

APPLICATION FOR REINSTATEMENT OF NORTH CAROLINA MODERATE OR PEDIATRIC SEDATION PERMIT

I hereby make application to reinstate my permit to administer Sedation in the state of North Carolina, and submit the following information:

PERMIT NUMBER _____ DATE OF ISSUANCE _____

LEVEL OF SEDATION PERMIT: Moderate (IV) Pediatric

FULL NAME: _____

PRESENT ADDRESS: _____

City	State	Zip	Phone
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Dental License Number: _____

Please list all offices where sedation is administered:

Have all offices been inspected? Yes _____ No _____

In the past year, have you had any instances of mortality or morbidity in connection with your use of sedation? If yes, please include a detailed explanation of such occurrence with this form.

Yes _____ No _____

Do you have current ACLS/PALS or its age-specific equivalent?
(Please provide a copy of your certification)

Yes _____ No _____

Have you completed 6 hours of CE in one or more of the following areas?
(Please provide a copy of your completion certificates)

Yes _____ No _____

- Sedation,*
- Medical Emergencies*
- Monitoring IV*
- Pharmacology of Drugs/Agents used in IV sedation*
- Physical evaluation, Risk management or Behavioral management*
- Audit ACLS/PALS course*

List the names of your auxiliary personnel:

Do all auxiliary personnel have current BLS training or its equivalent?

(Please provide a copy of your completion certificates)

Yes _____ No _____

Have your auxiliary personnel completed 3 hours of CE in one or more of the following areas?

(Please provide a copy of your completion certificates)

Yes _____ No _____

Sedation,

Medical Emergencies

Monitoring IV

Pharmacology of Drugs/Agents used in IV sedation

Physical evaluation, Risk management or Behavioral management

Audit ACLS/PALS course

If permit has been expired longer than one year, a facilities inspection must be performed; evaluation fees apply.

I have included a check or money order in the amount of **\$200.00** (for the renewal fee of \$100.00 plus the reinstatement fee of \$100.00), as directed in 21 NCAC 16Q .0501(g).

I, _____, do solemnly swear that the above information is true and correct to the best of my knowledge and belief.

SIGNED: _____

(applicant)

Sworn to and subscribed before me this

_____ day of _____ 20____

NOTARY PUBLIC

S E A L

My commission expires: _____

Please understand that you **may not** administer sedation until your permit has been reinstated and you have a current renewal certificate **in hand!!**

SedationReinstatementApp-1-10-18