Virginia Department of Health Professions
Board of Dentistry

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4538 (Tel)
(804) 698-4266 (eFax)
denbd@dhp.virginia.gov
www.dhp.virginia.gov/dentistry

INSTRUCTIONS FOR REINSTATEMENT OF A PERMIT TO ADMINISTER MODERATE SEDATION or DEEP SEDATION/GENERAL ANESTHESIA

1. Please read Guidance Document 60-27, these instructions and the application carefully and ensure that all required information is provided and that all required documentation is included. An incomplete application will delay the processing of your application. Incomplete applications are kept for one year, then destroyed.

2. Return the completed application, all required documentation, and a check or money order made payable to the "Treasurer of Virginia" for the amount of **$100** to the Virginia Board of Dentistry at the above address. Fees are non-refundable pursuant to **18VAC60-21-40(G)**.

3. It is your responsibility to maintain a copy of this application and all documents submitted to the Board or received from the Board for your future reference,

4. You are required to know and understand the laws and regulations in Virginia which govern the administration of sedation and anesthesia before completing the application. Particular attention should be given to the definitions in **18VAC60-21-10.D** and the provisions for administration **18VAC60-21-260** through **18VAC60-21-301** in the Regulations Governing the Practice of Dentistry. Please be aware that sedation and anesthesia laws and regulations change over time. You are responsible for knowing the current legal requirements.

5. To qualify for reinstatement of a sedation permit, the applicant must include documentation in the application sufficient to **demonstrate continuing competence**. To evaluate continuing competence, the Board shall consider hours of continuing education that meet the requirements of section 18VAC60-21-250.G; evidence of active practice in another state or in federal service or a refresher or training course on the administration of the specified permit type which meets the education requirements of sections 18VAC60-21-290 and 18VAC60-21-300. Completion of only home study, journal or internet courses is generally not sufficient to demonstrate continuing competence.

6. Once the application is deem complete, an employee of the Department of Health Professions (inspector) will conduct an announced inspection(s) at all applicable locations.

   Pre-permit Inspection

   - An employee of the Department of Health Professions (inspector) will conduct an announced inspection, at all applicable locations, to review compliance with required sedation equipment 18VAC60-21-291 (B) and 18VAC60-21-301 (C); appropriate training of staff 18VAC60-21-260.H (2), 18VAC60-21-260 (I), 18VAC60-21-260 (J), 18VAC60-21-290 (D) (E), 18VAC60-25-100, and 18VAC60-21-300 (C); physical plant requirements 18VAC60-21-60.A (1); and Drug Control Act requirements **§** 54.1-3404.

   - If an applicant is compliant with all applicable regulations, the applicant will receive a permit. However, if the applicant is found to be in non-compliance with applicable regulations, the applicant will receive a report listing the non-compliance. Depending upon the non-compliance, the applicant will be required to submit evidence of the correction or another announced inspection will be scheduled. When the applicant is in compliance, the applicant will receive a permit.

7. All permits are subject to annual renewal. A renewal notice will be sent in conjunction with your dental license renewal notice.

8. **NOTICE:** The Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students adopted by the American Dental Association in October 2016 detail the current education standards for a moderate sedation course. In keeping with these Guidelines and the Regulations Governing the Practice of Dentistry, the Board no longer issues permits for enteral administration of moderate sedation and such permits cannot be reinstated.

Virginia Department of Health Professions
Board of Dentistry

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4538 (Tel)
(804) 698-4266 (eFax)
denbd@dhp.virginia.gov
www.dhp.virginia.gov/dentistry

REINSTATEMENT APPLICATION
PERMIT TO ADMINISTER MODERATE SEDATION or DEEP SEDATION/GENERAL ANESTHESIA Page 1

GENERAL INFORMATION: COMPLETE ALL SECTIONS (PRINT OR TYPE)				
Name: Full Last**	Full First	Full Middle/Maiden		Suffix
Address of record (Mailing Address)*	City	State	Zip Code	Telephone Number*
Publically Disclosable Address*	City	State	Zip Code	Telephone Number*
Email Address*	Virginia Dental License #	Virginia Sedation Permit Number #		
Date of Birth* _____/_____/_____ Month Day Year	**Social Security Number or Virginia DMV control Number***** ____ ____ ____---____ ____--____ ____ ____ ____			

*If any of the information starred (*) above is different than the information on file for your dental license, initial here to request that your dental license information be update: _____

Provide the addresses for additional offices where you will administer sedation (use separate page if necessary)**:**

Address:	City	State	Zip Code
Address:	City	State	Zip Code

Reinstatement is sought for: ___ MODERATE SEDATION PERMIT ___ DEEP SEDATION/GENERAL ANESTHESIA PERMIT

Please check below:

