



# MINNESOTA BOARD OF DENTISTRY

University Park Plaza, 2829 University Avenue SE, Suite 450  
 Minneapolis, MN 55414-3249 www.dentalboard.state.mn.us  
 Phone 612.617.2250 Toll Free 888.240.4762 Fax 612.617.2260  
 MN Relay Service for Hearing Impaired 800.627.3529

**Applicants with disciplinary actions taken by their respective Boards, or any felony or gross misdemeanor convictions are NOT eligible to apply.**

## SEDATION INSPECTOR APPLICATION

Last Name		First Name		Middle Name	
Street Address		City		State	Zip
Home Phone (include area code)		Work Phone (include area code)		E-mail address (required)	
License/Registration Number			Effective Dates: (00/00/0000)		
			Beginning _____ thru Expires _____		

Pursuant to Minnesota Rule [3100.3600](#), the goal of this process is to ensure that the practice of conscious/moderate sedation and deep sedation/general anesthesia by dentists is performed by competent individuals through a system of qualifying inspections.

### SECTION 1 Licenses / Certifications

Check appropriate box reflecting applicant's credentials and attach notarized copy of current certification

- Nurse Anesthetist  
 Anesthesiologist  
 DDS:  Moderate/Conscious Sedation  Deep/General Sedation  
 Other Dental Professional (Specify): \_\_\_\_\_

### SECTION 2 Work Experience

Please complete the information requested below relating to Work Experience

	(1)	(2)	(3)
Name of Practice	_____	_____	_____
Address	_____	_____	_____
Dates (from-to)	_____	_____	_____
Duties	_____	_____	_____
# of Hours Worked	_____	_____	_____
# of Sedation Cases (yearly basis)	_____	_____	_____

**SECTION 3  
Disclosure Questions**

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| Have you ever been denied a license to practice dentistry in another state or other country?<br><i>(If so, attach a statement indicating the location, date and reason for such denial.)</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been suspended from practice, reprimanded, censured or otherwise disciplined or disqualified as a dentist or other professional? <i>(If so, attach a statement indicating reason for action, dates, disposition and address of licensing authority in possession of record.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any criminal charges pending against you? <i>(If so, attach a statement giving full details including reason, dates, name and location of court, and case number.)</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been convicted of a felony, gross misdemeanor or misdemeanor? <i>(If so, attach a statement giving full details including reason, dates, name and location of court, and case number.)</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any unsatisfied judgments against you that resulted from the practice of dentistry?<br><i>(If so, attach a statement giving details including nature of judgment, location where judgment was entered, dates and reasons)</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Based on your assessment or that of another professional, has your use of alcohol or drugs, or the existence of a physiological or psychological medical condition, in any way ever impaired or limited your ability to practice dentistry with reasonable skill and safety?                   | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please 1) explain the use or medical condition, and 2) explain whether the impairment(s) or limitation(s) caused by your use of alcohol or drugs or by the existence of your physiological or psychological medical condition are reduced or ameliorated because you receive ongoing treatment or because of the manner in which you have chosen to practice. *(Please provide these explanations on a separate attachment to your application.)*

Are you a member of a professional association or society? (If so, give names and locations)           

\_\_\_\_\_

\_\_\_\_\_

**It is the applicant's responsibility to report immediately to the Board of Dentistry any changes in license status or with regard to disciplinary or criminal records.**

Please read the following Tennessee Warning regarding your rights about the information you provide in this application.

**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 are to be considered eligible to serve as an inspector on behalf of the Board.*
2. *You must provide all data requested by this application before the Board will consider this application complete.*
3. *If you supply the data requested and they show a violation of any of the statutes or rules enforced by the Board, the violator may be subject to disciplinary or other action.*
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. The information you supply could become public.*

**SECTION 4**  
**Conflicts of Interest**

Please complete the information requested below relating to Conflict of Interest.  
Provide a list of all entities with which you have or have had relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this request for qualifications.

Name of Entity \_\_\_\_\_

Relationship \_\_\_\_\_

Discussion of Conflict \_\_\_\_\_

\_\_\_\_\_

Name of Entity \_\_\_\_\_

Relationship \_\_\_\_\_

Discussion of Conflict \_\_\_\_\_

\_\_\_\_\_

Name of Entity \_\_\_\_\_

Relationship \_\_\_\_\_

Discussion of Conflict \_\_\_\_\_

\_\_\_\_\_

**SECTION 5**  
**Type of Inspections**

Type of inspections willing to provide:

- All Licensees (General or Specialty Dentists providing Moderate or Deep/General Sedation)
- All General Dentists (providing Moderate or Deep Sedation)
- All General Dentists (providing Moderate Sedation only)
- All Specialty Dentists (providing Moderate or Deep/General Sedation)
- All Specialty Dentists (providing Moderate Sedation only)

**SECTION 6**  
**Areas of Travel**

Indicate all geographic areas willing to travel to for inspections:

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Northwest | <input type="checkbox"/> Southeast  |
| <input type="checkbox"/> Northeast | <input type="checkbox"/> East Metro |
| <input type="checkbox"/> Central   | <input type="checkbox"/> West Metro |
| <input type="checkbox"/> Southwest |                                     |



**SECTION 7  
Contact Information**

**Contact information to provide to professionals for inspections— as you wish it to be posted**

Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Work Phone (include area code)	Cell Phone (include area code)	E-mail address	
Notes:			

**SECTION 8  
Qualifications**

**Statement of Qualification  
(ability to meet each of the CRITERIA and COMMITMENTS outlined in solicitation)**

**Additional concerns for Board to address/consider:**

[attach additional sheets, as necessary]

**SECTION 9  
Personal Attestations**

I declare that any statement in this application and information provided is true and complete and hereby acknowledge that I have read and understand the information below.

I...

- understand requirements for calibration
- understand Board is not responsible for any fee or expense
- agree not to charge more than \$250 (plus travel costs) per inspection
- understand my application is not complete until contract is signed by all parties

Date \_\_\_\_\_ Signature (Do Not Print) \_\_\_\_\_