



State of Idaho  
 Division Of Occupational and Professional  
 Licenses

Board of Dentistry

11341 W Chinden Blvd.  
 P.O. Box 83720  
 Boise, ID 83720-0063  
 (208) 334-2369

<https://dopl.idaho.gov/bod>

**BRAD LITTLE**

Governor

**RUSSELL BARRON**

Administrator

**MODERATE SEDATION OR GENERAL ANESTHESIA/DEEP SEDATION  
 PERMIT APPLICATION**

**CHECKLIST**

	<p><b>Completed Application with Non-Refundable Application Fee</b>          Mail To: ISBD, PO Box 83720, Boise, ID 83720-0063          Express Mail: 11341 W. Chinden Blvd. Bldg. #4 Boise, ID 83714</p>
	<p><b>Copy of Current ACLS or PALS Certification</b></p>
	<p><b>*For Moderate Enteral and Moderate Parenteral Permits:</b></p> <ul style="list-style-type: none"> <li>• Proof of Training</li> <li>• Certification of Moderate Sedation Training (Included with application materials)</li> </ul>
	<p><b>For General Anesthesia/Deep Sedation Permits</b></p> <ul style="list-style-type: none"> <li>• Proof of Training</li> <li>• Certification of General Anesthesia/Deep Sedation Training (Included with application materials)</li> </ul>
	<p><b>Sedation Permit Verification – If Applicable</b>          Please provide a copy if you hold a current sedation permit in another state.</p>

**\*A dentist shall not administer moderate sedation to children under sixteen (16) years of age and one hundred (100) pounds unless they have qualified for and been issued a moderate parenteral sedation permit.**

**Important Information**

- The Idaho State Board of Dentistry conducts a thorough evaluation of all application materials. Process times for applications may vary.
- Application requirements are set to comply with the Administrative Rules of the Board of Dentistry. No exceptions will be made and requirements will not be waived under any circumstance.
- Application files will remain active for six (6) months from the date the application is received.
- Upon receipt of a completed application, information will be sent regarding the office evaluation process.
- Use of moderate sedation, general anesthesia, or deep sedation is not permitted until the sedation permit is issued.
- If you relocate during the time that your application is being processed, you must immediately notify the Board of your new address.

## 24.31.01 – RULES OF THE IDAHO STATE BOARD OF DENTISTRY

### 00. LEGAL AUTHORITY.

This Chapter is adopted under the legal authority of Chapter 9, Title 54, Idaho Code. (3-28-23)

### 01. SCOPE.

The rules constitute the minimum requirements for licensure and regulation of dentists, dental hygienists, and dental therapists. (3-28-23)

### 02. INCORPORATION BY REFERENCE.

Pursuant to Section 67-5229, Idaho Code, this chapter incorporates by reference the following documents: (3-28-23)

01. **Professional Standards.** (3-28-23)
- a. AAOMS, Office Anesthesia Evaluation Manual, 8th Edition, 2012. (3-28-23)
- b. CDC, Guidelines for Infection Control in Dental Health-Care Settings, 2003. (3-28-23)
- c. ADA, Principles of Ethics, Code of Professional Conduct and Advisory Opinions, January 2009. (3-28-23)
- d. ADHA Hygienists' Association, Standards for Clinical Dental Hygiene Practice, 2016. (3-28-23)

### (BREAK IN CONTINUITY OF SECTIONS)

### 10. DEFINITIONS AND ABBREVIATIONS.

01. **ACLS.** Advanced Cardiovascular Life Support or Pediatric Advanced Life Support. (3-28-23)
02. **ADA.** American Dental Association. (3-28-23)
03. **ADHA.** American Dental Hygienists Association. (3-28-23)
04. **AAOMS.** American Association of Oral and Maxillofacial Surgeons. (3-28-23)
05. **BLS.** Basic Life Support. (3-28-23)
06. **CDC.** Centers for Disease Control and Prevention. (3-28-23)
07. **CODA.** Commission on Dental Accreditation. (3-28-23)
08. **Deep Sedation.** A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilator function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. (3-28-23)
09. **Enteral.** Administration of a drug in which the agent is absorbed through the gastrointestinal tract or mucosa. (3-28-23)
10. **EPA.** United States Environmental Protection Agency. (3-28-23)
11. **General Anesthesia.** A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. (3-28-23)
12. **Inhalation.** Administration of a gaseous or volatile agent introduced into the lungs and whose primary effect is due to absorption through the gas/blood interface. (3-28-23)
13. **Local Anesthesia.** The elimination of sensation, especially pain, in one (1) part of the body by the topical application or regional injection of a drug. (3-28-23)

