

**THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS
507 AIRPORT BOULEVARD, STE. 105
MORRISVILLE, N.C. 27560
919-678-8223**

**APPLICATION FOR MODERATE PEDIATRIC
CONSCIOUS SEDATION PERMIT**

- 1) _____
(Full First Name) (Middle/Maiden Name) (Full Last Name)
- 2) _____
(Office Street Address) (City) (State) (Zip)
- 3) **Office Telephone Number:** () _____
- 4) **Office e-mail:** _____
- 5) **N.C. Dental License Number:** _____
- 6) **Social Security Number:** _____
- 7) **Satellite offices where you intend to use moderate pediatric conscious sedation:**
(attach additional sheets if necessary)
- A) _____
(Office Street Address) (City) (State) (Zip)
- B) _____
(Office Street Address) (City) (State) (Zip)
- 8) **Check all specialty degrees you hold:**
- ___ Oral Surgery ___ Periodontics ___ Endodontics ___ Public Health
- ___ Pediatrics ___ Orthodontics ___ Prosthodontics ___ Oral Pathology
- ___ Other _____

9) **Dental Education:**

Dental School: _____

Dates: Attended: _____
(Ex.: Sept. 2000 – Sept. 2004)

Degree Received: _____

10) **Specialty Education:**

Dental School/Hospital: _____

Dates Attended: _____

Degree Received: _____

11) **I qualify for a moderate pediatric conscious sedation permit under one of the following:** (Please attach proof)

_____ I have completed a pediatric degree or pediatric residency program at a Board approved institution;

_____ Satisfactory completion of a minimum of 60 hours of didactic training, including PALS, and instruction in intravenous conscious sedation from a source approved by the Board and satisfactory management of at least 10 patients, under supervision, using intravenous sedation;

_____ Satisfactory completion of an pre-doctoral dental or postgraduate dental program which included a minimum of 60 hours of didactic training and instruction in intravenous conscious sedation from a source approved by the Board and satisfactory management of at least 10 patients, under supervision, using intravenous sedation;

_____ Satisfactory completion of an internship or residency which included a minimum of 60 hours of didactic training and instruction in intravenous conscious sedation from a source approved by the Board and satisfactory management of at least 10 patients, under supervision, using intravenous sedation.

_____ I hold a moderate conscious sedation permit and have completed continuing education courses in pediatric dental sedation equivalent in number and content to the training offered in Board approved pediatric dental degree or pediatric dental residency programs.

By signing this Application, I hereby certify that:

I maintain a properly equipped facility for the administration of moderate pediatric conscious sedation, which is or shall be staffed with auxiliary personnel who are capable of reasonably handling procedures, problems and emergency incidents thereto.

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 \$100.00 AND VERIFICATION OF YOUR TRAINING IN MODERATE PEDIATRIC CONSCIOUS SEDATION. 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."