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In the United States, all individual states have the privilege to establish their own qualifications, rules, and regulations for professional licensure. Although each state has a dental board, the amount of independence differs from state to state. The majority of these boards are often operative within other government branches, while specific board members are normally appointed to that position by the state governor. In general, regulations and standards for licensure are determined by statute and can only be altered by proper proceedings within the state governing body.

The wide variation that exists between the state dental boards often leads to confusion and frustration. The different standards that each state sets, makes it difficult for the practitioner to understand what is expected of him/her to practice their given profession. Presented as a useful professional tool, this guide provides a state-by-state summary of dental anesthesia guidelines, rules, and regulations. Please read the production information section for a report concerning how the guide was produced.
COMMONLY USED DEFINITIONS IN DENTAL ANESTHESIOLOGY

- **analgesia** – the diminution or elimination of pain.
- **anxiolysis** – the diminution or elimination of anxiety.
- **conscious sedation** – a minimally depressed level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof.
- **deep sedation** – an induced state of depressed consciousness accompanied by partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or non-pharmacological method or a combination thereof.
- **ental** – any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa.
- **general anesthesia** – an induced state of unconsciousness accompanied by partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or non-pharmacological method or combination thereof.
- **incremental dosing** – administration of multiple doses of a drug until a desired effect is reached, but not to exceed the maximum recommended dose (MRD).
- **inhalation** – a technique of administration in which a gaseous or volatile agent is introduced into the lungs and whose primary effect is due to absorption through the gas/blood interface.
- **local anesthesia** – the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.
- **maximum recommended dose (MRD)** – maximum FDA-recommended dose of a drug, as printed in FDA-approved labeling for unmonitored home use.
- **minimal sedation** – a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. In accord with this particular definition, the drug(s) and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation.
- **moderate sedation** – a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- **parenteral** – a technique of administration in which the drug bypasses the gastrointestinal tract.
- **recovery** – the ability to regain full health, or a return to baseline status.
- **supplemental dosing** – during minimal sedation, supplemental dosing is a single additional dose of the initial dose of the initial drug that may be necessary for prolonged procedures.
- **titration** – the administration of small incremental doses of a drug until a desired clinical effect is observed.
- **transdermal** – a technique of administration in which the drug is administered by patch or iontophoresis through skin.
- **transmucosal** – a technique of administration in which the drug is administered across mucosa such as intranasal, sublingual, or rectal.
INTRODUCTION
The administration of sedation and general anesthesia has been an integral part of dental practice since the 1840s. Dentists have a legacy and a continuing interest and expertise in providing anesthetic and sedative care to their patients. It was the introduction of nitrous oxide by Horace Wells, a Hartford, Connecticut dentist, and the demonstration of anesthetic properties of ether by William Morton, Wells’ student, that gave the gift of anesthesia to medicine and dentistry. Dentistry has continued to build upon this foundation and has been instrumental in developing safe and effective sedative and anesthetic techniques that have enabled millions of people to access dental care. Without these modalities, many patient populations such as young children, physically and mentally challenged individuals and many other dental patients could not access the comprehensive care that relieves pain and restores form and function. The use of sedation and anesthesia by appropriately trained dentists in the dental office continues to have a remarkable record of safety. It is very important to understand that anxiety, cooperation and pain can be addressed by both psychological and pharmacological techniques and local anesthetics, which are the foundation of pain control in dentistry. Sedation may diminish fear and anxiety, but do not obliterate the pain response and therefore, expertise and in-depth knowledge of local anesthetic techniques and pharmacology is necessary. General anesthesia, by definition, produces an unconscious state totally obliterating the pain response.

Anxiety and pain can be modified by both psychological and pharmacological techniques. In some instances, psychological approaches are sufficient. However, in many instances, pharmacological approaches are required. Local anesthetics are used to control regional pain. Sedative drugs and techniques may control fear and anxiety, but do not by themselves fully control pain and, thus, are commonly used in conjunction with local anesthetics. General anesthesia provides complete relief from both anxiety and pain.

This policy statement addresses the use of minimal, moderate and deep sedation and general anesthesia, as defined in the Association’s Guidelines for the Use of Sedation and General Anesthesia by Dentists. These terms refer to the effects upon the central nervous system and are not dependent upon the route of administration. The use of sedation and general anesthesia in dentistry is safe and effective when properly administered by trained individuals. The American Dental Association strongly supports the right of appropriately trained dentists to use these modalities in the treatment of dental patients and is committed to their safe and effective use.

EDUCATION
Training to competency in minimal and moderate sedation techniques may be acquired at the predoctoral, postgraduate, graduate, or continuing education level. Dentists who wish to utilize minimal or moderate sedation are expected to successfully complete formal training which is structured in accordance with the Association’s Guidelines for Teaching Pain Control and Sedation for to Dentists and Dental Students. The knowledge and skills required for the administration of deep sedation and general anesthesia are beyond the scope of predoctoral and continuing education. Only dentists who have completed an advanced education program accredited by the Commission on Dental Accreditation (CODA) that provides training in deep sedation and general anesthesia are considered educationally qualified to use these modalities in practice. The dental profession’s continued ability to control anxiety and pain effectively is dependent on a strong educational foundation in the discipline. The Association supports efforts to expand the availability of courses and programs at the predoctoral, advanced and continuing educational levels that are structured in accordance with its Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. The ADA urges dental practitioners to regularly participate in continuing education in the areas of sedation and anesthesia.
SAFE PRACTICE
Dentists administering sedation and anesthesia should be familiar with the ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists. Dentists who are qualified to utilize sedation and general anesthesia have a responsibility to minimize risk to patients undergoing dental treatment by:
• Using only those drugs and techniques in which they have been appropriately trained;
• Limiting use of these modalities to patients who require them;
• Conducting a preoperative evaluation of each patient consisting of at least a thorough review of medical and dental history, a focused clinical examination and consultation, when indicated, with appropriate medical and dental personnel;
• Conducting physiologic and visual monitoring of the patient;
• Having available appropriate emergency drugs, equipment and facilities and maintaining competency in their use;
• Maintaining fully documented records of drugs used, dosage, vital signs monitored, adverse reactions, recovery from the anesthetic, and, if applicable, emergency procedures employed;
• Utilizing sufficient support personnel who are properly trained for the functions they are assigned to perform;
• Treating high-risk patients in a setting equipped to provide for their care.
The Association expects that patient safety will be the foremost consideration of dentists who use sedation and general anesthesia.

STATE REGULATION
Appropriate permitting of dentists utilizing moderate sedation, deep sedation and general anesthesia is highly recommended. State dental boards have the responsibility to ensure that only qualified dentists use sedation and general anesthesia. State boards set acceptable standards for safe and appropriate delivery of sedation and anesthesia care, as outlined in this policy and in the ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists.
The Association recognizes that office-based, ambulatory sedation and anesthesia play an integral role in the management of anxiety and pain control for dental patients. It is in the best interest of the public and the profession that access to these cost-effective services be widely available.

RESEARCH
The use of minimal, moderate and deep sedation and general anesthesia in dentistry will be significantly affected by research findings and advances in these areas. The Association strongly supports the expansion of both basic and clinical research in anxiety and pain control. It urges institutions and agencies that fund and sponsor research to place a high priority on this type of research, which should include: 1) epidemiological studies that provide data on the number of these procedures performed and on morbidity and mortality rates, 2) clinical studies of drug safety and efficacy, 3) basic research on the development of safer and more effective drugs and techniques, 4) studies on improving patient monitoring, and 5) research on behavioral and other non-pharmacological approaches to anxiety and pain control.
INTRODUCTION
The administration of local anesthesia, sedation and general anesthesia is an integral part of dental practice. The American Dental Association is committed to the safe and effective use of these modalities by appropriately educated and trained dentists. The purpose of these guidelines is to assist dentists in the delivery of safe and effective sedation and anesthesia. Dentists providing sedation and anesthesia in compliance with their state rules and/or Regulations prior to adoption of this document are not subject to Section III. Educational Requirements.

EDUCATIONAL REQUIREMENTS

A. Minimal Sedation
1. To administer minimal sedation the dentist must have successfully completed:
a. training to the level of competency in minimal sedation consistent with that prescribed in the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, or
a comprehensive training program in moderate sedation that satisfies the requirements described in the Moderate Sedation section of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced, or
b. an advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage minimal sedation commensurate with these guidelines; and
c. a current certification in Basic Life Support for Healthcare Providers.
2. Administration of minimal sedation by another qualified dentist or independently practicing qualified anesthesia healthcare provider requires the operating dentist and his/her clinical staff to maintain current certification in Basic Life Support for Healthcare Providers.

B. Moderate Sedation
1. To administer moderate sedation, the dentist must have successfully completed:
a. a comprehensive training program in moderate sedation that satisfies the requirements described in the Moderate Sedation section of the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced, or
b. an advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage moderate sedation commensurate with these guidelines; and
c. a current certification in 1) Basic Life Support for Healthcare Providers and 2) Advanced Cardiac Life Support (ACLS) or an appropriate dental sedation/anesthesia emergency management course.
2. Administration of moderate sedation by another qualified dentist or independently practicing qualified anesthesia healthcare provider requires the operating dentist and his/her clinical staff to maintain current certification in Basic Life Support for Healthcare Providers.
C. Deep Sedation or General Anesthesia

1. To administer deep sedation or general anesthesia, the dentist must have completed:
   a. an advanced education program accredited by the ADA Commission on Dental Accrreditation that affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia, commensurate with Part IV.C of these guidelines;
   and
   b. a current certification in 1) Basic Life Support for Healthcare Providers and 2) Advanced Cardiac Life Support (ACLS) or an appropriate dental sedation/anesthesia emergency management course.

2. Administration of deep sedation or general anesthesia by another qualified dentist or independently practicing qualified anesthesia healthcare provider requires the operating dentist and his/her clinical staff to maintain current certification in Basic Life Support (BLS) Course for the Healthcare Provider.

For all levels of sedation and anesthesia, dentists, who are currently providing sedation and anesthesia in compliance with their state rules and/or regulations prior to adoption of this document, are not subject to these educational requirements.

CLINICAL GUIDELINES

A. Minimal sedation

1. Patient Evaluation

   Patients considered for minimal sedation must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this may consist of a review of their current medical history and medication use. However, patients with significant medical considerations (ASA III, IV) may require consultation with their primary care physician or consulting medical specialist.

2. Pre-Operative Preparation

   • The patient, parent, guardian or care giver must be advised regarding the procedure associated with the delivery of any sedative agents and informed consent for the proposed sedation must be obtained.
   • Determination of adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be completed.
   • Baseline vital signs must be obtained unless the patient’s behavior prohibits such determination.
   • A focused physical evaluation must be performed as deemed appropriate.
   • Preoperative dietary restrictions must be considered based on the sedative technique prescribed.
   • Pre-operative verbal and written instructions must be given to the patient, parent, escort, guardian or care giver.

3. Personnel and Equipment Requirements

   Personnel:
   • At least one additional person trained in Basic Life Support for Healthcare Providers must be present in addition to the dentist.

   Equipment:
   • A positive-pressure oxygen delivery system suitable for the patient being treated must be immediately available.
   • When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. The equipment must also have either (1) a functioning device that prohibits the delivery of less than 30% oxygen or (2) an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm.
   • An appropriate scavenging system must be available if gases other than oxygen or air are used.

4. Monitoring and Documentation

   Monitoring: A dentist, or at the dentist’s direction, an appropriately trained individual, must remain in the operatory during active dental treatment to monitor the patient continuously.
until the patient meets the criteria for discharge to the recovery area. The appropriately trained individual must be familiar with monitoring techniques and equipment. Monitoring must include:

- **Oxygenation:**
  - Color of mucosa, skin or blood must be evaluated continually.
  - Oxygen saturation by pulse oximetry may be clinically useful and should be considered.
- **Ventilation:**
  - The dentist and/or appropriately trained individual must observe chest excursions continually.
  - The dentist and/or appropriately trained individual must verify respirations continually.
- **Circulation:**
  - Blood pressure and heart rate should be evaluated pre-operatively, post-operatively and intra-operatively as necessary (unless the patient is unable to tolerate such monitoring).

**Documentation:** An appropriate sedative record must be maintained, including the names of all drugs administered, including local anesthetics, dosages, and monitored physiological parameters.

5. **Recovery and Discharge**

- Oxygen and suction equipment must be immediately available if a separate recovery area is utilized.
- The qualified dentist or appropriately trained clinical staff must monitor the patient during recovery until the patient is ready for discharge by the dentist.
- The qualified dentist must determine and document that level of consciousness, oxygenation, ventilation and circulation are satisfactory prior to discharge.
- Post-operative verbal and written instructions must be given to the patient, parent, escort, guardian or care giver.

6. **Emergency Management**

If a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist must stop the dental procedure until the patient returns to the intended level of sedation. The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of minimal sedation and providing the equipment and protocols for patient rescue.

7. **Management of Children**

For children 12 years of age and under, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentists Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.

**B. Moderate Sedation**

1. **Patient Evaluation**

Patients considered for moderate sedation must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this should consist of at least a review of their current medical history and medication use. However, patients with significant medical considerations (e.g., ASA III, IV) may require consultation with their primary care physician or consulting medical specialist.

2. **Pre-operative Preparation**

- The patient, parent, guardian or care giver must be advised regarding the procedure associated with the delivery of any sedative agents and informed consent for the proposed sedation must be obtained.
- Determination of adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be completed.
- Baseline vital signs must be obtained unless the patient’s behavior prohibits such determination.
- A focused physical evaluation must be performed as deemed appropriate.
- Preoperative dietary restrictions must be considered based on the sedative technique prescribed.
- Pre-operative verbal or written instructions must be given to the patient, parent, escort,
3. Personnel and Equipment Requirements

Personnel:
- At least one additional person trained in Basic Life Support for Healthcare Providers must be present in addition to the dentist.

Equipment:
- A positive-pressure oxygen delivery system suitable for the patient being treated must be immediately available.
- When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. The equipment must also have either (1) a functioning device that prohibits the delivery of less than 30% oxygen or (2) an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm.
- An appropriate scavenging system must be available if gases other than oxygen or air are used.
- The equipment necessary to establish intravenous access must be available.

4. Monitoring and Documentation

Monitoring:
A qualified dentist administering moderate sedation must remain in the operatory room to monitor the patient continuously until the patient meets the criteria for recovery. When active treatment concludes and the patient recovers to a minimally sedated level a qualified auxiliary may be directed by the dentist to remain with the patient and continue to monitor them as explained in the guidelines until they are discharged from the facility. The dentist must not leave the facility until the patient meets the criteria for discharge and is discharged from the facility. Monitoring must include:
- Consciousness:
  - Level of consciousness (e.g., responsiveness to verbal command) must be continually assessed.
- Oxygenation:
  - Color of mucosa, skin or blood must be evaluated continually.
  - Oxygen saturation must be evaluated by pulse oximetry continuously.
- Ventilation:
  - The dentist must observe chest excursions continually.
  - The dentist must monitor ventilation. This can be accomplished by auscultation of breath sounds, monitoring end-tidal CO2 or by verbal communication with the patient.
- Circulation:
  - The dentist must continually evaluate blood pressure and heart rate (unless the patient is unable to tolerate and this is noted in the time-oriented anesthesia record).
  - Continuous ECG monitoring of patients with significant cardiovascular disease should be considered.

Documentation:
- Appropriate time-oriented anesthetic record must be maintained, including the names of all drugs administered, including local anesthetics, dosages and monitored physiological parameters.
- Pulse oximetry, heart rate, respiratory rate and blood pressure must be recorded continually.

5. Recovery and Discharge

- Oxygen and suction equipment must be immediately available if a separate recovery area is utilized.
- The qualified dentist or appropriately trained clinical staff must continually monitor the patient’s blood pressure, heart rate, oxygenation and level of consciousness.
- The qualified dentist must determine and document that level of consciousness; oxygenation, ventilation and circulation are satisfactory for discharge.
- Post-operative verbal and written instructions must be given to the patient, parent, escort, guardian or care giver.
- If a reversal agent is administered before discharge criteria have been met, the patient must be monitored until recovery is assured.

6. Emergency Management

If a patient enters a deeper level of sedation than the dentist is qualified to provide, the dentist...
must stop the dental procedure until the patient returns to the intended level of sedation. The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation and providing the equipment, drugs and protocol for patient rescue.

7. Management of Children
For children 12 years of age and under, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentists Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.

C. Deep Sedation or General Anesthesia
1. Patient Evaluation
Patients considered for deep sedation or general anesthesia must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II) this must consist of at least a review of their current medical history and medication use and NPO status. However, patients with significant medical considerations (e.g., ASA III, IV) may require consultation with their primary care physician or consulting medical specialist.

2. Pre-operative Preparation
• The patient, parent, guardian or care giver must be advised regarding the procedure associated with the delivery of any sedative or anesthetic agents and informed consent for the proposed sedation/anesthesia must be obtained.
• Determination of adequate oxygen supply and equipment necessary to deliver oxygen under positive pressure must be completed.
• Baseline vital signs must be obtained unless the patient’s behavior prohibits such determination.
• A focused physical evaluation must be performed as deemed appropriate.
• Preoperative dietary restrictions must be considered based on the sedative/anesthetic technique prescribed.
• Pre-operative verbal and written instructions must be given to the patient, parent, escort, guardian or care giver.
• An intravenous line, which is secured throughout the procedure, must be established except as provided in part IV. C.6. Pediatric and Special Needs Patients.

3. Personnel and Equipment Requirements
Personnel: A minimum of three (3) individuals must be present.
• A dentist qualified in accordance with part III. C. of these Guidelines to administer the deep sedation or general anesthesia.
• Two additional individuals who have current certification of successfully completing a Basic Life Support (BLS) Course for the Healthcare Provider.
• When the same individual administering the deep sedation or general anesthesia is performing the dental procedure, one of the additional appropriately trained team members must be designated for patient monitoring.

Equipment:
• A positive-pressure oxygen delivery system suitable for the patient being treated must be immediately available.
• When inhalation equipment is used, it must have a fail-safe system that is appropriately checked and calibrated. The equipment must also have either (1) a functioning device that prohibits the delivery of less than 30% oxygen or (2) an appropriately calibrated and functioning in-line oxygen analyzer with audible alarm.
• An appropriate scavenging system must be available if gases other than oxygen or air are used.
• The equipment necessary to establish intravenous access must be available.
• Equipment and drugs necessary to provide advanced airway management, and advanced cardiac life support must be immediately available.
• If volatile anesthetic agents are utilized, an inspired agent analysis monitor and capnograph should be considered.
• Resuscitation medications and an appropriate defibrillator must be immediately available.

4. Monitoring and Documentation
Monitoring: A qualified dentist administering deep sedation or general anesthesia must remain in the operatory room to monitor the patient continuously until the patient meets the criteria for recovery. The dentist must not leave the facility until the patient meets the criteria for discharge and is discharged from the facility. Monitoring must include:

- **Oxygenation:**
  - Color of mucosa, skin or blood must be continually evaluated.
  - Oxygenation saturation must be evaluated continuously by pulse oximetry.
- **Ventilation:**
  - Intubated patient: End-tidal CO2 must be continuously monitored and evaluated.
  - Non-intubated patient: Breath sounds via auscultation and/or end-tidal CO2 must be continually monitored and evaluated.
  - Respiration rate must be continually monitored and evaluated.
- **Circulation:**
  - The dentist must continuously evaluate heart rate and rhythm via ECG throughout the procedure, as well as pulse rate via pulse oximetry.
  - The dentist must continually evaluate blood pressure.
- **Temperature:**
  - A device capable of measuring body temperature must be readily available during the administration of deep sedation or general anesthesia.
  - The equipment to continuously monitor body temperature should be available and must be performed whenever triggering agents associated with malignant hyperthermia are administered.

Documentation:

- Appropriate time-oriented anesthetic record must be maintained, including the names of all drugs administered, including local anesthetics, doses and monitored physiological parameters.
- Pulse oximetry and end-tidal CO2 measurements (if taken), heart rate, respiratory rate and blood pressure must be recorded at appropriate intervals.

5. Recovery and Discharge

- Oxygen and suction equipment must be immediately available if a separate recovery area is utilized.
- The dentist or clinical staff must continually monitor the patient’s blood pressure, heart rate, oxygenation and level of consciousness.
- The dentist must determine and document that level of consciousness; oxygenation, ventilation and circulation are satisfactory for discharge.
- Post-operative verbal and written instructions must be given to the patient, parent, escort, guardian or care giver.

6. Pediatric and Special Needs Patients

Because many dental patients undergoing deep sedation or general anesthesia are mentally and/or physically challenged, it is not always possible to have a comprehensive physical examination or appropriate laboratory tests prior to administering care. When these situations occur, the dentist responsible for administering the deep sedation or general anesthesia should document the reasons preventing the recommended preoperative management.

In selected circumstances, deep sedation or general anesthesia may be utilized without establishing an indwelling intravenous line. These selected circumstances may include very brief procedures or periods of time, which, for example, may occur in some pediatric patients; or the establishment of intravenous access after deep sedation or general anesthesia has been induced because of poor patient cooperation.

7. Emergency Management

The qualified dentist is responsible for sedative/anesthetic management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of deep sedation or general anesthesia and providing the equipment, drugs and protocols for patient rescue.
The administration of local anesthesia, sedation and general anesthesia is an integral part of the practice of dentistry. The American Dental Association is committed to the safe and effective use of these modalities by appropriately educated and trained dentists.

Anxiety and pain control can be defined as the application of various physical, chemical and psychological modalities to the prevention and treatment of preoperative, operative and postoperative patient anxiety and pain to allow dental treatment to occur in a safe and effective manner. It involves all disciplines of dentistry and, as such, is one of the most important aspects of dental education. The intent of these Guidelines is to provide direction for the teaching of pain control and sedation to dentists and can be applied at all levels of dental education from predoctoral through continuing education. They are designed to teach initial competency in pain control and minimal and moderate sedation techniques.

These Guidelines recognize that many dentists have acquired a high degree of competency in the use of anxiety and pain control techniques through a combination of instruction and experience. It is assumed that this has enabled these teachers and practitioners to meet the educational criteria described in this document.

It is not the intent of the Guidelines to fit every program into the same rigid educational mold. This is neither possible nor desirable. There must always be room for innovation and improvement. They do, however, provide a reasonable measure of program acceptability, applicable to all institutions and agencies engaged in predoctoral and continuing education.

The curriculum in anxiety and pain control is a continuum of educational experiences that will extend over several years of the predoctoral program. It should provide the dental student with the knowledge and skills necessary to provide minimal sedation to alleviate anxiety and control pain without inducing detrimental physiological or psychological side effects. Dental schools whose goal is to have predoctoral students achieve competency in techniques such as local anesthesia and nitrous oxide inhalation and minimal sedation must meet all of the goals, prerequisites, didactic content, clinical experiences, faculty and facilities, as described in these Guidelines.

Techniques for the control of anxiety and pain in dentistry should include both psychological and pharmacological modalities. Psychological strategies should include simple relaxation techniques for the anxious patient and more comprehensive behavioral techniques to control pain.

Pharmacological strategies should include not only local anesthetics but also sedatives, analgesics and other useful agents. Dentists should learn indications and techniques for administering these drugs enterally, parenterally and by inhalation as supplements to local anesthesia.

The predoctoral curriculum should provide instruction, exposure and/or experience in anxiety and pain control, including minimal and moderate sedation. The predoctoral program must also provide the knowledge and skill to enable students to recognize and manage any emergencies that might arise as a consequence of treatment. Predoctoral dental students must complete a course in Basic Life Support for the Healthcare Provider. Though Basic Life Support courses are available online, any course taken online should be followed up with a hands-on component and be approved by the American Heart Association or the American Red Cross.

Local anesthesia is the foundation of pain control in dentistry. Although the use of local anesthetics in dentistry has a long record of safety, dentists must be aware of the maximum safe dosage limit for each patient, since large doses of local anesthetics may increase the level of central nervous system depression with sedation. The use of minimal and moderate sedation requires an understanding of local anesthesia and the physiologic and pharmacologic implications of the local anesthetic agents when combined with the sedative agents.

The knowledge, skill and clinical experience required for the safe administration of deep sedation and/or general anesthesia are beyond the scope of predoctoral and continuing education programs. Advanced education programs that teach deep sedation and/or general anesthesia to competency have specific teaching requirements described in the Commission on Dental Accreditation requirements for those advanced programs and represent the educational and clinical requirements for teaching deep sedation and/or general anesthesia in dentistry.

