



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE  
NASHVILLE, TENNESSEE 37243**

**TENNESSEE BOARD OF DENTISTRY**  
(615) 532-3202 or 1-800-778-4123  
<http://tn.gov/health/topic/Dentistry-board>

**CONSCIOUS SEDATION PERMIT INSTRUCTIONS**

In accordance with T.C.A. 63-5-108(f), the Board is authorized to issue a permit to any duly licensed dentist to administer conscious sedation in his or her dental practice. Pursuant to Rule 0460-2-.07(6) of the Rules Governing the Practice of Dentistry, "Dentists must obtain a permit from the Board of Dentistry to administer conscious sedation in the dental office. Conscious sedation permits are either limited or comprehensive." The requirements for obtaining limited and comprehensive conscious sedation permits, respectively, are as follows:

1. To obtain a limited conscious sedation permit, a dentist must comply with the following:
  - (a) Complete and submit the attached Application along with:
    - (i) A check or money order in the amount of \$300.00 made payable to the Board of Dentistry. This fee is non-refundable.
    - (ii) A copy of the front and back of your Advanced Cardiac Life Support (ACLS) certification card (a pediatric dentist may substitute a Pediatric Advanced Life Support (PALS) certification card). [Effective 9/23/06]
  - (b) In addition, a dentist must provide certification of one (1) or more of the following:
    - (i) Completion of an ADA accredited postdoctoral training program which affords comprehensive training necessary to administer and manage enteral and/or combination inhalation-enteral conscious sedation; or
    - (ii) Completion of a continuing education course which consists of a minimum of eighteen (18) hours of didactic instruction plus twenty (20) clinically-oriented experiences which provide competency in enteral and/or combination inhalation-enteral conscious sedation. The course content must be consistent with that described for an approved continuing education program in these techniques in the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry, 2000 edition, or its successor publication.
2. To obtain a comprehensive sedation permit, a dentist must comply with the following:
  - (a) Complete and submit the attached Application along with:
    - (ii) A check or money order in the amount of \$300.00 made payable to the Board of Dentistry. This fee is non-refundable.
  - (b) In addition, a dentist must provide certification of one (1) or more of the following:

- (i) Completion of an ADA accredited postdoctoral training program which affords comprehensive training to administer and manage parenteral conscious sedation; or
    - (ii) Completion of a continuing education course consisting of a minimum of sixty (60) hours of didactic instruction plus the management of at least twenty (20) patients which provides competency in parenteral conscious sedation. The course content must be consistent with that described for an approved continuing education program in these techniques in the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry, 2000 edition, or its successor publication; or
    - (iii) Possession on the effective date of this regulation of a current valid intravenous conscious sedation permit issued by the board. Such dentist will be issued a new comprehensive conscious sedation permit and must comply with the general rules set forth in this regulation.
  - (c) In addition to the above requirements, a dentist who administers conscious sedation to children must provide evidence of adequate training in pediatric sedation techniques and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems.
3. A dentist who utilizes a Certified Registered Nurse Anesthetist (CRNA) to administer conscious sedation must have a valid comprehensive conscious sedation permit.
  4. A dentist may utilize a physician (MD or DO), who is a member of the anesthesiology staff of an accredited hospital, or a permitted dentist to administer conscious sedation in that dentist's office. Such person must remain on the premises of the dental facility until all patients given conscious sedation meet discharge criteria. The office must comply with the general rules for conscious sedation, i.e. rule 0460-2-.07(6)(b). A dentist utilizing such person and complying with these provisions does not require a conscious sedation permit.

### **UNDERSTANDING THE PERMIT APPLICATION PROCESS**

- All documents and fees which you are required to submit, or which must be requested from the appropriate institutions, must be mailed directly to the Board's office at the above address.
- Allow fourteen (14) working days for information mailed to the Board's office to be received and placed in your file. (If Federal Express or special courier services are used, you will be responsible for charges incurred.)
- The Board's office will discuss the status of an Application with only the applicant or applicant's spouse.
- If the Application is not complete upon receipt by the Board's office, a deficiency letter will be sent to you by certified mail. The supporting documentation requested in the letter must be received in the Board's office within sixty (60) days from the date of the deficiency letter. Files not completed within the allotted sixty (60) days will be closed.
- Once your file is complete, it will be reviewed by the Board Consultant. If approved, an initial approval letter will be issued pending ratification of your application by the Board at its next scheduled meeting. You will be notified in writing of the Board's final decision by either the issuance of a new certificate or a denial letter.
- The permit must be renewed every two (2) years. The fee for the permit is added into your licensure renewal fee and the conscious sedation permit is renewed with your license.

