



Minnesota Board of Dentistry

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CONSCIOUS SEDATION RE-CERTIFICATION - \$500	
Name (Please Print) _____	MN License Number _____
Electronic Mail Address (E-mail address required) _____	

Pursuant to Minnesota Rule 3100.3600, a licensed dentist may administer a pharmacological agent or non-pharmacological method or a combination thereof for the purpose of CONSCIOUS SEDATION **only after** obtaining and maintaining a current certificate from the Board. To apply for a current certificate, complete Sections 1- 4 on this form and returning this completed form with the nonrefundable application fee of \$500 and copies supporting documentation listed in Section 5 to the Board office. **(Faxes cannot be accepted!)** (Certificates granted will expire at the dentist's next license renewal date and must be renewed **before** that date.)

SECTION 1	
Please complete the information requested below relating to the course you completed to become clinically competent for the administration of conscious sedation. The course MUST have included a minimum of 60 hours of didactic education in both enteral and parenteral administration, and personally administering and managing at least ten individual supervised cases of parenteral conscious sedation pursuant to Minnesota Rule 3100.3600, subpart 3, item A (1).	
Name of Institution _____	Address of Institution _____
Date Course Completed _____	City, State, Zip code _____ () _____ Phone Number of Institution

SECTION 2	
Please complete the information requested below relating to the most recent Advanced Cardiac Life Support (ACLS) OR Pediatric Advanced Life Support (PALS) course you completed.	
Name of Institution _____	Address of Institution _____
Date Course Completed _____	Expires _____ City, State, Zip code _____ () _____ Phone Number of Institution
I certify that I have completed an advanced cardiac life support (ACLS) OR Pediatric Advanced Life Support (PALS) course obtained through the American Heart Association and agree to maintain current ACLS/PALS certification as a prerequisite to administer conscious sedation pursuant to Minnesota Rule 3100.3600, subpart 3, Item A (2).	
Signature _____	Date _____

SECTION 3

I certify that I am **NOT** currently planning to administer conscious sedation to patients in any office facilities. However, if I should administer conscious sedation in the future, I acknowledge that I am aware that all office facilities where I administer conscious sedation must meet the requirements listed below.

Name (Please Print)

License Number

Signature

Date

OR

Please name all practices and list the addresses of all facilities where you plan to administer conscious sedation (Please attach additional pages as needed).

Name of Practice

Name of Practice

Address

Address

City, State & Zip

City, State & Zip

Phone

(_____)_____
Phone Number

Electronic Mail Address (E-mail address)

Please Check

- All clinical dental professionals in the facility have applicable training.
- Emergency protocols are written and routinely reviewed by all dental professionals.
- All office facilities are equipped with the following equipment:
 - * Automated external defibrillator or full function defibrillator (immediately accessible)
 - * Positive pressure oxygen delivery system and a back up system
 - * Functional suction device and a back up suction device
 - * Auxiliary lighting
 - * Gas storage facility
 - * Recovery area
 - * Method to monitor respiratory function
 - * Method to continuously monitor cardiac activity
 - * Emergency cart or kit (readily accessible)
- Complete and accurate record keeping procedures are established and maintained.

I certify that I am in compliance with the aforementioned requirements everywhere I plan to administer conscious sedation pursuant to Minnesota Rules 3100.3600, subparts 3, 9 & 10.

Name (Please Print)

License Number

Signature

Date

SECTION 4

TENNESSEN WARNING

The Minnesota Board of Dentistry is seeking data from you which may be considered private or confidential under the Minnesota Government Data Practices Act. Minnesota Statutes section 13.04(2) requires the Board to notify you of the following four matters before you are asked to supply any private or confidential information about yourself.

1. *These data are being collected as part of the Board's enforcement of the Dental Practice Act. The data will be used to determine whether you have violated any statutes or rules enforced or administered by this Board.*
2. *Under Minnesota Statutes you are required to cooperate with the Board's request for information. You are advised that you are not required to incriminate yourself in any possible criminal investigation and you may exercise your constitutional right to refuse to answer any request for data.*
3. *If you supply the data requested and they show a violation of any of the statutes or rules enforced by the Board, you may be subject to disciplinary or other action. However, if you refuse to supply the data requested (except refused based upon the privilege against self-incrimination), the Board has the authority under Minnesota Statutes to take disciplinary or other action for failure to cooperate with an investigation. If you choose to exercise your constitutional right to refuse to answer, the Board will base its decision whether to pursue action against you based on the other information which is available to the Board.*
4. *You are advised that the information received by the Board as a result of this request for information may, in some circumstances, be disclosed to certain other persons or entities including the Board's attorney, investigators and persons whom they may contact, or the Minnesota Office of Administrative Hearings and any reviewing court. This means that information relating to this matter may be disclosed to only those involved in this proceeding. If the Board institutes a formal disciplinary action against you that goes to trial or seeks corrective (non-disciplinary) action, the information you supply could become public.*

AG: #1560274-v1

I certify that I have **NOT** administered conscious sedation to patients in any office facilities since my previous certification expired with my license renewal due date and I acknowledge that I cannot administer conscious sedation until I am re-certified.

Name (Please Print)

License Number

Signature

Date

OR

I certify that I **HAVE** administered conscious sedation to patients since my previous certification expired and I acknowledge that administration of conscious sedation to patients without current certification is NOT in compliance with Minnesota Rule 3100.3600.

Name (Please Print)

License Number

Signature

Date

Please list below the date range in which you administered conscious sedation to while NOT certified for administration of conscious sedation.

Start Date

To

End Date

SECTION 5

In addition to completing Sections 1, 2, 3 and 4 you **MUST** submit the following with this form:

1. Official documentation from the institution listed in Section 1, verifying your successful completion of a course in the administration of conscious sedation. Documents must specifically state number of hours and supervised cases as specified within Minnesota Rule 3100.3600.
2. Proof of current Advanced Cardiac Life Support (ACLS) **OR** Pediatric Advanced Life Support (PALS).
3. Proof of current CPR certification in either the American Heart Association Healthcare Provider course (BLS for Providers) or American Red Cross Professional Rescuer course (BLS for Healthcare Providers).
4. Conscious sedation re-certification nonrefundable fee of \$500 (Check or Money Order payable to the Minnesota Board of Dentistry and mailed with all above listed attachments to the address in the letterhead).
5. You will receive one sedation certificate automatically. If you practice in more than one location, please complete the section below and include the additional fee required.
 - I would like an additional _____ duplicate certificate(s) @ \$10 each. (Add to \$500 fee.)