The objective of educating dentists to utilize pain control, sedation and general anesthesia is to enhance their ability to provide oral health care. The American Dental Association urges dentists to participate regularly in continuing education update courses in these modalities in order to remain current.
Designed by the American Association of Oral and Maxillofacial Surgeons’ Committee on Anesthesia, the Office Anesthesia Evaluation Manual is employed by some state dental boards to conduct office inspections. The Office Anesthesia Evaluation Manual provides the practitioner with resources and guidelines for current practice protocols and emergency procedures. Areas covered are monitoring, complications and emergencies, CPR, management of blood pressure problems, adverse drug reactions, and contact allergies.

The majority of state dental boards use this manual as a way to promote patient safety in the non-hospital setting during procedures that require the administration of local anesthesia, conscious sedation, deep sedation, or general anesthesia. Further information, including how to obtain a manual, is available via the internet at www.aaomsstore.com.
ORGANIZED DENTAL ANESTHESIOLOGY

AMERICAN DENTAL BOARD OF ANESTHESIOLOGY
The mission of the American Dental Board of Anesthesiology (ADBA) is to ensure that all dentists who have been trained according to Part II of the ADA’s “Guidelines for the Teaching of Pain and Anxiety Control in Dentistry,” will attain and maintain the highest possible level of knowledge and skill in the spectrum of anesthesia for dentistry. The ADBA is the main accrediting board for dentist with a minimum of two years of training.

Contact Information:
American Dental Board of Anesthesiology
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Piedmont, CA 94610

AMERICAN SOCIETY OF DENTIST ANESTHESIOLOGISTS
The American Society of Dentist Anesthesiologists (ASDA) comprises a group of dentists who have completed a minimum of two years of full-time postdoctoral training in anesthesiology. The clinical training supported by the ASDA includes a significant portion devoted to hospital operating room anesthesiology rotations as well as ambulatory anesthesia for medical and dental patients.

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Email: asda@asdahq.org

NATIONAL DENTAL BOARD OF ANESTHESIOLOGY
The mission of the National Dental Board of Anesthesiology (NDBA) is to advance the art and science of anesthesiology in dentistry in its efforts to provide optimum health care. The NDBA has been formed to recognize dentist’s education and expertise in general anesthesia and evaluate the clinical skills with a written and oral examination. This will document clinicians education and skills in dental anesthesiology and provides them diplomat status. The NDBA has been established to recognize dentists who have training and expertise in the administration of anesthesia and embraces all dentists who administer general anesthesia.

Contact Information:
211 East Chicago Avenue
Suite 780
Chicago, IL 60611
Toll Free: 1-877-255-3731
Email: www.ndbahome.cs.com

AMERICAN DENTAL SOCIETY OF ANESTHESIOLOGY
The ADSA is a unique organization that represents and respects all dental anesthesia providers across the entire spectrum of anesthesia and pain control in dentistry. In order to recognize the expertise and the pursuit of excellence in dental anesthesiology the American Dental Society of Anesthesiology established the Fellowship in Dental Anesthesiology in 1964. In order to become a Fellow in the ADSA, an individual has to have satisfactorily completed either an oral and maxillofacial surgery or a one year dental anesthesiology residency. The Fellowship is the highest level of achievement within the ADSA. Most State Dental Boards and many national organizations recognize the level of expertise associated with the Fellowship.

Contact Information:
211 East Chicago Avenue
Suite 780
Chicago, IL 60611
Toll Free: 1-877-255-3732
Email: www.adsha@home.org
Loma Linda University
Department of Anesthesiology
11092 Anderson Street
Loma Linda, CA  92354
Two-Year Certificate Program
www.llu.edu/llu/dentistry/anesthesia/graduateprogram.html

Mount Sinai Medical Center
One Gustav L. Levy Place
New York, NY  10029
Two-Year Certificate Program
http://www.mssm.edu/dent/education/dent_anes/

The Ohio State University
2131 Postle Hall
305 West 12th Avenue
Columbus, OH  43210
27-Month Master’s Degree Program
www.dent.osu.edu/anesthesiology

Lutheran Medical Center
Department of Anesthesiology
150 55th Street:  Room 2234
Brooklyn, NY  11220
Duration:  24-Months
http://lmcdental.lmcmc.com/

University of Pittsburgh
3501 Terrace Street
Department of Anesthesiology
G-89 Salk Hall
Pittsburgh, PA  15261
12 / 24-Month Certificate Program
www.dental.pitt.edu/students/residency_program.php#dental

University of Toronto
Department of Anaesthesia
124 Edward Street
Toronto, Ontario, Canada
M5G 1G6
Three-Year Master’s Degree Program
www.utoronto.ca/dentistry/academic/graduate/

University of California, Los Angeles
Center for Health Sciences
Los Angeles, CA  90095
Two-year Certificate Program
http://uclasod.dent.ucla.edu/divisions/index.asp?id=18

Stony Brook University
Department of Anesthesiology
1104 Sullivan Hall
Stony Brook, NY  11994
Two-Year Certificate Program
http://anes.anesthes.sunysb.edu/
ABOUT THE GUIDE
Produced in order to serve the dental community, this guide was created to provide the dental professional with information relating to the rules and regulations concerning dental anesthesiology. Because of the wide variation between state dental boards, the ability of a practitioner to determine the standards of each state is difficult, at best. This guide offers a state-by-state summary of the dental anesthesia guidelines in a quick-find format.

HOW THE GUIDE WAS PRODUCED
Each state was assigned one page that would be formatted to contain the pertinent rules and regulations produced by the individual state dental boards. In order for any rule or regulation to be selected for publication, the state dental board, within either published guidelines or verbal confirmation, must have supplied the information.

The initial search for dental anesthesiology rules and regulations was completed using the internet as the primary resource. State dental boards were located using a common search engine, with each site then being sourced for that Board’s Dental Practice Act. Subsequently, the rules and regulations concerning anesthesiology were separated from the rest of the text body and printed for accessibility. For those states that did not have Practice Act postings, telephone contact was initiated to attain that state’s dental anesthesiology rules and regulations. Once the guidelines were read, the information was formatted into the existing template. The state boards were then contacted via telephone in order to obtain the remaining, needed information such as: fees; telephone number changes; office inspection specifics; and the estimated number of permit holders.
ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS PER STATE POPULATION

This portion of the guide was established in hopes of determining the total number of permit holders within the United States (Conscious Sedation and General Anesthesia Permits only). Unfortunately, not every state dental board was able to supply an exact number. Therefore, only those states willing and/or able to provide an estimated number of permit holders have listings related to this section.

NOT AVAILABLE (N/A)

Not Available (N/A) is used in the following circumstances:

- The information was unable to be attained.
- There was a discrepancy between published guidelines, verbal confirmation, and/or proposed changes to a particular guideline.
- The information was provided after publication deadline dates.

DISCLAIMER

The information provided within this guide reflects current rules, regulations, and fees, relating to dental anesthesiology. They do not reflect the complete rules and regulations of each dental board. This publication is designed to act as a guide for dental professionals and is in no way a replacement for an individual state’s actual rules and regulations, especially as it relates to state law examinations. Each state possesses their own guidelines and fees. Therefore, this publication, in no way, guarantees the fees stated within. It should also be noted that there is a continual change in rules and regulations within the legislature. Please be advised to contact individual Boards with any professional, up-to-date inquiries.
Permits available with fee schedule and renewal:

- **All inclusive permits** = One permit accounts for that level and all levels below (i.e. a single Unrestricted or General Anesthesia license will also provide certification/permission to provide Parenteral / Nitrous Oxide Sedation).
- **Individual permits** = The licensee must possess each level permit in order to perform said procedure (i.e. in order to provide both general and parenteral anesthesia the licensee must hold both a general and parenteral anesthesia permit).

**TRAINING REQUIREMENTS:**

**STATE OFFICE INSPECTION RULES AND GUIDELINES / INFORMATION ON OFFICIALS OF THE OFFICE INSPECTION TEAM:**

**REQUIRED OFFICE FACILITIES / EQUIPMENT REQUIREMENTS**

**ADDITIONAL RULES AND REGULATIONS:**

**ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:**

DOES NOT INCLUDE NITROUS OXIDE PERMITS

**ABBREVIATIONS USED:**

- **CRDTS:** Central Regional Dental Testing Service
- **NERB:** Northeast Regional Board
- **SRTA:** Southern Regional Testing Agency
- **WREB:** Western Regional Examining Board
- **OCS:** Oral Conscious Sedation
- **ACLS:** Advanced Cardiac Life Support
- **PALS:** Pediatric Advanced Life Support
- **JCAHO:** Joint Commission on Accreditation of Healthcare Organizations
- **AAOMS:** American Assoc. of Oral Maxillofacial Surgeons
TRAINING REQUIREMENTS

- **Parenteral Sedation:** Completion of a minimum of sixty hours of instruction and the management of at least the number of patients recommended by the American Dental Association’s Council on Dental Education (20). The hours of instruction must cover the following: (a) patient evaluation and medical risk assessment, (b) Management of medical emergencies (including ACLS), (c) Parenteral conscious sedation techniques.
- **General Anesthesia:** Only dentists who have completed an advanced education program structured in an advanced education level, which affords comprehensive and appropriate training necessary to administer and manage deep sedation/general anesthesia, are considered educationally qualified to use deep sedation and general anesthesia in practice.
- **Oral Conscious Sedation:** Completion of an ADA accredited post-graduate program; or training that includes a minimum of 16 hours involving OCS in a board approved course; or has certification of training by any entity approved by the board.

**STATE OFFICE INSPECTION RULES AND GUIDELINES**

- **Structure of Office Inspection Team:** Team of Three Examiners – Appointed by the Board that, at the least, possess the permit in which they are inspecting.
- **Criteria of On-Site Inspection:** (A) Three procedures utilizing Parenteral Sedation and/or General Anesthesia should be observed, (B) The dentist and his/her team must perform an actual demonstration of their method for managing emergency situations, and (C) All office equipment and records related to patient care should be available for inspection by the visiting doctors.
- **Per Office Inspection Information:** If a request to perform anesthesia at a secondary office is submitted, any secondary office inspection will be limited to the dental facility and equipment provided that the same personnel satisfactorily evaluated at the primary office are identical.

**OFFICE FACILITY / EQUIPMENT REQUIREMENTS**

- **Office Inspection Guidelines:** Specific attention should be directed to the following areas: (a) oxygen and supplemental gas delivery system (including backup systems), (b) provision for suction and backup system, (c) auxiliary lighting system, (d) gas storage, (e) suitability of operatory, (f) patient transportation equipment (if used), (g) recovery area, (h) sterilization areas, (i) preparation of medication, (j) completeness of office patient-care records, (k) monitoring equipment.
- **Monitoring & Equipment:** (A) **Respiration** – (i) pretracheal stethoscope, or (ii) electronically enhanced pretracheal stethoscope, or (iii) pulse oximetry [mandatory]. (B) **Heart Rate** – (i) precordial stethoscope, or (ii) plethysmograph, or (iii) pulse monitor, or (iv) electrocardioscope (ECG). (C) **Blood Pressure** – (i) sphygmomanometer and stethoscope, or (ii) manufactured monitor with automatic setting [preferred]. **Summary** – Standard, modern day, monitor with pulse oximetry, automated blood pressure, ECG feature, oximetry / ECG heart rate would be most beneficial.
- **Patient Recovery:** (A) Patients should be retained in the surgery area until all protective reflexes have fully returned unless the dental staff is in immediate attendance at all times in the recovery area. (B) The major requirement for the recovery area is that the staff must be able to observe the patient.

**ADDITIONAL RULES AND REGULATIONS**

- **Personnel:** **Conscious Sedation** – The minimum number of people involved must be two, i.e., the dentist or other licensed professional and an assistant trained to monitor physiologic variables.
  **Deep Sedation or General Anesthesia** – One personnel is the operating dentist, who directs the deep sedation or general anesthesia. The second is a person whose responsibilities are observation and monitoring of the patient; if this person is an appropriately trained professional, he or she may direct the deep sedation or general anesthesia. The third person assists the operating dentist.

**ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:**

153
TRAINING REQUIREMENTS

- The board will issue a permit to a dentist licensed in the state for the administration of an anesthetic agent or agents for the purpose of inducing general anesthesia if the applicant offers certified proof that the applicant:
  1) is a diplomate of the American Board of Oral and Maxillofacial Surgery;
  2) is a member of the American Association of Oral and Maxillofacial Surgery;
  3) has fulfilled not less than 36 months of oral surgery advanced education approved by the Council on Dental Education of the American Dental Association;
  4) is a certified member of an American Dental Association Specialty Board and meets the minimum requirement in anesthesiology as recommended by the American Board of Oral and Maxillofacial Surgery; or
  5) has completed a minimum of one year of advanced training in anesthesiology in an accredited program beyond the undergraduate dental school level.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- Before the issuance of a parenteral sedation permit and during the term of the permit, the board will, in its discretion, require an on-site inspection of the permittee’s facilities and equipment and an evaluation of the ancillary staff to determine if the standards have been met. The evaluation may be carried out by the board or its designated representative. Inspections will be conducted according to the general guidelines described in the Anesthesia Evaluation Manual (Third Edition, copyright 1986), published by the American Association of Oral and Maxillofacial Surgeons.

STATEMENT OF REQUIREMENTS

- A holder of a permit to administer an anesthetic for the purpose of inducing surgical anesthesia shall:
  1) obtain and maintain an adequate airway for the patient;
  2) use an oxygen machine and have it available for maintaining the ventilation of the lungs;
  3) have the knowledge of and be able to skillfully place needles into veins for the administration of drugs;
  4) maintain in his office at all times with the appropriate drugs and medicines for emergencies

ADDITIONAL RULES AND REGULATIONS

- Operative Procedure: A dentist administering a general anesthetic may not perform an operative procedure for the duration of the anesthesia.
- Other than permit holders: In addition to a dentist holding a valid permit for the administration of an anesthetic agent or agents for the purpose of inducing general anesthesia; the following persons may administer an anesthetic agent:
  1) a registered nurse certified by the Association of Nurse Anesthetists who while in a dental office administers the anesthetic agent under the direct supervision of a dentist holding a valid permit.
  2) a board eligible anesthesiologist who while in a dental office administers the anesthetic agent while under the direct supervision of a dentist holding a valid permit.
  3) a dentist who administers an anesthetic agent under the direct supervision of a medical doctor in a licensed hospital even though the dentist does not have a valid permit to do so.
- Morbidity and Mortality: A dentist shall report to the board a death that occurred on the premises used for the practice of dentistry within 48 hours after the death.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:

60
TRAINING REQUIREMENTS

- **General Anesthesia and Semi-conscious sedation:**
  
  (A) Complete a full credit load during one calendar year of training in anesthesiology or related academic subjects, beyond the undergraduate level. 
  
  (B) Be a diplomat of the American Board of Oral and Maxillofacial Surgeons or eligible for examination by the American Board of Oral and Maxillofacial Surgeons, or a Fellow of the American Dental Society of Anesthesiology, or eligible for examination by the American Dental Society of Anesthesiology. 
  
  (C) Employ or work with a licensed allopathic or osteopathic physician who is a member of the anesthesiology staff of an accredited hospital in the state of Arizona and ensures that the anesthesiologist remains on the dental facility premises until patient discharge. (All applicants must maintain ACLS Certification)

- **Conscious Sedation:**
  
  (A) Current ACLS Certification; 
  
  (B) Participate in 60 clock hours of Board-approved undergraduate, graduate, or postgraduate education within the three years before submitting the permit application that covers: 
  
  (i) administration of parenteral sedative medications to at least ten patients, 
  
  (ii) physical evaluation, 
  
  (iii) management of medical emergencies, 
  
  (iv) the importance of and techniques for maintaining proper documentation, 
  
  (v) demonstrate the proper use of monitoring equipment.

- **Oral Conscious Sedation:**
  
  (A) Complete a Board-approved post-doctoral residency program that includes documented training in oral conscious sedation; or 
  
  (B) Participate in 30 clock hours of Board-approved undergraduate, graduate, or post-graduate education in oral conscious sedation within the five years before submitting the permit application.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team:** Team of two dentists who are board members, or board designees.

- **Criteria of On-Site Inspection:**
  
  (A) The administration of general anesthesia/semi-conscious sedation and/or conscious sedation. (Oral conscious sedation observation is not required; however an office / equipment inspection must be completed.) 
  
  (B) Successful responses by the dentist to oral examination questions from the evaluation team; about patient management and medical emergencies and medicines. 
  
  (C) Proper record keeping.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Office Inspection Guidelines:** Specific attention will be paid to availability of equipment and personnel, anesthetic management, and proper record keeping as specified.

- **Monitoring & Equipment:** The facility must contain the following: 
  
  (i) anesthesia or analgesia machine (GA Permit), 
  
  (ii) emergency drugs, 
  
  (iii) ECG (GA Permit), 
  
  (iv) pulse oximetry, 
  
  (v) cardiac defibrillator (GA Permit), 
  
  (vi) positive pressure oxygen, 
  
  (vii) suction equipment, 
  
  (viii) Laryngoscope and blades (GA Permit), 
  
  (ix) endotracheal tubes (GA Permit), 
  
  (x) Magill forceps (GA permit), 
  
  (xi) oral airways/nasopharyngeal tubes (xii) stethoscope, 
  
  (xiii) blood pressure monitoring device, 
  
  (xiv) maintains properly trained staff of supervised personnel capable of handling procedures, complications, and emergency incidents.

ADDITIONAL RULES AND REGULATIONS

- **Accountability:** Permit holder must maintain proper documentation of controlled substances; that includes a “perpetual” inventory log.

- **Other than Permit Holders:** A dentist who obtains a 1301 or 1302 permit may employ a nurse anesthetist to administer anesthesia.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS: 208
State Permits: All Inclusive
Renewal: Yearly (Including Facility Permits)
- Conscious Sedation [Level 3] (Fee: $150.00)
- Deep Sedation or General Anesthesia [Level 4] (Fee: $500.00)
- Facility Permit (Only needed with Level 4 or Higher) (Fee: $500.00)

TRAINING REQUIREMENTS
- Deep Sedation or General Anesthesia (Level 4): (A) A didactic and clinical program at a dental school, hospital, or graduate dental or medical program accredited by the ADA Commission on Dental Accreditation; or (B) A residency in general anesthesia at an institution certified by the American Society of Anesthesiology, the American Medical Association, or the Joint Commission on Hospital Accreditation, resulting in the dentist becoming clinically competent in the administration of general anesthesia. The residency must include a minimum of 390 hours of didactic study, 1040 hours of clinical anesthesiology, and 260 cases of administration of General Anesthesia to an ambulatory outpatient; and (C) The dentist must be current in ACLS.

- Conscious Sedation: A didactic and clinical program at a dental school, hospital, or graduate dental or medical program approved by the American Dental Association Commission on Dental Accreditation and/or a program approved by the Arkansas State Board of Dental Examiners resulting in the dentist becoming competent in administering agents to render a patient to Level 3 Conscious Sedation. Note: If a dentist is administering Level 3 Sedation to a patient under the age of 12 years and does not hold a permit to administer General Anesthesia, the dentist must have current certification in Pediatric Advanced Life Support (PALS).

- Oral Conscious Sedation: Must currently possess a Level 3 Permit.

STATE OFFICE INSPECTION RULES AND GUIDELINES
- Structure of Office Inspection Team: Team of two or more dentists chosen and approved by the Board. The evaluators must hold a current Level 4 permit and must have practiced Level 4 anesthesia for a minimum of one year. In addition, the Board must appoint a dentist member of the Board to serve as an observer at any evaluation.

- Criteria of On-Site Inspection: (A) Demonstration of anesthesia technique applied; (B) Simulated emergency situations; (C) Proper staff preparedness and training; (D) Proper record keeping; (E) Recovery area; (E) Availability of oxygen delivery system (positive pressure), proper suction equipment & lighting.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS
- Monitoring & Equipment: The facility must contain the following: (i) pulse oximeter, (ii) blood pressure cuff and stethoscope, (iii) scavenging system for nitrous oxide, (iv) oral airways, (v) appropriate emergency drugs, (vi) appropriate emergency drugs for ACLS (GA Permit), (vii) tonsillar suction tip (GA Permit), (viii) Laryngoscope with blades (GA Permit), (ix) Endotracheal tubes with connectors (GA Permit), (x) electrocardioscope and defibrillator (GA Permit), (xi) adequate equipment for the establishment of an intravenous infusion, (xii) automatic blood pressure monitoring device (GA Permit), (xiii) McGill forceps (GA Permit)

- Record Keeping: (A) Informed consent must be given and recorded; (B) Complete and appropriate reporting of the patient’s weight, all drugs administered, dosages, and level of consciousness must be a permanent portion of the patient record; (C) Vital signs must be recorded pre-operatively, intra-operatively, and post-operatively; (D) A discharge level of consciousness must be recorded.

ADDITIONAL RULES AND REGULATIONS
- Temporary Permit: Applicants who have applications approved for a Level 4 permit are issued a temporary permit for one year (maximum) in duration. A self-evaluation and compliance form must be completed and returned to the board before any Level 4 permit is issued.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS: 89
State Permits: All Inclusive

- Conscious Sedation (Fee: $200 + $350 Office Inspection)
- General Anesthesia (Fee: $200 + $350 Office Inspection)
- Oral Conscious Sedation (Fee: $200 / Renewal: $75)

TRAINING REQUIREMENTS

- General Anesthesia: (A) Completion of a residency program in general anesthesia of not less than one calendar year, that is approved by the Board of Directors of the American Dental Society of Anesthesiology for eligibility for a fellowship in General Anesthesia, or has a fellowship in general anesthesia; or (B) Has completed a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Accreditation of the ADA.
- Conscious Sedation: Successful completion of a course consisting of (a) 60 hours of instruction, (b) the completion of at least 20 conscious sedation cases within an educational setting.
- Oral Conscious Sedation Certification (Pediatric; 13 years or less): Completion of (A) a board approved program consisting of 25 hours of specific instruction, including a clinical component utilizing at least one minor patient; (B) completion of post graduate education in OMFS, periodontics, or pediatric dentistry; (C) completed a general practice residency or advanced education in general dentistry.
- Oral Conscious Sedation Certification (Adult): Completion of (A) post graduate education in OMFS, periodontics, or pediatric dentistry; (B) completed a general practice residency or advanced education in general dentistry, (C) board approved education program on oral medication and sedation; (D) If currently using OCS, documentation of 10 cases satisfactorily performed by the applicant.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- Structure of Office Inspection Team: (A) Consists of two or more persons chosen and approved by the board. (B) These persons must meet one of the criteria for a general anesthesia permit and/or the criteria for conscious sedation permit and must have utilized general anesthesia or conscious sedation, whichever applicable, in a dental practice setting for a minimum of three years immediately preceding their application to be an evaluator. (C) At least one of the evaluators must have experience in evaluation of dentists administering general anesthesia or conscious sedation.
- Criteria of On-Site Inspection: (I) The office inspection shall consist of the following three parts: (a) Office Facilities and Equipment (Including oxygen supply, suction equipment, and recovery area); (b) Record keeping; (c) Drugs (…to include the following Emergency Medications: vasopressor, corticosteroid, bronchodilator, muscle relaxant (GA Permit), medication for treatment of cardiopulmonary arrest (GA Permit), appropriate drug antagonist, antihistaminic, anti-cholinergic, anti-arrhythmic (GA Permit), coronary artery vasodilator, antihypertensive (GA Permit), an anticonvulsant, oxygen, and an antihypoglycemic. (II) The evaluation of the applicant for a permit shall consist of the following two parts: (a) A demonstration of General Anesthesia or Conscious Sedation, whichever applicable, during a dental procedure. Any anesthesia technique that is routinely employed can be demonstrated. It should be noted that the evaluation will also include patient recovery; (b) Proper management of simulated emergencies, in which, knowledge of and method of treatment must be physically demonstrated by the dentist and his or her operating team for thirteen specific emergencies.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- Monitoring & Equipment: The following is considered necessary equipment: (i) Oral Airways, (ii) tonsillar type suction tip, (iii) endotracheal tube forceps (GA Permit), (iv) sphygmomanometer and stethoscope, (v) electrocardioscope and defibrillator (GA Permit), (vi) endotracheal tubes (GA Permit), (vii) proper ancillary equipment, including a laryngoscope with blades and spare batteries/bulbs (GA Permit), (viii) equipment for the establishment of an intravenous infusion, (ix) precordial/pretracheal stethoscope, (x) pulse oximetry.
- Continuing Education: [General Anesthesia/Conscious Sedation] A permittee shall be required to complete 15 hours of approved courses of study related to GA/CS as a condition of renewal of a permit. [Oral Conscious Sedation] A permittee shall be required to complete 7 hours of approved courses of study relating to OCS as a condition of renewal of a permit.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS: 1803
STATE PERMITS: All Inclusive

- Conscious/Deep Sedation (Fee: Included with Office Inspection)
- General Anesthesia (Fee: Included with Office Inspection)
- Office Inspection [Effective for 5 years] (Fee: Shall not exceed $400.00)

TRAINING REQUIREMENTS

- **General Anesthesia:** A Colorado licensed dentist shall meet one of the following requirements:
  1. Proof of successful completion of a residency program in general anesthesia of not less than one calendar year that is approved by the Board of Directors of the American Dental Society of Anesthesiology for eligibility for the Fellowship in general Anesthesia; or
  2. Proof of successful completion of a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Dental Accreditation; or
  3. Proof of employment of or supervision by a trained Doctor of Medicine or Doctor of Osteopathy who is a member of the anesthesiology staff of an accredited hospital, or proof of employment of or supervision by a Colorado licensed dentist who has met the requirements specified above, provided that the doctor/dentist administers the anesthesia and remains on the premises of the dental facility.

