

Colorado Division of Registrations
State Board of Dental Examiners
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Denver, CO 80202
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www.dora.state.co.us/registrations

**APPLICATION FOR APPROVAL TO ADMINISTER
MINIMAL SEDATION, MODERATE SEDATION, DEEP SEDATION/GENERAL ANESTHESIA—DENTIST**

APPLICANT INSTRUCTIONS

Anesthesia Privileges or Permit Required. Board Rule XIV requires that a dentist be actively licensed and privileged/permitted in order to administer minimal sedation, moderate sedation, deep sedation or general anesthesia in the state of Colorado. It is illegal for a Colorado licensed dentist to administer general anesthesia, deep sedation, moderate, or minimal sedation prior to documenting compliance with Rule XIV and receiving approval for the appropriate anesthesia privileges or permit from the Board.

Basic Requirements. All applicants must hold an active Colorado dentist license. Other requirements are outlined in the Colorado Dental Practice Act and Board Rule XIV. Both are available online at www.dora.state.co.us/dental.

- All Colorado licensed dentists **shall** be authorized to administer local anesthesia, analgesia, medication prescribed/administered for the relief of anxiety or apprehension, and nitrous oxide/oxygen inhalation analgesia by virtue of their license in compliance with section E of Board Rule XIV. If you **do not** intend to administer general anesthesia, deep sedation, moderate sedation or minimal sedation, you **do not** need to complete this application.
- The anesthesia provider's education, training, experience, and current competence must correlate with the progression of a patient along the anesthesia continuum.
- The anesthesia provider must be prepared to manage deeper than intended levels of anesthesia as it is not always possible to predict how a given patient will respond to anesthesia.
- The anesthesia provider's ultimate responsibility is to protect the patient. This includes, but is not limited to, identification and management of any complication(s) occurring during the peri-anesthesia period.
- A dentist who elects to engage the services of another anesthesia provider in order to provide anesthesia in his/her dental office is responsible for ensuring that the facility personnel and equipment meets the requirements outlined in Rule XIV.

About the Application. This application is to be completed by you and returned to the Board. All questions on the application are mandatory, and all supporting documents must be received before the application may be considered. The application forms must be completed in original ink or typed. Keep a copy of the completed application and supporting documents for your records.

Application Expiration. Your application will be kept on file for one (1) year from the date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to submit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers and contact information up-to-date in our database. All letters, permits/privileges, licenses, and renewal notices are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

Expiration of Authority. Once granted, your anesthesia authority (privileges or permit) is valid for five (5) years. Although Board staff will attempt to contact you for renewal, it is your responsibility to timely renew your anesthesia authority.

APPLICANT CHECKLIST

All Applicants: To apply for **approval (authority) to administer minimal sedation, moderate sedation, or deep sedation/general anesthesia:**

- **Note:** You may apply for only one anesthesia administration authority per application.
- Complete the attached application.** Return the completed application and all supporting documentation to the Board of Dental Examiners.
- Enclose the non-refundable application processing fee, if applicable.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to State of Colorado.** All fees are non-refundable and subject to change every July 1.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Submit proof of life support certification.** Submit proof of current Basic Life Support certification (BLS), and Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) certification as appropriate. It is the dentist's responsibility to maintain current BLS and ACLS or PALS certification at all times.
- Include appropriate documentation of your education/training** as outlined in the Education/Training Qualifications section of the application for the anesthesia administration authority for which you are applying.

If you are applying for moderate sedation privileges or a deep sedation/general anesthesia permit (not required for minimal sedation privileges):

- Review the Board's meeting schedule** at www.dora.state.co.us/dental/board/meetings.htm for agenda cutoff deadlines and meeting dates, times, and locations for the panel reviewing anesthesia applications.
 - **Note:** Panel A will review anesthesia applications July 1st through June 30th of the fiscal year beginning July 1, 2011; Panel B will review applications for the next fiscal year. The review schedule will alternate accordingly in subsequent fiscal years.
- Obtain Board acceptance of your application**, after which you will be issued a temporary permit for up to 90 days to allow you to undergo a clinical on-site inspection.
- Arrange for an approved anesthesia inspection.**
- Provide the Inspector Report Form and a copy of Board Rule XIV** (available online at www.dora.state.co.us/dental) **to the inspector.** The inspector must return the completed Inspector Report Form directly to the Board.
 - **If you are applying for moderate sedation privileges, obtain the Inspector Report Form—Moderate Sedation** online at www.dora.state.co.us/dental/licensing/DENModerateAnesthesia.pdf; **OR**
 - **If you are applying for a deep sedation/general anesthesia permit, obtain the Inspector Report Form—Deep Sedation/General Anesthesia** online at www.dora.state.co.us/dental/licensing/DENDeepAnesthesia.pdf.

