OXIDE, MINIMAL SEDATION, MODERATE SEDATION & GENERAL ANESTHESIA PERMITS

No dentist or dental hygienist will be granted a permit to administer sedation or general anesthesia **without documentation** of current training/education and/or competency in the permit category for which the applicant is applying.

The applicant may demonstrate current training/education or competency by any one of the following:

1. Initial training/education was completed within the **immediate two (2) years prior** to applying for a sedation or general anesthesia permit.
 - Provide documentation of training/education or competency in the permit category applying.
2. Initial training/education was completed within **the immediate five (5) years prior** to applying for a sedation or general anesthesia permit.
 - Provide documentation of all continuing education that would have been required for the anesthesia/permit category during the five year period following initial training.
 - Nitrous Oxide 10 hours – OAR 818-026-0040(9)
 - Minimal Sedation 10 hours – OAR 818-026-0050(9)
 - Moderate Sedation 35 hours – OAR 818-026-0060(12)
 - General Anesthesia 35 hours – OAR 818-026-0070(12)

or

- Provide documentation of completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50) % of the hours required by rule for a Nitrous Oxide (7 hours), Minimal Sedation (8 hours), Enteral Moderate Sedation (12 hours), and Parenteral Moderate Sedation (30 hours) Permits. General Anesthesia Permits will require at least 120 hours of general anesthesia training.
3. Initial training/education that was completed **greater than five (5) years immediately prior** to applying for a sedation or general anesthesia permit.
 - Provide documentation from another state that the applicant is licensed in that state and that the applicant holds the level of permit being applied for in Oregon and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application.

or

- Demonstration of competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

This Page

Left Blank

**GENERAL ANESTHESIA PERMIT
APPLICATION FORM
FEE \$140.00**



Mail Application and Fee to:
OREGON BOARD OF DENTISTRY
UNIT 23
PO BOX 4395
PORTLAND, OR 97208-4395
(971) 673-3200

Please complete on a typewriter or a computer.

Name _____ Oregon License No. _____

Mailing Address _____ Business Phone _____

Business Address _____

City _____ State _____ Zip _____

1. TRAINING

1) Describe and **provide evidence of your formal training in general anesthesia** (use additional sheets if necessary) **and submit copies of applicable current Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) certification.**

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

2) Describe the formal education and in-office training your anesthesia assistant(s) has/have:

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

3) Provide copies of your anesthesia assistant's(s') valid and current Health Care Provider BLS/CPR level, or its equivalent, course completion documentation.

4) Briefly describe your minimum training standards for personnel who assist you with anesthesia.

II. PRE-OPERATIVE

1) Briefly describe your pre-operative evaluation procedures, including your minimum health standards for sedation or anesthesia cases, and how you document your pre-operative evaluation (i.e., baseline vital signs, lab tests, ASA classifications).

2) What pre-anesthesia instructions do you give patients? Do you have an instruction sheet, which you give the patient? (Attach a copy.)

3) Attach a copy of your informed consent form.

4) Attach a copy of your health history form.

III. OPERATIVE

1) Describe your sedation procedures), listing drugs and dosages used, average or typical duration, monitoring techniques (i.e., BP, pre-tracheal, ECG), maintenance techniques (i.e., throat packs, supplemental oxygen), personnel utilized, equipment utilized, and procedures performed. If you utilize various techniques, please describe each separately.

2) Attach a copy of a typical or representative anesthetic or sedation record.

IV. POST-OPERATIVE

1) Describe your post anesthetic recovery care and monitoring including an explanation of your standards for discharge and what follow-up, if any, is made.

2) Attach a copy of the post-operative instructions that you give a patient or a person caring for the patient.

V. EMERGENCY

1) Describe your emergency protocol (i.e., a time line or allegorhythm) and explain what responsibilities your staff members have.

2) Briefly describe your training that relates to the handling of anesthesia related emergencies.

3) Do you have regularly scheduled emergency drills? _____yes _____no if yes, how often? _____
Date of most recent drill _____ .

4) Describe your emergency kit. What does it contain? What criterion do you have for its use? Please describe your method of keeping its contents current.

I certify that the above statements are true and pursuant to OAR 818-026-0110, I acknowledge that by applying for a permit, I consent to the conduct of office evaluations.

Signature _____ Date _____

NOTE: Under ORS 679.170(5), willfully making a material false statement on this application is grounds for discipline.