

# **NORTH CAROLINA GENERAL ANESTHESIA PERMIT RENEWAL APPLICATION**

Please complete all pages, front & back, of the renewal application and return it to the Board office in the enclosed 9 x 12 envelope or one of similar size. Applications are computer scanned; therefore, please do not fold the application form, as this may result in a processing delay.

## **IMPORTANT INFORMATION**

- Renewal fee if application is *RECEIVED BY* close of business January 31<sup>st</sup> - **\$100.00**
- Renewal fee if application is *RECEIVED AFTER* January 31<sup>st</sup>  
**\$150.00** (\$100.00 + \$50.00 penalty late fee)  
*"If your check is not paid on presentment or is dishonored, you agree to pay the amount allowed by state law. We may electronically debit or draft your account for this charge. Also, if your check is returned for insufficient or uncollected funds, your check may be electronically re-presented for payment."*
- Incomplete or unsigned renewal applications cannot be processed and *WILL BE* returned
- *PLEASE DO NOT FOLD* renewal application
- **ACLS Training** is required for licensure renewal
- **Current CPR certification** is mandatory to renew license
- Permit Number on the Renewal Application should begin with an internal code "16" that is used only by the Board office. Then enter your 4 digit permit number AFTER the "16."
- Return application in the enclosed 9 x 12 envelope or another one of similar size. Extra postage will be required for delivery.

## **DEADLINE FOR RENEWAL APPLICATIONS JANUARY 31<sup>ST</sup> (without penalty), MARCH 31<sup>ST</sup> DEADLINE**

The timely submission of renewal applications is the sole responsibility of the licensee. The North Carolina State Board of Dental Examiners is not responsible for late, lost, damaged, delayed, destroyed, illegible, incomplete, misdirected, or postage due mail/applications.

# NORTH CAROLINA ANESTHESIA PERMIT RENEWAL APPLICATION

FEE IF RECEIVED ON OR BEFORE JANUARY 31ST - \$100.00

FEE IF RECEIVED AFTER JANUARY 31ST - \$150.00 (\$100.00 + \$50.00 PENALTY LATE FEE)

Make checks payable to: NC State Board of Dental Examiners

**IMPORTANT:** YOU MUST COMPLETE THE QUESTIONS ON THE NEXT PAGE

**DUE BY JANUARY 31st  
without penalty  
MARCH 31st DEADLINE FOR RENEWAL**

**PLEASE RETURN IN 9 X 12 ENVELOPE**

**Forms are computer scanned. Please DO NOT FOLD!!**

North Carolina State Board of Dental Examiners  
507 Airport Boulevard, Suite 105  
Morrisville, NC 27560 (919) 678-8223

6870426317

LICENSE NUMBER

Grid for license number: 11 empty boxes.

If you do NOT wish to renew, check here and return: \_\_\_\_\_



PLEASE READ AND FOLLOW DIRECTIONS CAREFULLY!

**DIRECTIONS:** Please complete each question by filling in the appropriate bubble using a blue or black ball point pen ONLY.

Shade Circles Like This--> ●  
Not Like This--> ⊗ ⊙

1) Number of Satellite Offices: \_\_\_\_\_

2) Please list ALL Satellite Offices:

CITY \_\_\_\_\_  
CITY \_\_\_\_\_  
CITY \_\_\_\_\_  
CITY \_\_\_\_\_

3) Have all office locations been inspected?

Yes  No

If not, please indicate which office locations need inspection:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) In the past year, have you had any instances of mortality or morbidity in connection with your use of anesthesia?  
 Yes  No

If yes, please include a detailed explanation of such occurrence to this form.

5) Do you have current ACLS training or its age-specific equivalent?

Yes  No

6) List the names of your auxiliary personnel:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Do all of your auxiliary personnel listed above have current BLS training or its equivalent?

Yes  No

If no, please list names and give explanation on a sperate sheet of paper.

I hereby certify and affirm that all information provided on this form is accurate to the best of my knowledge and I understand that if my application is incomplete, my permit will not be renewed and my application and fee will be returned to me.

Signature box

Signature

Date line

Date