

**GENERAL ANESTHESIA 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 for the purpose of GENERAL ANESTHESIA **only after** completing Sections 1-4 on this form and returning this completed form with the nonrefundable application fee of \$500 and supporting documentation listed in Section 5 to the Board office. (Certificates granted will expire at the dentist's next license renewal date and must be renewed **before** that date.) *Certification for general anesthesia automatically includes certification for conscious sedation and nitrous oxide. (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 didactic and clinical dental school, hospital, or graduate medical or dental program accredited by the Commission on Accreditation that you attended to become clinically competent in the administration of general anesthesia. The program **MUST** be equivalent to a program for advanced specialty education in oral and maxillofacial surgery:

**OR**

Please complete the information requested below relating to the one-year residency program in general anesthesia you completed at an institution certified by the American Society of Anesthesiology, the American Medical Association or the Joint Commission on Hospital Accreditation to become clinically competent in the administration of general anesthesia. The residency **MUST** include a minimum of 390 hours of didactic study, 1,040 hours of clinical anesthesiology, and 260 cases of administration of general anesthesia to ambulatory outpatients.

\_\_\_\_\_  
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 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 general anesthesia 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 general anesthesia or conscious sedation to patients in any office facilities. However, if I should administer general anesthesia in the future, I acknowledge that I am aware that all office facilities where I administer general anesthesia 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 general anesthesia. (Please attach additional pages as needed.)

\_\_\_\_\_  
Name of Practice

\_\_\_\_\_  
Name of Practice

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

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 general anesthesia 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** knowingly administered general anesthesia to patients in any office facilities since receipt of my previous certification expiration notification, and I acknowledge that I cannot administer general anesthesia until I am re-certified.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OR**

I certify that I **HAVE** administered general anesthesia to patients since my previous certification expired and I acknowledge that administration of general anesthesia 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 general anesthesia 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 program or residency. Document must specifically state number of hours and supervised cases as stated within Minnesota Rule 3100.3600.
2. Proof of advanced cardiac life support (ACLS) **OR** Pediatric Advanced Life Support (PALS) certification.
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. General anesthesia re-certification application nonrefundable fee of \$500 (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. 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.)