- **Conscious Sedation:** Colorado licensed dentist shall meet one of the following requirements:
  1. Completion of the education requirements specified under General Anesthesia; or
  2. Proof of successful completion of a specialty residency or general practice residency recognized by the Commission on Dental Accreditation; or
  3. Proof of successful completion of a minimum of 60 course hours within the past 5 years that provide training in the administration and induction of conscious/deep sedation techniques and the potential problems and emergencies associated, as well as documentation of 20 treatment cases.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team:** The dentist requiring the inspection shall obtain his/her own inspector. The inspector must be an Oral Surgeon, Certified Nurse Anesthetist, Anesthesiologist, a Dental Anesthesiologist, or a Board Certified Pediatric Dentist with current PALS certification. The inspector must have a current, unrestricted Colorado dental, medical, or nursing license. The inspector shall not have had a previous, current, or intended working relationship with the dentist he/she is inspecting.

- **Criteria of On-Site Inspection:** The office inspection shall consist of four parts:
  1. Review of the office equipment, records, and emergency medications;
  2. Simulated emergencies – The dentist and his/her team must perform an actual demonstration of their method for managing a minimum of eight emergency situations set forth by the board and be proficient in at least 75% of these situations;
  3. Discussion Period;
  4. Surgical/Anesthetic Techniques – The inspector shall observe at least one case while the dentist administers conscious/deep sedation. The inspector is authorized to observe additional cases at his/her discretion.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Monitoring & Equipment:** The facility must contain the following:
  1. Back-up suction equipment;
  2. Back-lighting;
  3. Capability to deliver oxygen to a patient under positive pressure;
  4. Sterilization;
  5. A recovery area with oxygen and suction;
  6. An ambu bag;
  7. Oral and nasopharyngeal airways;
  8. Endotracheal tubes suitable for children and adults (GA Permit);
  9. Laryngoscope with reserve batteries and bulbs (GA Permit);
  10. Endotracheal tube forceps (GA Permit);
  11. Emergency drugs;
  12. An IV catheter with continuous drip;
  13. Pulse oximeter;

ADDITIONAL RULES AND REGULATIONS

- **Personnel:**
  1. During administration of parenteral conscious sedation, the dentist and at least one other individual must be present.
  2. A minimum of 3 individuals must be present during the administration of general anesthesia. The dentist qualified to administer anesthesia and two individuals, one of whom is trained in patient monitoring.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS: 153
State Permits: Individual Permits

- **Conscious Sedation** (Fee: **$160.00**)
- **General Anesthesia and Conscious Sedation** (Fee: **$160.00**)
- Office Inspection at 5 Year Intervals

**TRAINING REQUIREMENTS**

- **General Anesthesia and Conscious Sedation**: Applicant must satisfy either: (A) completion of a full course in a post-doctorate training program in Oral and Maxillofacial Surgery, approved by the ADA; or (B) completion of a minimum of one-year full time training in a post-doctoral program in anesthesiology structured in accordance with Part Two of the ADA Council on Dental Education Guidelines for Teaching Comprehensive Control of Pain and Anxiety; or (C) hold current certification as a diplomate of the American Board of Oral and Maxillofacial Surgery and have graduated from a dental school or a post-doctoral dental residency training program no later than 1966; or (D) have been limiting practice to oral and maxillofacial surgery in accordance with Section 20-160a, Chapter 379, Connecticut General Statutes for 10 years prior to application. In addition, the applicant must hold current certification in BLS or ACLS, while the applicant’s entire staff must also hold BLS or ACLS certification.

- **Conscious Sedation**: Applicant must satisfy: (A) Graduate, within the two years prior to applying for the permit, from a dental school or post-doctoral residency which included: a didactic course in conscious sedation; and which also includes either at least 4 weeks active participation in full-time rotation in hospital operating room anesthesia or 10 documented clinical cases utilizing parenterally administered conscious sedation in the dental operatory; or (B) complete and “Intensive Course” in post-doctoral continuing education program; or (C) document by patient anesthesia or sedation records the completion of a minimum of 12 parenterally administered conscious sedation procedures per year performed in the office, for each of the 3 one-year periods immediately preceding the date of application; and submit certification of completion of at least 24 hours of CE in one of the following areas: anesthesia, parenteral administered conscious sedation, or emergency medicine; (D) completion of one of (A), (B), (C), or (D) aforementioned within training requirements for General Anesthesia and Conscious Sedation.

**STATE OFFICE INSPECTION RULES AND GUIDELINES**

- **Structure of Office Inspection Team**: (A) Two members recommended to the Commission by the Chairperson of the Anesthesia Committee of the CSOMS (Connecticut Society of Oral and Maxillofacial Surgeons) who have fulfilled the requirements of the CSOMS to be an office anesthesia evaluator; or (B) One member who has fulfilled the requirements of the CSOMS to be an office anesthesia evaluator, and one member who is a Fellow of the American Dental Society of Anesthesiology both of whom shall be recommended to the Commissioner by the Chairperson of the Anesthesia Committee of the CSOMS.

- **Criteria of On-Site Inspection**: The office inspection shall consist of the following parts: (a) observation of the general anesthesia or parenteral conscious sedation technique employed by the practitioner during a minimum of two operative cases, with the total time for both cases not to exceed two hours (if applicant already possesses a state permit = one case review); (b) simulation of management of medical emergencies; (c) evaluation of office equipment, emergency drugs, and anesthesia records; (d) an exit interview between the practitioner and the evaluation team; (e) verification of BLS certification with recommendation for ACLS certification.

**OFFICE FACILITY / EQUIPMENT REQUIREMENTS**

- **Monitoring & Equipment**: (i) Oral Airways, (ii) tonsillar type suction tip, (iii) endotracheal tube forceps (GA Permit), (iv) sphygmomanometer and stethoscope, (v) electrocardioscope and defibrillator (GA Permit), (vi) endotracheal tubes (GA Permit), (vii) proper ancillary equipment, including a laryngoscope with blades and spare batteries/bulbs (GA Permit), (viii) equipment for the establishment of an intravenous infusion, (ix) precordial/pretracheal stethoscope, (x) pulse oximetry, (xi) nasal hood or cannula, (xii) equipment for emergency crico-thyroidotomy or tracheostomy and appropriate connectors for administering oxygen, (xiii) EKG monitor (means of monitoring heart rate), (xiv) pre-cordial, nasal hood whistle, or direct observation of chest by anesthesia assistant to monitor respiration.

**ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS**: 131
### State Permits: Unrestricted-Inclusive; Restricted-Individual

Renewal: Biennially

- **Restricted Permit I:** Conscious Sedation induced by parenteral or enteral or rectal routes (Fee: **$15.00**)
- **Restricted Permit II:** Conscious Sedation induced by nitrous oxide (Fee: **$15.00**)
- **Unrestricted:** General Anesthesia and Deep Sedation Permit (Fee **$15.00**)

### Training Requirements

<table>
<thead>
<tr>
<th>Permit Type</th>
<th>Requirements</th>
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<tbody>
<tr>
<td><strong>Restricted Permit I:</strong></td>
<td>(A) Completed a minimum of 60 hours of instruction, including the clinical management of at least 20 patients; (B) Must be certified in CPR as documented by the American Heart Association or American Red Cross. (ACLS is encouraged.) (C) Must also have a properly equipped facility for the administration of a Restricted I permit with a supervised team of auxiliary personnel capable to reasonably handle proper procedures.</td>
</tr>
<tr>
<td><strong>Restricted Permit II:</strong></td>
<td>(A) Completed a minimum of 14 instructional hours including clinical experience; (B) Must have certification in CPR as certified by the American Heart Association or American Red Cross</td>
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<tr>
<td><strong>Unrestricted Permit:</strong></td>
<td>(A) Completed a minimum of two years of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level, or (B) is a Diplomat of the American Board of Oral and Maxillofacial Surgeons, or (C) has satisfactorily completed a residency in Oral and Maxillofacial Surgery at an institution approved by the Council on Dental Education, or (D) is a Fellow of the American Dental Society of Anesthesiology, or (E) employs or works in conjunction with a trained M.D. or D.O. who is a member of the anesthesiology staff of an accredited hospital. In addition, (F) the applicant must have a properly equipped facility, staffed with a supervised team of auxiliary personnel capable to reasonably handle proper procedures, and (G) the applicant must be certified in ACLS.</td>
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### State Office Inspection Rules and Guidelines

**Office Inspection Team:** The State Board of Dental Examiners shall appoint a team of Advisory Consultants and alternates to conduct the on-site inspection and evaluation of a licensed dentist applying for a Restricted I or Unrestricted Anesthesia Permit. If the applicant has been satisfactorily evaluated by another similar organization (e.g., the Delaware Society of Oral and Maxillofacial Surgeons which used the AAOMS Office Anesthesia Evaluation Manual Standards), then the Board may accept this evaluation and not require additional on-site evaluations.

**Criteria of On-Site Inspection:** The office inspection shall consist of the inspection and evaluation of the facilities, equipment, and personnel of the applicant. The Anesthesia Advisory Consultants shall utilize the “Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentistry”, as approved by the ADA in October 1996, or any current update thereof.

### Office Facility / Equipment Requirements

- **Monitoring & Equipment:** A list of emergency drugs and equipment that should be on hand would consist of the following: (i) agents capable of treating: hypotension and bradycardia, allergy/bronchospasm, seizures, narcotic-induced respiratory depression, angina, adrenal insufficiency, and nausea; (ii) equipment to provide artificial respiration; (iii) equipment to establish intravenous access and inject medications.

### Additional Rules and Regulations

- **Continuing Education:** Unrestricted Permit holders must obtain **12 hours** of anesthesia related CE. Restricted Type I Permit holders must obtain **6 hours** of anesthesia related CE.
- **Additional Personnel:** A CRNA may be utilized only if the dentist providing care possesses the appropriate permit.

### Estimated Number of Current Permit Holders:

**125**
State Permits: All Inclusive with General Anesthesia Only

- Renewal: Biennially
  - Conscious Sedation (Fee: $300.00)
  - General Anesthesia (Fee: $300.00)
  - Pediatric Conscious Sedation Permit (Fee: $300.00)

TRAINING REQUIREMENTS

- **General Anesthesia:** The applicant must complete a minimum of one-year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in Part II of the “Guidelines for Teaching the Comprehensive Control in Pain and Anxiety in Dentistry” as published by the ADA. In addition, a dentist employing or using general anesthesia or deep sedation and all assistant/dental hygienist personnel shall be certified in CPR at the basic life support level (including training with a defibrillator) with a periodic update not to exceed two years. It should also be noted, the applicant must be currently trained in ACLS or ATLS.

- **Conscious Sedation:** The applicant must have received formal training in the use of Conscious Sedation. The formal training must be sponsored by or affiliated with a University, Teaching Hospital, or other facility approved by the Board, or may be part of the undergraduate curriculum of an accredited dental school and must contain, at a minimum, 60 hours of didactic training and the supervised personal administration of at least 20 patients including supervised training, clinical experience and demonstrated competence in management of the compromised airway. In addition, the applicant and staff must be CPR certified (including training with a defibrillator) with the applicant possessing ACLS certification.

- **Pediatric Conscious Sedation:** The applicant must have received formal training in the use of Pediatric Conscious Sedation as demonstrated in the requirements for the Florida State Dental Board Conscious Sedation Permit.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team:** The Chairman of the Board or the Board by majority vote shall appoint consultants who are Florida licensed dentists to inspect facilities where general anesthesia, deep sedation, conscious sedation, or pediatric conscious sedation is performed. Consultants shall receive instruction in inspection procedures from the Board prior to initiating an inspection.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Monitoring & Equipment:** The permit applicants shall comply with the following requirements at each location where anesthesia procedures are performed. Each facility must possess the following: (a) adequate size and design of operatory, (b) if a recovery room is present it shall be equipped with suction equipment, positive pressure oxygen, and sufficient light, (c) the operatory must possess a mechanism for positive pressure oxygen, including full face mask for adults and for pediatric patients, (d) oral and nasal airways of various sizes, (e) blood pressure cuff and stethoscope, (f) cardioscope (GA Permit), (g) pulse oximetry, (h) defibrillator equipment, (i) appropriate IV set-up, (j) laryngoscope with current batteries (GA Permit), (k) intubation forceps and endotracheal tubes (GA Permit), (l) tonsillar suction with back up suction, (m) CPR board or suitable chair, (n) appropriate emergency drugs, (o) all necessary monitoring structures as permanent apparatus to and within the individual facility anesthesia area.

- **Written Protocols:** The applicant shall provide written emergency protocols for the treatment of the following: laryngospasm, bronchospasm, emesis and aspiration, airway blockage, angina, MI, hypertension and hypotension, allergic and toxicity reactions, convulsions, and hyper/hypo- ventilation.

ADDITIONAL RULES AND REGULATIONS

- **Continuing Education:** Each anesthesia permit holder must complete at least 4 hours of continuing education relating to anesthesia each biennium.

- **Miscellaneous:**
  1. An applicant for any type of anesthesia permit must demonstrate training and administration of the particular type of anesthesia within 2 years prior to application including documentation of actual clinical administration of 20 anesthetics.
  2. GA permit holders must maintain dantrolene, when using volatile gases.

- **Restrictions:** A dentist who does not hold an anesthesia permit may not allow any person to administer anesthesia to his patients unless the treatment is rendered within a facility approved by the Board. (Please Contact the State Board for specific details.)

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:

674
STATE PERMITS:  All Inclusive

- Renewal:  Biennially $50.00 (Provisional Permits = 6 Months)
- Conscious Sedation (Fee:  $100.00 - Price includes one site evaluation)
- General Anesthesia (Fee:  $100.00 - Price includes one site evaluation)
- On site evaluation fee = $100.00 per additional site evaluation
- Oral Conscious Sedation (Fee:  $100.00)

TRAINING REQUIREMENTS

- **General Anesthesia/Deep Sedation:** The applicant must have completed a minimum of one year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level at an institution accredited by the Commission on Dental Accreditation; or is a diplomat of the American Board of Oral and Maxillofacial Surgery, is a member of the American Association of Oral and Maxillofacial Surgeons, or is a Fellow of the American Dental Society of Anesthesiology.

- **Conscious Sedation:** Must meet one of the following requirements...
  1. **As an undergraduate dental student...** (A) The applicant must have received formal training in the use of conscious sedation at an accredited institution. The course must include a minimum of 60 hours of didactic instruction in conscious sedation, which is to include instruction in safety and management of emergencies. (B) Must have managed a minimum of 15 patients, at least three of whom must be children 12 or under, using conscious sedation techniques in each modality for which a permit is desired; and (C) Reached an achievement of a level of competency consistent with the standards of the institution of training.
  2. **As a post-graduate student, or through a CE course...** (A) Successful completion of a course with a minimum of 60 hours of didactic instruction in conscious sedation which included instruction in safety and management of emergencies; (B) Management of a minimum of 10 patients, at least 2 of whom must be children age 12 or under, using conscious sedation techniques in each modality for which a permit is desired; and (C) Reached an achievement of a level of competency consistent with the standards of the institution of training.

- **Oral Conscious Sedation:** (A) The applicant must have received formal training in the use of conscious sedation at an accredited institution. The course must include a minimum of 60 hours of didactic instruction in conscious sedation, which is to include instruction in safety and management of emergencies. (B) Must have managed a minimum of 15 patients, at least three of whom must be children 12 or under, using conscious sedation techniques in each modality for which a permit is desired; and (C) Reached an achievement of a level of competency consistent with the standards of the institution of training.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team:** The board is authorized to designate qualified persons to perform the on-site examination.
- **Criteria of On-Site Inspection:** (A) The applicant must utilize a properly equipped facility for the administration of the particular permit applied, including physical plant and equipment, which has been evaluated and certified by the on-site examination. (B) The applicant must demonstrate to the satisfaction of the board or any designee thereof proficiency in administering general anesthesia on a patient or patients in the dentist’s office in a safe and effective manner.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Monitoring & Equipment:** Utilizes a properly equipped facility for the administration of general anesthesia, including physical plant and equipment which has been evaluated and certified by an onsite examination.

ADDITIONAL RULES AND REGULATIONS

- **Other Than Permit Holders:** A person who is duly licensed as a certified registered nurse anesthetist in this state from administering anesthesia in a dental facility, provided that such anesthesia is administered under the direction and responsibility of a dentist duly permitted. Given that such nurse anesthetist shall remain on the premises of the dental facility until any patient given an anesthetic by such nurse anesthetist is stabilized and has regained consciousness.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS: 357
**HAWAII**

**Hawaii Board of Dental Examiners**
335 Merchant St.; 3rd Floor
Honolulu, HI 96813
Phone: (808) 586-3000 Fax:

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**State Permits: All Inclusive**

- **Renewal:** Biennially
- **Conscious Sedation** (Fee: $50.00 + $15.00 Service Fee)
- **General Anesthesia** (Fee: $50.00 + $15.00 Service Fee)
- Office Inspection Fee Not Disclosed

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**TRAINING REQUIREMENTS**

- **General Anesthesia:** The applicant must have completed (A) A minimum of 2 years of advanced academic study (or its equivalent) beyond the undergraduate dental school level in a training program as described in Part 2 of the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry adopted by the ADA Council of Dental Education; or (B) is a Diplomat of the American Board of Oral and Maxillofacial Surgery; or (C) is eligible for examination by the American Board of Oral and Maxillofacial Surgery; or (D) is a member of the American Association of Oral and Maxillofacial Surgeons; or (E) the applicant is a Fellow of the American Dental Society of Anesthesiology.

- **Conscious Sedation:** The applicant has completed a minimum of one year of advanced academic study (or its equivalent) beyond the undergraduate dental school level in a training program as described in Part 2 of the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry adopted by the ADA Council on Dental Education; or the applicant meets any of the requirements for a General Anesthesia Permit.

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**STATE OFFICE INSPECTION RULES AND GUIDELINES**

- **Structure of Office Inspection Team:** The board shall appoint a team of advisory consultants to conduct the on-site inspection and evaluation of the facilities, equipment, and personnel of a licensed dentist applying for written authorization to administer or to employ another person to administer anesthesia; thereafter, re-inspections may be conducted. The advisory consultants shall also aid the board in the adoption of criteria and standards relative to the regulation and control of anesthesia.

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**OFFICE FACILITY / EQUIPMENT REQUIREMENTS**

- **Facilities and staff requirements:** The applicant must have a properly equipped facility for the administration of general anesthesia/conscious sedation staffed with a supervised team of auxiliary personnel capable of reasonably handling anesthesia procedures, problems, and emergencies incident thereto. This evaluation, to determine whether the facility is adequate and properly equipped, may be carried out in a manner that generally follows the guidelines, standards, requirements, and basic principles as described in the “American Society of Oral Surgeons Office Anesthesia Emergency Self-Evaluation Manual.”

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**ADDITIONAL RULES AND REGULATIONS**

- **Re-evaluation:** The board may, at any time, reevaluate the credentials, facilities, equipment, personnel, and procedures of a licensed dentist who has previously received written authorization from the board to determine if the dentist is still qualified to have written authorization.

- **Other Than Permit Holders:** A person who is duly licensed as a certified registered nurse anesthetist in this state from administering anesthesia in a dental facility, provided that such anesthesia is administered under the direction and responsibility of a dentist duly permitted. Given that such nurse anesthetist shall remain on the premises of the dental facility until any patient given an anesthetic by such nurse anesthetist is stabilized and has regained consciousness.

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**ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:**

55

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**NOT AVAILABLE**

www.hawaii.gov/dcca/areas/pvl/boards/dentist/
State Permits: All Inclusive
Renewal: Every 5 Years
- Limited Conscious Sedation (Fee: $300.00)
- Comprehensive Conscious Sedation (Fee: $300.00)
- General Anesthesia & Deep Sedation (Fee: $300.00)

TRAINING REQUIREMENTS
- **General Anesthesia & Deep Sedation:** A dentist applying for a permit to administer general anesthesia and deep sedation shall provide proof that he/she: (A) Has completed a minimum of 1 year of advance training in anesthesiology and related academic subjects beyond the undergraduate level with the 5 year period immediately prior to the date of application for a permit. The 5 year requirement shall not be applicable to applicants who hold an equivalent permit in another state which has been in effect for the 12 month period immediately prior to the date of application. An applicant must verify the administration of general anesthesia or deep sedation on at least 2 occasions in each of the 12 months immediately prior to the date of application; or (B) Is a diplomate of the American Board of Oral and Maxillofacial Surgery; or (C) Is a member of the American Association of Oral and Maxillofacial Surgeons; or (D) Is a Fellow of the American Dental Society of Anesthesiology; and (E) Has Current Certification in ACLS or its equivalent; and (F) Has an established protocol for admission to a recognized hospital.

- **Comprehensive Conscious Sedation:** The applicant must have formal training and certification in the use of conscious sedation drugs as described in the “Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry,” within the 5 year period immediately prior to the date of application for a permit. The 5 year requirement shall not be applicable to applicants who hold an equivalent permit in another state which has been in effect for the 12 month period immediately prior to the date of application. An applicant must verify the administration of general anesthesia or deep sedation on at least 2 occasions in each of the 12 months immediately prior to the date of application. The formal training program shall: (a) Be sponsored by or affiliated with a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or a teaching hospital or facility approved by the Board; and (b) Consist of a minimum of 60 hours didactic education and 20 hours of patient contact; (c) Include the issuance of a certificate of successful completion that indicates the type, number of hours, and length of training received; (d) The dentist must show proof of current certification of ACLS or its equivalent.

- **Limited Conscious Sedation:** To obtain this permit, the applicant must provide certification of the following: (a) completion of an ADA accredited post-doctoral training program (w/in 5 years) that included a minimum of 18 hours of didactic education and 20 clinical experiences on patients undergoing enteral or combo- inhalation-ental conscious sedation; or (b) completion of board approved course within 5 years that included documented training of a minimum of 18 hours of didactic education plus 20 clinically-oriented experiences which provided competency in enteral and combination inhalation-ental sedation; and (c) ACLS certification.

STATE OFFICE INSPECTION RULES AND GUIDELINES
- **Structure of Office Inspection Team:** Adequacy of the facility and competence of the anesthesia team will be determined by evaluators appointed by the Board.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS
- **Facility Requirements:** The dentist must have a properly equipped facility for the administration of general anesthesia, staffed with a dentist-supervised team of auxiliary personnel capable of reasonably handling procedures, problems, and emergencies incidents. Adequacy of the facility and competence of the anesthesia team will be determined by evaluators appointed by the Board and will use the AAOMS guidelines for facility requirements.

ADDITIONAL RULES AND REGULATIONS
- **Continuing Education:** Proof of a minimum of 25 credit hours of continuing education, every renewal period, in general anesthesia or conscious sedation will be required to renew a permit.
- **Personnel:** G4 – Minimum of 3 personnel including: qualified person to direct sedation; qualified person for observation and monitoring of patient (CPR cert.); and an assistant for operator (CPR cert.). **Conscious Sedation**- Minimum of 2 personnel including: The operator and an assistant trained to monitor appropriate physiologic parameters and assist in any support or resuscitation measures required (CPR cert.).

