

**MARYLAND STATE BOARD OF DENTAL EXAMINERS**

The Benjamin Rush Building κ Spring Grove Hospital Center

55 Wade Avenue κ Catonsville, Maryland 21228

PH: 410-402-8501 κ FAX: 410-402-8505

**APPLICATION FOR ANESTHESIA  
AND SEDATION PERMITS AND CERTIFICATES**

**COMPLETE AND SUBMIT THIS APPLICATION FOR AN INITIAL PERMIT AND FOR ADDITIONAL OFFICE LOCATION PERMITS. YOU MUST HOLD A PERMIT FOR EACH OFFICE WHERE YOU ADMINISTER SEDATION OR ANESTHESIA.**

**DO NOT USE THIS FORM IF YOU WISH TO RENEW A CLASS I, CLASS II, OR CLASS III PERMIT OR WISH TO RENEW A CERTIFICATE FOR A TREATING DENTIST TO ALLOW ANOTHER DENTIST OR PHYSICIAN TO ADMINISTER AT THE SITE OF THE TREATING DENTIST, OR TO RENEW A CERTIFICATE TO ALLOW A TREATING DENTIST TO TREAT A PATIENT AT A SITE AT WHICH ANESTHESIA AND SEDATION ARE ADMINISTERED, OR TO RENEW A CERTIFICATE TO ALLOW A CERTIFIED REGISTERED NURSE ANESTHETIST TO ADMINISTER ANESTHESIA AND SEDATION. THERE IS ANOTHER FORM FOR THESE PURPOSES.**

**THIS FORM SHALL NOT BE USED BY THE UNIVERSITY OF MARYLAND DENTAL SCHOOL FOR ITS PERMITS**

Dentists submitting an application must include a non-refundable check or money order made payable to the Maryland State Board of Dental Examiners in the amount(s) indicated on the attached list of fees.

This application must be completed for:

A. Class I permit

B. Class II permit

C. Class III permit

D. Class I, Class II, or Class III permit by exception – a dentist who has passed an administration and facility evaluation for a Class I, Class II, or Class III permit may receive a like permit for another facility or facilities if the facility or facilities for which the dentist seeks another permit has at least one dentist who has passed an administration and facility evaluation for a like permit at that location within 2 years of the date of application for the additional permit.

E. Class I, Class II, or Class III permit by exception – (Alternative) applicant holds a Class I, Class II or Class III permit and applicant and staff pass a facility and emergency evaluation for a like permit at the location at which an exception is sought. (Another dentist has not passed an

administration and facility evaluation at the additional site within 2 years of the date of application for the additional permit.)

F. Certificate for a treating dentist to allow another dentist or physician to administer at the site of the treating dentist.

G. Certificate to allow a treating dentist to treat a patient at a site at which anesthesia and sedation are administered.

H. Certificate to allow a certified registered nurse anesthetist to administer anesthesia and sedation.

**Complete the following**

Dental License Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Gender Identification**  Female  Male

Telephone Numbers:

Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

\* Please Note the Nearest Maryland County \_\_\_\_\_

Location for which you seek a permit or certificate (include suite number if applicable).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate which of the above, A through H that you seek for this location: (for example, indicate A for a Class I Permit; B for a Class II Permit; and C for a Class III Permit, etc.)

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Second location for which you seek a permit or certificate (include suite number if applicable).

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\*Please Note the Nearest Maryland County \_\_\_\_\_

Indicate which of the above, A through H that you seek for this location:

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Third location for which you seek a permit or certificate (include suite number if applicable. Attach a separate sheet for additional locations).

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Indicate which of the above, A through H that you seek for this location:

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**Exceptions to full administration and facility evaluation:** Pursuant to COMAR 10.44.12 a dentist who has passed an administration and facility evaluation for a Class I, Class II, or Class III permit may receive a like permit for another facility or facilities if the facility or facilities for which the dentist seeks another permit has at least one dentist who has passed an administration and facility evaluation for a like permit at that location within 2 years of the date of application for the additional permit.

