

APPLICATION FOR REINSTATEMENT OF NORTH CAROLINA MINIMAL 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 _____

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?

(Please provide a copy of your certification)

Yes _____ No _____

Have you completed 3 hours of CE in one or more of the following areas?

(Please provide a copy of your completion certificates)

Yes _____ No _____

Pediatric or Adult sedation

Medical Emergencies

Monitoring sedation and the use of monitoring equipment

Pharmacology of drugs and agents used in sedation

Physical evaluation, Risk management or Behavioral management

Airway management

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 _____

Pediatric or Adult sedation

Medical Emergencies

Monitoring sedation and the use of monitoring equipment

Pharmacology of Drugs and agents used in sedation

Physical evaluation, Risk management or Behavioral management

Airway management

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 **\$150.00** (for the renewal fee of \$100.00 plus a late fee of \$50.00).

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 sedation until your permit has been reinstated and you have a current renewal certificate **in hand!!**

MinimalReinstatementApp-7-10-19

Last Updated 10-8-20