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS: 90
State Permits:
Renewal: Biennially
- Conscious Sedation [Permit A] (Fee: $300.00)
- General Anesthesia/Deep Sedation [Permit B] (Fee: $300.00)

Training Requirements
- **General Anesthesia/Deep Sedation**: Training requirements include: (A) completion of an approved training program in anesthesiology to administer deep sedation or general anesthesia that shall be 2 calendar years that includes a minimum of 200 hours of didactic and 2,000 hours of clinical training; or (a) a diplomat of the American Board of Oral and Maxillofacial Surgery; (b) eligibility for examination by the American Board of Oral and Maxillofacial Surgery pursuant to the July 1, 1989 standards; (c) completion of a minimum of 2 years of advanced training in anesthesiology or related academic subjects, or its equivalent, in a training program as outlined in by the ADA Guidelines; (d) a specialty license in oral and maxillofacial surgery issued by the Department.
- **Conscious Sedation**: Training requirements include: (A) completion of a course of study that includes a minimum 60 hours of didactic and clinical study that includes training in conscious sedation (both light and deep), physical evaluation, venipuncture, technical administration, recognition and management of complications and emergencies, and monitoring with additionally supervised experience in providing conscious sedation to 20 or more patients. The anesthesiology training program must have been an organized sequence of study operated by one entity and completed in less than one calendar year; or (B) meet the requirements as set forth for the General Anesthesia/Deep Sedation requirements.

State Office Inspection Rules and Guidelines

- **Structure of Office Inspection Team**: No specific office guidelines are currently published; however, there is a self-certification on Affidavit requiring a notarized applicant signature.

Office Facility / Equipment Requirements
- **Facility Requirements**: **Self Certification Affidavit.** For Conscious Sedation permit: The applicant must certify that the following equipment is on-site: (a) sphygmomanometer and stethoscope; (b) an oxygen delivery system with full face masks and connectors that is capable of delivering oxygen to the patient under positive pressure, with a backup system; (c) emergency drugs and equipment appropriate to the medications administered; (d) adequate suction equipment appropriate to the medications administered; (e) adequate back-up suction equipment; (f) an emergency back-up lighting system that will permit the completion of any operation underway; and (g) a pulse oximeter. For General Anesthesia Permit: Applicant must certify that the following equipment is on-site: (a) laryngoscope complete with selection of blades and spare batteries and bulbs; (b) endotracheal tubes and connectors and face masks; (c) tonsillar suction tips; (d) nasal and oral airways in sizes appropriate to the patient population; (e) device for monitoring temperature; (f) electrocardioscope and defibrillator; (g) pulse oximeter; (h) equipment for the establishment of an intravenous infusion; (i) emergency drugs and equipment appropriate to the medications administered; (j) an operating table or chair that permits appropriate access to the patient and provides a firm platform for the management of CPR; (k) a recovery area that has oxygen, lighting, suction, and electrical outlets (the recovery area may be the operating area); (l) an emergency backup lighting system that will permit the completion of any operation underway.

Additional Rules and Regulations
- **Continuing Education**: Proof of a minimum of 4 credit hours of continuing education is required.

Estimated Number of Current Permit Holders:
145
State Permits: All Inclusive
Renewal: Biennially (Fee: $50.00)
- Light Parenteral Conscious Sedation (Fee: $50.00)
- General Anesthesia and Deep Sedation (Fee: $50.00)
- Multiple Facility Registration (Fee: $25.00)

TRAINING REQUIREMENTS
- General Anesthesia: An applicant for a permit to employ general anesthesia or deep sedation must provide satisfactory evidence of completing a minimum of 1 year of postdoctoral training in anesthesiology and related academic subjects which meets the following requirements: (A) must be full time and be a minimum of 1 year in duration; (B) the program shall be a joint cooperative effort between the training institution’s department of anesthesiology and department of dentistry; (C) instruction in both didactic basic science and clinical procedures; (D) the program shall include pre-anesthetic patient evaluation, administration of anesthesia in the operating room on a daily basis; (E) training must include anesthetic management for ambulatory outpatient procedures and the use of inhalation and intravenous sedation techniques; (F) must include instruction in pain management; (G) the program shall include training and successful completion of a course in ACLS.
- Light Parenteral Conscious Sedation: In order to obtain a permit, an applicant must meet one of the following criteria: (i) graduate from an approved dental school which included training in conscious sedation techniques at the pre-doctoral level; or (ii) the applicant completed an intensive postdoctoral training program in the use of light parenteral conscious sedation techniques. Both programs must include a minimum of 60 hours of instruction and the management of at least 10 patients.

STATE OFFICE INSPECTION RULES AND GUIDELINES
- Emergency Equipment Affidavit: Submit an affidavit that the practitioner’s office meets the Board’s equipment requirements. You must submit a separate affidavit for each office where you will administer anesthesia or sedation.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS
- Monitoring & Equipment: All practitioners utilizing anesthesia must have in their offices, as a minimum, the following emergency equipment available: (a) portable oxygen system capable of delivering positive pressure highflow oxygen including: an ambu-bag, a Robert Shaw demand valve or equivalent, a full face mask, and oral/nasal airways; (b) emergency source of power; (c) suction apparatus; (d) electrocardiograph (GA Permit), (e) a laryngoscope and assorted blades; (f) endotracheal tubes; (g) drugs necessary to follow ACLS protocol (BLS protocol for Conscious Sedation Permit); (h) equipment for continuous intravenous fluid infusion to facilitate drug administration; (i) stethoscope; (j) body temperature measuring device; (k) a defibrillator; (l) a pulse oximeter, (m) a sphygmomanometer.

ADDITIONAL RULES AND REGULATIONS
- Personnel: For Conscious Sedation: At least one additional person who has successfully completed a course in BLS must be present. For General Anesthesia: An anesthesia team, defined as… at least 1 dentist who holds a permit to administer general anesthesia or deep sedation (trained in ACLS) and at least 2 persons who are employed in the dental office or who are dental hygienists that are trained and currently competent in BLS must be present.
- Miscellaneous: It is strongly recommended that the dentist and trained staff hold drills on emergency procedures 4 times per year. A record that the drills have taken place should be maintained in the office of the dentist. The record should include the date that the drill took place and the names of those persons who participated in the drill. The records may be destroyed after 3 years.
- Continuing Education: The permittee must obtain at least 5 hours of anesthesia related CE credits each renewal period.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS: 307
**State Permits: All Inclusive**

**Renewal: Biennially**

- Conscious Sedation (Fee: $100.00)
- General Anesthesia / Deep Sedation (Fee: $100.00)
- Office Inspection Fee is separate & shall not exceed $150.00

**Training Requirements**

- **General Anesthesia/Deep Sedation:** The dentist must meet the following requirements: (a) has successfully completed Part II of the American Dental Association Council on Education Guidelines; and (b) has formal training in airway management; or (c) has completed a minimum of 1 year of advanced training in anesthesiology and related academic subjects; or (d) is a diplomate of the American Board of Oral and Maxillofacial Surgery; or (e) is eligible for examination by the American Board of Oral and Maxillofacial Surgery; or (f) is a member of the American Association of Oral and Maxillofacial Surgeons; or (g) is a Fellow of the American Dental Society of Anesthesiology; and (h) maintains current certification in ACLS.

- **Conscious Sedation:** A permit may be issued to a licensed dentist to use conscious sedation on an outpatient basis for dental patients provided the dentist meets the following requirements: (a) has successfully completed Parts I and III of The ADA Council on Dental Education Guidelines; and (b) has formal training in airway management; or (c) has submitted evidence of successful completion of conscious sedation experience at the graduate level, which is approved by the board; (d) has successfully completed a formal training program, approved by the board, which included physical evaluation, IV sedation, airway management, monitoring, basic life support and emergency management.

- **Oral Conscious Sedation:** If a dentist intends to achieve a state of conscious sedation from the administration of an antianxiety premedication, the rules for conscious sedation apply.

**State Office Inspection Rules and Guidelines**

- **Structure of Office Inspection Team:** The anesthesia credentials committee shall include at least six additional members who are licensed to practice dentistry in Iowa. At least four members of the committee shall hold deep sedation/general anesthesia or conscious sedation permits issued under this chapter. The anesthesia credentials committee may submit recommendations to the board regarding the appropriate nature and frequency of site visits.

**Office Facility / Equipment Requirements**

- **Monitoring & Equipment:** A dentist using anesthesia shall maintain a properly equipped facility. The facility shall maintain and the dentist shall be trained on the following equipment: anesthesia or analgesia machine, EKG monitor, positive pressure oxygen, suction, laryngoscope and blades, endotracheal tubes, Magill forceps, oral airways, stethoscope, blood pressure monitoring device, pulse oximeter, emergency drugs, defibrillator. The facility shall be staffed with trained auxiliary personnel capable of reasonably handling procedures, problems and emergencies incident to the administration of general anesthesia.

**Additional Rules and Regulations**

- **Accountability:** All licensed dentists in the practice of dentistry in this state must submit a report within a period of 30 days to the board of any mortality or other incident which results in temporary or permanent physical or a mental injury requiring hospitalization of the patient during, or as a result of, antianxiety premedication, nitrous oxide inhalation analgesia, conscious sedation or deep sedation/general anesthesia related thereto.

- **Equipment and Facilities Affidavit:** Each anesthesia applicant must verify that each facility in which anesthesia practices are implemented is/are properly equipped according to standard of care. This checklist must be completed and signed by the applicant and accompany the permit application.

**Estimated Number of Current Permit Holders:**

89
State Permits: All Inclusive
Renewal: Biennially
- Conscious Sedation [Level 1] (Fee: $100.00)
- General Anesthesia [Level 2] (Fee: $100.00)
- Office inspection shall occur within 1 year and 5 yrs thereafter

TRAINING REQUIREMENTS
- **General Anesthesia [Level 2]:** Permit requirements include: (a) meeting the requirements for a Level 1 permit and satisfactorily completing one of the following; (i) a course of study and residency program in anesthesia approved by the board of healing arts; (ii) an advanced oral and maxillofacial surgery program; (iii) a minimum of one year of advanced training in anesthesiology that meet the ADA published standards; or (iv) having regularly engaged in the administration of deep sedation or general anesthesia in a competent manner for a period of three years immediately before the effective date of this regulation.
- **Conscious Sedation [Level 1]:** Permit requirements include: (a) current certification in BLS; (b) successful completion of one of the following: (i) a minimum of 60 hours of instruction in intravenous conscious sedation, including didactic and supportive courses, provided by a training program approved by the board; or (ii) an internship or residency program that includes supervised experience in intravenous conscious sedation equal to the 60 hours of instruction aforementioned; or (iii) have regularly engaged in the administration of conscious sedation in a competent manner for a period of 3 years.

STATE OFFICE INSPECTION RULES AND GUIDELINES
- **Structure of Office Inspection Team:** Information not available.
- **Criteria of On-Site Inspection:** Each licensed dentist holding a Level 1 or Level 2 permit shall allow the board and its duly authorized agents or employees to inspect the dentist’s office during business hours to ensure compliance with the anesthesia regulations. An examination may be required as part of the inspection.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS
- **Facility Requirements: Level 1 Permit:** Each licensed dentist applying for a Level 1 permit shall provide evidence satisfactory to the board that the dentist maintains a properly equipped facility that shall include the following: (i) a blood pressure monitor; (ii) an oxygen delivery system with full face masks, including connectors capable of delivering oxygen under positive pressure; and (iii) emergency drugs and equipment. **Level 2 Permit:** Each licensed dentist applying for a Level 1 permit shall provide evidence satisfactory to the board that the dentist maintains a properly equipped facility that shall include the following: (i) a blood pressure monitor; (ii) an oxygen delivery system with full face masks, including connectors capable of delivering oxygen under positive pressure; (iii) emergency drugs and equipment; and (iv) appropriate equipment for intubation and IV infusions.

ADDITIONAL RULES AND REGULATIONS
- **Level 1 permit restrictions:** A licensed dentist holding a Level 1 permit shall not be authorized to use any of the following agents: (a) Ultra-short acting barbiturates, such as: (i) thiopental; or (ii) Brevital; (b) ketamine; or (c) propofol. A Level 1 permit holder shall not use any inhalation anesthetic agent other than nitrous oxide.
- **Accountability:** Each licensed dentist holding a Level 1 or Level 2 permit shall submit a written report to the board within 30 days of any of the following occurrences related to the use of conscious sedation, deep sedation, or general anesthesia: (i) death; (ii) any adverse occurrence which results in permanent organic brain dysfunction; or (iii) physical injury causing hospitalization of the patient within 24 hours of the procedure.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:
95
**State Permits:**
- **Renewal:** Biennially
  - Conscious Sedation (Fee: $30.00)
  - General Anesthesia (Fee: $30.00)
  - Pediatric Enteral Sedation (Incorporated in Conscious Sedation Permit)

**TRAINING REQUIREMENTS**
- **General Anesthesia:** A dentist shall not use general anesthesia on an outpatient basis for a dental patient unless he/she: (a) has completed 1 year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in Part 2 of the ADA Guidelines; or (c) be a Diplomat of the American Board of Oral Surgery; or (d) be eligible for examination by the American Board of Oral Surgery; and (e) have completed a course in ACLS or PALS within the past 24 months.
- **Conscious Sedation:** A dentist administering conscious sedation with a parenteral drug shall: (a) have completed a course in ACLS or PALS within the past 24 months; (b) has completed an approved course in conscious sedation with parenteral drugs in a program approved by the Kentucky Board of Dentistry, which includes physical diagnosis and patient evaluation; and passing a course of didactic and clinical training with documentation of having treated a minimum of 25 cases; (c) or is a diplomate, board eligible, eligible for board examination in a specialty, or a graduate of an accredited general practice residency, if he can provide proof of training in the use of conscious sedation with a parenteral drug. The training shall be consistent with Part 2 of the ADA Guidelines.
- **Pediatric Enteral Sedation:** The same educational and equipment requirements of the administrative regulation of conscious sedation with parenteral drugs shall be required for the enteral sedation of patients under 13 years of age.

**STATE OFFICE INSPECTION RULES AND GUIDELINES**
- **Structure of Office Inspection Team:** The inspection team shall be determined by the board and reflect the principles of peer review.
- **Criteria of On-Site Inspection:** The board may conduct an unannounced on-site inspection of a facility to determine that the protocol, procedures, facility, drug, equipment, and personnel utilization meet board standards.

**OFFICE FACILITY / EQUIPMENT REQUIREMENTS**
- **Monitoring & Equipment:** The following equipment shall be required: (i) oxygen delivery system with adequate full-face masks and appropriate connectors that are capable of delivering oxygen to a patient under positive pressure, and an adequate back up system; (ii) pulse oximeter; (iii) blood pressure cuff and stethoscope; (iv) oral airway; and (v) appropriate emergency drugs (To include: nitroglycerin, vasopressor, antihypertensive, naloxone, 50% dextrose; antihistamine; aerosol bronchodilator, anticonvulsant, EPI, atropine, ASA, and flumazenil; and (vi) suction system w/ back-up.

**ADDITIONAL RULES AND REGULATIONS**
- **Continuing Education:** For both permit types, the holder is to obtain 6 hours of continuing education every 2 years relating to anesthesia safety and emergency procedures that cannot be used to satisfy other continuing education requirements.
- **Anesthesia Records:** Records shall include: (a) informed consent for oral conscious sedation; (b) vital signs, blood pressure, and pulse; (c) patients weight, all drugs administered, dosages, and level of consciousness; and (d) a discharge level of consciousness, blood pressure, and pulse.
- **Personnel:** The following shall be present during the administration of general anesthesia or deep sedation: (a) the qualified operating dentist to direct the general anesthesia or deep sedation; (b) a person to observe and monitor the patient; and (c) an assistant to the operating dentist.

**ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:**

203
TRAINEING REQUIREMENTS

- **General Anesthesia/Deep Sedation:** In order to receive authorization the dentist must show and produce evidence that he complies with the following provisions: (a) completion of an oral and maxillofacial surgery training program accredited by the Commission on Dental Accreditation of the ADA which includes anesthesiology and related academic subjects; or successful completion of a program which complies with Part II of the ADA Guidelines; (b) provide proof of current certification in CPR or its equivalent

- **“Full” Conscious Sedation:** In order to receive authorization, the dentist must show and produce evidence that he/she complies with the following provisions: (a) completion of an advanced training program beyond the pre-doctoral dental school level accredited by the ADA which includes anesthesiology and related academic subjects; (b) utilization of the services of a trained medical doctor trained in conscious sedation with parenteral drugs, a dentist who has successfully completed a program consistent with Part II of the ADA Guidelines on Teaching the Comprehensive Control of Pain and Anxiety in Dentistry; (c) successful completion of a board-approved continuing education course as described in Part III of the ADA Guidelines provided the applicant has held a license to practice dentistry for a minimum of three years. The board has determined that 80 hours of clinical airway management would be a minimum to achieve competency as described in Part III of the previously mentioned guidelines. In addition, the dentist must provide proof of current certification in CPR. To be granted a “full” permit, the applicant must submit verification of formal post-doctoral training in the use of parenteral drugs via the intramuscular, submucosal, intranasal, subcutaneous, and conscious IV sedation routes of administration and competency to handle all emergencies relating to parenteral sedation providing such program consists of a minimum of 60 hours of instruction and 100 hours of clinical experience which includes at least 20 documented cases of parenteral sedation.

- **“Limited” Conscious Sedation:** [Limited to administration of parenteral drugs via IM, SM, intranasal and SC routes only.] To be granted a “limited” permit, the applicant must submit verification of formal post-doctoral training in the use of parenteral drugs via the intramuscular, submucosal, intranasal, and subcutaneous routes of administration and competency to handle all emergencies relating to parenteral sedation providing such program consists of a minimum of 60 hours of instruction and 100 hours of clinical experience which includes at least 10 documented cases of parenteral sedation.

- **Enteral Conscious Sedation Permit:** To be granted an unrestricted (adults and children) permit, the applicant must submit verification of formal post-doctoral training in the use of enteral conscious sedation on both pediatric and adult patients or satisfactory completion of a board approved course which includes a minimum of 16 hours of didactic training and a component on handling emergencies incident to the administration of conscious sedation. To be granted a restricted permit (adults only), the applicant must submit verification of formal post-doctoral training in the use of enteral conscious sedation on adult patients or satisfactory completion of a board approved course which includes a minimum of 8 hours of didactic training and a component on handling emergencies.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Facilities Affidavit:** Each applicant must provide a signed affidavit verifying that the facility in which they will practice anesthesia is fully equipped according to the standard of care set forth in the application document.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Facility Requirements:** The following are minimum requirements for facilities and equipment that must be available for use with sedation procedures: (a) appropriate lighting and suctioning equipment with proper back-up; (b) proper oxygen delivery system with face masks (capable of providing oxygen at positive pressure); (c) oral airways; (d) tonsillar suction device; (e) sphygmomanometer of appropriate size for the patient and a stethoscope; (f) adequate equipment for the establishment of an intravenous infusion when parenteral sedation procedures are performed; (e) pulse oximeter when parenteral sedation procedures are performed; and (f) appropriate emergency drugs should be readily available.

ADDITIONAL RULES AND REGULATIONS

- **Oral Administration of Versed:** Oral administration of Versed shall be performed on the dental premises only. Prescriptions for oral Versed intended for at-home pre-medication is prohibited. Further, all dental offices where oral Versed is administered shall be in compliance with proper facility requirements.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:

394
MAINE
Maine Board of Dental Examiners
143 State House Station
Augusta, ME 04333
Phone: (207) 287-3333 Fax: (207) 287-8140

State Permits: All Inclusive
- Conscious Sedation Permit A (Fee: $125.00)
- Conscious Sedation Permit B – Facility Permit
- General Anesthesia and Sedation Permit A (Fee: $125.00)
- General Anesthesia and Sedation Permit B – Facility Permit
- Facility Permit (Per Facility) – (Fee: $125.00)

TRAINING REQUIREMENTS
- General Anesthesia: Documentation of: (a) successful completion of minimum of 1 year of advanced training in anesthesiology beyond the dental school level; (b) certification by the American Board of Oral and Maxillofacial Surgery; or (c) a Fellowship in Anesthesia of the American Dental Society of Anesthesiology; and (d) ACLS certification.
- Conscious Sedation: Documentation of: (a) successful completion of pre-doctoral or continuing education conscious sedation training in an accredited educational institution or program, which included a minimum of 60 hours of didactic instruction and twenty cases of clinical experience as set forth in Section C of the rules regarding the used of conscious sedation OR certification by the American Board of Oral and Maxillofacial surgery OR of Fellowship in Anesthesia of the American Dental Society of Anesthesiology.
- Permit B: General Anesthesia and Sedation - Is a facility permit that applies only when the licensed dentist providing treatment employs or works in conjunction with a trained anesthesiologist and has not personally obtained a general anesthesia/sedation permit. Conscious Sedation - Applies to a dentist, who without personally obtaining a conscious sedation permit, may employ or work in conjunction with a conscious sedation provider in an out-patient dental facility who is (1) a dentist holding a valid general anesthesia permit under this rule or (2) a Maine licensed physician who has completed the required medical education.

STATE OFFICE INSPECTION RULES AND GUIDELINES
- Structure of Office Inspection Team: The Anesthesia Evaluation Committee will be appointed by the board to provide On-Site inspections.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS
- Monitoring & Equipment: The applicant must have available for inspection the following: (1) three charts of patients that have been administered anesthesia; (2) appropriate lighting and suction; (3) proper oxygen delivering system with back-up; (4) adequate recovery area with oxygen, suction, lighting, and electrical outlets; (5) laryngoscope with blades; (6) endotracheal tubes with connectors; (7) tonsillar suction; (8) endotracheal tube forceps; (9) sphygmomanometer and stethoscope; (10) defibrillator/AED; (11) pulse oximeter; (12) adequate equipment for the establishment of an intravenous infusion; and (13) emergency drugs (vasopressor, corticosteroid, bronchodilator, muscle relaxant, intravenous medication for treatment of cardiopulmonary arrest, narcotic antagonist, benzodiazepine antagonist, antihistamine, antiarrhythmic, anticholinergic, coronary artery vasodilator, and an antihypertensive). [The Board adopts the standards regarding the equipment within a facility as set forth by the current edition of the "American Association of Oral and Maxillofacial Surgeons Office Anesthesia Evaluation Manual", as the standards by which the Board shall approve facility equipment.]

ADDITIONAL RULES AND REGULATIONS
- Limitations: No dentist shall administer or employ any agent(s) which has a narrow margin for maintaining consciousness including, but not limited to, ultra-short-acting barbiturates, propofol, parenteral ketamine, and similarly acting drugs, or quantity of agent(s), technique(s), or any combination thereof, that would likely render a patient deeply sedated, generally anesthetized or otherwise not meeting the conditions of the definition of conscious sedation as stated in the definitions of this rule, unless he or she holds a valid general anesthesia permit issued by the Board.
- Continuing Education: A minimum of six (6) continuing education hours is required biennially of those holding general anesthesia and sedation permits. These hours shall be directly related to anesthesia/sedation, physical diagnosis, complications, techniques, A.C.L.S. and B.C.L.S and are a part of already existing continuing education requirements.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:
42
TRAINING REQUIREMENTS

- **Class I-Moderate Enteral Sedation:** an applicant shall successfully complete: (1) A Board-approved course of instruction that documents training of at least 24 hours of didactic education plus 20 clinically-oriented experiences which provide competency in oral and combination inhalation-oral moderate sedation; or (2) A post-doctoral training program accredited by the Commission on Dental Accreditation or its successor organization which affords comprehensive and appropriate training necessary to administer and manage moderate enteral sedation; (3) Hold current certification in either ACLS, PALS, or successfully complete a course approved by the Board that provides instruction on medical emergencies and airway management; (4) Receive a successful evaluation by the Board or the Board’s designee; (5) Provide an affidavit to the Board indicating whether the applicant has ever treated a patient under deep sedation or general anesthesia with an incident.

- **Class II-Moderate Parenteral Sedation:** an applicant shall successfully complete: (1) A Board-approved course of instruction that documents training of at least 60 hours of didactic instruction plus management of at least 20 patients per participant in moderate parenteral sedation techniques; or (2) A post-doctoral training program accredited by the Commission on Dental Accreditation or its successor organization which affords comprehensive and appropriate training necessary to administer and manage moderate parenteral sedation; (3) Hold current certification in either ACLS or PALS; (4) Receive a successful evaluation by the Board or the Board’s designee; (5) Provide an affidavit to the Board indicating whether the applicant has ever treated a patient under deep sedation or general anesthesia with an incident.

- **Class III-Deep Sedation & General Anesthesia:** an applicant shall have successfully completed: (1) An advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that is approved by the Board; or (2) A post-doctoral training program accredited by the Commission on Dental Accreditation or its successor organization which affords comprehensive and appropriate training necessary to administer and manage deep sedation and general anesthesia; (3) Hold current certification in either ACLS or PALS; (4) Receive a successful evaluation by the Board or its designee; (5) Provide an affidavit to the Board indicating whether the applicant has ever treated a patient under deep sedation or general anesthesia with an incident.

