

THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS
2000 Perimeter Park Drive, Suite 160
Morrisville, North Carolina 27560
919-678-8223

APPLICATION FOR ITINERANT (MOBILE) GENERAL ANESTHESIA PERMIT

1. _____
Full Name As It Appears On Your Dental License

2. _____
Address

3. NC Dental License Number: _____

4. NC General Anesthesia Permit Number: _____

5. Telephone Number: _____

6. Email: _____

7. I certify that I maintain and will have available the following equipment at each site where I will offer general anesthesia services:

- (1) positive pressure ventilation system and back-up E cylinder portable oxygen tank;
- (2) standard ASA monitors with back-up power;
- (3) EKG monitor;
- (4) precordial stethoscope or capnograph;
- (5) small, medium, and large oral airways and nasal trumpets;
- (6) small, medium, and large laryngoscope blades and back-up laryngoscope;
- (7) small, medium, and large nasal and oral endotracheal tubes;
- (8) Magill forceps;
- (9) small, medium, and large supraglottic airway devices;
- (10) back-up suction;
- (11) defibrillator with pediatric capability;
- (12) small, medium, and large anesthesia circuits;
- (13) back-up lighting;
- (14) gastric suction device;
- (15) endotracheal tube and pulmonary suction device;
- (16) equipment for performing emergency cricothyrotomies and delivering positive pressure ventilation;
- (17) back-up ventilation measurement;
- (18) rebreathing device;
- (19) scavenging system;
- (20) intermittent compression devices;

- (21) CPR board or dental chair without enhancements suitable for providing emergency treatment;
- (22) laryngoscope with working batteries;
- (23) tourniquet and tape.

8. I certify that the following unexpired medications shall be immediately available to me at each site where I will offer general anesthesia services:

- (1) Epinephrine;
- (2) Atropine;
- (3) antiarrhythmic;
- (4) antihistamine;
- (5) antihypertensive;
- (6) bronchodilator;
- (7) antihypoglycemic agent;
- (8) vasopressor;
- (9) corticosteroid;
- (10) anticonvulsant;
- (11) muscle relaxant;
- (12) appropriate reversal agents;
- (13) nitroglycerine;
- (14) antiemetic;
- (15) neuromuscular blocking agent; and
- (16) anti-malignant hyperthermia agent.

9. I understand that before administering general anesthesia or sedation at another provider's office, I must inspect the host facility to ensure that:

- (1) the operatory's size and design permit emergency management and access of emergency equipment and personnel;
- (2) there is a CPR board or dental chair without enhancements suitable for providing emergency treatment;
- (3) there is lighting to permit performance of all procedures planned for the facility;
- (4) there is suction equipment, including non-electrical back-up suction; and
- (5) the facility shall be staffed with at least two BLS certified auxiliaries, one of whom shall be dedicated to patient monitoring and recording general anesthesia or sedation data throughout the sedation procedure. This Subparagraph shall not apply if the dentist permit holder is dedicated to patient care and monitoring regarding general anesthesia or sedation throughout the sedation procedure and is not performing the surgery or other dental procedure.

10. I understand that at least 24 hours before the procedure is scheduled to begin, I must send written notice to the Board office confirming that the facility where the general anesthesia or sedation will be performed meets the requirements of paragraph nine (9) above and documenting when the inspection was conducted; and that I must

retain a copy of the written notice for 10 years following the procedure. No procedure shall be performed until the ~~report~~-required report is filed.

11. I understand my mobile general anesthesia permit shall be displayed in the host facility where it is visible to patients receiving treatment.

12. I certify that I am in good standing with the Board.

13. I understand that a mobile permit is not required to administer general anesthesia in a hospital or credentialed surgery center.

14. I understand that a mobile permit is for use at facilities other than my own office. If I plan to administer general anesthesia in my office, I must also maintain a general anesthesia permit.

I am requesting conversion to an Itinerant permit only

I am requesting an Itinerant permit in addition to my general anesthesia permit

By signing this Application, I hereby certify that I meet all requirements set out in this application.

I personally filled out and executed this application and all information on this application is true and correct to the best of my knowledge.

Signature

Date

THIS APPLICATION MUST BE ACCOMPANIED BY A NON-REFUNDABLE FEE OF \$100. MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS. PERMITS MUST BE RENEWED ANNUALLY.

"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."

After your application is approved, you will be notified of the inspector that has been assigned to inspect your equipment and medications. You will be responsible for coordinating your inspection.