$150 Application Fee payable by check or money order to Kansas Dental Board

LEVEL II ANESTHESIA PERMIT APPLICATION
PARENTERAL CONSCIOUS SEDATION (K.A.R. 71-5-11)

NOTE: *The anesthesia permit renews at the same time as your Kansas dental license which, after initial issuance, may result in less than 2 years before renewal. The application fee is NOT prorated. The total $150 fee amount is required at time of application.*

Kansas License No. _____

First Name _____ Initial _____ Last Name _____

Practice Location(s) Information

Address _____ City _____ State ___ Zip _____

Address _____ City _____ State ___ Zip _____

☐ **A)** You must provide a copy of a current "Advanced Cardiac Life Support for the Health Care Provider" (ACLS) card from the American Heart Association or a current card deemed equivalent by the board from a provider approved by the board **OR** evidence of satisfactory completion of a simulated office emergency course approved by the board.

☐ **B)**   Have you had any sedation-related mortality or morbidity to a patient during the preceding 5 years that could have been associated with the administration of a sedative agent? _____

If you answered "Yes," provide the details including patient names, dates, and explanation on a separate document, including a copy of the treatment records of each patient.

☐ **C)** Provide evidence of one below, either the course, or the experience to "grandfather" in:

●   Evidence of having successfully completed a course or postdoctoral training program in parenteral conscious sedation in dentistry taken within the last 5 years or later that is approved by the board. Evidence must include: a) training in patient evaluation and selection, b) use of equipment, c) personnel requirements, d) monitoring, e) documentation, f) patient medical management, g) emergency management including emergency airway management, and h) 40 hours of didactic instruction and 20 clinical cases of parenteral conscious sedation.

OR to "Grandfather" in:

●   Evidence of performance of 20 clinical cases of parenteral conscious sedation over the preceding 5 years, which shall be evaluated by the board. (*A form is provided for your use, or you may recreate this form as long as the information is in the same sequence.*)

☐ **Designate here to add PEDIATRIC SEDATION to the permit. (K.A.R. 71-5-9)**

This portion is for parenteral conscious sedation for patients 12 years of age or younger. Attach evidence of the completion of one of the 3 educational programs below taken within the last 5 years or later:
●   A residency program approved by the board in dental anesthesia or pediatric dentistry or any other program that the board determines to be equivalent;
●   A residency program approved by the board in general practice, oral and maxillofacial surgery, endodontics, periodontics or other advanced education in general dentistry, which shall include training in parenteral conscious sedation for patients 12 years of age or younger; or
●   A postgraduate course or training program approved by the board that includes training in parenteral conscious sedation for patients 12 years of age or younger.

OR to "Grandfather" in:
By providing evidence of 20 sedations of children 12 years or younger, within the last 2 years, on the form provided.

I agree by my signature that I meet all requirements described above for a Level II Permit. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely. I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct. _____

Dentist signature

Evidence of Performance of 20 Clinical Cases of Parenteral Conscious Sedation over preceding 2 years for Level II Sedation Permit.

Kansas License No. [ ]   Dentist Name [ ]

Under K.A.R. 71-5-11, you may receive a grandfathered permit if you have performed 20 clinical cases of parenteral conscious sedation over the preceding 2 years.

To satisfy this regulation, report dates, patients' ID numbers, and the anesthesia administered to the patient on this form or any document with a similar format.

	Date	Patient ID # or Identifier	Name & Amount of Anesthesia Administered	Age of Patients for ages 12 or Under
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				