Return your completed application packet and all supporting documentation to:

Division of Registrations
State Board of Dental Examiners—Anesthesia
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants

FROM: Rosemary McCool, Director, Division of Registrations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

Colorado Dentist License Number: _____ Expiration Date: _____

Category of Anesthesia for which you are applying (check only one. See the section listed for the required education/training qualifications):

- Minimal Sedation Privileges—Part 3
- Moderate Sedation Privileges—Part 4
- Deep Sedation/General Anesthesia Permit—Part 5

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	Date of Birth: (mm/dd/yyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (city and state, or foreign country):			
Mailing Address: PO Box, Street: This is a <input type="checkbox"/> Home <input type="checkbox"/> Business City, State, Zip:			
Daytime Telephone Number: ()		E-mail Address: Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	

PART 2—LIFE SUPPORT CERTIFICATION

List below and submit proof of current Basic Life Support (BLS) certification, and Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) certification as appropriate. It is the dentist's responsibility to maintain current BLS and ACLS or PALS certification at all times.

BLS certification issue or renewal date: _____ Expiration date: _____
 —AND EITHER—
 ACLS certification issue or renewal date: _____ Expiration date: _____
 —OR—
 PALS certification issue or renewal date: _____ Expiration date: _____

* **Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY **DATE APPROVED:** _____ **DATE ISSUED:** _____

**PART 3—EDUCATION/TRAINING QUALIFICATIONS—MINIMAL SEDATION
(Complete only if you are applying for Minimal Sedation privileges)**

Check **one** box corresponding to the requirements for minimal sedation privileges that you have met, and submit the appropriate documentation.

- Successful completion of a specialty residency or general practice residency recognized by the American Dental Association Commission on Dental Accreditation that includes comprehensive and appropriate training to administer and manage minimal sedation;
- OR—
- Educational criteria for Moderate Sedation privileges or for a Deep Sedation/General Anesthesia permit;
- OR—
- A minimum of sixteen (16) hours of Board-approved coursework completed within the past five (5) years that provides training in the administration and induction of minimal sedation techniques and management of complications and emergencies associated with sedation.
- The coursework must contain an appropriate combination of didactic instruction and practical skills training.
 - The applicant must submit for Board approval documentation of the training course(s) to include, but not be limited to, a syllabus or course outline of the program and a certificate or other documentation from course sponsors or instructors indicating the number of course hours, content of such courses and date of successful completion.
 - Course content leading to current Basic Life Support and/or Advanced Cardiac Life Support and/or Pediatric Advanced Life Support **CANNOT** be considered as part of the sixteen (16) hours of classroom and clinical instruction.

**PART 4—EDUCATION/TRAINING QUALIFICATIONS—MODERATE SEDATION
(Complete only if you are applying for Moderate Sedation privileges)**

Circle the route you are taking to demonstrate that you have met the requirements for moderate sedation privileges, check the corresponding box(es), and submit the appropriate documentation.

1. **Education Only Route**—Submit documentation of having successfully completed **one** of the following:
- A specialty residency or general practice residency recognized by the American Dental Association Commission on Dental Accreditation that includes comprehensive and appropriate training to administer and manage moderate sedation;
- OR—
- Educational criteria for a Deep Sedation/General Anesthesia permit.

