STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS

Reactivation Application – Anesthesia Restricted Permit II

Return to: **State Board of Dentistry**
P.O. Box 2649
Harrisburg, PA 17105-2649

_____
Name

_____
Address

_____
City **State** **Zip**

Anesthesia Restricted Permit II Number: DN_____

Name Change
For a change of name, indicate new name below and attach 8½ x11 photocopy of a legal document verifying name change i.e., marriage certificate, divorce decree, or legal court document indicating retaking of a maiden name, etc. _____

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, 9 and/or 10 – 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 **Since your initial application or your last renewal,** whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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 been convicted (found guilty, plead guilty or pled contendere), received probation without verdict, accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. **Since your initial application or last renewal,** whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. **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?
		9. **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?
		10. **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?

_____
Name

_____
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EQUIPMENT CERTIFICATION –COMPLETE SECTION 1 AND CHECK "YES" OR "NO" FOR QUESTIONS 1, 2, 3 AND 4

Note: Your permit cannot be renewed unless you have met all requirements below.

1. Please provide the make, model and serial number of all nitrous equipment that you utilize/will utilize. **Note: If "YES", please document the information below. If additional space is required, please provide the additional information on a separate 8½ x 11 sheet of paper.**

   a) Make: _____

   b) Model: _____

   c) Serial Number: _____

YES	NO	All questions must be answered.
		1. Is the equipment in proper working order?
		2. Is the equipment properly calibrated?
		3. Does the equipment contain a fail-safe system?
		4. Do you have written office procedures for administering nitrous oxide/oxygen analgesia and handling emergencies related to the administration of nitrous oxide/oxygen analgesia?

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for **BOTH** failure to complete the requirements **AND** for falsifying a renewal.

VERIFICATION OF INFORMATION

By signing below, I verify that this form 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 pursuant to 18 Pa. C.S.§4911.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is 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.

Signature of Licensee (Mandatory)**:** _____**Date:**_____

EXPIRATION DATE: ➔	NOTE: Upon renewal, this permit will expire **March 31, 2019**
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" ➔	**$53.00**

Write your permit number on your payment. ***A $20.00 fee will be assessed for returned payments.***

LATE FEE – a $5.00 per month, or part of a month is required if you have been practicing since your permit has expired.

PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

VERIFICATION OF PRACTICE/NON-PRACTICE

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

_____
Name

_____
Address

_____
City **State** **Zip**

Anesthesia Restricted Permit II Number: DN_____

Name of Profession _____

Date of Birth _____

Social Security Number _____

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 nitrous oxide/oxygen analgesia in Pennsylvania since your Pennsylvania Restricted Permit II lapsed or since you placed it on inactive status?*	***CIRCLE ONE:*** *YES NO*
2.	*Have you been employed by the federal government in the administration of nitrous oxide/oxygen analgesia since your Pennsylvania Restricted Permit II lapsed or since you placed it on inactive status?*	***CIRCLE ONE:*** *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 II

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

- **Complete the renewal application.**
- **Complete the Verification of Practice/Non-Practice.**
- **Submit the current renewal fee. Note: If you have been practicing utilizing 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.**