



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Dentistry

110 Centerview Dr • Columbia, SC 29210

P.O. Box 11329 • Columbia, SC 29211-1329

Phone: 803-896-4599 • Contact.dentistry@llr.sc.gov • Fax: 803-896-4719

llr.sc.gov/bod

Deep Sedation/General Anesthesia Permit Requirements and Application Process Overview

Before calling in to the Board Office, you may check your application status online at:

<https://www.llr.sc.gov/bod/>

Permit Requirements:

A dentist is qualified to receive a sedation permit for deep sedation/general anesthesia by dental administration if the following requirements are met:

1. Completion of one of the following:
 - One year of advanced training in anesthesiology and related academic subjects; or
 - An oral and maxillofacial surgery residency program; or
 - Be a Diplomate of the American Board of Oral and Maxillofacial Surgery.
2. All completed training must include sixty (60) hours of didactic instruction and twenty (20) cases commensurate with each intended route of administration.
3. If administering to children under thirteen (13) years of age, sixty (60) hours of pediatric didactic training and twenty cases commensurate with each intended route of administration.
4. Current certification in applicable life support training
 - Advanced cardiac life support (ACLS) if treating adults and children.
 - Pediatric advanced cardiac life support (PALS) if treating only children
5. Active license to practice general dentistry or dental specialist without disciplinary action, active or pending.

A dentist is qualified to receive a sedation permit for deep sedation/general anesthesia by licensed anesthetist administration if the following requirements are met:

1. Current certification in applicable life support training
 - Advanced cardiac life support (ACLS) if treating adults and children.
 - Pediatric advanced cardiac life support (PALS) if treating only children
2. Active license to practice general dentistry or dental specialist without disciplinary action, active or pending.
3. Utilization of a licensed physician, CRNA or dental anesthesiologist for administration of sedation.

Application Process:

Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period; you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

1. **Application** – In addition to a completed application, the following must also be sent:
 - **Application Fee:** \$200 application fee must be submitted in order to transmit the application. (Fees are non-refundable and non-transferable) *A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.*
 - **Identification:**
 - Copy of your valid Driver's License, State Issued ID, Passport
 - **Life Support Training:** certification must be active and completed within the past two years
 - PALS certification if treating children.
 - ACLS certification if treating adults and children
 - **Education:** Hold an active South Carolina Oral Maxillofacial Specialty License or:
 - Verification of completion of one (1) year advanced training in anesthesiology from an ADA accredited program; or
 - Verification of Diplomate of the American Board of Oral and Maxillofacial Surgery status.
 - **Dental Office Staffing:** Copy of current CPR-BLS Certification for all staff providing direct, hands-on patient care. Certification must be active and completed within the immediate two years preceding application.
 - **Utilization of a licensed physician, CRNA or dental anesthesiologist:** Administration of sedation or anesthesia in a dentist's office by a licensed physician, CRNA or dental anesthesiologist, must provide a copy of their active SC and current ACLS or PALS certification.
2. **Inspection:** All facilities listed on the application for sedation permit must pass inspection prior to permit issuance.
 - Once an application for sedation permit is approved, agency inspectors will be notified and the listed offices will be contacted for a scheduled inspection. Failure to pass the initial inspection will result in a re-inspection within thirty (30) days. Applicants who fail to pass the second inspection for non-compliance or exceeding thirty (30) days, or require multiple rescheduling of an inspection greater than three (3) times will be charged at a rate of \$75 per hour (including travel time) for each subsequent inspection.
 - All applicant facilities must meet the requirements as outlined in South Carolina Code § 40-15-410. Required equipment must be on-site at the time of inspection and remain at the facility during operation. Removal of equipment from the facility post-inspection may result in revocation of sedation permit and additional Board action. Additional equipment brought in by licensed professionals is allowed per the licensed individuals practice act and DHEC regulations.

