

**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) GENERAL ANESTHESIA PERMIT**

1. \_\_\_\_\_  
Full Name As It Appears On Your Dental License

2. \_\_\_\_\_  
Address

3. NC Dental License Number: \_\_\_\_\_

4. NC General Anesthesia Permit Number: \_\_\_\_\_

5. Telephone Number: \_\_\_\_\_

6. Email: \_\_\_\_\_

7. The permit holder shall maintain in good working order the following equipment:

- (1) small, medium, and large supraglottic airways devices;
- (2) small, medium, and large anesthesia circuits;
- (3) rebreathing device;
- (4) scavenging system;
- (5) intermittent compression devices;
- (6) gastric suction device;
- (7) endotracheal tube and pulmonary suction device;
- (8) equipment for performing emergency cricothyrotomies and delivering positive pressure ventilation; and
- (9) the equipment required by Rule .0202

8. I certify that I maintain and will have available the following equipment at each site where I will offer general anesthesia 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 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.

9. I certify that the following unexpired medications shall be immediately available to me at each site where I will offer general anesthesia 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 the dentist permit holder is dedicated to patient care and monitoring regarding general anesthesia or sedation throughout the sedation procedure and is not performing the surgery or other dental procedure.

10. Upon inspection, the permit holder shall document that the facility where the general anesthesia or sedation procedure will be performed was inspected and that it met the requirements of Paragraph (f) of this Rule. The permit holder shall 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 general anesthesia 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 general anesthesia 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 general anesthesia in my office, I must also maintain a general anesthesia permit.

I am requesting conversion to an Itinerant permit only

I am requesting an Itinerant permit in addition to my general anesthesia 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.