

**CONSCIOUS SEDATION APPLICATION - \$325**

\_\_\_\_\_  
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 a certificate from the Board by completing Section 1, Section 2 and Section 3 on this form and returning this completed form with the nonrefundable application fee of \$325 and supporting documentation listed in Section 4 to the Board office. (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** include 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 course you completed.

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Address of Institution

\_\_\_\_\_  
Date Course Completed

\_\_\_\_\_  
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

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 Number

(\_\_\_\_\_)\_\_\_\_\_  
Phone Number

#### Please Check

- ☐ All clinical dental professionals 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.

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

\_\_\_\_\_  
Email address (mandatory)

### SECTION 4

In addition to completing Sections 1, 2 and 3 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. Document 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 certification application 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 certificate automatically.

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

REV 9/2021