

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](http://www.mass.gov/dph/boards/dn)

## **Facility Permit D-C**

(See 234 CMR 6.07 Effective August 20, 2010)

### **Administration of Nitrous Oxide-Oxygen Only**

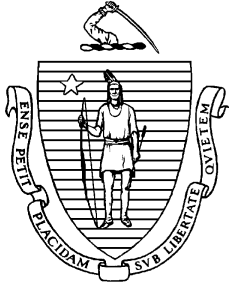
#### **Application Instructions**

Facility Permit D-C authorizes the administration of nitrous oxide-oxygen only at the specific site named on the Permit, as performed by a qualified dentist licensed to practice under MGL c. 112 s. 45 or by a medical anesthesiologist licensed by the Massachusetts Board of Registration in Medicine. Prior to the administration of nitrous oxide-oxygen in a dental office, a Facility Permit D-C must be obtained by the qualified dentist for each office site where nitrous oxide-oxygen is to be administered, including the offices of dentists who work with a qualified medical or dental anesthesiologist (234 CMR 6.03). Facility Permit D-C authorizes only the administration of nitrous oxide-oxygen at this site by qualified dentists with the proper individual anesthesia permits as issued by the Board.

**Exemption:** A Facility Permit D-C is not required for the administration of nitrous oxide-oxygen at those hospital and/or dental school settings that have been approved by the Joint Commission on Accreditation of Hospitals or the Commission on Accreditation of the Council on Education of the American Dental Association, or for hospitals and clinics licensed pursuant to M. G. L. c. 111, §§ 51 through 56. A private dental office of a licensed dentist that is located within a hospital or dental school facility, however, is subject to 234 CMR 6.00.

#### **PLEASE NOTE:**

- 1) A facility permit is issued by the Board in the name of a dentist currently licensed under MGL c. 112 s. 45 for the specific address named in the application and is not transferable to either another facility or another licensee. A facility permit immediately expires when the licensee in whose name it is issued ceases to practice at the facility.
- 2) A site inspection is required for completion of this application. Once the permit application is complete, a compliance officer will contact you to set up a time for the inspection. If you are a member of the Massachusetts Society of Oral and Maxillofacial Surgeons whose practice site named in the application has been inspected within the past five years you may submit a copy of the results of that inspection along with the application for a Facility Permit D-C in lieu of requesting a Board inspection.
- 3) 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](http://www.mass.gov/dph/boards/dn) for detailed descriptions of requirements for the Facility Permit D-C and Individual Anesthesia permits and go to [www.osha.gov](http://www.osha.gov), [www.ada.org](http://www.ada.org) and [www.cdc.gov](http://www.cdc.gov) for up-to-date information on and requirements for the provision of anesthesia in dental offices. Specific questions may be addressed to the Board by emailing [dentistry.admin@state.ma.us](mailto:dentistry.admin@state.ma.us)



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## **Application -Facility Permit D-C**

1. APPLICANT NAME \_\_\_\_\_ MA DN Lic. # \_\_\_\_\_  
Last First MI

2. FACILITY ADDRESS: \_\_\_\_\_  
No. Street Unit #  
\_\_\_\_\_  
City/Town State Zip Code

3. BUSINESS NAME/DOING BUSINESS AS: \_\_\_\_\_

4. TELEPHONE NUMBER-DAY: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

5. EMAIL ADDRESS: \_\_\_\_\_

6. **PRACTICE OWNER** (if different from applicant)

Name: \_\_\_\_\_ MA Dental Lic. # \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

7. **FACILITY DENTAL DIRECTOR** (if applicable – see 234 CMR 5.02 (3))

Name: \_\_\_\_\_ MA Dental Lic. # \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

8. **TYPE(S) OF ANESTHESIA AND/OR SEDATION  
TO BE ADMINISTERED AT THIS SITE**  
(Check all that apply.)

Nitrous Oxide- Oxygen Only \_\_\_\_\_

Nitrous Oxide-Oxygen + Oral Sedatives \_\_\_\_\_

Oral Sedation Only \_\_\_\_\_

I.V. Sedation \_\_\_\_\_

General Anesthesia and Deep Sedation \_\_\_\_\_

Other route of administration: \_\_\_\_\_



## Attachment 2

### EQUIPMENT REQUIRED BY 234 CMR 6.07 TO BE PROVIDED AND MAINTAINED AT SITE

EQUIPMENT REQUIRED	DATE LAST INSPECTED
Alternative light source for use during power failure	
Automated or manual external defibrillator including batteries and other components	
Disposable CPR mask (pediatric and adult)	
Disposable syringes (assorted sizes)	
Gas delivery system capable of positive pressure ventilation, which must include: <ul style="list-style-type: none"> <li>▪ Oxygen</li> <li>▪ Safety-keyed hose attachments</li> <li>▪ Capability to administer 100% oxygen in all rooms (operatory, recovery, examination, and reception)</li> <li>▪ Gas storage in compliance with safety codes</li> <li>▪ Adequate waste gas scavenging system</li> <li>▪ Nasal hood or cannula.</li> </ul>	
Pulse oximeter	
Sphygmomanometer and stethoscope (pediatric and adult)	
Suction	

### EMERGENCY DRUGS AND DRUG CLASSIFICATIONS REQUIRED BY 234 CMR 6.07 TO BE PROVIDED AND MAINTAINED AT SITE

REQUIRED DRUGS	NAME OF DRUG	DOSAGE	EXPIRATION DATE
Acetylsalicylic acid (rapidly absorbable form)			
Ammonia inhalants			
Antihistamine			
Antihypoglycemic agent			
Bronchodilator			
Epinephrine pre-loaded syringes (pediatric and adult)			
Two epinephrine ampules			
Oxygen			
Vasodilator			

**Attachment 2 (page 2)**

<b>NAME(S) OF DENTIST(S)/ANESTHESIOLOGIST(S) WHO WILL BE ADMINISTERING ANESTHESIA AT THIS FACILITY</b>	<b>LICENSE NUMBER</b>	<b>ANESTHESIA PERMIT NUMBER</b>	<b>ACLS/BLS CERTIFICATION EXPIRATION DATE</b>
Dental Director:			

<b>NAME(S) OF DENTAL/SURGICAL ASSISTANT(S)</b>	<b>EXPIRATION DATE OF CPR/BLS CERTIFICATION</b>

**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**

**KEEP A COPY OF THIS APPLICATION AND ALL ATTACHMENTS FOR YOUR RECORDS**