- **Class I-III-Dental School Facility Permit:** To obtain a dental school Class III facility permit a dental school recognized by the Commission on Dental Accreditation or its successor organization shall: (1) Submit to the Board an application on a form provided by the Board; (2) Pay the fee set by the Board in COMAR 10.44.20; and (3) Provide evidence satisfactory to the Board that the dental school meets the qualifications for a Class III dental school facility permit. B. A dental school Class III facility permit shall expire on April 1 of the fifth year following the effective date of the permit.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Criteria of On-Site Inspection:** To qualify for a permit, the applicant shall pass the permit evaluation, in addition to demonstrating, through an evaluation conducted by the Board or the Board’s designee, using criteria established by the Board, that the facility is properly equipped and staffed for the administration of anesthesia for the practice of dentistry. [Administrative Evaluation: Each applicant shall pass: (1) An office inspection evaluation; (2) A clinical evaluation consistent with the age level of the patients treated by the dentist; (3) An evaluation of the dentist to safely administer sedation techniques; and (4) An evaluation of the ability of the dentist to effectively respond to sedation related emergencies.]

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Inspection Requirements:** The evaluation shall consist of four parts: (1) Evaluation of office facilities, particularly oxygen supply, equipment, records, and emergency medications; (2) Simulated demonstration of G.A. / parenteral sedation being provided for a patient who is receiving dental treatment; (3) Simulated demonstration of emergencies in the surgery area with the participation of the office staff trained to handle the medical/dental emergencies. All staff in the operating theater shall be currently BLS certified.

ADDITIONAL RULES AND REGULATIONS

- **Continuing Education:** A permittee must complete not less than 10 hours of clinical continuing education related to sedation or anesthesia in a classroom setting during the 5-year term of the permit.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:

153
State Permits: All Inclusive

Renewal: Biennially

- General Anesthesia [Permit A] (Fee: $120.00)
- Conscious Sedation [Permit B] (Fee: $120.00)
- Nitrous-Oxide Oxygen Sedation [Permit C] (Fee: $120.00)
- Facility Permits [Permit D] (Fee: $120.00)

Training Requirements

- **General Anesthesia**: Qualification for the issuance of Permit A includes documentation of: (a) successful completion of a minimum of one year advanced training in anesthesiology beyond the dental school level; (b) having met the requirements for certification by the American Board of Oral and Maxillofacial Surgery; or (c) certification as a Fellow in Anesthesia by the American Dental Society of Anesthesiology.

- **Conscious Sedation**: Qualification for the issuance of Permit B include documentation of having successfully completed a course which conforms to the American Dental Association Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts 1 and 2.

State Office Inspection Rules and Guidelines

- **Structure of Office Inspection Team**: Anesthesia administration evaluations and on-site facility inspections shall be conducted by at least one evaluator appointed by the Board upon recommendation of the Anesthesia Review Committee. If the results of the evaluation or inspection are deemed unsatisfactory, a second evaluation or inspection may be conducted, within a reasonable time, by a different evaluator upon written request of the applicant. All dentists performing administration evaluations and on-site facility inspections shall meet the educational requirements for Fellowship of the American Dental Society of Anesthesiology.

Office Facility / Equipment Requirements

- **Monitoring & Equipment**: A facility which administers General Anesthesia, Deep Sedation, Conscious Sedation, and/or Nitrous Oxide-Oxygen Sedation must be equipped with the following drugs and equipment: (a) suction; (b) monitoring equipment (including stethoscope and sphygmanometer); (c) equipment capable of delivering oxygen under positive pressure; (d) gas delivery machines must have an oxygen fail-safe system, adequate waste gas scavenging, and shall be checked and calibrated periodically; (e) a protocol for management of emergencies shall be developed and emergency drills must be carried out and documented; (f) all emergency equipment and drugs must be maintained on a scheduled basis; (g) an adequate supervised recovery area must be available; (h) epinephrine; (i) an antihistamine; (j) an anticonvulsant; (K) vasodilator; (l) an antihypoglycemic agent; (m) a bronchodilator; (n) corticosteroid; (o) vasopressor; (p) equipment for the insertion and maintenance of an intravenous infusion (not required for facilities administering nitrous oxide-oxygen); and a pulse oximeter (not including N₂O permit).

- **Additional Drugs and Equipment Needed for General Anesthesia**: (a) a narcotic antagonist; (b) a muscle relaxant; (c) atropine; (d) lidocaine; (e) sodium bicarbonate; (f) dantrolene sodium; (g) EKG monitor and defibrillator; and (H) endotracheal tubes and laryngoscope.

Additional Rules and Regulations

- **Personnel**: For General Anesthesia: At least 3 appropriately trained individuals are required: (a) the operating dentist, who directs the general anesthesia/deep sedation; (b) a person responsible for observing and monitoring the patient. If this person is an appropriately trained professional, he or she may direct and/or administer the general anesthesia and/or deep sedation; and (c) a person assisting the operating dentist. For Conscious Sedation: At least 2 appropriately trained individuals are required: (a) the operating dentist, that directs the conscious sedation / nitrous oxide-oxygen sedation; and (b) an assistant trained to monitor appropriate physiologic parameters. All personnel involved in the administration of general anesthesia, deep sedation, conscious sedation and/or nitrous oxide-oxygen sedation must be certified in BLS.

Estimated Number of Current Permit Holders: 391
TRAINING REQUIREMENTS

- **General Anesthesia:** A dentist shall not administer general anesthesia unless all of the following requirements are satisfied: (A) Completion of a minimum of 1 year of advanced training in general anesthesia and pain control; (B) The dentist and delegatee, if any, maintain current certification in basic or advanced cardiac life support from an agency or organization that grants such certification pursuant to the published standards.

- **Conscious Sedation:** A dentist shall not administer general anesthesia unless all of the following requirements are satisfied: (A) The dentist complies with the provisions of a General Anesthesia Permit; (B) the dentist complies with both of the following provisions: (i) The dentist has completed a minimum of 60 hours of training in intravenous conscious sedation and related academic subjects, including a minimum of 40 hours of supervised clinical instruction in which the individual has sedated not less than 20 patients; (ii) The dentist and the delegatee, if any, maintain current certification in basic or advanced cardiac life support from an agency or organization that grants such certification pursuant to the published standards.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team:** There are no current published guidelines for office inspections.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Facility Requirements:** The board adopts the standards regarding the equipment within a facility set forth by the American Association of Oral and Maxillofacial Surgeons in the publication entitled "Office Anesthesia Evaluation Manual". A copy of the manual may be obtained from the Michigan Board of Dentistry, PO Box 30018, Lansing, MI  48909.

ADDITIONAL RULES AND REGULATIONS

- **Morbidity and Mortality:** A dentist shall file a morbidity report with the board within 30 days after the occurrence of an incident. A dentist shall file a mortality report with the board within 5 days after the occurrence of an incident.

- **Enteral Sedation; Requirements for Approval of Course and Instructor:** (1) A course in enteral sedation shall be approved by the board of dentistry and shall, at a minimum, be consistent with the enteral sedation course as outlined in the American Dental Association's educational guidelines "Part Three: Teaching the Comprehensive Control of Pain and Anxiety in a Continuing Education Program," October 2003, whose guidelines are adopted by the board. Such a course must provide training in patient assessment, recognition of emergencies and airway management, including the ability to manage an unconscious airway. (2) An instructor of a course in enteral sedation shall be approved by the board of dentistry and shall have at least 3 years experience which includes his or her formal postdoctoral training in anxiety and pain control. (3) An instructor of an approved enteral sedation course shall certify the competency of a participant upon a participant's satisfactorily completing training in each conscious sedation technique, including instruction, clinical experience, and airway management.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:

**NOT AVAILABLE**
General Anesthesia: To administer general anesthesia a dentist must: (1) complete a board approved course in ACLS; (2) a one-year residency in general anesthesia at an institution certified by the American Society of Anesthesiology, the American Medical Association, or the Joint Commission on Hospital Accreditation, resulting in the dentist becoming clinically competent in the administration of general anesthesia. The residency must include a minimum of 390 hours of didactic study, 1,040 hours of clinical anesthesiology, and 260 cases of administration of general anesthesia to an ambulatory outpatient; (3) A dentist shall be prepared and competent to diagnose, resolve, and reasonably prevent any untoward reaction or medical emergency that may develop any time after the administration of general anesthesia.

Conscious Sedation: To administer conscious sedation a dentist must: (1) a course of education resulting in the dentist becoming clinically competent for administration of conscious sedation, with to include a minimum of 60 hours of didactic education in both enteral and parenteral administration, 24 hours of clinical experience, and personally administering and managing at least ten individual supervised cases of administration of parenteral conscious sedation, and having the instructor submit to the board documentation of successful completion of the course; (2) ACLS certification; (3) A dentist shall be prepared and competent to diagnose, resolve, and reasonably prevent any untoward reaction or medical emergencies that may develop any time after rendering a patient in the state of conscious sedation.

Office Inspection: Every 5 Years

General Anesthesia Certificate (Fee: $50.00)
Conscious Sedation Certificate (Fee: $50.00)
Office Inspection: Every 5 Years

Monitoring & Equipment: Dentists who administer anesthesia services must have the following equipment: (a) AED or FFD; (b) positive pressure O2 delivery with back-up; (c) functioning suction with back-up; (d) auxiliary lighting; (e) gas storage; (f) recovery area; (g) method to monitor respiratory function; and (h) a board-approved emergency cart or kit. (There must be documentation that all emergency equipment and drugs are checked and maintained regularly.)

Direct Monitoring: An individual qualified to administer general anesthesia or conscious sedation, who is in charge of the administration of the anesthesia or sedation, must remain in the operatory room to continuously monitor the patient once general anesthesia or conscious sedation is achieved and until all dental services are completed on the patient. Thereafter, an individual qualified to administer anesthesia or sedation must ensure that the patient is appropriately monitored and discharged.

Prohibitions: Dental hygienists or registered dental assistants may not administer general anesthesia or conscious sedation.

Facility Regulation: A dentist who employs or contracts another licensed health care professional with the qualified training and legal qualification to administer general anesthesia or conscious sedation must notify the board that these services are being provided in the office facility. The dentist is also responsible for maintaining the appropriate facilities, equipment, emergency supplies, and a record of all general anesthesia or conscious sedation procedures performed in the facility.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:
64
**TRAINING REQUIREMENTS**

- **General Anesthesia**: In order to administer general anesthesia the applicant must do the following: (a) Produce evidence of a current ACLS certificate; and (b) Provide evidence of one or more of the following: (i) Completion of an advanced training program in anesthesia and related academic subjects beyond the undergraduate dental curriculum that satisfies the requirements described in Parts I, II, and III of the ADA’s “Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry” at the time training was commenced. (ii) Completion of an ADA-accredited post-doctoral training program, which affords the comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these guidelines.

- **Conscious Sedation**: In order to administer conscious sedation the applicant must do the following: (a) Produce evidence of a current ACLS certificate; and (b) Provide evidence of one or more of the following: (i) Completion of formal training, sponsored by or affiliated with a university, teaching hospital, or other facility approved by the Board or part of the undergraduate curriculum of an accredited dental school, in the use of enteral sedation. Such certification shall specify the type, hours, and length of training. The minimum number of didactic hours shall be 60, and the minimum number of patient cases shall be 10. (ii) Completion of a comprehensive training program in enteral conscious sedation that satisfies the requirements described in Parts I and III of the ADA’s Anesthesia Guidelines. (iii) Completion of an ADA-accredited post-doctoral training program, which affords the comprehensive and appropriate training necessary to administer and manage conscious sedation.

- **Enteral Conscious Sedation**: In order to administer enteral conscious sedation the applicant must meet the same requirements as stated for the Conscious Sedation Permit.

**STATE OFFICE INSPECTION RULES AND GUIDELINES**

- **Structure of Office Inspection Team**: The on-site evaluation shall be carried out in a manner prescribed by the Board, and the cost thereof shall be included in the anesthesia permit fee. Evaluations shall be performed by a minimum of 2 qualified experts, as determined by the Board.

- **Criteria of On-Site Inspection**: All facilities wherein anesthesia may be administered shall be inspected at least once every 5 years beginning from the date of initial permit to ensure that all equipment is of the appropriate type and in good working order.

**OFFICE FACILITY / EQUIPMENT REQUIREMENTS**

- **Monitoring & Equipment**: The Board adopts the standards regarding the equipment within a facility as set forth by the American Association of Oral and Maxillofacial Surgeons (AAOMS) in the Office Anesthesia Evaluation Manual, latest edition, as the standards by which each dentist administering enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia must meet. Certification of offices by AAOMS as meeting the standards adopted constitutes a *prima facie* showing that the dentist meets the standards.

**ADDITIONAL RULES AND REGULATIONS**

- **Personnel**: All auxiliaries who have direct patient care responsibilities must possess current BLS certification.

- **Report of Morbidity or Mortality**: All dentists in the State of Mississippi must submit a complete report within a period of 30 days to the State Board of Dental Examiners of any mortality or other incident occurring in the outpatient facilities of such dentists which results in permanent physical or mental injury to a patient during, or as a direct result of dental procedures or anesthesia or sedation.

**ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS**

121
State Permits: All Inclusive
Renewal: Every Five Years
- Conscious Sedation (Fee: $100.00)
- General Anesthesia (Fee: $100.00)
- Enteral Conscious Sedation Permit (Fee: $100.00)
- Anesthesia Site Certificate [Needed for all Permits] (Fee: $100.00)

TRAINING REQUIREMENTS
- **General Anesthesia**: In order for a dentist to use general anesthesia the following requirements must be met: (a) Satisfactory completion of a minimum of 1 year of advanced training in anesthesiology and related academic subjects or its equivalent, beyond the undergraduate dental school level; (b) Is a member of the American Association of Oral and Maxillofacial Surgery, is a Diplomat of the American Board of Oral and Maxillofacial Surgery or is eligible for examination by the ABOMS; (c) Is a Fellow of the American Dental Society of Anesthesiology; and (d) Provide proof of current ACLS (for the applicant) and CPR certification for all office personnel on the anesthesia team shall be provided to the Missouri Dental Board on an ongoing basis during the 5 year interval between on-site visits.

- **Conscious Sedation**: In order for a dentist to use general anesthesia the following requirements must be met: (a) Satisfactory completion of a postgraduate program that is a minimum of 12 continuous months and is accredited by the American Dental Association. This program must include: (i) 60 hours of didactic training in pain and anxiety control in accordance with the Guidelines of the ADA; and (ii) Successful management of parenteral conscious sedation in 20 patients; and (iii) Four continuous weeks of general anesthesia training under the direct or indirect supervision of a department of anesthesiology in a facility accredited by the Joint Commission on Accreditation of Healthcare Organizations, or its successor organization. (b) Provide proof of current ACLS (for the applicant) and CPR certification for all office personnel on the anesthesia team shall be provided to the Missouri Dental Board on an ongoing basis during the 5 year interval between on-site visits.

- **Enteral Conscious Sedation**: No dentist shall administer enteral sedation or prescribe sedative agents unless they possess a permit. Additionally, no dentist shall provide enteral sedation unless the site has undergone an approved inspection. To qualify for an enteral conscious sedation permit, a dentist shall: (a) complete training consistent with Part I and III of the ADA Guidelines for TCPAD; (b) an ADA accredited post-doctoral training program; or (c) an enteral conscious sedation course approved by the board. Additionally, documentation during the past 5 years be provided of (a) ACLS; (b) a minimum of 15 hours of other board-approved CE pertaining to anesthesia care.

STATE OFFICE INSPECTION RULES AND GUIDELINES
- **Structure of Office Inspection Team**: Adequacy of the facility and competency of the anesthesia team will be determined by an on-site visit by a team of consultants appointed by the Missouri Dental Board which shall include at least one diplomat of the American Board of Oral and Maxillofacial Surgery. On-site inspections shall be conducted for each office at least every 5 years.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS
- **Facility Requirements**: *General Anesthesia Permit* - On-site evaluations shall be conducted in accordance with established guidelines as defined in the American Association of Oral and Maxillofacial Surgeons’ Office Anesthesia Manual and which are incorporated by reference. *Conscious Sedation Permit / Enteral Conscious Sedation Permit* - On-site evaluations shall be in accordance with the criteria for the issuance of permits in the latest edition of the Parenteral Conscious Sedation Manual / Enteral Conscious Sedation Manual which is incorporated by reference.

ADDITIONAL RULES AND REGULATIONS
- **Renewal Guidelines**: To renew an anesthesia permit, a dentist shall, 90 days prior: (A) Submit to the board a minimum of 5 unedited, complete patient records that may be chosen by the board from the preceding 5 years; (B) Demonstrate, at the board’s discretion, through an on-site visit that each site and all personnel comply with the stated criteria; (C) Submit evidence of his or her continuous ACLS or PALS certification and continuous BLS certification for the anesthesia team members at each site; (D) provide 15 hours of CE relative to anesthesia (please contact board for specific CE requirements).

- **Drug Restrictions**: No dentist holding only a parenteral conscious sedation permit shall use thiopental, methohexital, propofol, or ketamine for parenteral conscious sedation.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS: 153
TRAINING REQUIREMENTS

- **General Anesthesia/Light General Anesthesia:** No person engaged in the practice of dentistry or oral surgery may perform any dental or surgical procedure upon another person if a general anesthetic is administered unless such anesthetic is administered and monitored by: (a) an anesthesiologist licensed to practice medicine by the state board of medical examiners; (b) a nurse anesthetist recognized in that specialty by the state board of nursing; or (c) another health professional who has received at least one year of postgraduate training in the administration of general anesthesia. In addition, dentists providing general anesthesia or conscious sedation must present evidence of successful completion of an advanced course in cardiac life support within the three most recent years.

- **Conscious Sedation:** With respect to conscious sedation, no dentist shall administer drugs to achieve the state known as conscious sedation during a dental procedure or a dental-surgical procedure unless he or she has received formal training in conscious sedation techniques from an institution, organization, or training course approved by the board consisting of a minimum of 40 clock hours of didactic instruction and 20 clock hours of additional patient contact. This requirement does not apply to the administration of an oral drug for the purpose of providing mild relaxation.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team:** Each facility where conscious sedation or general anesthesia is to be provided shall be initially inspected by a team appointed by the board prior to the initial issuance of the appropriate permit to administer anesthesia on the premises, and at intervals not to exceed five years. The inspection team shall consist of at least two individuals. Any dentist whose facility is to be inspected shall be notified at least 30 days prior to the inspection and the names of the inspection team shall be provided to him.

- **Criteria of On-Site Inspection:** The on-site inspection shall include a test of the applicant and his staff on their abilities to recognize and manage complications likely to occur considering the techniques being used. Early recognition of complications will be emphasized. The facility must be inspected for the presence of drugs and equipment appropriate for the level of sedation or anesthesia to be provided. The inspection team shall evaluate office staff in proficiency in handling emergency procedures.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Facility Standards:** (I) A *general anesthesia facility* under these rules must contain a minimum of equipment, supplies and drugs, including, but not limited to, the following: (a) a positive pressure oxygen delivery system; (b) stethoscope and sphygmomanometer; (c) laryngoscope, endotracheal tubes and a Magill forceps; (d) oral pharyngeal and/or nasopharyngeal airways; (e) electrocardiac monitor and defibrillator; (f) appropriate drugs for emergencies to include drugs to provide advanced cardiac life support; (g) a precordial stethoscope; (h) pulse oximeter; and (i) suction devices. (II) A *conscious sedation facility* under these rules must contain a minimum of equipment, supplies, and drugs, including, but not limited to, the following: (a) a positive pressure oxygen delivery system; (b) precordial stethoscope; (c) pulse oximeter; (d) stethoscope and sphygmomanometer; (e) oral pharyngeal and/or nasopharyngeal airways; (f) appropriate drugs for emergencies; and (g) suction devices.

ADDITIONAL RULES AND REGULATIONS

- **Continuing Education:** (I) All dentists holding permits to provide general anesthesia must submit evidence of having attended a minimum of 20 clock hours of CE every three years, in order to qualify for renewal of their permits. (II) All dentists holding permits to provide conscious sedation must submit evidence of having attended a minimum of 12 clock hours of CE every three years, in order to qualify for renewal of their permits.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:

33
State Permits: All Inclusive
Renewal: Every four years

- Conscious Sedation (Fee: $200.00)
- General Anesthesia (Fee: $200.00)
- Inhalation Analgesia (Fee: $100.00)
- An additional $25.00 fee is charged for certificate printing

TRAINING REQUIREMENTS

- **General Anesthesia:** The applicant must meet one of the following criteria: (a) Completed one year of advanced training in anesthesiology and related academic subjects beyond the dental school level in an approved training program; (b) is a diplomate of the American Board of Oral and Maxillofacial Surgery; (c) is educationally qualified to apply for examination by the American Board of Oral and Maxillofacial Surgery; (d) is a fellow of the American Dental Society of Anesthesiology; or (e) is a licensed dentist who has been administering general anesthesia in a competent and efficient manner as determined by the Board for 10 of 12 years preceding October 1, 1988. In addition, BLS certification is necessary.
- **Conscious Sedation:** (a) The applicant must be certified as competent in the administration of parenteral sedation by a university, teaching hospital, or other facility; or (b) The applicant is a licensed dentist who has been administering parenteral sedation on an outpatient basis for 12 months preceding October 1, 1988. In addition, BLS certification is necessary.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team:** The Board or its representative(s) who holds a dental license and has anesthesia training beyond inhalation analgesia will conduct an initial on-site evaluation using a form provided by the Department within 150 days of receipt of the application.
- **Criteria of On-Site Inspection:** The inspector(s) will review the following procedures routinely performed by the applicant: (a) preoperative evaluation of patients; (b) management of medical risk patients; (c) technique and method of administration of anesthesia; (d) monitoring of patients during procedures and recovery; (e) record keeping; (f) use and qualification of auxiliary personnel; and (g) management of emergencies.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Monitoring & Equipment:** The applicant must maintain a properly equipped facility for general anesthesia that meets the following standards/criteria: (a) lighting and suction equipment with back-up; (b) an oxygen delivery system with full face masks and connectors that is capable of delivering oxygen under positive pressure; (c) a recovery area that has oxygen, lighting, suction, and electrical outlets; (d) laryngoscope with selection of blades (GA Permit); (e) endotracheal tubes and connectors (GA Permit); (f) oral airways; (g) tonsillar suction tips; (h) endotracheal tube forceps (GA Permit); (i) sphygmomanometer and stethoscope; (j) equipment for the establishment of an intravenous infusion; (k) pulse oximeter; (l) cardiac oscilloscope (GA Permit).
- **Emergency Drugs:** Drugs with current dates must be available for treatment of the following medical emergencies: General Anesthesia Permit: (a) laryngospasm; (b) bronchospasm; (c) nausea and vomiting; (d) angina; (e) myocardial infarction; (f) hypotension; (g) hypertension; (h) cardiac arrest; (i) allergic reaction; (j) convulsions; (k) respiratory arrest; (l) narcotic overdose; (m) benzodiazepine overdose. Parenteral Conscious Sedation: (a) airway obstructions; (b) allergic reactions; (c) hypotension; (d) respiratory arrest; (e) narcotic overdose; (f) benzodiazepine overdose.

ADDITIONAL RULES AND REGULATIONS

- **Display of Permit:** Each certificate holder will keep the certificate available in an office or place in which he/she uses anesthesia and will show proof of the certificate upon request.
- **Personnel:** All assistants must have a current certification in BLS.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS: 81
TRAINING REQUIREMENTS

- **General Anesthesia:** For a general anesthesia permit, the applicant must show evidence of the completion of an ACLS course and the following requirements: (a) The completion of a program, subject to the approval of the board, of advanced training in anesthesiology and related academic subjects beyond the level of undergraduate dental school in a training program as described in Part II of the “Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry;” (b) The completion of a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Dental Accreditation of the American Dental Association.

- **Conscious Sedation:** For a conscious sedation permit, the applicant must show evidence of the following: (a) The completion of a course of study, subject to the approval of the board, of not less than 60 hours dedicated exclusively to the administration of conscious sedation, and the successful management of the administration of conscious sedation to not less than 20 patients; or (b) The completion of a program for specialty training which is approved by the Commission on Dental Accreditation of the American Dental Association and which includes education and training described in subparagraph (a), above, and completion of an ACLS or PALS course.

**STATE OFFICE INSPECTION RULES AND GUIDELINES**

- **Structure of Office Inspection Team:** When an inspection or evaluation is required to issue or renew a general anesthesia permit or conscious sedation permit, the board will designate two or more persons, each of whom holds a general anesthesia or conscious sedation permit, and has practiced anesthesia for a minimum of 3 years preceding his appointment, exclusive of his training in the administration of anesthesia. At least one of the inspectors must have had experience in the evaluation of dentists using anesthesia.

