

Maryland State Board of Dental Examiners
Spring Grove Hospital Center, Benjamin Rush Building
55 Wade Avenue/Tulip Drive • Catonsville, Maryland 21228 • (410) 402-8501

**APPLICATION FOR RENEWAL OF ANESTHESIA AND SEDATION CLASS I, CLASS II, AND CLASS III PERMITS
OR CERTIFICATES DUE TO
EXPIRE **APRIL 1, 2026.****

Md. Code Ann., Health Occ. § 1-213 requires that the Dental Board verify through the Office of the Comptroller that licensed health professionals and certain other health entities operating under Maryland licenses or permits have paid all undisputed taxes and unemployment insurance contributions before they are issued renewed licenses or permits.

Please carefully read and complete each section of the renewal application, detach the application portion, and return it to the Board's office.

The Board **may not** process a renewal application until each provision or requirement is met and each document is received. Please ensure that your application is complete before it is submitted.

Practicing without a current active permit or certificate issued by this Board is a violation of the Maryland Dentistry Act and could result in disciplinary action, including suspension or revocation.

REQUIREMENTS FOR RENEWAL OF CLASS I AND CLASS II PERMITS

- A. Completion of not less than 24 hours of clinical continuing education related to sedation or anesthesia in a classroom setting during the term of the permit; AND
- B. Maintenance of cardiopulmonary resuscitation certification (CPR) from one of the following programs: (a) The American Heart Association's Basic Life Support for Healthcare Providers, or (b) The American Red Cross's Cardiopulmonary Resuscitation for Professional Rescuers, or (c) The American Safety and Health Institute; AND
- C. Maintenance of Advanced Cardiac Life Support (ACLS) certification, or Maintenance of Pediatric Advanced Life Support certification (PALS), or completion of a Board-approved course of at least 4 hours that provides instruction on medical emergencies and airway management; AND
- D. Written verification of inspection of anesthesia and monitoring equipment from a recognized service company; AND
- E. Written verification that since the issuance of your permit you and the appropriate individuals on your office staff have completed training in basic life support and the handling of medical emergencies; AND
- F. Verification that you maintain appropriate drugs on the premises and that you only utilize drugs that have not expired; AND
- G. An affidavit indicating that since the date of your most recently issued permit whether you have treated a patient under moderate sedation, deep sedation, or general anesthesia with an incident requiring admission to a hospital either for a period greater than 24 hours, or for purposes other than observation. (An affidavit is enclosed. If you have had an incident you must file an affidavit in conformance with the Code of Maryland Regulations COMAR 10.44.12.08G. A copy of the regulations is available on the Board's website).

REQUIREMENTS FOR RENEWAL OF CLASS III PERMITS

- A. Successfully pass a renewal evaluation equal to the initial evaluation for a Class III Permit; AND
- B. Completion of not less than 24 hours of clinical continuing education related to sedation or anesthesia in a classroom setting during the term of the permit; AND
- C. Maintenance of cardiopulmonary resuscitation certification (CPR) from one of the following programs: (a) The American Heart Association's Basic Life Support for Healthcare Providers, or (b) The American Red Cross's Cardiopulmonary Resuscitation for Professional Rescuers, or (c) The American Safety and Health Institute; AND
- D. Maintenance of Advanced Cardiac Life Support (ACLS) certification, or Maintenance of Pediatric Advanced Life Support certification (PALS), or completion of a Board-approved course of at least 4 hours that provides instruction on medical emergencies and airway management; AND
- E. Verification that you maintain appropriate drugs on the premises and that you only utilize drugs that have not expired; AND
- F. An affidavit indicating that since the date of your most recently issued permit whether you have treated a patient under moderate sedation, deep sedation, or general anesthesia with an incident requiring admission to a hospital either for a period greater than 24 hours, or for purposes other than observation.

MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:

Maryland State Board of Dental Examiners

Spring Grove Hospital Center, Benjamin Rush Building

55 Wade Avenue/Tulip Drive • Catonsville, Maryland 21228 • (410) 402-8501

APPLICATION FOR 2025 RENEWAL of ANESTHESIA AND SEDATION PERMITS AND CERTIFICATES

Authority: Md. Code Ann., Health Occ. Article, § 4-205(a)(1)(v) - (vi) and Code of Maryland Regulations (COMAR) 10.44.12.

Please print clearly. All payments must be made payable to MARYLAND STATE BOARD OF DENTAL EXAMINERS. **NO CASH.**

NAME: _____ **Certificate #:** _____ **Expiration:** _____
First Middle Initial Last

Non-Public Address: The non-public (home) address will be the location to which the Board directs all correspondence. This address is confidential. Do not use your practice address. (Do not use a P.O. Box) If you change your address immediately notify the Board in writing.

