

Please find the attached application for an Enteral Moderate Sedation Permit. Pursuant to Board Rule 20 CSR 2110-4.020, no dentist shall administer enteral moderate sedation unless the dentist possesses a permit issued by the Missouri Dental Board.

If you wish to apply for an enteral moderate sedation permit, please complete the attached application form and return it to this office with the \$100 permit fee and verification of your education and training (see Section II of the application form). Upon receipt of your completed application, \$100 fee, documentation of your education and training, including proof of current ACLS, your permit will be issued if the dental office(s) at which you intend to administer enteral moderate sedation has a site certificate issued by the Board. If the dental office(s) does not have a valid site certificate, the dentist-in-charge of the dental office(s) must secure a site certificate before the Board can issue you an enteral moderate sedation permit.

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



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

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 – APPLICANT DATA

NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)		LICENSE NUMBER	
DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	FAX NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	

SECTION II – EDUCATION AND TRAINING (PLEASE CHECK THE BOXES THAT APPLY TO YOUR EDUCATION AND TRAINING.)

- Have you completed one of the following?
 - a) Training consistent with Part I and Part III of the American Dental Association (ADA) Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry.
 - b) An ADA accredited post doctoral training program that affords training necessary to administer enteral moderate sedation.
 - c) An enteral moderate sedation course approved by the Missouri Dental Board.
- During the past five (5) years, have you successfully completed the following?
 - a) An Advanced Cardiac Life Support (ACLS) course.
 - b) A minimum of fifteen (15) hours of board-approved continuing education pertaining to airway management in sedated patients.

Please attach the appropriate documentation of your education and training with this application. Applicants who completed an approved course must have their course instructor complete the “Verification of Completion of a Missouri Dental Board Approved Course Enteral Moderate Sedation form.”

SECTION III – LOCATION(S) WHERE CONSCIOUS SEDATION SERVICES ARE PROVIDED.

Please list below the locations of the dental office(s) at which you intend to offer conscious sedation services. Please understand that pursuant to 20 CSR 2110-4.020, the dentist-in-charge of each of the following dental offices must secure a site certificate. A separate permit is required for each dental office.

BUSINESS NAME	ADDRESS	CITY	STATE	ZIP CODE	SITE CERTIFICATE NO.

SECTION IV– NOTE: IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW, ATTACH A FULL EXPLANATION.

	YES	NO
1. Do you now or have you ever held any professional license, other than dentistry, in any state or country? If yes, indicate profession, license number and whether active or inactive.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as a dentist or a member of any profession? If so, provide the dates, facts and disposition of the matter and name and address of the authority in possession of the record thereof.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever voluntarily surrendered a professional license, including but not limited to a dental license, issued to you by any state or country?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are charges or an investigation currently pending relative to your dental license in any state or country?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your employment, medical staff appointment or admitting or clinical privileges ever been denied, reduced, suspended, revoked or not renewed at any hospital, nursing home, clinic or other health care facility or are such actions currently pending?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been suspended, sanctioned or otherwise restricted from participation in any private, federal or state health insurance program, i.e., Medicare or Medicaid, or are such actions currently pending?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been denied a narcotic license or has your narcotic license ever been placed on probation, suspended, voluntarily surrendered or revoked or are such actions currently pending?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been charged with or been convicted, adjudged guilty by a court, pled guilty or nolo contendere to any crime, whether or not sentence was imposed (excluding traffic violations)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there any malpractice judgements against you resulting from the practice of dentistry?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you been adjudged insane or incompetent by a state or federal court within the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you now or have you been within the past five years, addicted to or dependent upon any illegal or prescription drugs, controlled substances or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>

SWORN AFFIDAVIT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the proceeding application for an Enteral Conscious Sedation permit 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
USE RUBBER STAMP IN CLEAR AREA BELOW.	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	