___ I hold **current** certification in advanced resuscitation techniques with hands-on simulated airway and megacode training for health care providers, such as Advanced Cardiac Life Support (ACLS) for Health Professionals or Pediatric Advanced Life Support (PALS) for Health Professionals. For a Deep Sedation/General Anesthesia Permit, I verify that the training included basic electrocardiographic interpretation. **I am attaching a photocopy of my certification card.**

___ I hold a **current** Drug Enforcement Administration (DEA) registration which contains my **Virginia** place of business/practice address as required pursuant to **§21-1301.12 of the Code of Federal Regulations** in accordance with **21 U.S.C §822(e)** of the **U.S. Code. I am attaching a photocopy of my DEA registration card.**

___ I am attaching documentation to demonstrate that I am currently competent to practice the applicable level of sedation.

****Name change:** **Documentation must be provided to show name change(s) if name has ever been changed from the time you attended school or while you were licensed in other jurisdictions.**

*****In accordance with § 54.1-116 of the *Code of Virginia*, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities.**

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

Fee:	**Applicant #:**	**Date Issued:**	**Permit #:**

A. I hold **current** certification in advanced resuscitation techniques with hands-on simulated airway and megacode training for health care providers, such as Advanced Cardiac Life Support (ACLS) for Health Professionals or Pediatric Advanced Life Support (PALS) for Health Professionals. **I am attaching a photocopy of my certification card.**

B. I hold a **current** Drug Enforcement Administration (DEA) registration which contains my **Virginia** place of business/practice address as required pursuant to **§21-1301.12 of the Code of Federal Regulations** in accordance with **21 U.S.C §822(e)** of the **U.S. Code. I am attaching a photocopy of my DEA registration card.**

C. I have completed the **PRE-INSPECTION SURVEY FORM** and **I am submitting it with my application**.

D. By signing below, I certify that all licensed and ancillary personnel who assist in the administration of controlled substances and who monitor patients during administration hold current certification in basic resuscitation techniques with hands-on airway training for health care providers and are trained in implementing my written emergency procedures. I further certify that such personnel are required to maintain the required certification.

E. By signing below, I certify that I maintain a properly equipped facility for the administration of moderate sedation as required by the Regulations Governing the Practice of Dentistry.

F. Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is 1) on federal active duty orders, or 2) a veteran who has left active duty service within one year of submission of this application? _____Yes _____No **If "YES", include a copy of the official military orders with the application.**

G. Are you active-duty military? _____Yes _____No If "**YES", include a copy of your official military orders with the application.**

H. I hereby certify that I am the person referred to in the forgoing application and the attached supporting documents and that the information on this application and in the attachments is true, complete, and correct to the best of my knowledge.

_____ _____
Applicant Signature Date

LIST OF SUPPORTING ATTACHMENTS:

1. A check or money order for $100 made payable to the "Treasurer of Virginia" -.
2. A photocopy of my certification card for advanced resuscitation techniques- see section B.
3. A photocopy of my current DEA registration (**must contain your Virginia place of business/practice address**) -see section C.
4. All supporting attachments and pages of this application including the pre-inspection survey form must be submitted to the Board.

Virginia Department of Health Professions
Board of Dentistry

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4538 (Tel)
(804) 698-4266 (eFax)
denbd@dhp.virginia.gov
www.dhp.virginia.gov/dentistry

PRE-INSPECTION SURVEY FORM

Each dentist applying to hold a permit to administer moderate sedation or deep sedation and general anesthesia (hereinafter referred to as a Permit Holder) is required to provide the following information. This completed form must be returned with your application.

Permit Holder's full name is: _____

Permit Holder practices: __ **general dentistry**
__ **in the specialty of** _____

Permit Holder practices at the following location(s):

Full name of the practice: _____

Full address of the practice: _____

_____

Full name of the primary contact person: _____

Telephone number of the primary contact person: _____

E-mail address of the primary contact person: _____

The number of other permit holders at this location: _____

Is this location a licensed hospital as defined in §32.1-123 of the Code of Virginia? **YES** **NO**

Is this location a state-operated hospital? **YES** **NO**

Is this location a facility directly maintained or operated by the federal government? **YES** **NO**

And

Full name of the practice: _____

Full address of the practice: _____

_____

Full name of the primary contact person: _____

Telephone number of the primary contact person: _____

E-mail address of the primary contact person: _____

The number of other permit holders at this location: _____

Is this location a licensed hospital as defined in §32.1-123 of the Code of Virginia? **YES** **NO**

Is this location a state-operated hospital? **YES** **NO**

Is this location a facility directly maintained or operated by the federal government? **YES** **NO**

Use a separate piece of paper to provide information on all additional locations.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE- FOR BOARD USE ONLY

Permit number _____ **was issued on** _____