- **Criteria of On-Site Inspection:** An office inspection must consist of: (1) An evaluation of the office’s facilities and equipment, records and emergency medications; and (2) A demonstration of the following: (a) the administration to a patient who is receiving dental treatment of the type of anesthesia or sedation for which the dentist is applying for a permit; (b) simulated emergencies in the surgical area of the dental office with participation by the members of the staff who are trained to handle emergencies; (c) a dental procedure utilizing the type of anesthesia as applied; (d) the appropriate monitoring of patients; (e) the observation of a patient during recovery and the time allowed for recovery.

**OFFICE FACILITY / EQUIPMENT REQUIREMENTS**

- **Monitoring & Equipment:** A dentist’s office inspected for the issuance or renewal of an anesthesia permit must meet the following minimum standards: (i) proper lighting equipment with back-up; (ii) suction equipment with back-up; (iii) system for delivering oxygen at positive pressure; (iv) a recovery area must be provided that has available oxygen, lighting, suction, and electrical outlets. A member of the staff must be able to observe the patient at all times during the recovery. (v) a laryngoscope complete with an adequate selection of blades and spare batteries and bulbs (GA Permit); (vi) endotracheal tubes and appropriate connectors (GA Permit); (vii) oral airways; (viii) a tonsillar or pharyngeal suction tip; (ix) an endotracheal tube type forcep (GA Permit); (x) a phystgmonometer and stethoscope; (xi) an electrocardioscope and defibrillator (GA Permit); (xii) adequate equipment for the establishment of an intravenous infusion; and (xiii) a pulse oximeter; (xiv) appropriate emergency drugs [vasopressor, corticosteroid, bronchodilator, muscle relaxant, intravenous medication for treatment of cardiopulmonary arrest, appropriate drug antagonist, antihistamine, anticholinergic, antiarrhythmic, coronary artery vasodilator, anti-hypertensive, and anticonvulsive].

**ADDITIONAL RULES AND REGULATIONS**

- **Continuing Education:** Every 2 years permit holders must complete at least 3 hours of CE in anesthesia.

- **Restrictions:** Unless the anesthesia provider maintains unrestricted active staff privileges at a hospital or surgical center approved by the JCAHO, a dentist who does not hold a general anesthesia permit may not allow any person to administer general anesthesia deep sedation or conscious sedation to his patients unless the treatment is rendered within a facility approved by the Board (per office inspection).

- **Written Consent:** A proper written consent must be obtained prior to anesthesia administration.

**ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:**

**121**
State Permits: All Inclusive
Renewal: Biennially
- Conscious Sedation (Fee: $10.00)
- General Anesthesia (Fee: $10.00)
- Inspection Fees shall be borne by the dentist examined.

Training Requirements
- Unless practicing in a hospital or New Hampshire licensed ambulatory surgical facility, no dentist shall use general anesthesia, deep sedation or conscious sedation on an outpatient basis for dental patients except as follows: (1) Such dentist shall possess a permit of authorization issued by the board; (2) Such permit shall be subject to review and shall be renewed every 2 years at the same time as biennial registration for the practice of dentistry; (3) A permit shall not be required when nitrous oxide/oxygen is used alone to produce anxiolysis; and (4) Nitrous oxide/oxygen equipment shall have fail-safe features and oxygen flow control which meet federal drug administration standards.

- General Anesthesia: The training requirements are as follows: (a) Completion of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in Part 2 of the ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry; or (b) Completion of advanced training in anesthesiology and related academic subjects as described in the ADA Commission on Dental Accreditation requirements for each advanced program; or (c) Employs or works in conjunction with an anesthesiology staff, physician, dentist, or a certified registered nurse anesthetist of a New Hampshire licensed health care facility.

- Conscious Sedation: In order to receive a permit to use conscious sedation only, the dentist shall meet the requirements of Part 1 or Part 3 of the “ADA Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists.”

State Office Inspection Rules and Guidelines
- Structure of Office Inspection Team: The evaluation shall be carried out by a team of dental consultants acting as agents of the board that currently possess permits to administer anesthesia. These evaluations shall be held at least once every 5 years.

- Individual Office Requirement: If more than one office location is used by the dentist, then each office shall have an on-site evaluation.

Office Facility / Equipment Requirements
- Facility Requirements: The applicant must have a properly staffed and equipped facility, as set forth in the “Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists’ of the ADA” and The “Office Anesthesia Evaluation Manual” of the American Association of Oral and Maxillofacial Surgeons.

Additional Rules and Regulations
- Morbidity and Mortality: Within 20 days, each dentist who has been using general anesthesia or conscious sedation shall inform the board in writing of all cases of morbidity and mortality occurring in the outpatient facility.

Estimated Number of Current Permit Holders: 52
TRAINING REQUIREMENTS

- **General Anesthesia:** In order to receive a permit, the dentist shall apply on an official application form and submit certified or verifiable proof that he or she: (a) has completed a minimum of 3 years of postdoctoral training in oral surgery, or a minimum one-year training course in anesthesiology; (b) is a diplomate in oral surgery, or is Board-eligible in oral surgery; or (c) is a Fellow of the American Dental Society of Anesthesiology, or is a member of the American Society of Oral Surgeons and/or a member of the New Jersey Society of Oral Surgeons. In addition, the applicant must possess current certification in ACLS or its equivalent.

- **Conscious Sedation:** The dentist shall submit as part of a completed application a certification from an accredited university, teaching hospital, or other training institution, establishing that the applicant has completed formal training in the administration of conscious sedation. Such training shall consist of a combined 80 hours didactic instruction and supervised clinical training in the administration of conscious sedation. Such formal training shall have been completed within three years preceding the date of application. Supervised clinical training shall consist of, at a minimum, delivering intravenous, intramuscular, subcutaneous, submucosal and inhalation medications, monitoring patient activity and managing patient care for 20 patients. In addition, the applicant must possess current certification in BLS or ACLS.

- **Enteral Sedation:** Any New Jersey dentists who wish to administer any pharmacological agent in any dose for the purpose of inhibiting patient response beyond diminishing patient anxiety must possess an enteral sedation permit. A dentist applying for this new permit must submit certification verifying that the dentist has completed Board-approved postdoctoral course work at an accredited dental school, or in a college or university clinical setting, which has prepared the applicant to administer enteral sedation safely and effectively. The coursework must consist of a minimum of 40 hours of didactic training in basic enteral sedation, physical evaluation, recognition and management of complications and emergencies, and patient monitoring. A list of approved courses is posted on the Board’s Website. In addition, a dentist completing a general practice residency or a postdoctoral training program more than three years prior to application may qualify for a permit if he or she has completed a Board-approved program of 20 hours of didactic training in enteral sedation within the three years immediately preceding the date of application. The general practice residency or postdoctoral training program must include a minimum of 60 hours of training in anesthesia or conscious sedation.

**Continuing Education:** A license holder who holds an anesthesia permit shall certify to the Board upon biennial renewal that the holder has completed at least 20 hours of CE in courses devoted to anesthesia education.

**State Permits:** All Inclusive

- **Renewal:** Biennially
  - Conscious Sedation (No Fee)
  - General Anesthesia (No Fee)
  - Enteral Sedation (No Fee)

**Per Office**

**State Office Inspection Rules and Guidelines**

- **Structure of Office Inspection Team:** GA Permit - The dental facility of any permit holder shall be inspected and approved by the State Board of Dentistry or its designee, once every 6 years. In a dental facility where a permit holder administers general anesthesia, the mobile equipment and supplies of the permit holder shall be inspected and approved by the State Board of Dentistry or its designee once every 6 years. **Conscious Sedation Permit (Enteral/Parenteral)** - The applicant shall certify as part of the application for a permit that he or she possesses basic equipment and supplies to deal with emergency situations. When a conscious sedation permit holder utilizes mobile equipment and supplies to administer conscious sedation, the mobile equipment and supplies of the holder shall be inspected by the Board or its designee not less than once every 3 years.

**Office Facility / Equipment Requirements**

- **Facility Requirements:** **Conscious Sedation** - The permit holder’s facility shall contain the following, readily accessible and properly operating equipment: emergency drug kit; positive pressure oxygen; stethoscope; suction; nasopharyngeal tubes; oropharyngeal tubes; a blood pressure monitoring device; an EKG monitoring; and pulse oximeter. The permit holder’s facility shall also contain back-up, battery-operated equipment consisting of, at a minimum, lighting, suction and a pulse oximeter, which shall be readily accessible and properly operating. **General Anesthesia** - The applicant must certify that he or she possesses basic equipment and supplies to deal with emergency situations, which equipment and supplies shall be readily accessible and in good order. This shall consist of no less than the list that shall be supplied by the Board (Available at www.state.nj.us/lps/ca/dentistry/inventory.htm).

**Additional Rules and Regulations**

- **Continuing Education:** A licensee who holds an anesthesia permit shall certify to the Board upon biennial renewal that the holder has completed at least 20 hours of CE in courses devoted to anesthesia education.

**Estimated Number of Current Permit Holders:**

330
TRAINING REQUIREMENTS

- **Enteral Sedation [Dentist Conscious I]**: The applicant must have satisfied one of the following: (a) completed training to the level of competency in enteral conscious sedation consistent with the prescribed in Part I and III of the ADA Guidelines; (b) completion of an ADA accredited post-doctoral training program; or (c) grandfathered permit holders.

- **Parenteral Sedation [Dentist Conscious II]**: To administer parenteral conscious sedation the dentist must satisfy one of the following criteria: (a) completion of a comprehensive training program in parenteral conscious sedation that satisfies the requirements described in Part III of the ADA Guidelines; (b) completion of an ADA accredited post-doctoral training program; or (c) grandfathered permit holders. In addition the permit holder must possess current BLS and ACLS certification.

- **Deep Sedation/General Anesthesia**: To administer general anesthesia the dentist must satisfy one of the following criteria: (a) completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in Part II of the ADA Guidelines; (b) completion of an ADA accredited post-doctoral training program, which affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia; (c) grandfathered permit holders. In addition, the permit holder must possess current ACLS and BLS certification.

- **Temporary permits**: The anesthesia committee evaluates the application and identifies any additional information required. If the application appears to be in order, the anesthesia committee may recommend the board issue a temporary permit. Temporary permits allow time to complete processing of the application, administer the examination and inspect the facility. Fees for temporary permits parallel the cost of the applied anesthesia permit.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team**: The Anesthesia Committee shall consist of licensed dentists, including at least one Board Certified Oral and Maxillofacial Surgeon, one general dentist, a non-voting ex-officio board member, one dentist not engaged in the use of sedation techniques, and when possible, representatives of other interested dental specialties. Each anesthesia committee member should be currently practicing some form of sedation and be currently qualified as an examiner, with the exception of the non-sedating dentist.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Facility Requirements**: The Anesthesia Committee will schedule the examination and facility inspection, when required, with the applicant. The Anesthesia Committee uses the American Association of Oral and Maxillofacial Surgeons Office Anesthesia Evaluation Manual as a guide for the examinations.

ADDITIONAL RULES AND REGULATIONS

- **Anesthesia Permit at Large**: This permit allows the holder to provide anesthesia services to patients in dental offices on an out-patient basis. The holder of the permit assumes all responsibility for the administration of the sedation or anesthesia in the dental office. The holder of this permit may be evaluated and inspected by the Anesthesia Committee as deemed necessary. The permit holder will inform the Board of all dental facilities where anesthesia services are to be provided and follow all other procedures as previously outlined.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS: 150
**State Permits: All Inclusive**

- **Renewal:** Triennial

  - Conscious Sedation (Fee: $100.00)
  - General Anesthesia (Fee: $100.00)
  - Dental Enteral Conscious Sedation (Fee: $100.00)

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**TRAINING REQUIREMENTS**

- **Enteral Sedation (Without Inhalation Agents):** The applicant must present evidence of completion of either: (a) pre doctoral or post-doctoral education consisting of a specialty program or residency accredited by an acceptable accrediting body which includes coursework in BLS and additional course work consisting of at least 18 clock hours, including but not limited to, instruction in nitrous oxide use and emergency management. In addition to the coursework, 20 clinical experiences in the use of enteral conscious sedation; or (b) post-doctoral coursework approved by the Department which has equivalent education as in the aforementioned subsection (a). In addition, the applicant must also verify current certification in BLS.

- **Conscious Sedation:** The applicant must present evidence of completion of a post doctorial education acceptable to the Department and accredited by an acceptable accrediting body, which includes at least 60 clock hours of coursework and an additional clinical experience demonstrating the successful use of parenteral conscious sedation on no fewer than 20 patients. In addition, the applicant must also verify current certification in ACLS.

- **Deep Sedation/General Anesthesia:** The applicant must present evidence of completion of the following: (A) at least two years of post-doctoral education in anesthesia acceptable to the Department and accredited by an acceptable accrediting body; or (B) a graduate level program in oral and maxillofacial surgery acceptable to the Department and accredited by an acceptable accrediting body. The applicant must also have a valid course completion card in ACLS.

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**STATE OFFICE INSPECTION RULES AND GUIDELINES**

- **Facilities Affidavit:** Each applicant must provide a signed affidavit verifying that the facility in which they will practice anesthesia is fully equipped according to the standard of care set forth in the application document.

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**OFFICE FACILITY / EQUIPMENT REQUIREMENTS**

- **Facility Requirements:** The facility must have proper equipment to monitor vital signs, oxygen saturation (shall not be required to be monitored in cases in which conscious sedation through an enteral route is provided as long as the patient’s conduct prohibits monitoring); ventilation (observation or auscultation); body temperature. Each facility shall be constructed to permit ready access by emergency equipment. A protocol for handling emergencies including transport to an emergency facility, shall be posted in each treatment and recovery area. A defibrillator shall be immediately accessible at each facility.

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**ADDITIONAL RULES AND REGULATIONS**

- **Personnel:** During the administration of deep sedation or general anesthesia, a minimum of 3 individuals shall be present in the operatory. Individuals shall include: a licensed dentist or physician qualified to administer anesthesia and two additional individuals who have BLS documentation. During the administration of conscious sedation using the enteral or parenteral route with or without inhalation agents, a minimum of 2 individuals shall be present in the operator. Such individuals shall include the licensed dentist or physician qualified to administer anesthesia and one additional individual who have BLS documentation.

- **Continuing Education:** A licensed dentist administering anesthesia care shall successfully complete and maintain a course in ACLS, or its equivalent as determined by the department, and have current documentation attesting to this fact. For the renewal of certificates in Dental Enteral Conscious Sedation, which authorizes the licensed dentist to employ conscious sedation (enteral route only with or without inhalation agents), the licensed dentist shall successfully complete: (a) a course in BLS, or its equivalent as determined by the department, and have current documentation attesting to this fact; and (b) an additional six clock hours of education in sedation techniques including but not limited to, coursework in medications and recognition and management of complications and emergencies.

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**ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:**

1106
New ADA Guideline Adoption

**Training Requirements**

- **Minimal Conscious Sedation:** Minimal Conscious Sedation is provided for behavioral management of patients 13 years or older, by oral or rectal routes of administration of a single pharmacological agent, in one or more doses, not to exceed the manufacturer’s maximum recommended dose at the time of treatment, possibly in combination with nitrous oxide. Drugs in combination are not permitted for Minimal Conscious Sedation. Evidence of training must be one of the following: Successful completion of training consistent with that described in Part I or Part III of the ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, and have documented administration of minimal conscious sedation in at least 5 cases; (b) Successful completion of an ADA accredited post-doctoral training program which affords comprehensive training necessary to administer and manage minimal conscious sedation; (c) Successful completion of an 18-hour minimal conscious sedation course which must be approved by the Board based on whether it affords comprehensive training necessary to administer and manage minimal conscious sedation; (d) Successful completion of an ADA accredited postgraduate program in pediatric dentistry; (e) Is a North Carolina licensed dentist in good standing who has been utilizing the minimal conscious sedation in a competent manner for at least 1 year immediately preceding the effective date of the Rule and his/her office has passed an on-site inspection by a Board evaluator. Competency shall be determined by presentation of successful administration of minimal conscious sedation in a minimum of 5 clinical cases.

- **Moderate Conscious Sedation or Moderate Pediatric Conscious Sedation:** A dentist must meet the following requirements: (1) Satisfactory completion of a minimum of 60 hours of didactic training, including PALS, and instruction in intravenous conscious sedation and satisfactory management of a minimum of 10 patients, under supervision, using intravenous sedation; or (2) Satisfactory completion of a pre-doctoral dental or postgraduate program which included intravenous conscious sedation training equivalent to that defined in Subparagraph (c)(1) of this Rule; (d) A dentist may modify his/her moderate conscious sedation permit to include the privilege of moderate pediatric conscious sedation by completing a Board approved pediatric dentistry or pediatric dental residency program or obtaining the equivalent hours of continuing education program in pediatric dental anesthesia.

- **Moderate Conscious Sedation Limited to Oral Routes of Administration and Nitrous Oxide Inhalation:** A dentist must meet the following requirements: (1) Successfully complete 24 hours of didactic training and manage at least 10 adult case experiences, including at least three live clinical dental experiences. The live clinical cases shall not be handled by groups with more than five participants. The remaining cases may include simulations, video presentations or both, but must include one experience in returning/reshuwing a patient from deep to moderate sedation. (or 2) Document, with patient names and dates of completion, at least 100 cases of oral moderate conscious sedation procedures successfully completed within one year preceding the effective date of these rules and; (3) Comply with the requirements listed in .0401 for minimal conscious sedation. (j) A dentist who is qualified to administer general anesthesia, moderate conscious sedation or moderate pediatric conscious sedation and holds a general anesthesia, moderate conscious sedation permit or a moderate pediatric conscious sedation permit may administer minimal conscious sedation without obtaining a separate minimal conscious sedation permit.

- **General Anesthesia:** The applicant must produce evidence of: (a) Completion of a minimum of one year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level; or (b) Graduation from a program certified by the American Dental Association in Oral and Maxillofacial Surgery; or (c) Diplomat status or eligibility for examination by the American Board of Oral and Maxillofacial Surgery; or (d) Fellowship of the American Dental Society of Anesthesiology; or (e) Is a dentist who has been administering general anesthetics in a competent manner for 5 years preceding the effective date of this Rule. In addition, the applicant must have current ACLS (or equivalent) certification.

**State Office Inspection Rules and Guidelines**

- **Structure of Office Inspection Team:** When an evaluation or on-site inspection is required, the Board will designate two or more persons, each of whom is qualified to administer general anesthesia and has so administered such for a minimum of 3 years preceding the inspection. When an on-site inspection involves only a facility and equipment check and not an evaluation of the dentist, such inspection may be accomplished by one or more evaluators.

- **Criteria of On-Site Inspection:** During an inspection or evaluation, the applicant or permit holder shall demonstrate the administration of anesthesia while the evaluator observes. The applicant must also demonstrate that the facility is properly equipped and staffed with appropriate trained auxiliary personnel.

**Office Facility/Equipment Requirements**

- **Monitoring and Equipment:** The facility must be equipped with: (i) an appropriately sized operatory; (ii) appropriate lighting and back-up; (iii) suction and back-up; (iv) positive pressure oxygen delivery system; (v) oral and nasal airways of various sizes; (vi) blood pressure monitoring device; (vii) electrocardiograph; (viii) pulse oximeter; (ix) defibrillator; (x) IV set-up as necessary for specific procedures; (xi) laryngoscope with current batteries; (xii) intubation forceps and endotracheal tubes; (xiii) tonsillar suction; (xiv) appropriate emergency drugs as listed in Subsection 4 of the North Carolina Rules and Regulations, under Equipment.

**Estimated Number of Current Permit Holders:**

236
STATE OFFICE INSPECTION RULES AND GUIDELINES

Structure of Office Inspection Team: The dental examiners approve the applicant’s facility after an inspection conducted by an individual or individuals designated by the dental examiners.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

Facility Requirements: The applicant must have a properly equipped facility(s), whether fixed, mobile, or portable, for the administration of general anesthesia or deep sedation in which the permit holder agrees to have available and utilize adequate monitoring, personnel, emergency equipment and drugs as recommended in the ADA’s “Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists” and/or the American Association of Oral and Maxillofacial Surgeon’s “Office Anesthesia Evaluation Manual.”

ADDITIONAL RULES AND REGULATIONS

ACLS / PALS Certification: A dentist administering or supervising general anesthesia or deep sedation, moderate parenteral sedation, moderate enteral conscious sedation or minimal sedation shall at all times be certified in ACLS. It is the dentist’s responsibility to maintain current ACLS and/or PALS certification (if required), including CPR, at all times. PALS is required for administration of general anesthesia and conscious sedation on patients age 12 and under.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:

44
**TRAINING REQUIREMENTS**

- **Conscious Sedation [Includes Pediatric Oral Sedation]:** The applicant must produce evidence showing that he/she: (a) Has satisfactorily completed comprehensive pre-doctoral or continuing education conscious sedation training in an accredited educational institution or program, which included a minimum of 60 hours of didactic instruction and 20 cases of clinical experience commensurate with each intended route(s) of administration, whether; (i) Oral sedation for children twelve years or younger; or (ii) Non-intravenous parenteral; or (iii) Intravenous; or (b) Has satisfactorily completed an accredited post-doctoral training program which included conscious sedation training to the aforementioned; or (c) Has satisfactorily completed the qualifications governing the use of general anesthesia as mentioned in the Ohio Administrative Code; and (d) At the time of application maintains successful completion of an ACLS course, or its age appropriate equivalent; and (e) Maintains a permanent address within the state of Ohio where he or she conducts business pursuant to his or her Ohio state dental license.

- **General Anesthesia/Deep Sedation:** The applicant must produce evidence showing: (a) Completion of an approved, accredited post-doctoral training program which affords appropriate training necessary to administer deep sedation and general anesthesia; and/or (b) Completion of an approved Accreditation Council for Graduate Medical Education (ACGME) accredited post-doctoral training program in anesthesiology which affords appropriate training necessary to administer deep sedation and general anesthesia; and/or (c) Completion of a minimum of one year advanced clinical training in anesthesiology from a Joint Commission on Accreditation of Healthcare Organization (JCAHO) accredited institution beyond the minimum one year pre-doctoral training in anesthesiology and that meets the objectives set forth in Part II of the ADA Guidelines; and (d) Completion of an ACLS course or its equivalent.

**STATE OFFICE INSPECTION RULES AND GUIDELINES**

- **Structure of Office Inspection Team:** The evaluation shall be conducted by a qualified consultant appointed by the Ohio State Dental Board.

**OFFICE FACILITY / EQUIPMENT REQUIREMENTS**

- **Facility Requirements:** The applicant must have a properly equipped facility(s), whether fixed, mobile, or portable, for the administration of general anesthesia or deep sedation and parenteral conscious sedation in which the permit holder agrees to have available and utilize adequate monitoring, personnel, emergency equipment and drugs as recommended in the ADA’s “Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists” and/or the American Association of Oral and Maxillofacial Surgeon’s “Office Anesthesia Evaluation Manual.”

**ADDITIONAL RULES AND REGULATIONS**

- **A Mobile or Portable Facility:** In the case of a mobile or portable facility, one inspection of that facility shall be conducted in the office of an Ohio licensed dentist where deep sedation or general anesthesia is administered. A written list of all monitors, emergency equipment, and other materials which the mobile anesthesia provider agrees to have available at all times while administering conscious sedation, deep sedation, and general anesthesia in multiple locations shall be provided to the Ohio State Dental Board.

- **New Facility(s):** All permit holders shall provide written notification within 10 days to the Ohio State Dental Board if anesthesia services are provided at any new facility(s) other than those already listed.

**ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:**

576
TRAINING REQUIREMENTS

- **Pediatric Conscious Sedation:** Every dentist who administers pediatric conscious sedation using enteral agents to dental patients ages 12 years and younger must satisfy at least one of the following requirements: 
  (a) has accrued a minimum of 16 hours training in enteral sedation, or must have participated in an education program approved by the Board. Those 16 hours are in addition to those accrued completing certification in BLS; (b) satisfactory completion of a postgraduate program in oral and maxillofacial surgery or pediatric dentistry at a dental school approved by either the Board or the Council on Accreditation; (c) satisfactory completion of a general practice residency; (d) licensed dentists in Oklahoma who have provided pediatric conscious sedation utilizing enteral methods to dental patients ages 12 years and less; (d) does need to possess a facility inspection permit and demonstrate the administration of pediatric enteral conscious sedation.

- **Conscious Sedation:** Every dentist who administers conscious sedation using parenteral methods for dental patients must satisfy at least one of the following: (a) has accrued a minimum of 60 hours training in parenteral conscious sedation techniques given by a faculty member of recognized teaching institution or hospital, or participated in an education program approved by the Board; (b) completion of an ADA Commission on Dental Accreditation approved advanced dental education program which includes at least 60 hours of comprehensive and appropriate training necessary to administer and manage parenteral conscious sedation; and (c) possess current certification in ACLS or PALS.

