



Minnesota Board of Dentistry

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Phone 612.617.2250 - Toll Free 888.240.4762 - Fax 612.617.2260
MN Relay Service for Hearing Impaired 800.627.3529

CONSCIOUS SEDATION RENEWAL - \$325

Name *(Please Print)*

MN License Number

Electronic Mail Address *(E-mail address required)*

Pursuant to Minnesota Rule 3100.3600, Subp.9a, a certified dentist must renew their conscious sedation certification at the time they renew their license. Renewal includes completing Section 1 and Section 2 of this form and returning this completed form with the nonrefundable application fee of \$325 and supporting documentation listed in Section 3 to the Board office **before** their renewal expiration date

SECTION 1

I certify that I am **NOT** currently administering conscious sedation to patients in any office facilities. I am returning this form and signing below to attest to the fact that I wish to Voluntarily Terminate my certification.

Name *(Please Print)*

License Number

Signature

Date

OR

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

Name *(Please Print)* & License Number

Name *(Please Print)* & License Number

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 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 I am in compliance with the aforementioned requirements and everywhere that I will be administering conscious sedation, pursuant to Minnesota Rules 3100.3600, subparts 3, 9 & 10.

Name (Please Print)

License Number

Signature

Date

SECTION 2

I certify that I hold current certification in advanced cardiac life support (ACLS) **OR** Pediatric Advance Life Support 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).

Name (Please Print)

License Number

Signature

Date

Email address (mandatory)

SECTION 3

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

1. Proof of current Advanced Cardiac Life Support (ACLS) **OR** Pediatric Advanced Life Support (PALS).
2. 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).
3. Conscious Sedation certification renewal 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)
4. You will receive one sedation certificate automatically. You are required to display a certificate in every office in which you offer sedation services to your patients.

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