



**STATE OF MAINE
BOARD OF DENTAL PRACTICE**

143 State House Station, Augusta, ME 04333-0143

**CERTIFICATION FORM FOR MODERATE SEDATION PERMIT
LEVEL I (ENTERAL), LEVEL II (PARENTERAL)
AND 14-DAY NOTIFICATIONS**

UPDATED MARCH 2024

This certification form is required pursuant to Board Rule, Chapter 14 for qualifying dentists seeking a permit or when utilizing a separate sedation provider. Complete this form and submit it to the Board as part of the online application process.

IMPORTANT REMINDERS:

NOTIFICATIONS REQUIRED:

- 1) 10 day notification law pursuant to 10 MRS §8003-G(2):
 - a. Change of name or address;
 - b. Criminal Conviction;
 - c. Revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the licensee or applicant; or
 - d. Any material change in the conditions or qualifications set forth in the original application for licensure submitted to the office.

- 2) Adverse Occurrence Reports - All dentists shall report adverse conditions such as death of a patient, activation of an emergency response or emergent transport of a patient to the Board with timeframes prescribed pursuant to Board Rules, Chapter 12 (I)(E).

PERMITS ARE NON-TRANSFERABLE

All moderate sedation permits are non-transferable. A permit issued is dentist specific and dental practice location specific.

DENTIST RESPONSIBILITIES

- 1) Levels of Anesthesia. The permit holder must be prepared to manage deeper than intended levels of sedation and/or anesthesia. If a patient enters a deeper level of sedation than the provider is qualified to provide, then the dental procedure must stop until the patient returns to the intended level of sedation.

- 2) Completeness/Accuracy. The dentist applying for a permit is responsible for completing the certification form. Failure to complete the form may result in a preliminary denial of the permit application, and failure to accurately complete the form may result in disciplinary action.

INSTRUCTIONS: – the dentist applicant must initial each of the following sections to indicate compliance.

A. Equipment Requirements

1. EMERGENCY EQUIPMENT	INITIAL
a) Bag-valve-mask apparatus (appropriate size) or equivalent with an oxygen hook up	
b) Oral and nasopharyngeal airway device	
c) External defibrillator – manual or automatic	
d) ACLS algorithms card	
e) Broselow pediatric measuring tape	
f) Emergency medications	
2. EQUIPMENT TO MONITOR VITAL SIGNS AND OXYGENATION/VENTILATION	
a) Continuous pulse oximeter	
b) Blood pressure cuff (appropriate size) and stethoscope, or equivalent blood pressure monitoring device	
3. RECOVERY – Must be immediately available during recovery period	
a) Oxygen	
b) Suction	
c) Pulse oximeter	
4. BACK UP EQUIPMENT	
a) Back up suction equipment	
b) Back up lighting system	
5. ACCESS EQUIPMENT (at least one is needed)	
a) Equipment to establish intravenous (IV) access	
b) Equipment to establish intraosseous (IO) access	
c) Equipment to establish sublingual (SL) access	
6. OTHER	
a) Electrocardiograph (only if patients with classification of ASA III or higher)	
b) Ventilation monitoring system – capnography required	

B. Drug Inventory Requirements

1. CARDIAC DRUGS	EXPIRATION DATE	INITIAL
Moderate Level I and Moderate Level II		
a) Vasopressor (e.g. Epinephrine)		
b) Nitroglycerin (spray or tablets)		
c) Anticoagulant (aspirin)		
d) Glucose (D50 or liquid glucose)		
Moderate Level II only		
e) Lidocaine		
f) Atropine		
g) Adenosine		

1. CARDIAC DRUGS (cont.)	EXPIRATION DATE	INITIAL
h) Diltiazem		
i) Beta Blocker (e.g. Labetalol, Esmolol)		
2. REVERSAL AGENTS – AS APPLICABLE (Required only for the administration of benzodiazepines or narcotics)		
Moderate Level I and Moderate Level II		
a) Flumazenil (benzodiazepine reversal agent)		
b) Narcan (narcotic reversal agent)		
Moderate Level II only		
c) Dantrolene, Ryanodex (volatile gas reversal agent)		
3. OTHER		
Moderate Level I and Moderate Level II		
a) Antihistamine (e.g. Benadryl IV or PO)		
b) Bronchodilator (e.g. Albuterol inhaler)		
Moderate Level II only		
c) Corticosteroid (e.g. Solu-Medrol)		
d) Muscle Relaxant (e.g. Succinylcholine)		
e) Narcotics (e.g. morphine, fentanyl)		
f) Antihypertensive drugs (e.g. Propranolol, Verapamil)		

C. Anesthesia Gas Delivery System Requirements

1. Anesthesia Gas Delivery Systems	INITIAL
a) Deliver oxygen under positive pressure, including a back-up oxygen system	
b) Gas outlets that meet safety standards; prevent accidental administration of inappropriate gases or gas mixture	
c) Fail-safe mechanism for inhalation of nitrous oxide analgesia	
d) Inhalation equipment with appropriate scavenging system	
e) Gas storage facilities that meet safety standards	
f) Engineering controls and maintenance procedures to ensure safety of inhalation equipment	

D. Emergency Protocol Requirements

1. Emergency Protocols – Must have written emergency protocols for the following clinical emergencies. Annual training to personnel required.	INITIAL
a) Laryngospasm	
b) Bronchospasm	
c) Emesis and aspiration	
d) Airway blockage by foreign body	
e) Angina pectoris	
f) Myocardial infarction	
g) Hypertension/Hypotension	

E. Patient Documentation Requirements

1. PATIENT DOCUMENTATION	INITIAL
a) Medical history – current and comprehensive	
b) Height and Weight	
c) ASA Classification	
d) Dental Procedure(s)	
e) Informed Consent	
f) Physical examination <ul style="list-style-type: none"> i. Airway assessment ii. Baseline heart rate, blood pressure, respiratory rate, oxygen saturation 	
g) Time oriented anesthesia record, which includes <ul style="list-style-type: none"> i. Time anesthesia commenced and ended ii. 5 minute intervals of recording blood pressure, heart rate, oxygen saturation, and respiratory rate iii. Continuous ECG and documentation of changes in rhythm if clinically indicated iv. Parenteral access site and method, if utilized v. Medications administered – including oxygen, dosage, route, and time given vi. Vital signs before and after anesthesia is utilized vii. Intravenous fluids, if utilized viii. Response to anesthesia – including complications 	
h) Condition of patient at discharge charted with objective data (Modified Aldrete scoring system)	

F. Patient Monitoring Requirements

1. PATIENT MONITORING -	INITIAL
a) Continuous heart rate, respiratory status, and oxygen saturation	
b) Intermittent blood pressure taken at least every 5 minutes	
c) Continuous electrocardiograph of patients with significant cardiovascular disease	
d) End-tidal carbon dioxide monitoring (capnography required)	
e) Continuous monitoring of level of consciousness	

G. Signature/Attestation

By my signature, I hereby attest to adhering to the requirements of Board Rule, Chapter 14 and that the information provided on this certification form is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Maine Board of Dental Practice will rely upon this information for issuance of my permit and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

Date

Signature of Dentist Applicant