Thank you for your cooperation. We will make every effort to expedite your Application in an efficient manner.

**NOTE:** If an address change occurs at any time, you must notify the Board of Dentistry's Administrative Office, in writing, within thirty (30) days of moving, as required by the T.C.A. §63-1-108(c).



For Office Use Only  
1201-001-\$300.00

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**PERMIT APPLICATION FOR CONSCIOUS SEDATION**

Please check the permit for which you are applying (check only one):

- Limited conscious sedation permit
- Comprehensive conscious sedation permit

Please return this application to the Board's Office with a check or money order in the amount of \$300.00 made payable to the Tennessee Board of Dentistry.

**General Information:**

Name: \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_

Is this an address change?  Yes  No Email address: \_\_\_\_\_

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Telephone Numbers: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Check the Applicable Licensure(s)/Certification(s) Which You Possess:

<input type="checkbox"/>	General Dentist
<input type="checkbox"/>	Endodontist
<input type="checkbox"/>	Oral & Maxillofacial Surgeon
<input type="checkbox"/>	Oral Pathologist

<input type="checkbox"/>	Orthodontist
<input type="checkbox"/>	Pedodontist
<input type="checkbox"/>	Periodontist
<input type="checkbox"/>	Prosthodontist

## Disciplinary Information

Are you licensed in any other state(s)?: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list the state(s): \_\_\_\_\_

Have you had any disciplinary action(s) taken against your license either in Tennessee or any other state?:

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

Have you ever had any state or DEA controlled substance registration certificate suspended or revoked?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

## Conscious Sedation Course or Training Program Attended:

Name of course or training program: \_\_\_\_\_

Date of course or training program completion: \_\_\_\_\_

Number of patients to whom you personally administered sedation in course or training program: \_\_\_\_\_

Approximate number of administrations given within the last year: \_\_\_\_\_

Location(s) where administrations were given: \_\_\_\_\_

Have you administered any anesthesia or sedation which resulted in death or patient injury requiring hospitalization?: \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, describe each occurrence, in complete detail, on a separate sheet.)

Will you be administering sedation to children under the age of 13? \_\_\_\_\_ Yes \_\_\_\_\_ No

Note: Proof of completion of the course or training program must be received from the director of the course or training program. The certification of completion must indicate the hours of didactic instruction, the number of clinical cases successfully completed, and verify that the course was consistent with the ADA Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry or verify that the training program is an ADA accredited postdoctoral program which affords comprehensive training necessary to administer and manage conscious sedation. If applying for a comprehensive permit, the certification of completion must also indicate that the training was in parenteral conscious sedation or it must provide evidence of adequate training in pediatric sedation techniques and in pediatric resuscitation including the recognition and management of pediatric airway and respiratory problems. Refer to Rule 0460-2-.07(6) of the Rules Governing the Practice of Dentistry for more information regarding courses and training programs required for either a limited or comprehensive permit.

**Practice Information:**  
(Attach an additional sheet if necessary)

<b>Practice Location 1</b> Name: Complete Address:	Phone Number:	Fax Number:
<b>Practice Location 2</b> Name: Complete Address:	Phone Number:	Fax Number:
<b>Practice Location 3</b> Name: Complete Address:	Phone Number:	Fax Number:

**Facility and Staff Certification**

I hereby certify that I have properly equipped facilities and personnel for the administration of conscious sedation as required by Rule 0460-2-.07(6)(b)1 and 2. I agree to abide by the rules regarding patient evaluation, dental records, monitoring, emergency management, and recovery and discharge as required by Rule 0460-2-.07(6)(b)3 through 7.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

*SEAL*

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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**Application Certification**

I hereby certify that the information submitted in this application is true and correct. I agree to abide by the statutes and rules governing the practice of dentistry and the administration of conscious sedation in the State of Tennessee and to abide by any future amendments to the statutes and rules.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

*SEAL*

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.