

MONTANA BOARD OF DENTISTRY
PO BOX 200513
301 S. PARK, 4TH FLOOR
HELENA, MONTANA 59602-0513
Application Unit Phone: (406) 444-5711
E-mail: unitB@mt.gov Web: www.dentistry.mt.gov

TEMPORARY ANESTHESIA PERMIT APPLICATION FEE: \$200.00
TEMPORARY ANESTHESIA PERMIT INSPECTION FEE: \$200.00
(Total: \$400. Make checks payable to the Montana Board of Dentistry-DO NOT SEND CASH.)

THIS APPLICATION IS FOR A TEMPORARY MODERATE SEDATION OR DEEP SEDATION/
GENERAL ANESTHESIA PERMIT AND IS VALID FOR 120 DAYS **OR** UNTIL INSPECTION.
PLEASE COMPLETE ALL AREAS.
Once approved, the Board office/Inspector will contact you concerning your inspection when arrangements are finalized.

Last name: _____ First name: _____ MI _____

Current Address: _____

City: _____

State: _____ Zip: _____

Inspection Office Address: _____

City: _____

State: _____ Zip: _____

E-Mail: _____

Select the level of sedation or anesthesia you are applying for:
 Moderate sedation
 Deep sedation/General anesthesia
Montana Dental License # _____

PLEASE REFER TO <http://www.mtrules.org/gateway/Subchapterhome.asp?scn=24%2E138.32> for complete rules as they apply to providing moderate sedation or deep sedation/general anesthesia. **Moderate sedation applicants must provide a course syllabus and breakout of course hours.**

By providing your initials¹ after each of the following statements you verify that you understand and agree:

1. I have reviewed the Montana Board of Dentistry's rules for providing moderate sedation or deep sedation/general anesthesia. _____¹
2. I agree that it is my responsibility to understand the requirements by rule to apply and be granted a moderate sedation or deep sedation/general anesthesia permit by the Montana Board of Dentistry. _____¹
3. I agree that it is my responsibility to understand the requirements by rule for providing in-office sedation or anesthesia by the Montana Board of Dentistry. _____¹
4. I understand that the Montana Board of Dentistry does not endorse, recommend or support, in any way, the qualifications of moderate sedation continuing education programs or courses. It is my responsibility to ensure that my moderate sedation training meets the rules of the Montana Board of Dentistry. _____¹

Signature: _____ Date: _____

Name printed: _____ Initials: _____

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REV 5/2017

MONTANA BOARD OF DENTISTRY

Moderate Sedation Permit Patient Log

Applicant Name: _____

Applicant's Address: _____

E-mail: _____

Phone number: (____) _____

Moderate Sedation Program: _____

Moderate Sedation Program Address: _____

Date started: _____ Date completed: _____

Instructions: As per rule MT rule 24.38.3221(3), twenty (20) patients must be sedated by any applicant pursuing a permit to provide moderate sedation in Montana. Please provide evidence of this requirement through completion of this patient log. Provide documentation of agents utilized for your sedations, dental procedure(s) performed, and time of sedation (start, finish and total time). Also, provide your initials as well as the initials of the doctor supervising your sedations.

All patients must be patients receiving dental treatment. Online simulation or sedation of non-dental procedures (i.e. colonoscopy procedures, etc.) are not considered appropriate to qualify.

1. Provide the agents used for the sedation as well as total doses (i.e. 2 mg midazolam, 100 mcg fentanyl)
2. Indicate start and finish times in hours and minutes (h:MMtt). (i.e. 8:03am)
3. Provide total time of the case in hours and minutes.
4. Provide your initials documenting completion of the sedation. In the chart below, provide your signature and initials for verification purposes.
5. Provide the initials of the doctor providing the supervision of your sedation(s) as well as their signature and initials.

(See next page)

Date	Patient no.	Agents used ¹	Department or clinic	Procedure(s) (i.e. restorations, endodontic, extractions, implants, etc.)	Time start ²	Time end ²	Total time ³	Applicant initials ⁴	Observer's initials ⁵
	1						h m		
	2						h m		
	3						h m		
	4						h m		
	5						h m		
	6						h m		
	7						h m		
	8						h m		
	9						h m		
	10						h m		
	11						h m		
	12						h m		
	13						h m		
	14						h m		
	15						h m		
	16						h m		
	17						h m		
	18						h m		
	19						h m		
	20						h m		

Date	Applicant's name printed	Applicant's signature	Applicant's initials
	Supervisor's name printed	Supervisor's signature	Supervisor's initials