Public Address: The public address (business) address is your address of record, available to the public, and may be posted on the Board's website.

Non-Public Telephone Number: The non-public telephone number is typically your home or cell number. It is confidential.

Public Telephone Number: Your public telephone number (business) will be available to the public, and may be posted on the Board's website.

Non-Public Email Address: The non-public e-mail address may be used by the Board and is confidential.

Public Email Address: The public e-mail address (business) is your address of record, available to the public, and may be posted on the Board's website.

SOCIAL SECURITY NO or INDIVIDUAL TAX IDENTIFICATION NO: _____

If you do not have a social security number or a tax identification number, please contact the Board for further instructions.

BIRTHDATE: _____

GENDER IDENTIFICATION: _____ **FEMALE** _____ **MALE** _____ **PREFER NOT TO ANSWER**

RACE:

Are you of Hispanic or Latino Origin? _____ **YES** _____ **NO** _____ **PREFER NOT TO ANSWER**

(Please circle all applicable, for statistical purposes only)

1 – White **2** – Black or African American **3** – American Indian or Alaska Native **4** – Asian **5** – Native Hawaiian or other Pacific Islander **6** – Other _____

CHARACTER AND FITNESS QUESTIONS

FOR THE FOLLOWING, CHECK “**YES**” OR “**NO**” IN THE BOX NEXT TO EACH QUESTION. IF YOU ANSWER “**YES**” TO ANY QUESTION(S), ATTACH A DETAILED EXPLANATION FOR EACH QUESTION ON A SEPARATE PAGE WITH COMPLETE EXPLANATION. ALL ATTACHMENTS MUST HAVE YOUR NAME IN PRINT, SIGNATURE, AND DATE.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | a) Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity denied your application for licensure, reinstatement, or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non-judicial punishment? If you are under a Board Order in a state other than Maryland and the Order was effective since the date of your initial permit or certificate you must enclose a certified legible copy of the entire Order with this application. |
| ☐ | ☐ | b) 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? |
| ☐ | ☐ | c) Has your application for a dentist license in any jurisdiction been withdrawn for any reason? |
| ☐ | ☐ | d) Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system? |
| ☐ | ☐ | e) Have you had any denial of application for privileges been denied for, failure to renew your privileges, or limitation, restriction, suspension, revocation, or loss in privileges in a hospital, related health care facility, or alternative health care system? |
| ☐ | ☐ | f) Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations? |
| ☐ | ☐ | g) Have you pled guilty, nolo contendere, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled substances? |
| ☐ | ☐ | h) Do you have criminal charges pending against you in any court of law, excluding minor traffic violations? |
| ☐ | ☐ | i) Do you have a physical condition that impairs your ability to practice dentistry? |
| ☐ | ☐ | j) Do you have a mental health condition that impairs your ability to practice dentistry? |
| ☐ | ☐ | k) Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice dentistry? |
| ☐ | ☐ | l) Have you illegally used drugs? |

- ☐ ☐ **m)** Have you surrendered or allowed a license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, **including** Maryland, or any federal, state entity?
- ☐ ☐ **n)** Have you been named as a defendant in a filing or settlement of a malpractice action?
- ☐ ☐ **o)** Has your employment been affected, or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons?

ANESTHESIA AND SEDATION PERMIT AND CERTIFICATE REQUEST

Please check all that apply:

1. ☐ I wish to renew a Class I permit for a single location at which I treat a patient....\$300.
2. ☐ I wish to renew a Class I permit for more than one location at which I treat a patient....\$300 additional cost for each additional site.
3. ☐ I wish to renew a Class II permit for a single location at which I treat a patient....\$300.
4. ☐ I wish to renew a Class II permit for more than one location at which I treat a patient....\$300 additional cost for each additional site.
5. ☐ I wish to renew a Class III permit for a single location at which I treat a patient....\$600.
6. ☐ I wish to renew a Class III permit for more than one location at which I treat a patient....\$600 additional cost for each additional site.
7. ☐ I wish to renew a Certificate to allow another dentist or physician to administer anesthesia or sedation at a single location of mine at which I treat a patient.... \$300.
8. ☐ I wish to renew a Certificate to allow another dentist or physician to administer anesthesia or sedation at more than one location of mine at which I treat a patient....\$300 additional cost for each additional site.
9. ☐ I wish to renew a Certificate to allow me to treat a patient at a location other than mine at which anesthesia or sedation is administered to a patient. (Only one certificate is needed even if there is more than one location to which I go to treat a patient)\$300.*
10. ☐ I wish to renew a Certificate to allow a certified registered nurse anesthetist to administer anesthesia or sedation at a single location of mine at which I treat a patient....\$300. **
11. ☐ I wish to renew a Certificate to allow a certified registered nurse anesthetist to administer anesthesia or sedation at more than one location of mine at which I treat a patient....\$300 additional cost for each additional site. ***

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

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

*** 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.

CHECKLIST FOR RENEWAL OF CLASS I OR CLASS II PERMIT.

