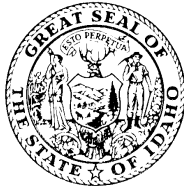


**STATE OF IDAHO**



**BOARD OF DENTISTRY**

**APPLICATION FOR ANESTHESIA PERMIT**

Dentists or dental specialists actively licensed in the state of Idaho cannot use conscious sedation or general anesthesia/deep sedation techniques in the practice of dentistry unless they have obtained a proper permit from the Board of Dentistry. The definitions of conscious sedation and general anesthesia/deep sedation and the requirements for issuance of an anesthesia permit are set forth in this application. Please review those definitions and requirements prior to completing this application. In most cases, an office evaluation must be completed before an anesthesia permit is issued to an applicant. The Board of Dentistry will undertake best efforts to complete the necessary office evaluation within ninety (90) days of the date of receipt of an application. Applicants will be provided with a copy of the evaluation form prior to the date of the scheduled evaluation. Anesthesia permits must be renewed every five (5) years or they will expire and be cancelled.

**I. GENERAL INFORMATION**

Applicant's Name: \_\_\_\_\_ Dental License No.: \_\_\_\_\_

Address of Practice: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_

Type of Permit Sought:

Conscious Sedation \_\_\_\_\_ General Anesthesia/Deep Sedation \_\_\_\_\_

Do you currently hold an anesthesia permit issued by another state? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If you answered yes, please provide a copy of the permit with this application.)

Have you ever surrendered or had an anesthesia permit suspended or revoked in another state?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, provide a written explanation setting forth the circumstances.)

Are you seeking reinstatement of a cancelled Idaho anesthesia permit? Yes \_\_\_\_\_ No \_\_\_\_\_

(If so, state the year in which the permit was cancelled.)

Within the prior twelve (12) month period prior to the date of this application, were you licensed and did you administer either general anesthesia/deep sedation or conscious sedation in a state that did not issue anesthesia permits: Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, identify the state.)

## II. VERIFICATION OF GENERAL REQUIREMENTS (ACADEMIC & PROFESSIONAL)

Depending on the type of anesthesia permit sought, please provide written verification of the following requirements:

A. If applying for a general anesthesia/deep sedation permit, provide verification of the following:

- A minimum of one (1) year of advance training in anesthesiology and related academic subjects beyond the undergraduate dental school level;\* or
- Status as a diplomat of the American board of Oral and Maxillofacial Surgery; or
- Status as a member of the American Association of Oral and Maxillofacial Surgeons; or
- Status as a fellow of the American Dental society of Anesthesiology.

In addition,

- Provide verification of current certification of Advanced Cardiac Life Support Training or its equivalent.

Do you have an established protocol or admission to a recognized hospital? Yes \_\_\_\_\_ No. \_\_\_\_\_

B. If applying for a conscious sedation permit, provide verification of the following:

- Proof of formal training and certification in the use of conscious sedation drugs through a program sponsored or affiliated with a dental school accredited by the ADA's Commission on Dental Accreditation, a teaching hospital or a facility approved by the Board which program consisted of at least sixty (60) hours didactic education and twenty (20) hours patient contact (administration of IV sedation and management of patient from induction through emergence).\*

In addition,

- Provide verification of current certification of Advanced Cardiac Life Support Training or its equivalent.

III. APPLICATION FEE. The application fee for an anesthesia permit is \$300. The fee plus verification of the applicable general requirements must accompany the application when filed with the Board. Applications should be mailed to: Idaho State Board of Dentistry, PO Box 83720, Boise, ID 83720-0021.

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\* The required training is specified in the *Guidelines for Teaching the Comprehensive Control of Pain and anxiety in Dentistry*, Council on Dental Education, American Dental Association. The *Guidelines* are available for review at the Board of Dentistry’s office in Boise, Idaho.

SIGNATURE OF APPLICANT

The undersigned applicant acknowledges that he or she has read and understood the Idaho State Board of Dentistry’s administrative rules regarding the administration of anesthesia and the anesthesia permit process and has completed this application for an anesthesia permit in a complete and truthful manner. I understand that by signing this application I agree that the Board of Dentistry can contact any person or entity identified herein in order to verify the matters reported or obtain additional information. I also agree to provide the Board of Dentistry with any additional information it may request in connection with this application.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**BOARD OF DENTISTRY ADMINISTRATIVE RULES - ANESTHESIA**

IDAPA 19  
TITLE 01  
Chapter 01

IDAPA 19 - IDAHO STATE BOARD OF DENTISTRY

19.01.01 - RULES OF THE IDAHO STATE BOARD OF DENTISTRY

000. LEGAL AUTHORITY (Rule 0).

This Chapter is adopted under the legal authority of Chapter 9, Title 54, Idaho Code.

