



South Carolina Board of Dentistry

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www.llronline.com/POL/Dentistry/



DEEP SEDATION/GENERAL ANESTHESIA PERMIT APPLICATION

INCLUDE WITH YOUR APPLICATION:

- \$200 Check or money order made payable to: LLR – Board of Dentistry. Application fee is 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.
- Copy of valid driver's license, state issued ID or Passport
- Verification of CPR certification within the past two (2) years
- Provide your SC OMFS Specialty license number below if applicable; or
 - Verification of completion of one (1) year advanced training in anesthesiology from an ADA accredited program; or
 - 60 hours of continuing education with didactic training and 20 cases with each intended route of administration.
- Provide your SC Pediatric Specialty license number below if applicable; or
 - Verification of completion of an accredited ADA pediatric program.
- Copy of your current ACLS Certification, if administering sedation/anesthesia to both adults and children.
- Copy of your current PALS Certification is needed only if administering sedation/anesthesia to children under the age 13 years old.
- List of the professional credentials of the staff providing patient care and a copy of their current CPR-BLS Certification. Must be currently certified in CPR within the past 2 years.

I HEREBY APPLY FOR:

Administer BOTH, Deep Sedation/General Anesthesia for patients 13 years and older and pediatric patients, under age 13 years old.

Administer Deep Sedation/General Anesthesia for patients 13 years and older.

Administer Deep Sedation/General Anesthesia for pediatric patients under age 13.

SC General License No.: _____ SC Specialty License No.: _____ DEA No.: _____

Last: _____ First: _____ Middle: _____ Suffix: _____

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

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

Phone: _____ Email Address: _____

Last 5 of Social Security Number: *** - * - _____ Date of Birth: _____

PRACTICE LOCATION(S):

List each practice location where you will provide or administer deep sedation/general anesthesia.

PRACTICE NAME	COMPLETE PHYSICAL OFFICE ADDRESS	COUNTY	PHONE

STAFF CERTIFICATION(S):

List the professional credentials of the staff providing patient care and current CPR-BLS, ACLS or PALS Certification. All staff providing hands-on patient care must have current CPR certification within the past two (2) years. Please separate staff by location, if staff members provide care at multiple locations please list all locations at which they provide care. (Attach additional sheets if needed.)

First Location Name: _____

STAFF NAME	PROFESSIONAL CREDENTIALS (SC MD LIC#, RN, etc)	EXPIRATION DATE OF CPR-BLS, ACLS, or PALS CERTIFICATION

Second Location Name: _____

STAFF NAME	PROFESSIONAL CREDENTIALS (SC MD LIC#, RN, etc)	EXPIRATION DATE OF CPR-BLS, ACLS, or PALS CERTIFICATION

Third Location Name: _____

STAFF NAME	PROFESSIONAL CREDENTIALS (SC MD LIC#, RN, etc)	EXPIRATION DATE OF CPR-BLS, ACLS, or PALS CERTIFICATION

I am aware that the dental office and sedation/anesthesia equipment used to provide Deep Sedation/General Anesthesia must meet specific requirements and pass inspection prior to being granted a sedation permit. I am aware that the medications I administer with this type of sedation/anesthesia 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.