- To offer deep sedation/general anesthesia, a facility must have the following equipment and drugs available:
 - A positive-pressure oxygen delivery system suitable for patient(s) being treated
 - Inhalation equipment with fail-safe system with either
 - A functioning devices that prohibits delivery of less than thirty (30) percent oxygen; or
 - In-line oxygen analyzer with audible alarm
 - Scavenging system when gasses other than oxygen is used
 - Intravenous access establishing equipment
 - Advanced airway management equipment and drugs
 - Advanced cardiac life support and drug reversal agents
 - A capnograph with an inspired agent analysis monitor if volatile anesthetics agents are used
 - Resuscitation medications and appropriate defibrillator immediately available
 - EKG equipment
 - Chair or table to allow for the performance of CPR on patients

- 3. Upon a passed inspection, board staff will mail a sedation permit listing the permitted dentist(s). Sedation permits must be displayed in the facilities office. Dentists not listed on the sedation permit or practicing in facilities without valid sedation permit may not offer sedation beyond local anesthesia, nitrous oxide/oxygen, minimal sedation or any combination thereof. Licensed dentist found to be offering moderate sedation or deep sedation/general anesthesia without a valid sedation permit will be subject to board action.



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DEEP SEDATION/GENERAL ANESTHESIA PERMIT APPLICATION

Submit the following with your application to the address above:

- Check or money order only, in the amount of \$200 made payable to SC Board of Dentistry (Fees are non-refundable). A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. CASH IS NOT ACCEPTED.
- Copy of your valid Driver's License, State Issued ID, Passport
- Copy of current* life support training:
 - PALS Certification if treating children
 - ACLS Certification if treating adults and children
- Hold an active South Carolina Oral Maxillofacial Specialty License or:
 - Verification of completion of one (1) year advanced training in anesthesiology from an ADA accredited program; or
 - Verification of Diplomate of the American Board of Oral and Maxillofacial Surgery status.
- Copy of current* CPR-BLS Certification for all staff providing patient care.
- If utilizing a physician anesthesiologist, CRNA or dental anesthesiologist, a copy of the active SC license and current* ACLS or PALS certification must be included.

Deep Sedation/General Anesthesia being administered to: (check one)

- children only adults only BOTH adults and children

Type of administration: (check one)

- Dentist Administration Licensed Anesthetist Administration

Licensee Name: _____

License No.: _____ Specialty Type: _____ DEA No.: _____

Mailing Address: _____
(Street/PO BOX, City, State, Zip)

Business Address: _____
(Street, City, State, Zip)

Phone: _____ Email Address: _____

* "Current" means the certification course has been taken within two years immediately preceding application. South Carolina Code § 40-15-400(A).

PRACTICE LOCATION(S): *Attach additional sheets if needed*

First Location

Practice Name: _____ FEIN: _____

Physical Office Address: _____

Email: _____ Phone: _____

STAFF NAME	PROFESSIONAL CREDENTIALS	EXPIRATION DATE OF CPR-BLS CERTIFICATION

If applicable:

Licensed Physician/CRNA/Anesthesiologist Name or Company: _____

Phone: _____ Email: _____

Second Location

Practice Name: _____ FEIN: _____

Physical Office Address: _____

Email: _____ Phone: _____

STAFF NAME	PROFESSIONAL CREDENTIALS	EXPIRATION DATE OF CPR-BLS CERTIFICATION

If applicable:

Licensed Physician/CRNA/Anesthesiologist Name or Company: _____

Phone: _____ Email: _____

Third Location

Practice Name: _____ FEIN: _____

Physical Office Address: _____

Email: _____ Phone: _____

STAFF NAME	PROFESSIONAL CREDENTIALS	EXPIRATION DATE OF CPR-BLS CERTIFICATION

If applicable:

Licensed Physician/CRNA/Anesthesiologist Name or Company: _____

Phone: _____ Email: _____

I am aware that the dental office and sedation/anesthesia equipment used to provide Deep Sedation/General Anesthesia must meet specific requirements as outlined in South Carolina Code § 40-15-410 and pass inspection prior to being granted a sedation permit. I am aware that the medications I administer with this type of sedation must be unexpired and must be logged on a drug sheet that is retained in the dental facility.

Signature of Applicant

Date

Print Name

PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.