

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION Anesthesia Restricted Permit II - DN

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.
		<p>1. Since your initial application or your last renewal, whichever is later, has the make, model and serial number of any nitrous equipment that you utilize changed? 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.</p> <p>a) Make: _____</p> <p>b) Model: _____</p> <p>c) Serial Number: _____</p>
		2. Is the equipment in proper working order?
		3. Is the equipment properly calibrated?
		4. Does the equipment contain a fail-safe system?
		5. 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 Permit Holder (Mandatory): _____ **Date:** _____

INACTIVE STATUS

If you **will not** be administering 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 or equipment is required to maintain inactive status.**

I **will not** be administering 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” →	\$53.00
<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</p> <p>RETURN BY: MARCH 1, 2017</p>	