

MONTANA BOARD OF DENTISTRY
PO BOX 200513
(301 South Park, 4th Floor – Delivery)
Helena MT 59620-0513
406-841-2202 Fax: 406-841-2305

E-Mail dlibsdden@mt.gov Web site: www.dentistry.mt.gov

TEMPORARY ANESTHESIA PERMIT APPLICATION FEE: \$200.00

(Make Checks payable to the Board of Dentistry - **DO NOT SEND CASH**)

THIS IS FOR A TEMPORARY PERMIT ONLY AND IS VALID FOR 120 DAYS OR UNTIL INSPECTION

Once approved, the Board office will contact you concerning your inspection when arrangements have been finalized. There is an additional inspection fee of \$200.00

1. Name:

 Last First MI MT Dental License #

2. Current Mailing Address:

 Address City State Zip Code

3. Location of Office for Inspection:

 Street Address City Phone Number

4. Select the level of sedation you are applying for: * *

_____ Deep Sedation/Full General _____ Moderate Sedation

5. For Deep Sedation/Full General submit your EDUCATION/TRAINING required by 24.138.3221 (1) MINIMUM QUALIFYING STANDARDS

For Moderate Sedation submit a copy of your ACLS card, EDUCATION/TRAINING documentation and complete the following form of the PATIENT LOGS (See 24.138.3221 (2)(3) MINIMUM QUALIFYING STANDARDS) at www.dentistry.mt.gov under the "regulations" tab.

Please note: 37-4-511. Limitations regarding deep sedation or general anesthesia. (1) A person engaged in the practice of dentistry or oral surgery may not conduct any dental or surgical procedure upon another person under deep sedation or general anesthesia unless the vital signs of the patient are continually monitored by another trained health care professional.

(2) The facility in which deep sedation or general anesthesia is to be administered as part of a dental or surgical procedure must be equipped with proper drugs and equipment to safely administer anesthetic agents, to monitor the well-being of the patient under deep sedation or general anesthesia, and to treat the complications that may arise from deep sedation or general anesthesia.

24.138.3223 MINIMUM MONITORING STANDARDS: (4)

During dental procedures, the facility must be staffed by supervised monitoring personnel, all of whom are capable of handling procedures, problems, and emergency incidents, and have successfully completed the American Heart Association's Basic Life Support for Healthcare Providers, or its equivalent.

**** MCA 37-4-101 Definitions -- practice of dentistry.** (1) Unless the context requires otherwise, in this chapter the following definitions apply:

(b) "Deep sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(d) "General anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

**** 24.138.3211 DEFINITIONS RELATED TO ANESTHESIA (8)**

"Moderate sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. The drugs and/or techniques used for moderate sedation should render the unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing is obtained may result in a greater alteration of the state of consciousness than intended. A patient whose only response is reflex withdrawal from a painful stimulus is not in a state of moderate sedation.

THE COMPLETE ANESTHESIA STATUTES AND RULES ARE AVAILABLE AT www.dentistry.mt.gov under the "regulations" tab.

I hereby certify that the information supplied on this application and the documents attached to this application are true and correct to the best of my knowledge. I understand that any false or misleading information may result in refusal of a permit to administer moderate sedation, deep sedation/general anesthesia and could result in revocation of my dental license.

Signature of Applicant

Date

MONTANA BOARD OF DENTISTRY
Moderate Sedation Permit Patient Log **301**
PO
Helena,
Phone:

Montana Board of Dentistry
South Park Avenue
Box 200513
Montana 59620-0513
(406) 841-2202
dlibsdden@mt.gov

Applicant Name: _____
 Program: _____
 Applicant's Address: _____

 Email: _____

Sedation
 Sedation Program

Moderate
 Moderate
 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.) is not considered appropriate to qualify.**

Date Patient	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	
/	/	18				:	:	m	
/	/	19				:	:	h	
/	/	20				:	:	m	

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 military time (i.e. 1:27 pm would be recorded as 13:27)
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.

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