

## CHECK LIST FOR ITEMS TO ACCOMPANY NOTIFICATION

Enclosed

- \_\_\_\_\_ Copy of current ACLS and/or PALS card
- \_\_\_\_\_ Copies of current Healthcare Provider CPR cards for dentist and all support personnel (minimum of two support personnel)
- \_\_\_\_\_ Notification fee

**All pages must be filled out and returned with the above items for the notification to be considered complete. Please complete and return this check list indicating all necessary documents are attached.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



# Georgia Board of Dentistry

2 Peachtree Street, N.W., 6th Floor  
Atlanta, GA 30303

(404) 651-8000      www.gbd.georgia.gov

Do Not Write in this Section:

Receipt#: \_\_\_\_\_

Amount: \_\_\_\_\_

Applicant#: \_\_\_\_\_

Initials/Date: \_\_\_\_\_

## NOTIFICATION OF CONSCIOUS SEDATION /GENERAL ANESTHESIA ADDITIONAL SITE/CHANGE IN LOCATION Notification Fee \$300 (non-refundable)

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.

**License Type:** Conscious Sedation/General Anesthesia Additional Site/Change in Location

**Name** as desired on Permit \_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
**Social Security Number**      **Date of Birth**

\_\_\_\_\_  
**Dental License #**      **Anesthesia Permit #**

**Address for Present Permit** *P.O. Box not acceptable*

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City/State      Zip

**Mailing Address** (if different)

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City/State      Zip

\_\_\_\_\_  
Telephone Number Day      Telephone Number Evening      FAX Number

**E-Mail Address** (required) \_\_\_\_\_

Your e-mail address is not public information and will not be shared with any third parties.

**GEORGIA BOARD OF DENTISTRY**

**2 Peachtree Street, N.W.**

**6<sup>th</sup> Floor**

**Atlanta, Georgia 30303**

**INSTRUCTIONS AND REQUEST FORM FOR ADDITIONAL CONSCIOUS  
SEDATION/GENERAL ANESTHESIA SITES/CHANGE IN LOCATION**

The Georgia Board of Dentistry shall be given a written, thirty (30) day advance notification of the relocation of a facility, the addition of a facility or significant change to the facility.

Please complete this form if you currently hold an active conscious sedation or general anesthesia permit issued by the Georgia Board of Dentistry, and are notifying the Board of a **secondary or additional** site(s) or a **change in location** where you wish to provide Conscious Sedation/General Anesthesia services. This form must be accompanied by a **non-refundable \$300.00** notification fee/per site (subject to change).

**NOTE: The notification fee of \$300.00 includes one site. An additional \$300 fee is incurred for each additional site.** Personal checks or money orders are acceptable, payable to the order of Georgia Board of Dentistry. ALL FEES ARE NON-REFUNDABLE.

**CHECK APPLICABLE BOXES:**

**( ) CHANGE IN LOCATION REQUESTED, LIST NEW ADDRESS:**

\_\_\_\_\_

Number and Street

\_\_\_\_\_

City/State

Zip

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**( ) SECONDARY OFFICE LOCATION(S) REQUESTED, LIST ADDRESS(ES):**

(1) \_\_\_\_\_

Number and Street

\_\_\_\_\_

City/State

Zip

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

(2) \_\_\_\_\_

Number and Street

\_\_\_\_\_

City/State

Zip

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**\*If you are applying for more than one location, please include a written statement addressing how you will handle post operative issues/complications, including how patients will be able to contact you about post operative issues/complications, your anticipated response time to those patients, and the physical location(s) where you would anticipate seeing those patients, if necessary. Please also address how patients will be notified of how post operative issues/complications will be handled.**

I hereby certify that each additional site and/or change in site is a properly equipped facility for the administration of general anesthesia/deep sedation and/or conscious sedation and is staffed with a supervised team of certified support personnel (In accordance with the Laws and Rules of the State of Georgia with respect to the practice of dentistry).

( ) YES ( ) NO

**I certify that all of the following equipment and supplies are present and stationary at each facility for which I am notifying the Board:**

- ( ) equipment capable of delivering positive pressure oxygen ventilation including ancillary airway devices
- ( ) pulse oximeter
- ( ) suction equipment
- ( ) operating table or chair that allows for patient positioning to maintain airway
- ( ) firm platform for CPR
- ( ) fail-safe nitrous oxide/oxygen inhalation system, **if used**
- ( ) equipment necessary to establish intravascular access
- ( ) equipment to continuously monitor blood pressure and heart rate
- ( ) EKG (**required for general anesthesia/deep sedation only**)
- ( ) defibrillator (AED or manual)
- ( ) emergency drugs per ACLS or PALS protocol
- ( ) **if a separate recovery area**, oxygen and suction are available
- ( ) applicant and support personnel have current certification in BLS CPR. **Submit copy of cards.**
- ( ) applicant has current certification in ACLS and/or PALS. **Submit copy of card(s).**
- ( ) I understand that each additional site and/or change in site may be subject to an on-site inspection.

**If you answer yes to the following question, attach a full written explanation pertaining to your positive response.**

Since initial licensure, have you had any malpractice suits filed against you? ( ) YES ( ) NO

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ANESTHESIA MONITOR ATTESTATION FORM**

( ) I understand that all monitoring equipment is site specific and may not be transported between locations.



Anesthesia monitor(s) for this location *(you may make additional copies as necessary):*

Manufacturer\_\_\_\_\_

Serial Number\_\_\_\_\_

Model Number\_\_\_\_\_

- Functions performed (circle)
- a. Pulse oximetry
  - b. Blood pressure
  - c. ECG
  - d. Capnography

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City/State Zip

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_



Anesthesia monitor(s) for this location *(you may make additional copies as necessary):*

Manufacturer\_\_\_\_\_

Serial Number\_\_\_\_\_

Model Number\_\_\_\_\_

- Functions performed (circle)
- a. Pulse oximetry
  - b. Blood pressure
  - c. ECG
  - d. Capnography

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City/State Zip

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_



I hereby certify that each piece of anesthesia monitoring equipment is dedicated to one site and the above serial numbers, model numbers and dates of inspection are accurate to the best of my records. This equipment is evaluated on a scheduled basis and has been calibrated for the safe administration of general anesthesia/deep sedation and/or conscious sedation. (This is in accordance with the Laws and Rules of the State of Georgia with respect to the practice of dentistry)

\_\_\_\_\_  
Print Name/Date

\_\_\_\_\_  
Signature

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

**Name**

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36- 2(c)].