

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

**RENEWAL APPLICATION
Anesthesia Restricted Permit I - DP**

Return to:
State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME

STREET ADDRESS

CITY STATE ZIP CODE PERMIT NUMBER

Check below if submitting a name change:

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 | Note: Your permit cannot be renewed unless you have met all requirements below. |
|-----|----|--|
| | | 1. Have you successfully completed the clinical evaluation/office inspection through PSOMS or a peer evaluation organization that has been approved by the Board within the last six (6) years? 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. |
| | | 2. Have you completed 15 credit hours of Board-approved continuing education in courses relating to conscious sedation during the period April 1, 2015 through March 31, 2017? Note: The 15 credit hours can be credited towards the continuing education requirement for the renewal of the license to practice dentistry. ACLS/PALS certification cannot be counted towards the 15 credit hours required for the biennial renewal of your anesthesia permit. |
| | | 3a. Do you treat adult patients utilizing conscious sedation and/or nitrous oxide/oxygen analgesia? |
| | | 3b. If YES , do you have current ACLS certification? |
| | | 4a. Do you treat pediatric patients utilizing conscious sedation and/or nitrous oxide/oxygen analgesia? |
| | | 4b. If YES , do you have current PALS certification? |

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 Permit Holder (Mandatory): _____ **Date:** _____

INACTIVE STATUS

If you **will not** be administering conscious sedation and/or nitrous oxide/oxygen analgesia in Pennsylvania after March 31, 2017, you may place your anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. **No fee, clinical evaluation/office inspection, ACLS/PALS certification or 15 hours of continuing education is required to maintain inactive status.**

I **will not** be administering conscious sedation and/or nitrous oxide/oxygen analgesia after March 31, 2017.

| | |
|--|--|
| EXPIRATION DATE: → | March 31, 2017 NOTE: Upon renewal the permit will expire March 31, 2019 |
| 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> LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-17</p> <p>PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES RETURN BY: MARCH 1, 2017</p> | |