001. TITLE AND SCOPE (Rule 1).

These rules shall be cited as IDAPA 19.01.01, “Rules of the Idaho State Board of Dentistry”. These rules constitute the minimum requirements for licensure and regulation of dentists and dental hygienists.

**(BREAK IN CONTINUITY OF SECTIONS)**

009. DEFINITIONS (Rule 9).

For the purposes of these rules, the following terms will be used, as defined below:

01. Methods Of Anxiety And Pain Control.

a. Local anesthesia. The elimination of sensation, especially pain, in one (1) part of the body by the topical application or regional injection of a drug.

b. General anesthesia. An induced state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or non- pharmacological method or a combination thereof.

c. Deep sedation. An induced state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or non- pharmacological method or a combination thereof.

d. Conscious sedation. A minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof. In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of conscious sedation.

## 02. Routes Of Administration.

a. Enteral. Any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa (i.e., oral, rectal, sublingual).

b. Parenteral. A technique of administration in which the drug bypasses the gastrointestinal (GI) tract (i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), intraocular (IO)).

c. Transdermal/transmucosal. A technique of administration in which the drug is administered by patch or iontophoresis.

## 055. GENERAL ANESTHESIA AND DEEP SEDATION (Rule 55).

Dentists licensed in the state of Idaho cannot use general anesthesia or deep sedation techniques in the practice of dentistry unless they have obtained the proper permit from the Idaho State Board of Dentistry by conforming with the following conditions:

01. General Requirements. A dentist applying for a permit to administer general anesthesia and deep sedation shall provide proof that the dentist:

a. Has completed a minimum of one (1) year of advance training in anesthesiology and

related academic subjects beyond the undergraduate dental school level within the five (5) year period immediately prior to the date of application for a permit. The five (5) year requirement shall not be applicable to applicants who hold an equivalent permit in another state which has been in effect for the twelve (12) month period immediately prior to the date of application or to applicants who verify that they have regularly administered general anesthesia or deep sedation to patients within the twelve (12) month period immediately prior to the date of application. An applicant must verify the administration of general anesthesia or deep sedation on at least two (2) occasions in each of the twelve (12) months immediately prior to the date of application to be considered to have regularly administered general anesthesia or deep sedation. This training is described in Part II of the "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry," as referred to in Subsection 004.01.b., or

- b. Is a diplomate of the American Board of Oral and Maxillofacial Surgery; or
- c. Is a member of the American Association of Oral and Maxillofacial Surgeons; or
- d. Is a Fellow of the American Dental Society of Anesthesiology; and
- e. Has current Certification of Advanced Cardiac Life Support Training or its equivalent;  
and
- f. Has an established protocol or admission to a recognized hospital.

02. Facility Requirements. The dentist must have a properly equipped facility for the administration of general anesthesia, staffed with a dentist-supervised team of auxiliary personnel capable of reasonably handling procedures, problems, and emergencies incident thereto. Adequacy of the facility and competence of the anesthesia team will be determined by evaluators appointed by the Board. The Board adopts the standards regarding approval of equipment within the facility as set forth by the American Association of Oral and Maxillofacial Surgeons in their office anesthesia evaluation manual (see Subsection 004.01.a.).

03. Personnel. For general anesthesia and deep sedation techniques, the minimum number of personnel shall be three (3) including:

- a. A qualified person to direct the sedation as described in Subsections 055.01.a. through 055.01.f.; and
- b. A qualified person whose primary responsibilities are observation and monitoring of the patient and who has documented current CPR certification; and
- c. An assistant for the operator who has documented current CPR certification.

04. Conscious Sedation. A dentist holding a permit to administer general anesthesia under this rule may also administer conscious sedation.

05. Permit Renewal. Renewal of the permit will be required every five (5) years in conjunction with the routine dental licensure renewal. Proof of a minimum of twenty-five (25) credit hours of continuing education in general anesthesia and deep sedation techniques will be required to renew a permit. A fee may be assessed to cover administrative costs.

06. Reinstatement. A dentist may make application for the reinstatement of an expired or surrendered permit issued by the Board under this rule within five (5) years of the date of the permit's expiration or surrender. Applicants for reinstatement of a permit shall satisfy the facility and personnel requirements of this rule and shall be required to verify that they have obtained an average of five (5) credit hours of continuing education in general anesthesia and deep sedation techniques for each year subsequent to the date upon which the permit expired or was surrendered. A fee for reinstatement shall be assessed to cover administrative costs.

