

# STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION  
FOR YOUR RECORDS.

## REACTIVATION APPLICATION Anesthesia Restricted Permit I - DP

Return to:

State Board of Dentistry  
PO Box 2649  
Harrisburg, PA 17105-2649

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

PERMIT NUMBER

EMAIL

Check if appropriate:

- ☐ ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- ☐ NAME CHANGE – Submit a photocopy of a legal document verifying the name change (i.e. marriage certificate, divorce decree or legal court issued name change)

Prior Name

Current (New) Name

### THE FOLLOWING QUESTIONS MUST BE ANSWERED – CHECK “YES” OR “NO” FOR EACH QUESTION

YES	NO	If “YES” to questions 2, 3, 4, 5, 6, 7, 8 and/or 9 – provide details AND attach certified copies of legal document(s).
		1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization (active or inactive, current or expired) to practice any health-related profession in any state or jurisdiction? If “Yes” List the profession and state or jurisdiction here →
		2. Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to a voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a professional, license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		6. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		7. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		8. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university or research facility with violating research protocols, falsifying research or engaging in other research misconduct?
		9. Since your initial application or your last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?

YES	NO	Please respond "Yes" or "No" to the following questions:
		1. Have you successfully completed the clinical evaluation/office inspection through PSOMS within the last six (6) years? <b>Note: It is the responsibility of the permit holder to maintain a current clinical evaluation/office inspection within the allotted six (6) year period. Failure to maintain a current clinical evaluation/office inspection subjects you to disciplinary action.</b>
		2. Do you/will you treat adult patients utilizing conscious sedation and/or nitrous oxide/oxygen analgesia?
		3. Do you/will you treat pediatric patients utilizing conscious sedation and/or nitrous oxide/oxygen analgesia?

### Verification of Information

I verify that I have read, understood and will comply with the law and regulations of the State Board of Dentistry. I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit or registration.

Full Name (Please Print) \_\_\_\_\_

Signature of Licensee (Mandatory) \_\_\_\_\_ Date \_\_\_\_\_

### Acknowledgement of Duty to Self-Report Disciplinary Conduct and Certain Criminal Activity (mandatory for all licensees; signature required)

I, \_\_\_\_\_, hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am **REQUIRED** pursuant to Act 6 of 2018 to **NOTIFY** the Bureau of Professional and Occupational Affairs **WITHIN 30 DAYS** of the occurrence of any of the following: (1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction; (2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ARD) of any felony or misdemeanor offense in a criminal proceeding. **I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board.** I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at [www.pals.pa.gov](http://www.pals.pa.gov) and select "Mandatory Reporting by Licensee" under the heading "Your Licenses."

Signature of Licensee (Mandatory) \_\_\_\_\_ Date \_\_\_\_\_

EXPIRATION DATE: →	NOTE: Upon renewal the permit will expire <b>March 31, 2023</b>
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$210.00
<p>Write your permit number on your payment. <i>A \$20.00 fee will be assessed for returned payments.</i></p> <p>LATE FEE – a \$5.00 per month, or part of a month is required if you have been practicing since your permit has expired.</p> <p><b>PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</b></p>	

# VERIFICATION OF PRACTICE/NON-PRACTICE

**\*\*\* Your reactivation cannot be processed unless this page is completed. \*\*\***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Anesthesia Restricted Permit I Number: DP \_\_\_\_\_

Name of Profession \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

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Be sure you are familiar with the definition of your profession from the licensing law which pertains to the permit you are renewing/reactivating. **THEN** answer the following questions.

- |    |   |                              |
|----|---|------------------------------|
| 1. | Have you engaged in the administration of conscious sedation and/or nitrous oxide/oxygen analgesia since your Pennsylvania Anesthesia Restricted Permit I lapsed or since you placed it on inactive status?                                 | <b>CIRCLE ONE:</b><br>YES NO |
| 2. | Have you been employed by the federal government in the administration of conscious sedation and/or nitrous oxide/oxygen analgesia since your Pennsylvania Anesthesia Restricted Permit I lapsed or since you placed it on inactive status? | <b>CIRCLE ONE:</b><br>YES NO |

I understand that any false statement made is subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license, permit and/or certification.

\_\_\_\_\_  
(Signature of Permit Holder)

\_\_\_\_\_  
(Date)

# **STATE BOARD OF DENTISTRY**

## **Requirements for Reactivation of your Pennsylvania Anesthesia Restricted Permit I**

To reactivate your Pennsylvania Anesthesia Restricted Permit I from inactive/expired status, the current requirements are as follows:

- Complete the reactivation application.
- Complete the Verification of Practice/Non-Practice.
- If you treat adult patients utilizing conscious sedation, you must submit proof of current ACLS certification.
- If you treat pediatric patients utilizing conscious sedation, you must submit proof of current PALS certification.
- Submit certificates of completion for the required continuing education credits showing that you have completed the 15 hours of Board-approved continuing education in courses relating to conscious sedation. Credits must be obtained within two years prior to reactivation. Continuing education regulations are available at [www.dos.pa.gov/dent](http://www.dos.pa.gov/dent).
- You must have successfully completed the required clinical evaluation/office inspection through PSOMS within the last six (6) years.
- Submit the current renewal fee. Note: If you have been practicing utilizing conscious sedation and/or nitrous oxide/oxygen analgesia in Pennsylvania since your permit has been expired/inactive, you must also include a \$5.00 per month late penalty fee.