Alternatively, a dentist who has passed an administration and facility evaluation for a Class I, Class II, or Class III permit may receive a like permit for another facility or facilities if the dentist holds a Class I, Class II, or Class III permit for which the dentist has passed an administration and facility evaluation, and the dentist seeking the additional permit is present during a facility evaluation at which the dentist and the dentist's staff pass a facility evaluation and, the dentist passes an evaluation, appropriate for the permit level, that includes simulated management of emergencies with the participation of the office staff trained to handle emergencies.

Location for which you seek a permit or permit and certificates in accordance with above exception (include suite number if applicable). If to your knowledge another dentist has passed an evaluation at that location within 2 years please identify the dentist by full name and license number. If a dentist has not passed an evaluation at the location within 2 years you and your office staff will be required to meet the alternative criteria.

Full name and license number of dentist who has passed an evaluation at the location within 2 years, if applicable:

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In addition, indicate which of the above, A through H that you seek for this location:

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Second location for which you seek a permit or certificates in accordance with the exception (include suite number if applicable).

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Full name and license number of dentist who has passed an evaluation at the location within 2 years, if applicable:

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In addition, indicate which of the above, A through H that you seek for this location:

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**Note:** Each dentist must hold a permit with their name and the address for each office location where they administer at the CLASS I, II, or III level. *Permits are not transferable from one location to another location. (If you wish to administer at multiple office locations, you should apply for a permit/certificate at each office location.)*

## QUALIFICATIONS FOR CLASS I PERMIT

In addition to the necessary qualifications listed below you must pass an administration evaluation and a facility evaluation.

1. Attach proof of successful completion of a Board-approved course of instruction that documents training of at least 24 hours of didactic education plus 20 clinically oriented experiences that provide competency in oral and combination inhalation-oral moderate sedation;  
**OR (not both)**

2. Attach proof of successful completion of a postdoctoral training program accredited by the Commission on Dental Accreditation or its successor organization that affords comprehensive and appropriate training necessary to administer and manage moderate enteral sedation.

Identify attached document by its date, institution, and individual's signature:

*Do Not Leave Blank*

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3. Attach a copy of your current certificate in either: Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), or proof of successful completion of a Board approved course or instruction on medical emergencies and airway management.

4. Have you ever treated a patient under deep sedation or general anesthesia with an incident. An "incident" means dental treatment performed on a patient under moderate sedation, deep sedation, or general anesthesia with unforeseen complications.

YES	NO
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If you answered Yes to question 4 attach an affidavit to this application. You must sign and date the affidavit which must contain the following language: "I solemnly affirm under the penalties of perjury that the contents of the foregoing affidavit are true to the best of my knowledge, information, and belief." The affidavit must include at least the following:

- a. The date of the incident;
- b. The name, age, and address of the patient;
- c. The patient's original complete dental records;
- d. The name and license number of the licensee and the name and address of all other persons present during the incident;
- e. The address where the incident took place;
- f. The preoperative physical condition of the patient;
- g. The type of anesthesia and dosages of drugs administered to the patient;
- h. The techniques used in administering the drugs;
- i. Any adverse occurrence including:
  - (i) The patient's signs and symptoms;
  - (ii) The treatments instituted in response to adverse occurrences;
  - (iii) The patient's response to the treatment; and
  - (iv) The patient's condition on termination of any procedures undertaken; and
- j. A narrative description of the incident including approximate times and evolution of symptoms.

## QUALIFICATIONS FOR A CLASS II PERMIT

In addition to the necessary qualifications listed below you must pass an administration evaluation and a facility evaluation.

1. Attach proof of successful completion of a Board-approved course of instruction that documents training of at least 60 hours of didactic instruction plus management of at least 20 patients per participant in moderate parenteral sedation techniques; **OR (not both)**

2. Attach proof of successful completion of a postdoctoral training program accredited by the Commission on Dental Accreditation or its successor organization that affords comprehensive and appropriate training necessary to administer and manage moderate parenteral sedation.

