AFFIDAVIT

Maryland State Board of Dental Examiners

CLASS I, CLASS II, AND CLASS III ANESTHESIA AND SEDATION PERMIT HOLDERS

An applicant for the renewal of a Class I, Class II, or Class III Anesthesia and Sedation Permit must submit the following Affidavit with their renewal application if, applicant, since the issuance of their original permit, they have not 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. If you have treated a patient with an "incident" you must submit an affidavit that conforms to the Code of Maryland Regulations, (COMAR) 10.44.12.08G. A copy of the Board's regulations may be found in its website at ***health.maryland.gov.***

Please note that under COMAR 10.44.12.34, a dentist shall report to the Board, in writing, any death caused by or resulting from the dentist's administration of anxiolysis, moderate sedation, deep sedation, or general anesthesia within 7 days of its occurrence. In addition, within 15 days of its occurrence, a dentist shall report to the Board, in writing, any complication or disabling incident requiring admission to a hospital either for a period greater than 24 hours, or for the purposes other than observation, as a result of the dentist's administration of anxiolysis, moderate sedation, deep sedation, or general anesthesia. (The requirements of this paragraph apply to every dentist whether or not the dentist holds a permit).

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I _____(name as it appears on your permit) hereby declare and affirm under penalty of perjury that since the issuance of my original permit I have not treated a patient under moderate sedation, deep sedation, or general anesthesia with an incident.

_____

Signature

NOTARY

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