- **Deep Sedation/General Anesthesia:** Every dentist who administers general anesthesia or deep sedation must meet one of the following: (a) A minimum of two years of post-doctoral training in anesthesiology as described by the ADA in Part II of Guidelines for Teaching Anxiety and Pain Control; (b) A dentist with one year of post-doctoral training in anesthesiology with a current general anesthesia permit will be grandfathered; (c) Specialty certification in oral and maxillofacial surgery; (d) Certification as a Fellow in Anesthesia by the American Dental Society of Anesthesiology; (e) Possess current certification in ACLS or PALS.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team:** The Anesthesia Advisory Committee shall be composed of: Two dentists who hold general anesthesia provider permits; Two dentists who hold conscious sedation provider permits; One dentist permit holder at large; One current member of the Board. All of which will serve a 3-year term.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Facility Requirements:** The evaluation of the facility’s equipment and personnel will follow the ADA’s Guidelines for the Use of Conscious Sedation, Deep Sedation, and General Anesthesia in Dentistry. This evaluation will be on a prescribed form approved by the Board and available to the applicant for review prior to a request for an inspection. A written list of all monitors, emergency equipment, drugs, and other materials which the mobile or portable anesthesia provider agrees to have available at all times. The dentist holding a facility permit can work with or employ: (a) A dentist holding a valid parenteral conscious sedation permit; (b) A dentist holding a valid general anesthesia permit; and (c) A CRNA licensed to practice in the State of Oklahoma, provided the dentist directly supervises the CRNA.

ADDITIONAL RULES AND REGULATIONS

- **Continuing Education:** All permit holders must complete 6 hours of permit specific CE in 3 years time. These hours are in addition to those relating to BLS, ACLS, or PALS.

- **Personnel:** For Enteral Sedation- At least one assistant involved and certified in BLS; For Conscious Sedation and General Anesthesia- At least two assistants involved and certified in BLS.

**ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:**

147
State Permits: All Inclusive

Renewal: Biennially

- Nitrous Oxide [Class I Permit] (Fee: $40.00)
- Conscious Sedation [Class II Permit] (Fee: $75.00)
- Deep Conscious Sedation [Class III Permit] (Fee: $75.00)
- General Anesthesia [Class IV Permit] (Fee: $140.00)

TRAINING REQUIREMENTS

- **Conscious Sedation:** To administer parenteral conscious sedation the dentist must satisfy one of the following criteria: (a) Has completed a training course of at least 20 hours of either pre-doctoral dental school accredited by the Commission on Dental Accreditation, or (b) Has completed a postgraduate instruction, or the equivalent of that required in graduate training programs, in sedation, recognition, and management of complications and emergency care. In addition, the permit holder must possess BLS certification.

- **Deep Sedation:** To administer deep sedation the dentist must satisfy one of the following criteria: (a) Completion of an ADA accredited postdoctoral training program which affords comprehensive and appropriate training necessary to administer and manage parenteral conscious sedation; or (b) Completion of a comprehensive training program in parenteral conscious sedation that satisfies the requirements described in Part III of the ADA Anesthesia Guidelines. In addition, the permit holder must be ACLS certified.

- **General Anesthesia:** To administer deep sedation the dentist must satisfy one of the following: (a) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in Part II of the ADA Guidelines; or (b) Completion of an ADA accredited postdoctoral training program which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate to the aforementioned guidelines. In addition, the applicant must currently hold certification in ACLS or PALS, whichever is appropriate for the patient.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team:** The evaluation shall be performed by a team appointed by the Board and shall include: A permit holder who has the same type of license as the licensee to be evaluated and who holds a current anesthesia permit in the same class or higher than that being evaluated; a member of the Board’s Anesthesia Committee; and any licensed dentist, deemed appropriate by the Board President, may serve as team leader and shall be responsible for organizing and conducting the evaluation.

- **Criteria of On-Site Inspection:** The in-office evaluation shall include: (a) Observation of one or more cases of anesthesia to determine the appropriateness of technique and adequacy of patient evaluation and care; (b) Inspection of facilities/equipment; (c) Confirmation that auxiliary personnel and applicant are appropriately trained.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Facility Requirements:** The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery: (a) proper lighting and suction with back-up; (b) an oxygen delivery system with adequate full face mask and appropriate connectors; (c) a recovery area that has available oxygen, lighting, suction and electrical outlets; (d) sphygmomanometer, precordial stethoscope or capnograph; (e) pulse oximeter; (f) proper emergency drugs.

ADDITIONAL RULES AND REGULATIONS

- **Restrictions:** The following drugs are conclusively presumed to produce general anesthesia and may only be used by a licensee holding a Class IV Permit: (i) Ultra short acting barbiturates; (ii) Alkylphenols (propofol); (iii) Neuroleptic agents; (iv) Dissociative agents (ketamine); (v) Etomidate; and (vi) Rapidly acting steroid preparations.

- **Pain Management:** Chapter 528 (2007 Laws) known as Senate Bill 879. This new legislation requires that all Oregon licensed dentists must complete one pain management education program developed by the Oregon Pain Management Commission.

- **Use of Trained Auxiliary:** After adequate training, an assistant, when directed by a dentist, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist.

- **Reporting of Adverse Occurrences:** The licensee performing the dental procedure must submit a written detailed report to the Board within five days of the incident.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS: 274
TRAINING REQUIREMENTS

- **Conscious Sedation:** To secure a restricted permit I, a dentist shall have done one of the following: (a) Successfully completed a course on conscious sedation comprising at least 80 hours of undergraduate or postgraduate didactic instruction and clinical experience in a program that conforms to Part I or Part III of the ADA’s Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry; (b) Administered conscious sedation on a regular basis in the course of his dental practice for 5 or more years prior to January 1, 1986.

- **General Anesthesia:** To secure an unrestricted permit, a dentist shall have done one of the following: (a) Successfully completed at least 1 year in a post graduate program for advanced training in anesthesiology and related academic subjects that conforms to Part II of the ADA’s Guidelines; (b) Be certified as a Diplomat of the American Board of Oral and Maxillofacial Surgeons, a Fellow of the American Association of Oral and Maxillofacial Surgeons or a Fellow of the American Society of Dental Anesthesiology, or be eligible for examination by the American Board of Oral and Maxillofacial Surgeons; (c) Administered general anesthesia on a regular basis in the course of his dental practice for at least 5 years prior to January 1, 1986.

- **Enteral Sedation:** All practitioners providing oral medication to achieve conscious sedation should review section 33.331 of the PA code. The board interprets this to require such practitioners to have a Restricted I Conscious Sedation Permit.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team:** Office inspections will be performed through the Pennsylvania Society of Oral and Maxillofacial Surgeons

- **Criteria of On-Site Inspection:** Approximately once every five years, the Board, through its authorized agents, may conduct a routine inspection of a dental office for the purpose of determining whether the office is in compliance with the equipment and facility requirements prescribed.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Facility Requirements:** The board will require the applicant to undergo a clinical evaluation and office inspection conducted by the Board through its authorized agents. The clinical evaluation and office inspection will be conducted in accordance with the “American Association of Oral and Maxillofacial Surgeons’ Office Anesthesia Evaluation Manual.”

ADDITIONAL RULES AND REGULATIONS

- **Personnel:** Auxiliary personnel who assist the permit holder in the administration of anesthesia: (i) Are trained to perform the duties that the permit holder delegates to them, if the duties do not require the professional judgment and skill of the permit holder and do not involve the administration of general anesthesia, conscious sedation, or nitrous oxide/oxygen analgesia. (ii) Perform their duties under the direct on-premises supervision of the permit holder who shall assume full responsibility for the performance of the duties. (iii) Do not render assistance in areas that are beyond the scope of the permit holder’s authority.

- **Other Than Permit Holders:** Certified registered nurse anesthetists who are delegated the duties of administering anesthesia must not perform duties that are beyond the scope of the permit holder’s authority.

- **Notification:** The Board must receive prior notice of the first time that a dental office of the permit holder will be used for the administration of general anesthesia, conscious sedation or nitrous oxide/oxygen analgesia.

- **Continuing Education:** A dentist that does not possess an anesthesia permit, but opts to employ a permit holder for anesthesia services must receive 5 CE credit hours specific for anesthesiology. A dentist possessing a permit must complete at least 15 hours of CE. (Please call the dental board for specific details.)

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS: 502
TRAINING REQUIREMENTS

- **Deep Sedation/General Anesthesia:** To administer general anesthesia the dentist must satisfy the following criteria: (a) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in Part II of the ADA Guidelines; (b) Completion of an ADA accredited post-doctoral training program, which affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia. In addition, the permit holder must be certified in ACLS.

- **Combined Conscious Sedation:** Satisfy one of the following education and training requirements: (a) completion of a comprehensive training program in enteral and/or combination inhalation-enteral conscious sedation (combined conscious sedation) consistent with that prescribed in Part III of the ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry at the time training was commenced; or (b) completion of an ADA accredited post-doctoral training program which affords comprehensive and appropriate training necessary to administer and manage enteral and/or combination inhalation-enteral conscious sedation (combined conscious sedation).

- **Parenteral Conscious Sedation:** To administer parenteral conscious sedation the dentist must satisfy one of the following criteria: (a) Completion of a comprehensive training program in parenteral conscious sedation that satisfies the requirements described in Part III of the ADA Guidelines; (b) Completion of an ADA accredited post-doctoral training program. In addition, the permit holder must be certified in BLS.

- **Inhalational Conscious Sedation:** The applicant must satisfy one of the following education and training requirements: (a) Completion of a training consistent with that described in Part I or Part III of the ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety; (b) Completion of an ADA accredited post-doctoral training program. In addition, the permit holder must be certified in BLS.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team:** The Board may, through appointed advisory consultants, conduct such inspections and investigations as deemed necessary by the Board to ensure compliance with the requirements.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Facility Requirements:** In order to determine the adequacy and safety of the physical facility, the current standards of the ADA, “Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists,” including but not limited to the following equipment requirements: (i) equipment must have a fail-safe system that is appropriately checked and calibrated; (ii) equipment must have an appropriate scavenging system; and (iii) if nitrous oxide and oxygen delivery equipment capable of delivering less than 25% oxygen is used, an in-line oxygen analyzer must be used. In addition, the standards for “Occupational Exposure to Waste Anesthetic Gases and Vapors” of the Nationa Institute for Occupational Safety and Health and the Rhode Island Fire Safety Code where flammable anesthetics are present will be used.

ADDITIONAL RULES AND REGULATIONS

- **Personnel:** Each member of the “team of auxiliary personnel” shall hold a current certificate in BLS.
- **Written Consent:** Written informed consent shall be administered and obtained for each patient undergoing anesthesia care.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS: 90
The Board of Dentistry Does Not Issue Anesthesia Permits.

TRAINING REQUIREMENTS

- **Sedation:** A dentist may employ or use sedation on an out-patient basis for dental patients provided he or she: (a) has received formal training in the use of sedation; (b) is certified by the institution where the training was received to be competent in the administration of sedation; and such certification shall specify the type, the number of hours and length of training. The minimum number of didactic hours shall be 40 and the minimum number of patient contact hours shall be 20. The preceding is necessary for recognition of the formal training program. This formal training program shall be sponsored by or affiliated with a university, teaching hospital, or other facility approved by the Board or part of the undergraduate curriculum of an accredited dental school.

- **General Anesthesia:** To administer general anesthesia the dentist must satisfy the following criteria: (a) completion of a minimum of one year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in academic subjects beyond the undergraduate dental school level in a training program as described in Part II of the ADA Guidelines; or (b) is a graduate of an ADA accredited program in Oral and Maxillofacial Surgery, or is a Diplomat of the American Board of Oral and Maxillofacial Surgery, or is eligible for examination by the American Board of Oral and Maxillofacial Surgery; or (c) is a Fellow of the American Dental Society of Anesthesiology; or (d) is a licensed dentist who has been utilizing general anesthesia in a competent and effective manner for the 10 year period preceding the effective date of these rules and regulations.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team:** Evaluations will be completed by a qualified anesthesiologist licensed to practice in South Carolina.

- **Criteria of On-Site Inspection:** The qualified inspector would monitor the patient until discharge from the dental office. The anesthesiologist and the dentist would be responsible for insuring standard of care. In addition, the facility will be inspected to insure that it is properly equipped to administer anesthesia. The majority of office inspections relate to a complaint being registered against the dentist.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Facility Requirements:** Dentists whose credentials qualify to provide anesthesia care shall be subject to review, and their facilities subject to inspection. The inspection will occur to verify that the facility can support the use of anesthesia.

ADDITIONAL RULES AND REGULATIONS

- **Reporting of Adverse Occurrences:** All licensed dentists engaged in the active practice of dentistry while administering general anesthesia or sedation must submit a report within a 30 day period to the Board regarding any known mortality or serious, unusual incident which occurs in a dental facility or during the 24 hour period after the patient leaves the facility, if the incident produces significant temporary or permanent physical or mental injury of the patient as a direct result of the administration of the general anesthesia or sedation.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:

NONE ISSUED
TRAINING REQUIREMENTS

- **General Anesthesia:** The applicant must meet one of the following criteria: (a) Has completed a minimum of one year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in Part II of the ADA Guidelines; (b) Is a diplomate of the American Board of Oral and Maxillofacial Surgery; (c) Is eligible for examination by the American Board of Oral and Maxillofacial Surgery; (d) Is a member of the American Association of Oral and Maxillofacial Surgeons; or (e) Is a Fellow of the American Dental Society of Anesthesiology

- **Parenteral Sedation:** The applicant must meet one of the following criteria: (a) Has documented experience at the graduate level specifying the type, number of hours, length of training, and number of supervised parenteral sedation cases; or (b) Has successfully completed a formal training program as described in Part III of the ADA Guidelines.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team:** There are not currently any published guidelines as to office inspections. However, the board may at any time require an on-site inspection of the facility, equipment, and personnel to determine if the requirements are being met.

- **Facilities Affidavit:** Each applicant must provide a signed affidavit verifying that the facility in which they will practice anesthesia is fully equipped according to the standard of care set forth in the application document.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Facility Requirements:** The applicant must maintain a facility equipped for the administration of general anesthesia and staffed with trained auxiliary personnel capable of handling procedures, problems, and emergencies.

ADDITIONAL RULES AND REGULATIONS

- **Personnel:** All employee dental auxiliaries must be trained and capable of administering basic life support. A qualified dentist may not administer general anesthesia or monitor a patient without the presence and assistance of qualified BLS certified dental auxiliaries.

- **Reporting of Adverse Occurrences:** All dentists must submit a report to the Board of Dentistry within 30 days after any death or any incident which results in temporary or permanent physical or mental injury requiring medical treatment of the patient during, or as a result of, anesthesia administration.

- **Monitoring by Auxiliaries:** Licensed dental hygienists and advanced dental assistants may monitor patients receiving analgesic or anesthetic agents while under the direct supervision of a licensed dentist who has been authorized by the board for the specific type of analgesic or anesthetic agent if the dental hygienist or advanced dental assistant holds a current certification in BLS and has completed at least an eight-hour course in anesthetic assisting.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:

31
**State Permits: All Inclusive**

- **Renewal:** Annually
  - Limited Conscious Sedation (Enteral &/or Inhalational) [Fee: $300.00]
  - Comprehensive Conscious Sedation (Inclusive for Pediatrics) [Fee: $300.00]
  - Deep Sedation/General Anesthesia [Fee: $300.00]

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**TRAINING REQUIREMENTS**

- **Limited Conscious Sedation:** To obtain a limited conscious sedation permit, a dentist must provide certification of one of the following: (a) completion of an ADA accredited postdoctoral training program which affords comprehensive training necessary to administer and manage enteral and/or combination inhalation-enteral conscious sedation, or (b) completion of a CE course which consists of a minimum of 18 hours of didactic instruction plus 20 clinically-oriented experiences which provide competency in enteral and/or combination inhalation-enteral conscious sedation.

- **Comprehensive Conscious Sedation:** To obtain a comprehensive conscious sedation permit a dentist must provide certification in one of the following: (a) completion of an ADA accredited postdoctoral training program which affords comprehensive training to administer and manage parenteral conscious sedation, or (b) completion of a CE course which consists of a minimum of 18 hours of didactic instruction plus 20 clinically-oriented experiences which provide competency in enteral and/or combination inhalation-enteral conscious sedation; or (c) possess on the effective date of this regulation a current valid intravenous conscious sedation permit issued by the board.

- **Deep Sedation/General Anesthesia:** To obtain a deep sedation/general anesthesia permit, a dentist must provide certification of one of the following: (a) successful completion of a minimum of one year advanced training in anesthesiology and related academic subjects beyond the undergraduate level in a training program as described in the ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry; or (b) proof of successful completion of a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Accreditation of the ADA; or (c) proof of successful completion of a residency program in general anesthesia of not less than one calendar year that is approved by the Board of Directors of the ADA of Anesthesiology. In addition, ACLS/PALS certification is needed.

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**STATE OFFICE INSPECTION RULES AND GUIDELINES**

- **Facilities Affidavit:** Each applicant must provide a signed affidavit verifying that the facility in which they will practice anesthesia is fully equipped according to the standard of care set forth in the application document.

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**OFFICE FACILITY / EQUIPMENT REQUIREMENTS**

- **Facility Requirements:** (a) The treatment room must be large enough to accommodate the patient adequately on a table or in a dental chair and to allow an operating team, consisting of at least 3 persons, to move freely about. (b) The facility must have an adequate lighting and suction system with back-up. (c) A system for delivering oxygen must have adequate full-face masks and appropriate connectors, and be capable of delivering oxygen to the patient under positive pressure. (d) Inspections of the anesthesia equipment shall be made each day the equipment is used and a log kept recording the inspection and its results.

- **Monitoring:** (i) Interval recording of blood pressure and pulse must occur; (ii) Oxygen saturation must be monitored continuously by pulse oximeter; (iii) Continuous EKG monitored with electrocardioscope must occur (GA); (iv) Respirations must be monitored for intubated patients by auscultation or end title CO₂ (GA); (v) A cardiac defibrillator must be available.

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**ADDITIONAL RULES AND REGULATIONS**

- **Pediatric Anesthesia:** A dentist who provides anesthesia for children must provide evidence of adequate training in pediatric techniques and in pediatric resuscitation including the recognition of pediatric airway and respiratory problems.

- **Written Protocols:** Written protocols must be established by the dentist to manage emergencies related to anesthesia administration.

- **Personnel:** During conscious sedation, at least one person, in addition to the operating dentist, must be present. During general anesthesia, at least two persons, in addition to the operating dentist, must be present. All auxiliary personnel must possess current BLS certification.

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**ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:**

219
**State Permits: Not Available**

- **Renewal:** Annually
  - **Enteral Conscious Sedation (Fee: $28.75)**
  - **Nitrous Oxide/Oxygen Conscious Sedation (Fee: $28.75)**
  - **Parenteral Conscious Sedation (Fee: $28.75)**
  - **Deep Sedation/General Anesthesia (Fee: $28.75)**

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**TRAINING REQUIREMENTS**

- **Enteral Sedation:** The applicant must have satisfied one of the following: (a) completed training to the level of competency in enteral conscious sedation consistent with the prescribed in Part I and III of the ADA Guidelines; (b) completion of an ADA accredited post-doctoral training program; or (c) completion of the two-day conscious sedation course in Pediatric Dentistry that is approved and developed by the American Academy of Pediatric Dentistry; or (d) completion of a two-day enteral conscious sedation approved by the State Board of Dental Examiners.

- **Parenteral Conscious Sedation:** To administer parenteral conscious sedation the dentist must satisfy one of the following criteria: (a) completion of a comprehensive training program in parenteral conscious sedation that satisfies the requirements described in Part III of the ADA Guidelines; (b) completion of an ADA accredited post-doctoral training program. In addition, BLS and ACLS/PALS certification is needed.

- **Deep Sedation/General Anesthesia:** To administer general anesthesia the dentist must satisfy one of the following criteria: (a) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in Part II of the ADA Guidelines; (b) Completion of an ADA accredited post-doctoral training program, which affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia. In addition, the permit holder must possess current ACLS/PALS and BLS certification.

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**STATE OFFICE INSPECTION RULES AND GUIDELINES**

- **Facilities Affidavit:** Each applicant must provide a signed affidavit verifying that the facility in which they will practice anesthesia is fully equipped according to the standard of care set forth in the application document.

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**OFFICE FACILITY / EQUIPMENT REQUIREMENTS**

- **Monitoring:** (i) Oxygen saturation shall be evaluated continuously by pulse oximetry; (ii) Ventilation-breath sounds must be monitored; end-tidal CO2; (iii) Continuous EKG monitoring of all patients throughout the procedure with electrocardioscopy shall occur; (iv) Blood pressure shall be recorded every five-minutes; (v) A device to measure body temperature must be used (GA Permit).

- **Recovery Area:** Oxygen and suction equipment must be immediately available in the recovery area for the continual monitoring of vital signs when the anesthetic is no longer being administered, i.e., the patient must have continuous supervision until oxygenation, ventilation, circulation, and temperature, as indicated, are stable and the patient is appropriately responsive for discharge from the facility.

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**ADDITIONAL RULES AND REGULATIONS**

- **Portability of Anesthesia Privileges:** An applicant can request portability of a sedation/anesthesia permit be granted at the time permit issuance. This will enable the applicant to offer sedation/anesthesia in locations other than a single dental office/facility. This will be granted if the applicant meets the standards set forth by the State Board of Dental Examiners.

- **Patient Evaluation:** Patients subjected to anesthesia must be suitably evaluated prior to the start of any sedative procedure. In healthy or medically stable individuals (ASA I, II), this may be simply a review of their current medical history and medication use. However, with individuals who may not be medically stable or who have a significant health disability (ASA III, IV), consultation with their primary care physician or consulting medical specialist regarding potential procedure risk should be considered.

- **Personnel:** All dental auxiliaries involved in the administration of anesthesia must possess current BLS certification.

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**ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:**

**1440**
State Permits: All Inclusive

Renewal: Biennially
- Class I Permit [Enteral Sedation] (Fee: $131.00)
- Class II Permit [Nitrous Oxide] (Fee: $131.00)
- Class III Permit [Parenteral Conscious Sedation] (Fee: $131.00)
- Class IV Permit [General Anesthesia] (Fee: $131.00)

TRAINING REQUIREMENTS

- **Enteral Sedation:** The qualifications for a class I permit are: (a) current licensure as a dentist in Utah; and (b) documentation of current CPR or BLS certification.

- **Conscious Sedation:** The qualifications for a class III permit are: (a) current licensure as a dentist in Utah; (b) evidence of current ACLS certification; (c) evidence of holding a current Utah controlled substance license in good standing, and a current DEA Registration in good standing; (d) evidence of having successfully completed comprehensive predoctoral or postdoctoral training in the administration of parenteral conscious sedation which conforms to the Guidelines for Teaching Comprehensive Control of Pain and Anxiety in Part III.

- **Deep Sedation/General Anesthesia:** The qualifications for a class IV permit are: (a) meet the requirements as in sections (a-c) within conscious sedation above; (b) evidence of having successfully completed advanced training in the administration of general anesthesia and deep sedation consisting of not less than one year in a program which conforms to the Guidelines set forth by the ADA Guidelines in Part II, and a letter from the course director documenting competency in performing general anesthesia or deep sedation; and (c) documentation of successful completion of advanced training in obtaining a health history, performing a physical examination and diagnosis of a patient consistent with the administration of general anesthesia or deep sedation.

- **Controlled Substance Permit:** This permit is required for any use of controlled substances and the cost of this permit is included in the total fee for each anesthesia permit.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Facilities Affidavit:** Each applicant must provide a signed affidavit verifying that the facility in which they will practice anesthesia is fully equipped according to the standard of care set forth in the application document.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Facility Requirements:** For General Anesthesia- The applicant must ensure via affidavit the dental facility is equipped with current emergency drugs, equipment capable of delivering oxygen under positive pressure, precordial stethoscope for continuous monitoring of cardiac function and respiratory work, electrocardiographic monitoring and pulse oximetry, means of monitoring blood pressure, and temperature monitoring; the preceding or equivalent monitoring of the patient will be used for all patients during all general anesthesia or deep sedation procedures; in addition, temperature monitoring will be used for children. All the aforementioned equipment must be inspected annually by a certified technician and is calibrated and in good working order. For Parenteral Conscious Sedation- The applicant must ensure the dental facility is equipped with pulse oximetry, current emergency drugs, and equipment capable of delivering oxygen under positive pressure; the patient’s heart rate, blood pressure, respirations and responsiveness are checked at specific intervals during the anesthesia and recovery period and that these observations are appropriately recorded in the patient record.