Identify attached document by its date, institution, and individual's signature:

*Do Not Leave Blank*

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3. Attach a copy of your current certificate in either Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS).

4. Have you ever treated a patient under deep sedation or general anesthesia with an incident. An "incident" means dental treatment performed on a patient under moderate sedation, deep sedation, or general anesthesia with unforeseen complications.

YES	NO
{ }	{ }

If you answered Yes to question 4 attach an affidavit to this application. You must sign and date the affidavit which must contain the following language: " I solemnly affirm under the penalties of perjury that the contents of the foregoing affidavit are true to the best of my knowledge, information, and belief." The affidavit must include at least the items identified in a. through j. of question 4 under Qualifications for Class I Permit above.

## QUALIFICATIONS FOR A CLASS III PERMIT

In addition to the necessary qualifications listed below you must pass an administration evaluation and a facility evaluation.

1. Attach proof of successful completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that is approved by the Board; **OR (not both)**
2. Attach proof of successful completion of a postdoctoral training program accredited by the Commission on Dental Accreditation or its successor organization that affords comprehensive and appropriate training necessary to administer and manage deep sedation and general anesthesia.

Identify attached document by its date, institution, and individual's signature:

*Do Not Leave Blank*

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3. Attach a copy of your current certificate in either Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS).
4. Have you ever treated a patient under deep sedation or general anesthesia with an incident. An "incident" means dental treatment performed on a patient under moderate sedation, deep sedation, or general anesthesia with unforeseen complications.

YES	NO
{ }	{ }

If you answered Yes to question 4 attach an affidavit to this application. You must sign and date the affidavit which must contain the following language: "I solemnly affirm under the penalties of perjury that the contents of the foregoing affidavit are true to the best of my knowledge, information, and belief." The affidavit must include at least the items identified in a. through j. of question 4 under Qualifications for Class I Permit above.

## QUALIFICATIONS FOR CERTIFICATE TO ALLOW ANOTHER DENTIST OR PHYSICIAN TO ADMINISTER AT SITE OF TREATING DENTIST

A treating dentist who wishes to allow another dentist or physician to administer anesthesia and sedation to a patient at a specific practice location shall receive a certificate from the Board before allowing another dentist or physician to administer anesthesia and sedation at that location.

1. You must maintain either a Class I, Class II, or Class III Permit for each site at which you wish to allow another dentist or physician to administer anesthesia and sedation. You must also maintain a separate certificate for each site at which you wish to allow another dentist or physician to administer anesthesia and sedation.

I hold a:     Class I                       Class II                       Class III Permit

Location at which you hold a Class I, Class II, or Class III Permit

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2. Have you ever treated a patient under deep sedation or general anesthesia with an incident. An “incident” means dental treatment performed on a patient under moderate sedation, deep sedation, or general anesthesia with unforeseen complications.

YES                      NO  
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If you answered Yes to question 2 attach an affidavit to this application. You must sign and date the affidavit which must contain the following language: “I solemnly affirm under the penalties of perjury that the contents of the foregoing affidavit are true to the best of my knowledge, information, and belief.” The affidavit must include at least the items identified in a. through j. of question 4 under Qualifications for Class I Permit above.

3. Attach proof of successful completion of a Board-approved training program where you have received competent training in treating patients under moderate parenteral sedation and airway management; moderate parenteral sedation and airway management; deep sedation and airway management; or general anesthesia and airway management.

Identify attached document by its date, institution, and individual’s signature:

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4. You must maintain facility equipment in each facility consistent with a Class III Permit as outlined in the regulation titled Facility Evaluation Criteria.



