

Application for Pediatric Moderate Sedation Permit



Board of Dentistry
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Name: _____

2. APPLICANT BACKGROUND

A. Do you currently hold, or have ever held an anesthesia permit, license, and/or certificate? Yes No

If you responded “Yes,” complete the following:

License Type	License #	State/Country	Original Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	Status of License

3. TRAINING PROGRAM

Refer to Rules 64B5-14.0025 and 14.003(3)(a), F.A.C., which establish the criteria for issuance of a moderate sedation permit.

A. Have you completed a formal training course offered through a Commission on Dental Accreditation accredited dental school or program in the use of moderate sedation or through an accredited teaching hospital (Clinical training must take place at the accredited dental school or accredited teaching hospital)?
 Yes No

If you responded “Yes,” complete the following:

Training Program or Institution	Date of Certification (MM/DD/YYYY)	Training Dates: From-To (MM/DD/YYYY)
		to
		to

Applicants must provide the following:

A copy of certification or letter from the dean of the dental school or head of the teaching hospital attesting to and describing the formal training.

A patient chart or log containing type(s) and concentration of medication used for sedation.

Documentation of actual clinical administration of anesthetics to 20 patients within two years of this application.

B. Have you completed clinical administration of anesthetics to 20 dental or oral and maxillofacial patients within two (2) years prior to application of the particular type of anesthetics for the permit applied for? Yes No

Practice Location (Where the administrations were provided)	# of Administrations Given

Name: _____

6. DISCIPLINE HISTORY

- A. Have there been any disciplinary actions initiated against your license in any state? Yes No
- B. Has any action been initiated against your license, permit, or certificate to administer anesthesia or sedation in any state? Yes No
- C. Is there any pending litigation or dental malpractice proceeding being conducted against your license, permit, or certification related to the practice of dentistry or the administration of anesthesia/sedation?
Yes No

If you responded “Yes” to any of the questions in this section, complete the following:

Name of Agency	State	Action Date (MM/DD/YYYY)	Final Action	Under Appeal?
				Y N
				Y N
				Y N

If you responded “Yes” to any of the questions in this section, you must provide the following:

A written self-explanation, describing in detail the circumstances surrounding the disciplinary action.

A copy of the **Complaint** and **Final Order**.

7. CARDIOPULMONARY RESUSCITATION

Review 64B5-14.003(3)(e) F.A.C. to view requirements for a dentist utilizing pediatric moderate sedation.
<https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64B5-14>.

List staff available when pediatric moderate sedation is being administered.

Name	Currently CPR Certified?
	Y N
	Y N
	Y N

Effective March 1, 2022, if treating a patient 7 years of age or under, a dentist utilizing any level of sedation must be currently trained in Pediatric Advanced Life Support (PALS).

Attach proof of your Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS) certification, and after March 1, 2022, PALS certification, if required.

Attach proof of BLS certification for each support staff listed above.

CPR certification must be from the American Heart Association or American Red Cross or an equivalent agency sponsored CPR course at the basic life support level to include one person CPR, two person CPR, infant resuscitation, and obstructed airway. Note: The “**Heartsaver**” course **does not** meet this requirement.

Name: _____

8. APPLICANT RELEASE

I, the undersigned, state that I am the person referred to in this application for licensure in the state of Florida.

I understand that Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed. Failure to do so may result in action by the board including denial of licensure.

Applicant Signature _____ Date _____
You may print out this application and sign it or sign digitally. MM/DD/YYYY

