

## CHECK LIST FOR ITEMS TO ACCOMPANY APPLICATION

For all applications (new, change of site, and/or additional site)

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)
- \_\_\_\_\_ Application fee

For new applications

- \_\_\_\_\_ Certificates of completion of advanced training, Board certificates, and/or letter of certification from program director or course director as outlined in the application under the headings for each permit type

If your training was over two years ago: (\_\_\_\_\_ Check here if not applicable)

- \_\_\_\_\_ Submit evidence of current competency, i.e., a current permit from another agency, or a letter certifying current competency from an institution or supervising individual
- \_\_\_\_\_ Submit copies of all anesthesia CE taken in the last six years or since completion training

**Please carefully read the requirements contained in the application for each type of permit, including the number of hours of training and the number and type of patient experiences for moderate sedation permits. All pages of the application must be filled out and returned with the above items for the application to be considered complete. Please complete and return this check list indicating all necessary documents are attached.**

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

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



**GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH**

**Do Not Write In This Section:**

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

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

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

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

**GEORGIA BOARD OF DENTISTRY**

**Address:** 2 Peachtree Street, N.W., 6<sup>th</sup> Floor, Atlanta, GA 30303  
**Telephone #:** (404) 651-8000  
**Fax #:** (678) 717-6694  
**Website:** [www.gbd.georgia.gov](http://www.gbd.georgia.gov)

**APPLICATION FOR CONSCIOUS SEDATION /GENERAL ANESTHESIA  
ADDITIONAL SITE/CHANGE IN LOCATION  
Application 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 PERMITS FOR ADDITIONAL CONSCIOUS  
SEDATION/GENERAL ANESTHESIA SITES/CHANGE IN LOCATION**

**Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. § 16-9-20**

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 requesting a permit for 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** permit fee/per site (subject to change). **NOTE: The permit 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: ( ) \_\_\_\_\_

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 applying:**

- 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.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**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)].