

# 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 **\$200.00** (for the renewal fee of \$100.00 plus the reinstatement fee of \$100.00), as directed in 21 NCAC 16Q .0501(g).

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