**14. Minimal Sedation.** A minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilator and cardiovascular functions are unaffected. In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation. (3-28-23)

**15. Moderate Sedation.** A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. (3-28-23)

**16. Monitor or Monitoring.** The direct clinical observation of a patient during the administration of sedation by a person trained to observe the physical condition of the patient and capable of assisting with emergency or other procedures. (3-28-23)

**17. NBDE.** National Board Dental Examination. (3-28-23)

**18. NBDHE.** National Board Dental Hygiene Examination. (3-28-23)

**19. Operator.** The supervising dentist or another person who is authorized by these rules to induce and administer sedation. (3-28-23)

**20. Parenteral.** Administration of a drug which bypasses the gastrointestinal tract [i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, intraosseous]. (3-28-23)

**21. Sedation.** The administration of minimal, moderate, and deep sedation and general anesthesia. (3-28-23)

**(BREAK IN CONTINUITY OF SECTIONS)**

**31. EMERGENCY MEDICATIONS OR DRUGS.**

The following emergency medications or drugs are required in all sites where anesthetic agents of any kind are administered: anti-anaphylactic agent, antihistaminic, aspirin, bronchodilator, coronary artery vasodilator, and glucose. (3-28-23)

**(BREAK IN CONTINUITY OF SECTIONS)**

**41. LOCAL ANESTHESIA.**

Dental offices in which local anesthesia is administered to patients shall, at a minimum, have and maintain suction equipment capable of aspirating gastric contents from the mouth and pharynx, a portable oxygen delivery system including full face masks and a bag-valve mask combination capable of delivering positive pressure, oxygen-enriched ventilation to the patient, a blood pressure cuff of appropriate size and a stethoscope. (3-28-23)

**42. NITROUS OXIDE/OXYGEN.**

Persons licensed to practice and dental assistants trained in accordance with these rules may administer nitrous oxide/oxygen to patients. (3-28-23)

**01. Patient Safety.** A dentist must evaluate the patient to ensure the patient is an appropriate candidate for nitrous oxide/oxygen; ensure that any patient under nitrous oxide/oxygen is continually monitored; and ensure that a second person is in the practice setting who can immediately respond to any request from the person administering the nitrous oxide/oxygen. (3-28-23)

**02. Required Facilities and Equipment.** Dental offices where nitrous oxide/oxygen is administered to patients must have the following: a fail-safe nitrous oxide delivery system that is maintained in working order; a scavenging system; and a positive-pressure oxygen delivery system suitable for the patient being treated. (3-28-23)

**03. Personnel.** For nitrous oxide/oxygen administration, personnel shall include an operator and an assistant currently certified in BLS. (3-28-23)

**43. MINIMAL SEDATION.**

Persons licensed to practice dentistry may administer minimal sedation to patients of sixteen (16) years of age or older. When the intent is minimal sedation, the appropriate dosing of a single enteral drug is no more than the maximum FDA-recommended dose for unmonitored home use. In cases where the patient weighs less than one hundred (100) pounds, or is under the age of sixteen (16) years, minimal sedation may be administered without a permit by use of nitrous oxide, or with a single enteral dose of a sedative agent administered in the dental office. (3-28-23)

**01. Patient Safety.** The administration of minimal sedation is permissible so long as it does not produce an alteration of the state of consciousness in a patient to the level of moderate sedation, general anesthesia, or deep sedation. A dentist must qualify for and obtain a permit from the Board to be authorized to sedate patients to the level of moderate sedation, general anesthesia, or deep sedation. Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation, except as described in Section 043 of these rules. Notwithstanding any other provision in these rules, a dentist must initiate and regulate the administration of nitrous oxide/oxygen when used in combination with minimal sedation. (3-28-23)

**02. Personnel.** At least one (1) additional person currently certified in BLS must be present in addition to the dentist. (3-28-23)

**44. MODERATE SEDATION, GENERAL ANESTHESIA AND DEEP SEDATION.**

Dentists licensed in the state of Idaho cannot administer moderate sedation, general anesthesia, or deep sedation in the practice of dentistry unless they have obtained a permit from the Board. A moderate sedation permit may be either enteral or parenteral. A dentist may not administer moderate sedation to children under sixteen (16) years of age and one hundred (100) pounds unless they have qualified for and been issued a moderate parenteral sedation permit. A moderate enteral sedation permit authorizes dentists to administer sedation by either enteral or combination inhalation-enteral routes of administration. A moderate parenteral, general anesthesia, or deep sedation permit authorizes a dentist to administer sedation by any route of administration. To qualify for a moderate, general anesthesia, or deep sedation permit, a dentist must provide proof of the following: (3-28-23)

