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

ANESTHESIA AND SEDATION PERMIT AND CERTIFICATE RENEWAL - 2018

License Number _____

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 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.

SECTION A: NAME AND ADDRESS

If your name has changed since you received your initial permit or certificate please submit proof of name change such as a court order or marriage certificate to the Board. Law requires licensees to notify the Board of a name or address change within 60 days. The Board however strongly urge you to notify the Board at your earliest opportunity.

Name (Last, First, Middle Initial):	
Street Address:	
City, State, Zip:	

SECTION B: GENERAL INFORMATION

1. Social Security Number: ☐☐☐-☐☐-☐☐☐☐
(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

2. Home Phone Number: ☐☐☐-☐☐☐-☐☐☐☐

3. Work Phone Number: ☐☐☐-☐☐☐-☐☐☐☐

4. E-Mail Address: ☐

5. Gender ☐ Female ☐ Male

6. Race/Ethnic Identification – Please check all that apply

Are you of Hispanic or Latino origin? Yes ☐ No ☐ (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

a. ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)

b. ☐ Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

d. ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)

e. ☐ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

f. ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

g. Date of Birth _____ (mm/dd/yyyy)

SECTION C: CHARACTER AND FITNESS

If you answer "YES" to any question(s) in Section C. – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

CHECK "YES" OR "NO" SINCE THE DATE OF YOUR INITIAL ANESTHESIA AND SEDATION PERMIT OR CERTIFICATE

YES	NO	
☐	☐	**1.** 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.
☐	☐	**2.** 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?
☐	☐	**3.** Has your application for a dentist license in any jurisdiction been withdrawn for any reason?
☐	☐	**4.** Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system?
☐	☐	**5.** Have you had any denial of application for privileges, 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?
☐	☐	**6.** 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?
☐	☐	**7.** Have you pled guilty, nolo contendere, had a conviction, 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 dangerous substances?
☐	☐	**8.** Do you have criminal charges pending against you in any court of law, excluding minor traffic violations?
☐	☐	**9.** Do you have a physical condition that impairs your ability to practice dentistry?
☐	☐	**10.** Do you have a mental health condition that impairs your ability to practice dentistry?

SECTION C: CHARACTER AND FITNESS CONTINUED

YES	NO	
☐	☐	**11.** Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice dentistry?
☐	☐	**12.** Have you illegally used drugs?
☐	☐	**13.** Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity?
☐	☐	**14.** Have you been named as a defendant in a filing or settlement of a malpractice action?
☐	☐	**15.** 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?

SECTION D: ANESTHESIA AND SEDATION PERMIT 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.

INDICATE THE NUMBER (S) FROM SECTION "D" 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_____

(Copy and attach additional pages if necessary)

SECTION E: SPECIALTIES

Does the Maryland State Board of Dental Examiners recognize you as a specialist? ☐ Yes ☐ No
If so, please indicate specialty _____

SECTION F: REQUIREMENTS FOR RENEWAL OF CLASS I AND CLASS II PERMITS

1. 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 have 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).

Continuing education requirement met.

☐ 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 CCERTIFICATE COPIES OF YOUR CE CREDITS LISTED ON THE TABLE

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).

SECTION G: REQUIREMENTS FOR RENEWAL of CLASS III PERMITS

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 have 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. (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).

Continuing education requirement met.

☐ 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 CCERTIFICATE COPIES OF YOUR CE CREDITS LISTED ON THE TABLE

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.

A.) A completed renewal application.

B.) The appropriate fee in a check made payable to the Maryland State Board of Dental Examiners.

C.) 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).

D.) 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).

ONCE YOU HAVE SUBMITTED YOUR CLASS III RENEWAL APPLICATION TO THE BOARD YOU WILL BE CONTACTED BY AN EVALUATOR TO SCHEDULE YOUR RENEWAL EVALUATION.

All APPLICANTS

Release and Certification Instructions:

Please indicate your acceptance of the Release and Certification by 1) checking the box "Yes" and 2) Signing the Release and Certification.

Release and Certification:

Practice of dentistry without an active license is a violation of the Dental Practice 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 (the Board) may request any information necessary to process my application for an anesthesia and sedation permit 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 a subpoena requesting documents or records; the inspection of my dental practice; or my appearance before the Board or its staff.

I shall inform the Board within 60 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 Annotated Code of Maryland, Health Occupations Article, §4-315.
I solemnly affirm, under the penalties of perjury, that the above is true to the best of my knowledge, information or belief.

☐ **Yes (In addition please sign the Release and Certification which follows)**

_____ _____
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**