

The Commonwealth of Massachusetts
Division of Health Professions Licensure
Board of Registration in Dentistry
239 Causeway Street, 5th Floor, Suite 500
Boston, MA 02114
(617) 973-0971
www.mass.gov/dph/boards/dn

Individual Permit A

(General Anesthesia and/or Deep Sedation)

(See 234 CMR 6.11 Effective August 20, 2010)

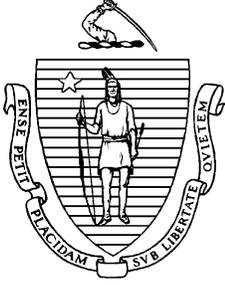
Information and Instructions

General Anesthesia means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain a ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired (American Society of Anesthesiologists, adopted October 2009) (234 CMR 6.02).

Individual Permit A authorizes a qualified dentist to administer general anesthesia, deep, moderate, and minimal sedation, and nitrous oxide-oxygen alone, or in conjunction with a local anesthetic, in a dental facility that has the required Facility Permit for the type of anesthesia or sedation being administered in compliance with the provisions of 234 CMR 6.00, and/or in a hospital and/or dental school setting that has been approved by the Joint Commission on the Accreditation of Hospitals or the Commission on Accreditation of the Council on Education of the American Dental Association, and/or in a hospital or clinic licensed pursuant to MGL c. 111 ss. 51 through 56.

Educational Qualifications:

- Successful completion of an education program accredited by the ADA Commission on Dental Accreditation that provides comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia commensurate with Part III.C. of the *ADA Guidelines for the Use of Sedation and General Anesthesia, 2007*, at the time training was commenced; **OR**
- Certification by the American Board of Oral and Maxillofacial Surgery (ABOMS); **OR**
- Certification as a Fellow and/or Board certification in Anesthesia issued by the American Dental Board of Anesthesiology.



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Application

Individual Permit A (General Anesthesia and/or Deep Sedation)

1. APPLICANT NAME: _____ MA DN Lic. # _____
Last First Middle

2. ADDRESS OF RECORD: _____
(No.) (Street) (Apt #) (City or Town) (State/Country) (Zip Code)
Note: The address of record may be home or business and is, by law, public information.

3. TELEPHONE NUMBER(S) DAY: _____ CELL: _____ FAX: _____

4. EMAIL ADDRESS: _____

5. REQUIRED ATTACHMENTS/ENCLOSURES

Attachment A: Check or money order payable to the Commonwealth of Massachusetts in the amount of \$180; and

Attachment B: Proof of current certification in ACLS or PALS.; and

Attachment C: Proof of successful completion of an education program accredited by the ADA Commission on Dental Accreditation that provides comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia commensurate with Part III.C. of the *ADA Guidelines for the Use of Sedation and General Anesthesia, 2007*, at the time training was commenced;

or

- Proof of certification by the American Board of Oral and Maxillofacial Surgery (ABOMS);

or

- Proof of certification as a Fellow and/or Board certification in Anesthesia issued by the American Dental Board of Anesthesiology.

ATTESTATION BY APPLICANT FOR INDIVIDUAL PERMIT A

Please consult Statutes, Rules and Regulations pertaining to the administration of anesthesia and sedation (234 CMR 6.00) at www.mass.gov/dph/boards/dn for detailed descriptions of the requirements for the administration of general anesthesia, deep, moderate, or minimal sedation, and/or nitrous oxide-oxygen, and go to www.osha.gov, www.ada.org, and www.cdc.gov for more information about provision of anesthesia and sedation by dentists. Specific questions may be addressed to the Board by emailing dentistry.admin@state.ma.us.

I _____ HEREBY CERTIFY, UNDER THE PAINS
Print Applicant's Full Name

AND PENALTIES OF PERJURY, THAT:

- ALL INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND TRUE;
- I HAVE READ AND UNDERSTOOD THE STANDARDS AND REQUIREMENTS FOR THE ADMINISTRATION OF ANESTHESIA AND SEDATION AS PROMULGATED ON AUGUST 20, 2010 AT 234.CMR 6.00, INCLUDING, BUT NOT LIMITED TO, THE REQUIREMENTS OF THIS PERMIT FOR:
 - AUXILIARY PERSONNEL REQUIRED AT 234 CMR 6.11 (2)
 - PATIENT EVALUATION REQUIRED AT 234 CMR 6.11 (3)
 - PRE-OPERATIVE PREPARATION REQUIRED AT 234 CMR 6.11 (4)
 - PATIENT MONITORING AND DOCUMENTATION REQUIRED AT 234 CMR 6.11 (5)
 - MANAGEMENT OF RECOVERY AND DISCHARGE OF PATIENTS AT 234 CMR 6.11 (6)
 - MANAGEMENT OF PEDIATRIC AND SPECIAL NEEDS PATIENTS AT 234 CMR 6.11 (7)
 - EMERGENCY MANAGEMENT AT 234 CMR 6.11 (8)
- I UNDERSTAND THAT, UNDER THE TERMS OF THIS PERMIT, THE ADMINISTRATION OF GENERAL ANESTHESIA, DEEP, MODERATE, OR MINIMAL SEDATION OR NITROUS OXIDE-OXYGEN ALONE IS LIMITED SOLELY TO PRACTICE SITES WHERE THERE IS THE REQUISITE FACILITY PERMIT OR LICENSE FOR THE TYPE OF ANESTHESIA OR SEDATION TO BE ADMINISTERED.
- I AM CURRENTLY, AND WILL CONTINUE TO BE, IN COMPLIANCE WITH ALL STATUTES, RULES, AND REGULATIONS PERTAINING TO THE PRACTICE OF DENTISTRY IN THE COMMONWEALTH OF MASSACHUSETTS AS REQUIRED BY LAW.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGN AND SEND THIS APPLICATION AND ALL REQUIRED ATTACHMENTS TO:

THE MASSACHUSETTS BOARD OF REGISTRATION IN DENTISTRY
239 CAUSEWAY STREET – SUITE 500
BOSTON, MA 02114