

THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS
507 Airport Boulevard, Suite 105
Morrisville, NC 27560
(919) 678-8223

APPLICATION FOR GENERAL ANESTHESIA

1) _____
 (First Name In Full) (Middle/Maiden) (Last Name In Full)

2) _____
 (Office Address) (City) (State) (Zip Code)

3) Telephone Number: () _____

4) North Carolina Dental License Number: _____

5) Social Security Number: _____ - _____ - _____

6) Satellite Offices in addition to the above where you intend to use general anesthesia.

A) _____
 (Office Address) (City) (State) (Zip Code)

B) _____
 (Office Address) (City) (State) (Zip Code)

7) Do you have a specialty degree? _____ Yes _____ No
 (If "yes", please check your specialty)

___ Oral Surgery ___ Periodontics ___ Endodontics ___ Public Health
 ___ Pediatrics ___ Orthodontics ___ Prosthodontics ___ Oral Pathology

8) **Dental Education:**

Dental School:	
Dates Attended: (ie. Sept. 1990 – Sept. 1994)	
Degree Received:	

9) **Specialty Education:**

Dates Attended: (ie. Sept. 1990 – Sept. 1994)	
Degree Received:	

10) I qualify for a general anesthesia permit under one or more of the following:

_____ Completion of one year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program approved by the Board

_____ Graduate of a program certified by the American Dental Association in Oral and Maxillofacial Surgery.

_____ A Diplomat of the American Board of Oral and Maxillofacial Surgery or eligible for examination by the American Board of Oral and Maxillofacial Surgery.

_____ A Fellow of the American Dental Society of Anesthesiology.

11) Give a resume of your General Anesthesia qualifications, including training and experience, indicating the location of any program completed and dates of attendance. Include whether you used General Anesthesia prior to February 1, 1985.

12) Are you currently ACLS or PALS certified? _____ **Yes** _____ **No**
(If yes, please attach a photocopy of your current certification card.)

13) List the names of your auxiliary personnel (attach additional sheet if necessary.):

Name: _____ **BLS certified:** _____ **Yes** _____ **No**
(If "yes", please attach a photocopy of certification card.)

Name: _____ **BLS certified:** _____ **Yes** _____ **No**
(If "yes", please attach a photocopy of certification card.)

I _____ hereby certify that no instances of Mortality or Morbidity have occurred in connection with my use of General Anesthesia.

If applicable, attach a separate sheet listing all instances of Mortality or Morbidity in connection with your use of General Anesthesia, including a detailed explanation of any such occurrence.

I _____ hereby certify that I maintain a properly equipped facility for the administration of General Anesthesia, which is or shall be staffed with auxiliary personnel who shall be capable of reasonably handling procedures, problems and emergency incident thereto.

I hereby certify that I am the person who executed this application for a permit to employ the use of general anesthesia in the practice of dentistry in the State of North Carolina and the information on this application is true and correct to the best of my knowledge.

(SIGNATURE)

(DATE)

THIS APPLICATION MUST BE ACCOMPANIED BY THE APPLICATION FEE OF \$100.00 AND VERIFICATION OF YOUR TRAINING IN GENERAL ANESTHESIA. (Verification should either be a copy of your specialty degree diploma or a letter from the director of your training program indicating that you meet the minimum requirements for a General Anesthesia Permit.) Please make a check or money order payable to the North Carolina State Board of Dental Examiners. This fee is non-refundable.

"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."