056. -- 059. (RESERVED).

060. ADMINISTRATION OF CONSCIOUS SEDATION (Rule 60).

Dentists licensed in the state of Idaho cannot use conscious sedation in the practice of dentistry unless they have obtained the proper permit from the Idaho State Board of Dentistry by conforming with the following conditions:

01. General Requirements. A dentist applying for a permit to administer conscious sedation shall provide proof that the dentist has received formal training and certification in the use of conscious sedation drugs as described in the "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry," as referred to in Subsection 004.01.b. published by the American Dental Association within the five (5) year period immediately prior to the date of application for a permit. The five (5) year requirement shall not be applicable to applicants who hold an equivalent permit in another state which has been in effect for the twelve (12) month period immediately prior to the date of application or to applicants who verify that they have regularly administered conscious sedation to patients within the twelve (12) month period immediately prior to the date of application. An applicant must verify the administration of conscious sedation on at least two (2) occasions in each of the twelve (12) months immediately prior to the date of application to be considered to have regularly administered conscious sedation. The formal training program shall:

a. Be sponsored by or affiliated with a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or a teaching hospital or facility approved by the Board of Dentistry; and

b. Consist of a minimum of sixty (60) hours didactic education and twenty (20) hours patient contact. Patient contact includes the administration of the intravenous (IV) sedation and management by the participant from induction through emergence.

c. Include the issuance of a certificate of successful completion that indicates the type, number of hours, and length of training received.

d. In addition, the dentist must show proof of current certification of Advanced Cardiac Life Support training or its equivalent.

02. Facility Requirements. The dentist must have a properly equipped facility for the administration of conscious sedation staffed with a dentist-supervised team of auxiliary personnel capable of reasonably handling procedures, problems, and emergencies incident thereto. Adequacy of the facility and competence of the anesthesia team will be determined by evaluators appointed by the Idaho State Board of Dentistry.

03. Personnel. For conscious sedation, the minimum number of personnel shall be two (2) including:

a. The operator; and

b. An assistant trained to monitor appropriate physiologic parameters and assist in any support or resuscitation measures required.

c. Auxiliary personnel must have documented training in basic life support, shall have specific assignments, and shall have current knowledge of the emergency cart inventory. The practitioner and all office personnel must participate in documented periodic reviews of office emergency protocol, including simulated exercises, to assure proper equipment function and staff interaction.

04. Permit Renewal. Renewal of the permit will be required every five (5) years in conjunction with the routine dental licensure renewal. Proof of a minimum of twenty-five (25) credit hours continuing education in conscious sedation will be required to renew a permit. A fee may be assessed to cover administrative costs.

05. Reinstatement. A dentist may make application for the reinstatement of an expired or surrendered permit issued by the Board under this rule within five (5) years of the date of the permit's expiration or surrender. Applicants for reinstatement of a permit shall satisfy the facility and personnel requirements of this rule and shall be required to verify that they have obtained an average of five (5) credit hours of continuing education in conscious sedation techniques for each year subsequent to the date upon which the permit expired or was surrendered. A fee for reinstatement shall be assessed to cover administrative costs.

061. USE OF OTHER ANESTHESIA PERSONNEL (Rule 61).

Dentists performing dental procedures in a dental office who utilize the services of an anesthesiologist, a certified registered nurse anesthetist (CRNA), or another dentist with an anesthesia permit, must possess an anesthesia permit required under these rules for the level of anesthesia being provided to the patient.

062. INCIDENT REPORTING (Rule 62).

Any anesthesia permit holder shall report to the Board, in writing, within seven (7) days after the death or transport to a hospital or emergency center for medical treatment for a period exceeding twenty-four (24) hours of any patient to whom conscious sedation or general anesthesia was administered.

063. SUSPENSION, REVOCATION OR RESTRICTION OF ANESTHESIA PERMIT (Rule 63).

The Board may, at any time and for just cause, institute proceedings to revoke, suspend, or otherwise restrict a permit issued pursuant to Sections 055 and 060. If the Board determines that emergency action is necessary to protect the public, summary suspension may be ordered pending further proceedings. Proceedings to suspend, revoke or restrict a permit shall be subject to applicable statutes and rules governing administrative procedures before the Board.

**(BREAK IN CONTINUITY OF SECTIONS)**