

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) MODERATE PERMIT

1. _____

Full Name As It Appears On Your Dental License

2. _____

Address

3. NC Dental License Number: _____

4. NC Sedation 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 moderate conscious sedation services:

- (1) an operatory of size and design to permit access of emergency equipment and personnel and to permit emergency management;
- (2) a CPR board or a dental chair without enhancements, suitable for providing emergency treatment;
- (3) lighting as necessary for specific procedures and back-up lighting;
- (4) suction equipment as necessary for specific procedures, including non-electrical back-up suction;
- (5) positive pressure oxygen delivery system, including full face masks for small, medium, and large patients and back-up E-cylinder portable oxygen tank apart from the central system;
- (6) small, medium, and large oral and nasal airways;
- (7) blood pressure monitoring device;
- (8) EKG monitor;
- (9) pulse oximeter;
- (10) automatic external defibrillator (AED);
- (11) precordial stethoscope or capnograph;
- (12) thermometer;
- (13) vascular access set-up as necessary for specific procedures, including hardware and fluids;
- (14) laryngoscope with working batteries;
- (15) intubation forceps and advanced airway devices;
- (16) tonsillar suction with back-up suction;
- (17) syringes as necessary for specific procedures;
- (18) tourniquet and tape.

8. I certify that the following unexpired medications shall be immediately available to me at each site where I will offer moderate sedation 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) Dextrose

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 operator'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, as the dentist sedation permit holder, I am dedicated to patient care and monitoring regarding sedation throughout the sedation procedure and I am not performing the surgery or other dental procedure.

10. I understand upon inspection; I shall document that the facility where the general anesthesia or sedation will be performed was inspected and that it met the requirements of paragraph nine (9) above; and that I must retain the inspection and compliance record required by this Paragraph for 10 years following the procedure and provide these records to the Board upon request.

11. I understand my mobile moderate sedation 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 moderate conscious sedation 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 sedation in my office, I must also maintain a sedation permit.

I am requesting conversion to an Itinerant permit only

I am requesting an Itinerant permit in addition to my moderate sedation 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 \$375. 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.