**01. Training Requirements.** For Moderate Sedation Permits, completion of training in the administration of moderate sedation to a level consistent with requirements established by the Board within the five (5) year period immediately prior to the date of application. For General Anesthesia and Deep Sedation Permits, completion of an advanced education program accredited by CODA that affords comprehensive training necessary to administer and manage deep sedation or general anesthesia within the five (5) year period immediately preceding the date of application. The five (5) year requirement is not applicable to applicants who hold an equivalent permit in another state which has been in effect for the twelve (12) month period immediately prior to the application date. Qualifying training courses must be sponsored by or affiliated with a dental school accredited by CODA, or be approved by the Board. (3-28-23)

**02. ACLS.** Verification of current certification in ACLS or PALS, whichever is appropriate for the patient being sedated. (3-28-23)

**03. Office Inspection.** The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation, general anesthesia, or deep sedation and providing the equipment, drugs and protocol for patient rescue. Evaluators appointed by the Board will inspect the adequacy of the facility and competence of the sedation team prior to issuance of a moderate, general anesthesia, or deep sedation permit and at intervals not to exceed five (5) years. For general anesthesia and deep sedation, the Board adopts the standards incorporated by reference in these rules, as set forth by the AAOMS in their office anesthesia evaluation manual. (3-28-23)

**a.** Facility, Equipment and Drug Requirements. The following facilities, equipment and drugs must be available for immediate use during the sedation and recovery phase: (3-28-23)

i. An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two (2) individuals to freely move about the patient; (3-28-23)

ii. An operating table or chair that permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support; (3-28-23)

iii. A lighting system that permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure; (3-28-23)

iv. Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure; (3-28-23)

v. An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system; (3-28-23)

vi. A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room (3-28-23)

vii. A sphygmomanometer, pulse oximeter, oral and nasopharyngeal airways, supraglottic airway devices, and automated external defibrillator (AED); and (3-28-23)

viii. Emergency drugs including, but not limited to, pharmacologic antagonists appropriate to the drugs used, bronchodilators, and antihistamines. (3-28-23)

ix. Additional emergency equipment and drugs required for moderate parenteral sedation permits include precordial/pretracheal stethoscope or end-tidal carbon dioxide monitor, intravenous fluid administration equipment, vasopressors, and anticonvulsants. (3-28-23)

x. Additional emergency equipment and drugs required for general anesthesia and deep sedation permits include precordial/pretracheal stethoscope and end-tidal carbon dioxide monitor, intravenous fluid administration equipment, vasopressors, and anticonvulsants. (3-28-23)

**b.** Personnel (3-28-23)

i. For moderate sedation, the minimum number of personnel is two (2) including: the operator and one (1) additional individual currently certified in BLS. (3-28-23)

ii. For general anesthesia or deep sedation, the minimum number of personnel is three (3) including: the operator and two (2) additional individuals currently certified in BLS. When the same individual administering the general anesthesia or deep sedation is performing the dental procedure one (1) of the additional individuals must be designated for patient monitoring. (3-28-23)

iii. Auxiliary personnel must have documented training in BLS, will have specific assignments, and shall have current knowledge of the emergency cart inventory. The dentist and all office personnel must participate in documented periodic reviews of office emergency protocol, including simulated exercises, to assure proper equipment function and staff interaction. (3-28-23)

**c.** Pre-sedation Requirements. Before inducing moderate sedation, general anesthesia, or deep sedation a dentist must: (3-28-23)

- i. Evaluate the patient's medical history and document, using the American Society of Anesthesiologists Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation, general anesthesia, or deep sedation; (3-28-23)
- ii. Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; (3-28-23)
- iii. Obtain written informed consent from the patient or patient's guardian for the sedation; and (3-28-23)
- iv. Maintain a sedation record and enter the individual patient's sedation into a case/drug log. (3-28-23)
- d. Patient Monitoring.** Patients must be monitored as follows: (3-28-23)
  - i. For moderate sedation the patient must be continuously monitored using pulse oximetry. For general anesthesia or deep sedation, the patient must be continuously monitored using pulse oximetry and end-tidal carbon dioxide monitors. (3-28-23)
  - ii. The patient's blood pressure, heart rate, and respiration must be recorded every five (5) minutes during the sedation and then continued every fifteen (15) minutes until the patient meets the requirements for discharge. These recordings must be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons must be documented in the patient's record. (3-28-23)
  - iii. During the recovery phase, the patient shall be monitored by an individual trained to monitor patients recovering from sedation; (3-28-23)
  - iv. A dentist will not release a patient who has undergone sedation except to the care of a responsible third party; (3-28-23)
  - v. The dentist will assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met: vital signs are stable, patient is alert and oriented, and the patient can ambulate with minimal assistance; and (3-28-23)
  - vi. A discharge entry will be made by the dentist in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged. (3-28-23)
- e. Sedation of Other Patients.** The permit holder must not initiate sedation on another patient until the previous patient is in a stable monitored condition and in the recovery phase following discontinuation of their sedation. (3-28-23)

