

**THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS**  
**2000 Perimeter Park Drive, Suite 160**  
**Morrisville, North Carolina 27560**  
**919-678-8223**

**APPLICATION FOR MINIMAL CONSCIOUS SEDATION PERMIT**

1. \_\_\_\_\_  
Full Name As It Appears On Your Dental License
  
2. \_\_\_\_\_  
Address
  
3. NC Dental License Number: \_\_\_\_\_
  
4. Telephone Number: \_\_\_\_\_
  
5. Email: \_\_\_\_\_
  
6. List all offices where you intend to use sedation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Permits are location specific – you will need a permit for each location that you administer sedation. Please indicate beside the location address if there is a dentist currently at the location that holds a permit.)

7. Check all specialty degrees that you hold:  
\_\_\_\_ Oral Surgery    \_\_\_\_ Periodontics    \_\_\_\_ Endodontics  
\_\_\_\_ Pediatrics    \_\_\_\_ Public Health    \_\_\_\_ Orthodontics  
\_\_\_\_ Prosthodontics    \_\_\_\_ Oral Pathology    \_\_\_\_ None  
Other \_\_\_\_\_
  
8. Dental School: \_\_\_\_\_  
Dates Attended: (Mon/Yr) \_\_\_\_\_  
Degree Received: \_\_\_\_\_
  
9. Specialty Education:  
Dental School/Hospital: \_\_\_\_\_  
Dates Attended: (Mon/Yr) \_\_\_\_\_  
Degree Received: \_\_\_\_\_

10. I qualify for a minimal conscious sedation permit based upon at least one of the following: (Please attach proof)

\_\_\_\_\_ Completion of an ADA accredited post-doctoral training program which affords comprehensive training necessary to administer and manage minimal conscious sedation

\_\_\_\_\_ Completion of an 18-hour minimal conscious sedation course which must be approved by the Board based on whether it affords comprehensive training necessary to administer and manage minimal conscious sedation; or

\_\_\_\_\_ Completion of an ADA accredited postgraduate program in pediatric dentistry

11. Attach a resume of your minimal sedation qualifications (other than those listed above), including training and experience, indicating the location of any program completed and dates of attendance.

12. Do you have current/unexpired ACLS? \_\_\_\_\_  
(Please provide a copy of ACLS card)

13. List the names of auxiliary staff that will be assisting with sedation.

_____	_____
_____	_____
_____	_____

14. Do all staff listed above have current/unexpired BLS? \_\_\_\_\_  
(Please provide a copy of BLS card)

15. Are you in good standing with the Board? \_\_\_\_\_

16. Have you had any instances of mortality/morbidity in connection with use of sedation? \_\_\_\_\_

(If yes, attach sheet listing all instances of mortality/morbidity, including detailed information concerning patient's name, date of event and relevant circumstances)

**By signing this Application, I hereby certify that:**

I maintain a properly equipped facility for the administration of minimal 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 \$375 AND VERIFICATION OF YOUR TRAINING IN MINIMUM 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.”*

\_\_\_\_\_  
After your application is approved, you will be notified of the evaluator that has been assigned, along with a checklist in preparation of the evaluation. You will be responsible for coordinating your evaluation.