YOU MUST SUBMIT ALL OF THE FOLLOWING TO THE BOARD. FAILURE TO DO SO WILL DELAY THE PROCESSING OF YOUR APPLICATION

1. A completed renewal application.
2. The appropriate fee in a check made payable to the Maryland State Board of Dental Examiners.

3. Completed statement of continuing education completion including (a) CPR; and (b) ACLS, PALS, or a Board-approved course of at least 4 hours that provides instruction on medical emergencies and airway management (above chart).
4. Written verification of inspection of anesthesia and monitoring equipment from a recognized service company on original letterhead with original signature.
5. Written verification on your letterhead, signed by you, that since the issuance of your permit you and the appropriate individuals on your office staff have completed training in basic life support and the handling of medical emergencies.
6. Written verification on your letterhead, signed by you, that you maintain appropriate drugs on the premises and that you only utilize drugs that have not expired.
7. An affidavit indicating that since the date of your most recently issued permit whether you have treated a patient under moderate sedation, deep sedation, or general anesthesia with an incident requiring admission to a hospital either for a period greater than 24 hours, or for purposes other than observation. (An affidavit is enclosed. If you have had an incident you must file an affidavit in conformance with the Code of Maryland Regulations COMAR 10.44.12.08G. A copy of the regulations is available on the Board's website).

CHECKLIST FOR RENEWAL OF CLASS III PERMIT

YOU MUST SUBMIT ALL OF THE FOLLOWING DOCUMENTS TO THE BOARD.

FAILURE TO DO SO WILL DELAY THE PROCESSING OF YOUR APPLICATION.

1. A completed renewal application.
2. The appropriate fee in a check made payable to the Maryland State Board of Dental Examiners.
3. Completed statement of continuing education completion including (a) CPR; and (b) ACLS, PALS, or a Board-approved course of at least 4 hours that provides instruction on medical emergencies and airway management (above chart).
4. An affidavit indicating that since the date of your most recently issued permit whether you have treated a patient under moderate sedation, deep sedation, or general anesthesia with an incident requiring admission to a hospital either for a period greater than 24 hours, or for purposes other than observation. (*Be sure to include the affidavit.*) If you have had an incident you must file an affidavit in conformance with the Code of Maryland Regulations COMAR 10.44.12.08G. A copy of the regulations is available on the Board's website).

INDICATE THE NUMBER (S) FROM THE SECTION ABOVE AND THE APPLICABLE ADDRESS(ES)

A. Number

Address:

Office	Street
City	State
	Zip

Second address if applicable:

Office	Street
City	State
	Zip

Third address if applicable:

Office	Street
City	State
	Zip

B. Number

Address:

Office _____ Street _____

City _____ State _____ Zip _____

Second address if applicable:

Office _____ Street _____

City _____ State _____ Zip _____

Third address if applicable:

Office _____ Street _____

City _____ State _____ Zip _____

Continuing Education

☐ I have completed 24 hours of continuing education, including maintenance of CPR, AND Maintenance of ACLS, or maintenance of PALS, or a Board-approved course of at least 4 hours that provides instruction on medical emergencies and airway management. I have identified the courses below.

STATEMENT OF CONTINUING EDUCATION COURSES COMPLETED FOR CLASS I AND CLASS II PERMITS					
COURSE TITLE OR NAME		CREDIT HOURS EARNED	DATE	NAME OF INSTRUCTOR OR SPONSOR	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

PLEASE SUBMIT CERTIFICATE COPIES OF YOUR CE CREDITS LISTED ON THE TABLE

RELEASE AND CERTIFICATION:

The practice of dentistry without a current and appropriate anesthesia permit and certification issued by the Maryland State Board of Dental Examiners is a violation of the Maryland Dentistry Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

I agree that the Maryland State Board of Dental Examiners may request any information necessary to process my 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 this application, including the subpoena of documents or records.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Md. Code Ann., Occ. § 4-315.

Notice for Mailing List:

The information collected on this application form is collected for the purposes of the Board's functions under Annotated Code of Maryland, Health Occupations Article, Title 4. Failure to provide the information may result in the denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Annotated Code of Maryland, General Provisions Article, §4-333, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

Applicant Signature

Date

NOTARY SECTION

State of _____, County of _____, then personally appeared the above named.

_____ and signed and sworn to the truth of the foregoing statements in

my presence.

Notary Public: _____ My Commission Expires: _____

SEAL