**QUALIFICATIONS FOR CERTIFICATE TO ALLOW A TREATING DENTIST  
TO TREAT A PATIENT AT A SITE AT WHICH ANESTHESIA  
AND SEDATION ARE ADMINISTERED**

A treating dentist who treats a patient at a practice location other than the dentist’s own location, at which anesthesia and sedation are administered to the patient, shall receive a certificate from the Board before treating the patient.

This certificate is not specific to a particular practice location. You need only maintain a single certificate.

1. You must maintain a Class I, Class II, or Class III Permit at any location in Maryland.

I hold a:     Class I                       Class II                       Class III Permit

Location at which you hold a Class I, Class II, or Class III Permit

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2. Have you ever treated a patient under deep sedation or general anesthesia with an incident. An “incident” means dental treatment performed on a patient under moderate sedation, deep sedation, or general anesthesia with unforeseen complications.

YES                      NO  
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If you answered Yes to question 2 attach an affidavit to this application. You must sign and date the affidavit which must contain the following language: “I solemnly affirm under the penalties of perjury that the contents of the foregoing affidavit are true to the best of my knowledge, information, and belief.” The affidavit must include at least the items identified in a. through j. of question 4 under Qualifications for Class I Permit above.

3. Attach proof of successful completion of a Board-approved training program where you have received competent training in treating patients under moderate parenteral sedation and airway management; moderate parenteral sedation and airway management; deep sedation and airway management; or general anesthesia and airway management.

Identify attached document by its date, institution, and individual’s signature:

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**QUALIFICATIONS TO ALLOW A CERTIFIED REGISTERED NURSE  
ANESTHETIST TO ADMINISTER ANESTHESIA AND SEDATION**

A treating dentist who wishes to allow a certified registered nurse anesthetist to administer anesthesia and sedation to a patient at a specific practice location shall receive a certificate from the Board before allowing a certified registered nurse anesthetist to administer anesthesia and sedation.

1. You must maintain either a Class I, Class II, or Class III Permit as appropriate for each site at which you wish to allow a certified registered nurse anesthetist to administer anesthesia and sedation. You must also maintain a separate certificate for each site at which you wish to allow a certified registered nurse anesthetist to administer anesthesia and sedation.

A treating dentist who allows a certified registered nurse anesthetist to administer moderate parenteral sedation to a patient shall maintain either a Class I, Class II, or Class III Permit for the administration site.

{ I hold a: Class I, Class II , or Class III Permit for the administration site.

Location at which you hold a Class I, Class II, or Class III Permit.

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A treating dentist who allows a certified registered nurse anesthetist to administer moderate parenteral sedation to a patient shall maintain either a Class II or Class III Permit for the administration site.

{ I hold a Class II or Class III Permit for the administration site.

Location at which you hold a Class II or Class III Permit

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A treating dentist who allows a certified registered nurse anesthetist to administer deep sedation or general anesthesia to a patient shall maintain a Class III Permit for the administration site.

{ I hold a Class III Permit for the administration site.

Location at which you hold a Class III Permit

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2. Have you ever treated a patient under deep sedation or general anesthesia with an incident. An “incident” means dental treatment performed on a patient under moderate sedation, deep sedation, or general anesthesia with unforeseen complications.

YES                      NO  
{ }                      { }

If you answered Yes to question 2 attach an affidavit to this application. You must sign and date the affidavit which must contain the following language: “ I solemnly affirm under the penalties of perjury that the contents of the foregoing affidavit are true to the best of my knowledge, information, and belief.” The affidavit must include at least the items identified in a. through j. of question 4 under Qualifications for Class I Permit above.

3. You must maintain facility equipment in each facility consistent with a Class III Permit as outlined in the regulation titled Facility Evaluation Criteria.

**CHARACTER AND FITNESS  
MUST BE ANSWERED BY ALL APPLICANTS**

1. Have you ever held a general anesthesia administration permit, a parenteral sedation administration permit, a general anesthesia facility permit, or a parenteral sedation administration permit in Maryland?

