

**GENERAL ANESTHESIA 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 for the purpose of GENERAL ANESTHESIA **only after** 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.) *Certification for general anesthesia automatically includes certification for conscious sedation and nitrous oxide.*

**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

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 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 general anesthesia 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 program or residency. Document must specifically state number of hours and supervised cases as stated 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. General anesthesia 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.)