

**THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS  
2000 PERIMETER PARK DRIVE, STE. 160  
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.

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(SIGNATURE)

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(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."*