

SEDATION CONTRACTOR INITIAL/RENEWAL FORM - \$325

Dentists who contract with another licensed health care professional to administer Moderate Sedation and/or Deep/General Anesthesia in a dental facility in which they either own or are employed, must complete Sections 1-3 of this form and return it along with the nonrefundable application fee of \$325 and any necessary documentation to the Board office.

Minnesota Rule 3100.3600, subp.10, item A (1) requires that, "a dentist who employs or contracts another licensed health care professional with the qualified training and legal qualification to administer general anesthesia or conscious sedation must notify the board that these services are being provided in the office facility. The dentist is also responsible for maintaining the appropriate facilities, equipment, emergency supplies, and a record of all general anesthesia or conscious sedation procedures performed in the facility."

SECTION 1

I am a licensed dentist who has contracted with a certified health care provider to provide sedation services in the dental facilities indicated below. Therefore, I acknowledge and accept full responsibility for the office facilities I have indicated in meeting the requirements in Minnesota Rule 3100.3600.

I am contracting with a sedation specialist to provide the following:

- ☐ Moderate Sedation ☐ Deep/General Anesthesia

Name (Please Print)

License Number

Signature

Date

SECTION 2

Please list the name and addresses of all office facilities where moderate sedation and/or general anesthesia services are being administered by another licensed health care professional. (Please attach additional pages as needed.) **NOTE:** you will need to pay an additional \$10 fee every additional facility certificate you require.

Name of Practice

Name of Practice

Address

Address

City, State & Zip

City, State & Zip

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Phone Number

Phone Number

Please list the names and license numbers for all health care professionals that are administering moderate sedation or general anesthesia in these facilities. **Attach photocopies of documentation for each health care provider showing their certification to administer conscious sedation or general anesthesia to this form.** (Please attach additional pages as needed.)

Name

License #

Name

License #

Name

License #

Name

License #

Name

License #

Name

License #

SECTION 3

Please check the boxes below confirming compliance with the requirements. These requirements must be met in all of the dental facilities indicated in Section 2 of this form:

- ☐ 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 back up system
 - * Functional suction device and back up suction device
 - * Auxiliary lighting
 - * Gas storage facility
 - * Recovery area
 - * Method to monitor respiratory function
 - * Method to continuously monitor cardiac activity
 - * Appropriate emergency cart or kit (readily accessible)
- ☐ Complete and accurate record keeping procedures.

I certify that the facility is in compliance with the aforementioned requirements and everywhere that sedation will be administered, pursuant to Minnesota Rules 3100.3600, subparts 3, 9 & 10.

Name (Please Print)

License Number

Signature

Date

Email address (mandatory)

SECTION 4

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

1. Any additional documentation as required by Section 2.
2. Proof of sedation provider's current ACLS/PALS certification.
3. Proof of CSS Dentist's 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. Sedation contractor certification nonrefundable fee of \$325 (Check or Money Order payable to the Minnesota Board of Dentistry and mailed with attachments to the address in the letterhead).
5. You will receive one sedation contractor certificate automatically.

- I would like an additional _____ duplicate certificate(s) @ \$10 each. (Add to \$325 fee.)