



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Kathleen (Katie) Steele Danner, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI DENTAL BOARD
3605 Missouri Boulevard
P.O. Box 1367
Jefferson City, MO 65102-1367
573-751-0040
573-751-8216 FAX
800-735-2966 TTY
800-735 2466 Voice Relay Missouri
dental@pr.mo.gov
<http://www.pr.mo.gov>

Brian Barnett
Executive Director

Dear Applicant:

Please find the attached application for an Enteral Moderate Sedation Site Certificate. Pursuant to Board Rule 20 CSR 2110-4.020, no dental office shall be the site for the administration of enteral moderate sedation without being issued a site certificate by the Missouri Dental Board.

If you are the dentist-in-charge of a dental office where enteral moderate sedation will be administered, please complete the attached application and return it to the Board office with the \$100 fee. To qualify for an enteral moderate sedation site certificate, the dental office must have written protocols for sedation of dental patients in accordance with 20 CSR 2110-4.020 and 20 CSR 2110-4.030 (see the "Affidavit of Written Protocols for Sedation of Dental Patients" form that must be signed by the dentist-in-charge of the dental office and in the presence of a Notary Public). Additionally, all conscious sedation team members, including yourself, must possess certification from a Board-approved course provider in monitoring conscious sedation. The dental office must also be properly equipped and maintained in accordance with 20 CSR 2110-4.030 (see Section III of the application form). We must receive documentation that all anesthesia team members, including yourself, possess and maintain current certification in the American Heart Association's Basic Life Support (BLS) for the Healthcare Provider, or Advanced Cardiac Life Support (ACLS). Online only courses will not be accepted to satisfy the BLS requirement or ACLS. A facility inspection of the dental office will be conducted to confirm the adequacy of the dental office and the qualifications of the sedation team.

If you have any questions regarding the application process for obtaining an enteral moderate sedation site certificate, please contact the Board office at (573) 751-0040.

Sincerely,

A handwritten signature in cursive script that reads "Brian Barnett".

Brian Barnett
Executive Director



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**APPLICATION FOR ENTERAL MODERATE
 SEDATION SITE CERTIFICATE**

FEE: \$100

MISSOURI DENTAL BOARD
 3605 MISSOURI BOULEVARD
 P.O. BOX 1367
 JEFFERSON CITY MO 65102-1367
 TELEPHONE: (573) 751-0040
 TTY: (800) 735-2966

**PLEASE TYPE OR PRINT
 LEGIBLY IN BLACK INK**

SECTION I – DENTAL OFFICE INFORMATION

NAME OF DENTAL OFFICE		
NAME OF DENTIST-IN-CHARGE (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)		
DENTAL OFFICE ADDRESS		
CITY	STATE	ZIP CODE
DENTAL OFFICE TELEPHONE NUMBER	FAX NUMBER	

SECTION II – DENTIST-IN-CHARGE

Please answer the following questions to establish your qualifications for a enteral moderate sedation site certificate.

	YES	NO
1. Is the primary administrator of enteral conscious sedation a qualified sedation provider as set forth in 20 CSR 2110-4.010(1)(cc)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do all moderate sedation team members (two minimum), including yourself, possess and maintain current certification the American Heart Association’s Basic Life Support for the Healthcare Provider or advanced cardiac life support (ACLS)? Online only courses will not be accepted to satisfy the BLS requirement or ACLS. Please attach appropriate documentation.	<input type="checkbox"/>	<input type="checkbox"/>
3. During the past five (5) years have all moderate sedation team members, including yourself, completed a board-approved course in monitoring sedated patients? Please attach appropriate documentation.	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the dental office have written protocols for sedation of dental patients as set forth in 20 CSR 2110-4.020 and 20 CSR 2110-4.030? See the attached “Affidavit of Written Protocols for Sedation of Dental Patients” form that must be signed by the dentist-in-charge in the presence of a Notary Public and returned to the Board office with this completed application.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III – EQUIPMENT

Is the dental office properly maintained and equipped with the following:

	YES	NO
1. A suction system allowing tonsillar and catheter suction?	<input type="checkbox"/>	<input type="checkbox"/>
2. A positive pressure oxygen delivery system.	<input type="checkbox"/>	<input type="checkbox"/>
3. Inhalation anesthetic systems coded to prevent accidental administration of the wrong gas and equipped with a fail-safe mechanism?	<input type="checkbox"/>	<input type="checkbox"/>
4. A portable oxygen unit with appropriate accessories?	<input type="checkbox"/>	<input type="checkbox"/>
5. A pulse oximetry monitor?	<input type="checkbox"/>	<input type="checkbox"/>
6. A defibrillator (an automatic defibrillator is recommended)?	<input type="checkbox"/>	<input type="checkbox"/>
7. An electrocardiograph (only if the primary administrator of parenteral conscious sedation is competent in its use and interpretation.)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Back-up systems, including a protocol for obtaining emergency assistance, battery-powered lighting of sufficient intensity to complete any procedure and back-up suction to complete any procedure?	<input type="checkbox"/>	<input type="checkbox"/>
9. An emergency kit, including unexpired emergency medications?	<input type="checkbox"/>	<input type="checkbox"/>
10. Airway and ventilation equipment, including oxygen, full face masks of appropriate sizes, mechanism to deliver oxygen with positive pressure, equipment for performing an emergency cricothyrotomy, nasopharyngeal and oral airways?	<input type="checkbox"/>	<input type="checkbox"/>
11. Syringes and needles for IV drug administration?	<input type="checkbox"/>	<input type="checkbox"/>
12. IV solutions and equipment for establishment of an IV route and appropriate fluids?	<input type="checkbox"/>	<input type="checkbox"/>
13. Sterile diluent?	<input type="checkbox"/>	<input type="checkbox"/>

Before a site certificate is issued, the dental office shall undergo a facility inspection as set forth in 20 CSR 2110-4.030 to confirm the adequacy of the dental office and the qualifications of the sedation team.

Please list below the name(s) and permit number(s) (if applicable) of the individual(s) who intends to administer conscious sedation services at this dental office.

LICENSEE	PERMIT NUMBER	LICENSEE	PERMIT NUMBER
LICENSEE	PERMIT NUMBER	LICENSEE	PERMIT NUMBER

SWORN AFFIDAVIT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the dentist-in-charge referred to in the proceeding application for an Enteral Conscious Sedation Site Certificate in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration, this application as required by the Missouri law governing the practice of dentistry and subject to the rules and regulations of the Missouri Dental Board. I subscribe and agree to abide by all applicable laws and rules regarding the practice of dentistry. I hereby certify that I have familiarized myself with Chapter 332, RSMo, known as the Dental Practice Act and applicable rules promulgated by the Missouri Dental Board.

Enclosed is the permit fee which is nonrefundable. I understand that the Board may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

MUST BE SIGNED IN PRESENCE OF NOTARY ▶	SIGNATURE OF APPLICANT	
	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW.		