

OREGON BOARD OF DENTISTRY  
UNIT 23  
PO BOX 4395  
PORTLAND, OR 97208-4395  
(971) 673-3200



APPLICATION FORM  
CLASS 3 (DEEP SEDATION) AND CLASS 4 (GENERAL ANESTHESIA) PERMIT

Please complete on a typewriter or in dark ink. Print legibly.

Name \_\_\_\_\_ License No. \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby request the following permit:

\_\_\_\_\_ Class 3 (Deep Sedation) (2133) \$75    \_\_\_\_\_ Class 4 (General Anesthesia) (2134) \$140

1. TRAINING

1) Describe and **provide evidence of your formal training in deep sedation and/or general anesthesia** (use additional sheets if necessary) **and submit copies of applicable current Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) certification.**

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

2) Describe the formal education and in-office training your anesthesia assistant(s) has/have:

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

3) Provide copies of your anesthesia assistant's(s') valid and current Health Care Provider BLS/CPR level, or its equivalent, course completion documentation.

4) Briefly describe your minimum training standards for personnel who assist you with anesthesia.

## II. PRE-OPERATIVE

1) Briefly describe your pre-operative evaluation procedures, including your minimum health standards for sedation or anesthesia cases, and how you document your pre-operative evaluation (i.e., baseline vital signs, lab tests, ASA classifications).

2) What pre-anesthesia instructions do you give patients? Do you have an instruction sheet, which you give the patient? (Attach a copy.)

3) Attach a copy of your informed consent form.

4) Attach a copy of your health history form.

### III. OPERATIVE

1) Describe your sedation procedures), listing drugs and dosages used, average or typical duration, monitoring techniques (i.e., BP, pre-tracheal, ECG), maintenance techniques (i.e., throat packs, supplemental oxygen), personnel utilized, equipment utilized, and procedures performed. If you utilize various techniques, please describe each separately.

2) Attach a copy of a typical or representative anesthetic or sedation record.

#### IV. POST-OPERATIVE

1) Describe your post anesthetic recovery care and monitoring including an explanation of your standards for discharge and what follow-up, if any, is made.

2) Attach a copy of the post-operative instructions that you give a patient or a person caring for the patient.

V. EMERGENCY

1) Describe your emergency protocol (i.e., a time line or allegorhythm) and explain what responsibilities your staff members have.

2) Briefly describe your training that relates to the handling of anesthesia related emergencies.

3) Do you have regularly scheduled emergency drills? \_\_\_\_\_yes \_\_\_\_\_no if yes, how often? \_\_\_\_\_  
Date of most recent drill \_\_\_\_\_ .

4) Describe your emergency kit. What does it contain? What criterion do you have for its use? Please describe your method of keeping its contents current.

I certify that the above statements are true and pursuant to OAR 818-026-0110, I acknowledge that by applying for a permit, I consent to the conduct of office evaluations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Under ORS 679.170(5), willfully making a material false statement on this application is grounds for discipline.