OR IN THE ALTERNATIVE

2. **Education and Experience Route**—Submit proof of successfully completing moderate sedation course(s) and acceptable sedation cases as set forth below.
- Education.** Sixty (60) hours of Board-approved coursework completed within the past five (5) years that provides training in the administration and induction of moderate sedation techniques and management of complications and emergencies associated with sedation.
- Such coursework must contain an appropriate combination of didactic instruction and practical skills training.
 - The applicant must submit for Board approval documentation of the training course(s) to include, but not be limited to, a syllabus or course outline of the program and a certificate or other documentation from course sponsors or instructors indicating the number of course hours, content of such courses and date of successful completion.
 - Course content leading to current Basic Life Support and/or Advanced Cardiac Life Support and/or Pediatric Advanced Life Support **CANNOT** be considered as part of the sixteen (16) hours of classroom and clinical instruction.
- AND—
- Experience.** Twenty (20) sedation cases that were completed as part of or separate from the Board approved sedation training course.
- If completed separate from the course, then all cases must be completed during the one (1) year period immediately after completion of the approved training program.
 - All of the cases must be performed and documented under the on-site instruction and supervision of a person qualified to administer anesthesia at a Deep Sedation/General Anesthesia level.
 - All of the cases must be performed and documented by the applicant.
 - Cases may be performed on live patients or as part of a high-fidelity simulation center or program.
 - All of the cases must meet generally-accepted standards for the provision and documentation of moderate sedation.

**PART 5—EDUCATION/TRAINING QUALIFICATIONS—DEEP SEDATION/GENERAL ANESTHESIA
(Complete only if you are applying for a Deep Sedation/General Anesthesia Permit)**

Check **one** box corresponding to the requirements for deep sedation/general anesthesia privileges that you have met, and submit the appropriate documentation.

Successful completion of a residency program in general anesthesia that is approved by the American Dental Association, the American Dental Society of Anesthesiology, the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or any successor organization to any of the foregoing;

—OR—

An acceptable post-doctoral training program (e.g., oral and maxillofacial surgery) that affords comprehensive and appropriate training necessary to administer and manage deep sedation and general anesthesia commensurate with the American Dental Association Guidelines for teaching the comprehensive control of anxiety and pain in dentistry.

PART 6—SCREENING QUESTIONS

Provide the following for each YES response to screening questions 1, 2, and 3:

- A personally written explanation;
- A copy of the formal complaint/pleading;
- The answer to the complaint for malpractice issues;
- A copy of the final outcome(s) and/or a report of status if judgment is pending;
- Proof of compliance if under criminal probation;
- A copy of investigative report/complaint; and
- Any further information requested by the Board in a separate communication.

1. Has your license to practice dentistry ever been suspended, revoked, or otherwise disciplined in any state or territory of the United States, or in any foreign country related to an anesthesia/analgesia incident? YES NO
2. Have you ever had **any** malpractice judgment, malpractice settlement, or governmental/private agency disciplinary action against you or is such an action currently pending against you? YES NO
3. Have you ever had any criminal conviction, deferred judgment or plea of *nolo contendere* entered against you or is there any criminal charge or investigation currently pending against you? This includes, but is not limited to, any judgments/charges related to sales, distribution, possession, manufacture or dispensation of any controlled or illegal substance. YES NO

Provide the following for each YES response to screening questions 4, 5, and 6:

- A personally written explanation.

For questions 4 or 5, also give:

- Dates of onset;
- Description of treatment;
- Name and address of treating physician; and
- Your description of the current status of your condition. You may wish to submit a physician's report of the current status of your condition and any limitations which may affect your ability to safely practice dentistry.

4. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a dentist safely and competently? YES NO
5. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a dentist safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? YES NO
6. Are there any other facts concerning your background history, experience, or activities which may have a bearing on your fitness to practice dentistry in Colorado and which should be brought to the attention of the State Board of Dental Examiners? YES NO

ATTESTATION

I hereby certify that I have met ALL the requirements for administration of anesthesia in the state of Colorado under (check one):

- Minimal Sedation Privileges
- Moderate Sedation Privileges
- Deep Sedation/General Anesthesia Permit

as provided for in Colorado Revised Statutes sections 12-35-107(1)(f) and Board Rule XIV.

I further attest that I am in full compliance with all the requirements in Board Rule XIV, including the required office facilities and equipment. Furthermore, I attest that I shall remain in compliance during all periods of time that I administer anesthesia, whether in my office or in another dentist's office.

I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the information contained in this application is true and correct to the best of my knowledge. In accordance with 18-8-501(2)(a)(I), C.R.S. false statements made herein are punishable by law and may constitute violation of the Dental Practice Act of Colorado.

Applicant Signature

Date