Guidelines for Regulation
of
The Administration of Injectable Pharmacologics

1) In order to administer Injectable Pharmacologics (IP) in the state of Georgia, a dentist must apply for and be approved for the Injectable Pharmacologics (IP) Registry

2) Only those dentists with active, unrestricted Georgia dental licenses may apply for the Injectable Pharmacologics (IP) Registry

3) The dentist must comply with the requirements of Rule 150-14-.04, (**Administration of Injectable Pharmacologics),** and any subsequent related rule, in order to complete the application for the Injectable Pharmacologics (IP) Registry. These requirements include:

   a. Successful completion, by certificate, of a Board approved, post-doctoral course that satisfies all content requirements as set forth in Rule 150-14-.04 and any subsequent related rule.
   b. A true copy of the certificate of completion of the course, as provided by the course administrator, sent to the Georgia Board of Dentistry within 30 days of completion. The certificate copy must be acceptable to the Board. If the certificate is not submitted within 30 days, a letter of explanation must be submitted for attachment to the IP Registry application.
   c. Registry fee of $100.00 (one hundred dollars) payable to the Georgia Board of Dentistry must be submitted with the IP Registry application. The fee may be adjusted, as needed, by the Board.
   d. Completion of the IP Registry application with the signed ethics statement.

4) Dentists with prior and/or current consent orders or sanctions imposed by the Georgia Board of Dentistry **may** be ineligible for the Injectable Pharmacologics (IP) Registry upon review by the IP Committee and consideration by the Board.

5) The IP Committee, based on the Registry applications and applicant interview (if needed), will make recommendations to the Georgia Board of Dentistry for IP Registry status.

6) Subsequent to approval, the privileges of the IP Registry **may** be suspended for dental licensees that are sanctioned by the Board.

7) The IP Committee may develop appropriate requirements to maintain active status on the IP Registry.

i.) The requirements may include periodic submission by the registrant of number/dates/types of treatment provided, additional training courses, etc.

ii.) Significant inactivity of IP procedures may result in removal from the IP Registry and/or a requirement for a refresher course before reinstituting the privileges of the IP Registry.

8) A dentist licensed in Georgia who has successfully completed an ADA accredited oral and maxillofacial surgery advanced specialty education program must submit an application for the IP Registry, with the exception that the requirement of the Board approved post-doctoral course described in Rule 150-14-.04, (**Administration of Injectable Pharmacologics),** is not required. The IP Registry applicant should include verification of their OMFS credentials in place of the required course.

Georgia Board of Dentistry
A Division of the
Georgia Department of Community Health

Date: _____/_____/_____

IP Registry Applicant:

Name: _____

License Number: _____

Facility Address(es): _____

_____

Phone Number: ( ) _____-_____

Email address: _____

Have you been sanctioned by this Board or any other regulatory Board? __yes ___no

If yes, please provide letter of explanation.

Date of Program: _____/_____/_____ Please attach certificate(s) of completion.

GBOD-approved Program Name: _____

Program Director: _____

Program Site: _____

Address: _____

Phone Number: ( ) _____-_____

Email address: _____

Check if applicable:

_____I have successfully completed an ADA accredited oral and maxillofacial surgery advanced specialty education.

Ethics Statement:

I certify that I have satisfied each of the requirements of the Laws and Rules that govern the Administration of Injectable Pharmacologics. I further certify that I will continue to treat my patients within the parameters described by the Georgia Board of Dentistry for the Administration of Injectable Pharmacologics. I understand that my privilege to provide these services may be suspended and my dental license sanctioned if I should violate the Laws and Rules that define the Dental Practice Act of Georgia.

_____ _____

IP Registry Applicant's Signature Date

The following checklist items must be submitted in order to be considered for the IP Registry:

_____1. Completed Injectable Pharmacologics Registration Form

_____2. $100 Fee

_____3. Certificate of Completion of Board-Approved Injectable Pharmacologics Course

_____4. OMFS Credentials, if applicable

Mail to:
GEORGIA BOARD OF DENTISTRY
A Division of the Georgia Department of Community Health
2 Peachtree Street, N.W., 6th Floor
Atlanta, GA 30303