YES                      NO  
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If you answered "YES" please provide the effective date(s) and the date(s) of expiration. For facility permits also include the location.

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2. Have you ever held a general anesthesia administration permit, a parenteral sedation administration permit, a general anesthesia facility permit, a parenteral sedation administration permit, or any other anesthesia and sedation permit in any other state?

YES                      NO  
{ }                      { }

If you answered "YES" please provide the effective date(s) and the date(s) of expiration.

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3. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal or state entity arising out of your administration of anesthesia or sedation or as a result of your ownership of a facility in which anesthesia or sedation was administered?

YES                      NO  
{ }                      { }

If you answered "YES" please provide a detailed explanation on a separate page(s). Sign and date each page(s). If the investigations or charges resulted in any orders, reprimands, or administrative action, public or otherwise, attach a certified copy of each document. The certification must come from the issuing agency.

**I have enclosed a check made payable to the Maryland State Board of Dental Examiners for \$ \_\_\_\_\_ as payment for the requested permits and or certificates.**

**I understand that once the Board begins the review process I will not be entitled to a refund of any fees paid.**

Sign the Affidavit below if you have never treated a patient under deep sedation or general anesthesia with an incident. **Do not sign the affidavit if you have ever treated a patient under deep sedation or general anesthesia with an incident.** Instead, attach an affidavit as outlined in a. through j. of question 4 under Qualifications for Class I Permit above.

**Affidavit**

I solemnly affirm under the penalties of perjury that I have never treated a patient under deep sedation or general anesthesia with an incident.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Release and Certification:**

I hereby affirm that I have read and followed the above instructions. I hereby certify that all information in this application is accurate and correct.

I agree that the Maryland State Board of Dental Examiners may request any information necessary to process this application from any person or agency, including but not limited to postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my dental practice as a licensed dentist in the State of Maryland, including the subpoena of documents or records or the inspection of my dental practice.

During the period in which my application is being processed, I shall inform the Board within 2 business days of any change to any answer I originally gave in this application.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**NOTARY**

STATE OF \_\_\_\_\_

CITY/COUNTY OF \_\_\_\_\_

I HEREBY CERTIFY THAT on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public of the State of Maryland and the City/County aforesaid, personally appeared before me \_\_\_\_\_ and made oath in due form of law that signing the foregoing Application for Initial Anesthesia and Sedation Permits and Certificates was his\her voluntary act and deed.

AS WITNESS my hand and Notarial Seal.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**SEAL**

## Fees for Permits and Certificates

Class I Permit - (\$1000.00) ***Initial (First time applying for a permit)***

Class II Permit - (\$1000.00) ***Initial (First time applying for a permit)***

Class III Permit - (\$1000.00) ***Initial (First time applying for a permit)***

Class I or Class II Permit by exception - (\$500.00) ***Permit for an additional office location***

Class I or Class II Permit by exception (Alternative - \$700) ***Office needs to be inspected***

Class III Permit by exception - (\$600.00) ***Permit for an additional office location***

Class III Permit by exception - (Alternative - \$700.00) ***Office needs to be inspected***

Certificate for a treating dentist to allow another dentist or physician to administer at the site of the treating dentist - (\$1000.00)

Certificate for a treating dentist to allow another dentist or physician to administer at the Site of the treating dentist - additional location - (\$300.00)

Certificate to allow a treating dentist to treat a patient at a site at which anesthesia and sedation are administered - (\$1000.00)

Certificate to allow a treating dentist to treat a patient at a site at which anesthesia and sedation are administered - additional location - (\$300.00)

Certificate to allow a certified registered nurse anesthetist to administer anesthesia and sedation - (\$1000.00)

Certificate to allow a certified registered nurse anesthetist to administer anesthesia and sedation - additional location - (\$300.00)

***If you are applying for multiple permits/certificates for multiple office locations, you must include the fee for each office location along with the application.***

***Permits and Certificates are VALID for five years***