ADDITIONAL RULES AND REGULATIONS

- **Personnel:** For parenteral conscious sedation, a minimum of 2 persons, with one person constantly monitoring the patient, must be present during the administration of anesthesia as follows: (i) an operating dentist and a permittee dentist; or (ii) an operating permittee dentist and a BLS certified assistant trained and qualified to monitor appropriate and required physiologic parameters; or (iii) an operating permittee dentist and another licensed professional qualified to administer this class of anesthesia. For general anesthesia, a minimum of 3 persons who are appropriately trained and qualified must be present in the following manner: (i) an operating dentist holding a permit under this classification, an anesthesia assistant trained to observe and monitor the patient using the equipment required above, and an individual to assist the operating dentist; (ii) an operating dentist, an assistant to the dentist and a dentist holding a permit under this classification; (iii) another licensed professional qualified to administer this class of anesthesia and an individual to assist the operating dentist.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:

256

(NOTE: 622 DENTISTS HOLD A CLASS I PERMIT)
TRAINING REQUIREMENTS

- **General Anesthesia**: An applicant must demonstrate that he or she: (a) has a properly staffed and equipped facility, as set forth in the current edition of the Office Anesthesia evaluation Manual of the American Association of Oral and Maxillofacial Surgeons; and (b) has either completed a minimum of 12 months of advanced clinical training in anesthesiology and related academic subjects beyond undergraduate dental school level; or (c) is a diplomate of the American Board of Oral and Maxillofacial Surgery, is a fellow or member of the American Association of Oral and Maxillofacial Surgeons, or is a fellow of the American Dental Society of Anesthesiology or has successfully completed a CODA accredited oral and maxillofacial surgery residency program.

- **Conscious Sedation**: TO INCLUDE REPEATED DOSING OF ORAL SEDATIVE AGENTS
  
  Applicants submit: (a) documentation of satisfactory completion of a conscious sedation training program provided under the auspices of a dental school or program accredited by the Commission on Dental Accreditation of the ADA; or (b) Certification by a CODA accredited school showing that the applicant has completed a course of training in conscious sedation while a student in an accredited school of dentistry or through postgraduate training which meets the requirements of the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry; or (c) Conscious Sedation endorsement Based on Endorsement from Another Jurisdiction: documentation showing that he or she is a licensed dentist in good standing in a jurisdiction of the U.S. or Canada having standards equivalent of this state; or (d) For those treating children under 12 years of age, documentation of appropriate training, in pediatric sedation techniques according to the guidelines of the American Academy of Pediatric Dentistry and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems; and (e) A signed affidavit certifying that the dentist: (1) understands the requirements of these rules; and (2) will use a properly staffed and equipped facility.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team**: Prior to issuance, at the time of application and at such times as the Board deems necessary, the Board may conduct an inspection of the dentist’s facility, equipment, and staff. Such inspection will be conducted by a team appointed by the Board.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Facility Requirements**: The applicant must have a properly staffed and equipped facility, as set forth in the current edition of the Office Anesthesia Evaluation Manual of the American Association of Oral and Maxillofacial Surgeons.

- **Monitoring Requirements**: To minimize risks to patients, a dentist who uses conscious sedation shall: (a) Ensure that monitoring of a patient under conscious sedation begins prior to the administration of sedation, and takes place continuously during the procedure and recovery from sedation. The person who administers the sedation or another licensed practitioner qualified to administer conscious sedation shall remain on the premises until the patient is responsive and discharged; (b) Ensure that monitoring includes: continuous direct clinical observation of the patient; interval recording of blood pressure and pulse; continuous evaluation of oxygen saturation; and additional devices such as EKG for monitoring when dictated by the medical needs of the patient; and (c) Ensure that alarms on devices used for monitoring are enabled.

ADDITIONAL RULES AND REGULATIONS

- **Hospital Dental Anesthesia**: A dentist administering general anesthesia or parenteral sedation within a hospital type setting does not require board approval.

- **Restrictions**: Patients in ASA risk categories Class III and Class IV shall only be provided conscious sedation: (1) by an oral and maxillofacial surgeon after performing an evaluation and documenting the ASA risk assessment category and any special monitoring requirements that may be necessary; or (2) by a dentist with a conscious sedation endorsement after consultation with the patient’s primary care physician or other medical specialist regarding potential risk and special monitoring requirements that may be necessary.

- **Continuing Education**: Each permittee must complete 6 hours of anesthesia-related CE during each renewal period.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS: 58
### TRAINING REQUIREMENTS

- **Conscious Sedation:** A dentist may administer conscious sedation upon completion of training for this treatment modality according to guidelines published by the ADA, while enrolled at an approved dental school or while enrolled in a post-doctoral university or teaching hospital program or completion of an approved CE course consisting of 60 hours of didactic instruction plus the management of at least 20 patients. In addition, dentists shall hold current certification in ACLS or PALS and have DEA certification.

- **General Anesthesia:** To administer general anesthesia, the dentist must satisfy one of the following criteria:
  (a) Completion of minimum of one calendar year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program in conformity with published guidelines by the ADA; or
  (b) Completion of an ADA approved residency in any dental specialty which incorporates into its curriculum the standards of teaching comparable to those set forth in published guidelines by the ADA. In addition, dentists shall hold current certification in ACLS or PALS and have DEA certification.

- **Enteral Sedation:** A dentist may administer conscious sedation by an enteral method if he has completed an approved continuing education program of not less than 18 hours of didactic instruction plus 20 clinically-oriented experiences in enteral and/or combination inhalation-enteral conscious sedation techniques. The course content shall be consistent with the guidelines published by the ADA.

### STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team:** Office inspections will be conducted by personnel appointed by the Board. The inspector will evaluate:
  (a) display of name and license(s);
  (b) recordkeeping;
  (c) laboratory work order;
  (d) requirements to administer general anesthesia and/or conscious sedation: intravenous and intramuscular;
  (e) facility requirements;
  (f) reporting of adverse reactions;
  (g) drug security inventory and records;
  (h) environmental conditions.

### OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Facility Requirements:** A dentist who administers general anesthesia and conscious sedation (excluding nitrous oxide) shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway and cardiopulmonary resuscitation, and shall maintain the following emergency airway equipment in the dental facility:
  (i) full face mask for children and/or adults;
  (ii) oral nasopharyngeal airways;
  (iii) endotracheal tubes for children or adults, with appropriate connectors;
  (iv) a laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades;
  (v) source of delivery of oxygen under controlled pressure; and
  (vi) mechanical (hand) respiratory bag.

### ADDITIONAL RULES AND REGULATIONS

- **Personnel:** The team for general anesthesia shall consist of the operating dentist, a second person to monitor and observe the patient, and a third person to assist the operating dentist. The team for conscious sedation shall consist of the operating dentist and a second person to assist, monitor, and observe the patient.

- **Treatment Modalities:** Anesthesia and sedation may be provided in a dental office for patients who are Class I and II as classified by the American Society of Anesthesiologists (ASA). Conscious sedation, deep sedation or general anesthesia shall not be provided in a dental office for patients in ASA risk categories of Class IV and V. Patients in ASA risk category Class III shall only be provided general anesthesia or sedation by: a dentist after consultation with their primary care physician; an oral and maxillofacial surgeon after performing an evaluation and documenting the ASA risk assessment category of the patient and any special monitoring requirements that may be necessary.

### ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:

**NONE ISSUED**
**TRAINING REQUIREMENTS**

- **Parenteral Conscious Sedation/Multiple Enteral Sedation:** To administer conscious sedation with parenteral or multiple oral agents, the dentist must have successfully completed a postdoctoral course(s) of sixty clock hours or more which includes training in basic conscious sedation, physical evaluation, venipuncture, technical administration, recognition and management of complications and emergencies, monitoring, and supervised experience in providing conscious sedation to fifteen or more patients.

- **Deep Sedation/General Anesthesia:** To administer deep sedation or general anesthesia, the dentist must have current and documented proficiency in advanced cardiac life support. One method of demonstrating such proficiency is to hold a valid and current ACLS certificate or equivalent. A dentist must also meet one or more of the following criteria: 
  (a) Have completed a minimum of one year's advanced training in anesthesiology or related academic subjects, or its equivalent beyond the undergraduate dental school level, in a training program as outlined in Part 2 of *Teaching the Comprehensive Control of Pain and Anxiety in an Advanced Education Program*, published by the American Dental Association, Council on Dental Education, dated July 1993. 
  (b) Is a fellow of the American Dental Society of Anesthesiology. 
  (c) Is a diplomate of the American Board of Oral and Maxillofacial Surgery, or is eligible for examination by the American Board of Oral and Maxillofacial Surgery pursuant to the July 1, 1989, standards. 
  (d) Is a fellow of the American Association of Oral and Maxillofacial Surgeons. 
  (2) Only a dentist meeting the above criteria for administration of deep sedation or general anesthesia may utilize the services of an appropriate licensed nurse.

**STATE OFFICE INSPECTION RULES AND GUIDELINES**

- Applicants for GA permits prior to issuance of said permit must participate in an on-site inspection at all practice locations. Inspections may be conducted by the applicant or by a peer. For mobile anesthesia services, a completed inspection form must be submitted for each facility where anesthesia services are provided.

**OFFICE FACILITY / EQUIPMENT REQUIREMENTS**

- **Procedures for the Administration of General Anesthesia:** Patients receiving deep sedation or general anesthesia must have continual monitoring of their heart rate, blood pressure, and respiration. In so doing, the licensee must utilize electrocardiographic monitoring and pulse oximetry. The patient’s blood pressure, heart rate, and respiration shall be recorded at least every five minutes.

- **Facility Requirements:** Office facilities and equipment shall include: (a) proper lighting and suction equipment with back-up; (b) an oxygen delivery system capable of delivering high flow oxygen under positive pressure, with back-up; (c) a recovery area that has available oxygen, adequate lighting, suction, and electrical outlets; (d) laryngoscope complete with adequate selection of blades, spare batteries, and bulbs (GA); (e) endotracheal tubes and appropriate connectors (GA); (f) oral airways; (g) tonsillar or pharyngeal suction tip (GA); (h) endotracheal tube forceps (GA); (i) sphygmomanometer and stethoscope; (j) adequate equipment to establish an intravenous infusion; (k) pulse oximetry; (l) electrocardiographic monitor; (m) synchronized defibrillator available on premises; (n) bag-valve-mask resuscitation equipment.

- **Emergency Drugs:** Emergency drugs of the following types shall be maintained: vasopressor, corticosteroid, bronchodilator, muscle relaxant, intravenous medication for treatment of cardiac arrest, narcotic antagonist, antihistamine, anticholinergic, antiarrhythmic, coronary artery vasodilator, antihypertensive, anticonvulsant.

**ADDITIONAL RULES AND REGULATIONS**

- **Continuing Education:** A dentist granted a permit to administer general anesthesia, must participate in 21 hours of CE every 3 years. The education must be provided by organizations approved by the DQAC and must be in one or more of the following areas: general anesthesia, conscious sedation, physical evaluation, medical emergencies, monitoring and use of monitoring equipment, pharmacology of drugs and agents used in sedation and anesthesia, or BLS, or ACLS, or PALS.

**ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:**

248
State Permits: All Inclusive  
Renewal: Annually
- Anxiolysis Class 2 (Fee: $50.00)
- Enteral Conscious Sedation Class 3A (Fee: $600.00; Renewal: $100.00)
- Conscious Sedation Class 3B (Fee: $600.00; Renewal: $200.00)
- General Anesthesia/Deep Sedation Class 4 (Fee: $600.00; Renewal: $200.00)

TRAINING REQUIREMENTS
- **Deep Sedation/General Anesthesia:** The applicant shall produce evidence of one of the following: (a) Complete a minimum of one year of advanced training in an approved anesthesia residency; (b) He or she is a diplomate of the American Board of Oral and Maxillofacial Surgery; (c) He or she is a Fellow of the American Association of Oral and Maxillofacial Surgery (AAOMS); (d) He or she has successfully completed an ADA accredited oral and maxillofacial surgery program as evidenced by a letter from the program director stating that said applicant is qualified to perform such anesthesia techniques; (e) He or she is a Fellow of the American Dental Society of Anesthesiology.
- **Conscious Sedation:** The applicant shall produce evidence of one of the following: (a) He or she meets at least one of the criteria described in subdivisions (a-e) of general anesthesia requirements; (b) He or she has satisfactorily completed at least one year of post-doctoral dental training in a dental residency or specialty program approved by the ADA or AMA which must include didactic studies and practical experience; or (c) He or she has satisfactorily completed a CE course or program regarding the administration of conscious sedation which meets or exceeds the ADA Council on Dental Education’s current guidelines.
- **Anxiolysis and Enteral Sedation:** Those dentists who prescribe a single pre-med for anxiety, combined with the use of nitrous oxide must obtain a Class 2 permit. Those who use multiple dosing beyond the recommendations of the manufacturer, with or without the use of nitrous oxide, to obtain a level of conscious sedation must obtain a level 3a permit. In order to obtain a Class 2 permit the applicant must have completed a board approved course of at least 6 hours didactic and clinical instruction.

STATE OFFICE INSPECTION RULES AND GUIDELINES
- **Structure of Office Inspection Team:** The Board shall appoint a five member subcommittee to carry out the review and on-site inspection of any dentist applying for or renewing a permit. The subcommittee will consist of one member of the board who shall act as chairman; one diplomate of the American Board of Oral and Maxillofacial Surgery; one Fellow of the American Dental Society of Anesthesiology or Fellow of the American Association of Oral and Maxillofacial Surgery; one general dental practitioner engaged in providing out-patient general anesthesia or parenteral conscious sedation services; and one dental practitioner specializing in pediatric dentistry.
- **Inspection Information:** On-site inspections are required and shall be performed for all initial applicants. Therefore, the board may re-inspect annually, at its discretion, but must perform an on-site inspection for all permit holders at least once every five years.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS
- **Facility Requirements:** The applicant must have a properly equipped facility for the administration of general anesthesia staffed with a supervised team of auxiliary personnel capable of reasonably handling procedures, problems, and emergencies incident thereto as outlined in the office anesthesia evaluation manual as adopted and amended by the Board of Dental Examiners.

ADDITIONAL RULES AND REGULATIONS
- **Pediatric Anesthesia:** In the case of any dentist who treats children who applies for any permit, such dentist must document his or her competency to administer general anesthesia and parenteral conscious sedation to children by demonstration to the satisfaction of the board his or her familiarity with the guidelines for the elective use of conscious sedation, deep sedation and general anesthesia in pediatric patients of the American Academy of Pediatrics and the American Academy of Pediatric Dentistry.
- **Qualified Monitors:** For those permit holders that hold a Class 4 will be **required** to show proof of the following: Certification of ACLS or PALS; Certification of Qualified Monitors (Someone other than the permit holder with is a dental auxiliary who has completed the AAOMS Oral and Maxillofacial Anesthesia Assistants Program or the DOCS course. Other qualified monitors include, other healthcare professionals such as licensed practical nurses and registered nurses. Submissions of their current license and/or proof of recent training will be accepted for verification. Class 3 permit holders are **recommended** to use qualified monitors.

**ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:** 91
STATE PERMITS: All Inclusive

- Class I: Enteral Conscious Sedation (Fee: $53.00)
- Class II: Conscious Sedation (Fee: $53.00)
- Class III: General Anesthesia (Fee: $53.00)

TRAINING REQUIREMENTS

- **Enteral Conscious Sedation:** A Board-approved training course which includes: 1) 18 hours of didactic instruction addressing physical evaluation of patients, conscious sedation-ental, emergency management, and conforms to principles in part 1 or 3 of the ADA “Guidelines for Teaching the Comprehensive control of Anxiety and Pain in Dentistry.” 2) 20 clinical cases using an enteral route of administration, which may include group observation or 3) Graduate level training approved by the board that includes the above requirements and 4) Proof of BLS or ACLS certification.

- **Conscious Sedation:** A Board-approved training course which includes: 1) A minimum of 60 hours of didactic instruction addressing physical evaluation of patients, IV sedation, and emergency management; 2) 20 clinical cases managing parenteral routes of administration or 3) Graduate level training approved by the Board that includes the above requirements or 4) Has been Wisconsin licensed and administered conscious sedation-parenteral on an outpatient basis for 5 years prior to January 1, 2007 5) Proof of ACLS Certification.

- **Deep Sedation/General Anesthesia:** A Board-approved postdoctoral training program in administration of deep sedation and general anesthesia; 2) A postdoctoral anesthesiology program approved by the Accreditation Council for Graduate Medical Education 3) One year of advanced clinical training in anesthesiology meeting part 2 objectives of the ADA “Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry” 4) Has been Wisconsin licensed and utilizing general anesthesia for at least 5 years prior to January 1, 2007 5) Proof of ACLS certification.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Facilities Affidavit:** Each applicant must provide a signed affidavit verifying that the facility in which they will practice anesthesia is fully equipped according to the standard of care set forth in the application document.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Facility Requirements:** No general anesthesia or sedation may be administered to a patient in a dental office unless the dental office contains: (a) proper lighting and suction equipment with back-up; (b) an oxygen delivery system capable of postive pressure delivery; (c) a sterilization area; (d) a recovery area which shall include installed oxygen and suction equipment; (e) oral and nasopharyngeal airways; (f) endotracheal tubes suitable for children and adults; (g) a laryngoscope with reserve batteries and bulbs; (h) McGill forceps; (i) equipment for performing a tracheostomy or cricotomy.

- **Monitoring:** Monitoring equipment must include: (i) sphygomomanometer and stethoscope; (ii) device to measure oxygen saturation; (iii) device to measure heart rate and respirations.

- **Emergency Drugs:** The following drug types, as are appropriate to the type of anesthesia or sedation used, shall be available in any dental office where general anesthesia or conscious sedation is administered: intravenous fluids, cardiotonic drugs, vasopressors, anti-arrrhythmic agents, anti-hypertensive agents, diuretics, antiemetics, narcotic antagonists, and phenothiazine and tranquilizers.

ADDITIONAL RULES AND REGULATIONS

- **Recordkeeping:** In a patient’s record file, a dentist shall document the treatment given and the patient’s response to treatment. The record shall include: (i) A written and dated medical history which is signed by the dentist; (ii) A written examination chart with the proposed procedure clearly indicated and probable complications written on the record; (iii) A consent form signed by the patient for any surgery proposed; (iv) Radiographs; (v) Anesthetic type, amount administered and any unusual reaction; (vi) All prescriptions ordered; and (vii) Pre-operative, intra-operative and post-operative vital signs.

- **Restrictions:** Unless a dentist holds a class 3 permit, he or she shall not administer any drug that has a narrow margin for maintaining consciousness including, but not limited to, ultra-short acting barbiturates, propofol, ketamine, or any other similarly acting drugs.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS: 58
State Permits: All Inclusive
Renewal: Not Available
- Conscious Sedation (Fee: $100.00)
- General Anesthesia/Deep Sedation (Fee: $100.00)
- Enteral Conscious Sedation (Fee: NA)
- Anesthesia Office Audit Fee: $500.00 per site plus travel expenses of the site inspectors

TRAINING REQUIREMENTS

- **Enteral Conscious Sedation:** A licensed dentist can show proof of proficiency in administering enteral conscious sedation by successfully passing an appropriate examination which includes: (a) discussion and review of three surgical cases including anesthetic technique; (b) review of records; (c) demonstration of managing emergencies. In addition, a dentist must provide: (i) documented experience at the graduate level, acceptable to the Board, specifying the type, the number of hours, the length of training and the number of patient contact hours, including documentation of the number of supervised enteral conscious sedation; or (ii) proof that he is a licensed dentist who has a minimum of 60 hours of didactic instruction and 10 cases of clinical experience involved with enteral conscious sedation.

- **Conscious Sedation:** A licensed dentist can show proof of proficiency in administering conscious sedation by successfully passing an appropriate examination which includes: (a) discussion and review of three surgical cases including anesthetic technique; (b) review of records; (c) demonstration of managing emergencies. In addition, a dentist must provide: (i) documented experience at the graduate level, acceptable to the Board, specifying the type, the number of hours, the length of training and the number of patient contact hours, including documentation of the number of supervised enteral conscious sedation; or (ii) proof that he is a licensed dentist who has successfully completed a formal training program, approved by the Board.

- **Deep Sedation/General Anesthesia:** A licensed dentist can show proof of proficiency in administering general anesthesia by successfully passing an appropriate examination which includes: (a) discussion and review of three surgical cases including anesthetic technique; (b) review of records; (c) demonstration of managing emergencies. In addition, a dentist must provide: (i) proof that he has completed a minimum of one year of advanced training in anesthesiology and related academic subjects beyond the undergraduate level; (ii) proof that he is a diplomate of the American Board of Oral and Maxillofacial Surgery, is a member of the American Association of Oral and Maxillofacial Surgeons, is a Fellow of the American Dental Society of Anesthesiology; or (iii) proof that he is a licensed dentist who has been utilizing general anesthesia for 5 years preceding this rule.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- **Structure of Office Inspection Team:** The board shall provide for the inspection of the anesthesia and sedation equipment of permitted dentists on a regular basis to insure the equipment is of the appropriate type and is in working order.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- **Facility Requirements:** All facilities and equipment used in the administration of anesthesia must meet the board’s requirements of Standard of Care.

ADDITIONAL RULES AND REGULATIONS

- **Standards of Conduct:** A dentist shall not accept or perform professional responsibilities, which the dentist knows or has reason to know that the dentist is not competent to perform. A dentist shall not abandon or neglect a patient under and in need of immediate professional care, without making reasonable recommendations for the continuation of such care.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:

24
State Permits: Not Available
Renewal:
- Conscious Sedation (Fee: Not Available)
- General Anesthesia/Deep Sedation (Fee: Not Available)

TRAINING REQUIREMENTS

- General Anesthesia: To be qualified to administer general anesthesia, a dentist shall do the following: (a) Have had a minimum of one year of training in anesthesiology beyond the undergraduate dental school level or its equivalent, sponsored by an accredited hospital or an institution recognized by the Commission on Dental Accreditation of the ADA; or (b) Have been certified, or be eligible to take the examination for certification as a Fellow in General Anesthesia of the American Society of Dental Anesthesiologists according to the standards as of January 1, 1982.
- Conscious Sedation: To be qualified to administer intravenous sedation, a dentist shall have successfully completed a course with a minimum of 60 clock hours of instruction beyond the undergraduate dental school level sponsored by an accredited hospital or institution recognized by the Commission on Dental Accreditation of the ADA.

STATE OFFICE INSPECTION RULES AND GUIDELINES

- Structure of Office Inspection Team: There are not currently published guidelines related to office inspections.

OFFICE FACILITY / EQUIPMENT REQUIREMENTS

- Facility Requirements: There are not currently any published guidelines related to facility requirements.

ADDITIONAL RULES AND REGULATIONS

- Anesthesia Permit at Large: This permit allows the holder to provide anesthesia services to patients in dental offices on an out-patient basis. The holder of the permit assumes all responsibility for the administration of the sedation or anesthesia in the dental office. The holder of this permit may be evaluated and inspected by the Anesthesia Committee as deemed necessary. The permit holder will inform the Board of all dental facilities where anesthesia services are to be provided and follow all other procedures as previously outlined.

ESTIMATED NUMBER OF CURRENT PERMIT HOLDERS:
NOT AVAILABLE
**Anxiolysis / Oral Conscious Sedation Regulations**

**Oral Sedation and Anxiolysis** regulations are generally based on the intended sedation level. Therefore, the rules governing their use range depending on the rulings of the State Legislature and/or Dental Board. Under the old ADA Guidelines, most states used the type of dosing to define their regulations (i.e. multiple or stacked dosing is defined as oral conscious sedation and a single dose is defined as anxiolysis). Because of the discrepancy in rules, the ADA formatted new anesthesia guidelines that incorporated the terms minimal sedation and moderate sedation that can apply to oral sedation. These definitions can be found on Page 5.

The following is a breakdown of the rules and regulations surrounding oral sedation administration:

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>OCS/OMS Permit Required</th>
<th>OCS Permit Not Required</th>
<th>Anxiolysis Only</th>
<th>Conscious Sedation Permit or Moderate Sedation Permit Required</th>
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**Nitrous oxide inhalation analgesia**, “the administration by inhalation of a combination of nitrous oxide and oxygen producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond purposefully to physical or verbal command.”

The Following is a breakdown of the rules and regulations surrounding nitrous oxide administration:

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## REGULATION SYNOPSIS

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