

# APPLICATION FOR REINSTATEMENT OF NORTH CAROLINA GENERAL ANESTHESIA OR ITINERANT GENERAL ANESTHESIA PERMIT

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

PERMIT NUMBER \_\_\_\_\_ DATE OF ISSUANCE \_\_\_\_\_

DATE OF EXPIRATION \_\_\_\_\_ LAST DATE YOU ADMINISTERED ANESTHESIA \_\_\_\_\_

FULL NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

City	State	Zip	Phone
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Dental License Number: \_\_\_\_\_

Please list all offices where general anesthesia is administered:

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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 anesthesia? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please include a detailed explanation of such occurrence with this form.

Do you have current ACLS 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 sedation and the use of monitoring equipment*

*Pharmacology of drugs and agents used in general anesthesia and IV sedation*

*Physical evaluation, Risk assessment or Behavioral management*

*Airway management*

List the names of your auxiliary personnel:

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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 sedation and the use of monitoring equipment*

*Pharmacology of Drugs and agents used in general anesthesia and IV sedation*

*Physical evaluation, Risk management or Behavioral management*

*Airway management*

Dentists whose anesthesia permits or itinerant general anesthesia permits have been lapsed for more than 12 calendar months shall pass an inspection and an evaluation as part of the reinstatement process; evaluation fees apply.

I have included a check or money order in the amount of **\$150.00** (for the renewal fee of \$100.00 plus a late fee of \$50.00).

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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\_\_\_\_

S E A L

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

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

AnesthesiaReinstatementApp-7-10-19

Last Updated 10-8-20, 12-18-20