#### **45. SEDATION PERMIT RENEWAL.**

- 01. Permit Renewal.** Before the expiration date of a permit, the board will provide notice of renewal to the licensee. Failure to timely submit a renewal application and permit fee shall result in expiration of the permit and termination of the licensee's right to administer sedation. Failure to submit a complete renewal application and permit fee within thirty (30) days of expiration of the permit shall result in cancellation of the permit. Renewal of the permit will be required every five (5) years. Proof of a minimum of twenty-five (25) continuing education credit hours in sedation which may include training in medical/office emergencies will be required to renew a permit. In addition to the continuing education credit hours, a dentist must: (3-28-23)
  - a.** For a moderate enteral sedation permit, maintain current certification in BLS or ACLS. (3-28-23)
  - b.** For a moderate parenteral, general anesthesia, or deep sedation permit, maintain current certification in ACLS. (3-28-23)

**02. Reinstatement.** A dentist may apply for reinstatement of a canceled or surrendered permit issued by the Board within five (5) years of the date of the permit's cancellation or surrender. Applicants for reinstatement of a sedation permit must satisfy the facility and personnel requirements and verify they have obtained an average of five (5) continuing education credit hours in sedation for each year subsequent to the date upon which the permit was canceled or surrendered. A fee for reinstatement will be assessed. (3-28-23)

**46. SUSPENSION, REVOCATION OR RESTRICTION OF SEDATION PERMIT.**

The Board may, at any time and for just cause, institute proceedings to revoke, suspend, or otherwise restrict a sedation permit issued pursuant to Section 044 of these rules. If the Board determines that emergency action is necessary to protect the public, summary suspension may be ordered pending further proceedings. Proceedings to suspend, revoke or restrict a permit shall be subject to applicable statutes and rules governing administrative procedures before the Board. (3-28-23)

**47. DETERMINATION OF DEGREE OF SEDATION BY THE BOARD.**

In any matter under review or in any proceeding being conducted in which the Board must determine the degree of central nervous system depression, the Board may base its findings or conclusions on, among other matters, the type, and dosages, and routes of administration of drugs administered to the patient and what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status. (3-28-23)

**48. USE OF OTHER ANESTHESIA PERSONNEL.**

A dentist who does not hold a sedation permit may perform dental procedures in a dental office on a patient who receives sedation induced by an anesthesiologist, a certified registered nurse anesthetist, or another dentist with a sedation permit as follows: (3-28-23)

**01. Facility, Equipment, Drugs, and Personnel Requirements.** The dentist will have the same facility, equipment, drugs, and personnel available during the procedure and during recovery as required of a dentist who has a permit for the level of sedation being provided. (3-28-23)

**02. Patient's Condition Monitored Until Discharge.** The qualified sedation provider who induces sedation will monitor the patient's condition until the patient is discharged and record the patient's condition at discharge in the patient's dental record as required by the rules applicable to the level of sedation being induced. The sedation record must be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures. (3-28-23)

**03. Use of Services of a Qualified Sedation Provider.** A dentist who intends to use the services of a qualified sedation provider must notify the Board in writing of his intent. Such notification need only be submitted once every licensing period. (3-28-23)

**04. Advertising.** A dentist who intends to use the services of a qualified sedation provider may advertise the service provided so long as each such advertisement contains a prominent disclaimer that the service "will be provided by a qualified sedation provider." (3-28-23)

**49. INCIDENT REPORTING.**

Dentists must report to the Board, in writing, within seven (7) days after the death or transport to a hospital or emergency center for medical treatment for a period exceeding twenty-four (24) hours of any patient to whom sedation was administered. (3-28-23)



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**Application for a Moderate or General Anesthesia/Deep Sedation Permit**

<input type="checkbox"/> Moderate Enteral	<input type="checkbox"/> Moderate Parenteral	<input type="checkbox"/> General Anesthesia/ Deep Sedation
Application fee \$300 (The Idaho Board of Dentistry currently accepts: cash, check, money order, or cashier's check)		

Personal Information		
Full Name (First, Middle, Last, Suffix)		
Mailing Address		
City	State	Zip
Sedation Practice Address (If Different Than Above)		
City	State	Zip
Email Address	Phone #:	
ID Dental License Number		

Do you intend to administer sedation to patients at an additional location (e.g. a satellite office)?  
 YES       NO

If yes, please list the address below.

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Do you currently hold a sedation permit issued by another state?  
 YES       NO

Have you ever surrendered or had a sedation permit suspended or revoked in another state? (If yes, provide a written explanation setting forth the circumstances.)  
 YES       NO

Are you seeking reinstatement of a cancelled Idaho sedation permit?  
 YES       NO



**ATTESTATION OF APPLICANT**

I, \_\_\_\_\_, hereby attest under penalty of perjury that I am the person described and identified in this application.

I further attest that I have read the rules pertaining to the administration of sedation as prescribed in the Board of Dentistry's Administrative Rules. If a permit to administer sedation is issued to me, I understand that if I violate any laws or rules, I may be disciplined as provided by law.

I attest, under penalty of perjury, that my answers and all statements made by me on this application and any accompanying attachments are true and correct. Should I furnish any false information, or cause any material omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my permit. I also attest under penalty of perjury that if I did not personally complete the foregoing application, or any portion hereof, that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

I hereby agree to abide by the laws and rules pertaining to the administration of sedation in the state of Idaho.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I \_\_\_\_\_ do hereby authorize and agree that the Board of Dentistry can contact any person or entity in order to verify the matters reported in this application in order to obtain additional relevant information.

I hereby authorize all hospitals, schools, educational institutions, or organizations, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing board any information, files or records requested by this board in connection with the processing of this application. I further authorize this board to release to the organizations; individuals and groups listed above any information that is material to my application.

I understand and acknowledge that the Board of Dentistry, acting by and through an employee, consultant or agent, shall be entitled to conduct an evaluation for the purpose of determining the adequacy of the facility and the competence of the undersigned and staff members.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

This authorization for release is non-expiring and shall continue in force and effect indefinitely.

**I have read and fully understand the contents of the "Authorization for Release of Personal Information" and do knowingly and voluntarily execute same.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CERTIFICATION OF MODERATE SEDATION TRAINING**  
(This form only applies to applicants for a moderate sedation permit)

As part of the moderate sedation permit process, the Idaho State Board of Dentistry requires that the program at which the applicant received her/his moderate sedation training complete this form. The completed form must be mailed, emailed, or faxed directly from the program to the **Idaho State Board of Dentistry**. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date(s) of Instruction** \_\_\_\_\_

**Program Location** \_\_\_\_\_

\*\*\*\*\*

This portion of the form should be completed by the program.

**PROGRAM NAME:** \_\_\_\_\_

**PROGRAM**

**ADDRESS:** \_\_\_\_\_

**PROGRAM LEVEL:**     **MODERATE ENTERAL**                       **MODERATE PARENTERAL**

<b>COURSE INFORMATION</b>	
<b>Hours of Instruction</b>	_____
<b>Number of Sedation Cases</b>	_____

**Program Sponsor:**

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Return Completed Form to:**

IDAHO STATE BOARD OF DENTISTRY  
PO BOX 83720  
BOISE ID 83720-0063  
Phone: (208) 334-2369  
Email: [sbd-info@dopl.idaho.gov](mailto:sbd-info@dopl.idaho.gov)

**CERTIFICATION OF GENERAL ANESTHESIA/DEEP SEDATION TRAINING**  
(This form applies only to applicants for a general anesthesia/deep sedation permit)

As part of the general anesthesia/deep sedation permit process, the Idaho State Board of Dentistry requires that the program at which the applicant received her/his general anesthesia/deep sedation training complete this form. The completed form must be mailed, emailed, or faxed directly from the program to the **Idaho State Board of Dentistry**. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

\*\*\*\*\*

This portion of the form should be completed by the program.

**IT IS HEREBY CERTIFIED THAT** \_\_\_\_\_  
(Name of Applicant)

Has completed an advanced education program accredited by the ADA Commission on Dental Accreditation that affords comprehensive and appropriate training necessary to administer and manage deep sedation or general anesthesia, commensurate with Part IV.C of the American Dental Association's "Guidelines for the Use of Sedation and General Anesthesia by Dentists".

**GENERAL ANESTHESIA/DEEP SEDATION EDUCATION RECEIVED** \_\_\_\_\_  
(Name of Program)

**LOCATED AT** \_\_\_\_\_  
(Full Address of School)

**FROM** \_\_\_\_\_ **TO** \_\_\_\_\_  
(Month/Year) (Month/Day/Year)

**President, Dean, Secretary, or Registrar:**

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

Return Completed Form to:

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