



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE, 2ND FLOOR
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF DENTISTRY
(615) 532-3202 or 1-800-778-4123
<https://www.tn.gov/health/dentistry>

DENTAL FACILITY PERMIT INSTRUCTIONS

In accordance with T.C.A. 63-5-108(g), the Board is authorized to regulate any dental facility in which general anesthesia, deep sedation or conscious sedation is administered, including, but not limited to, a facility permit. Pursuant to Rule 0460-2-.07(12) of the Rules Governing the Practice of Dentistry, "A dental facility permit is required of the office where an anesthesia/sedation permit holder practices dentistry and provides anesthesia/sedation services. A dental facility permit is separate from a dentist's individual anesthesia/sedation permit." An inspection is required unless the anesthesia/sedation is administered in a CODA accredited educational institution, hospital setting or federal facility.

- All documents which you are required to submit, must be mailed directly to the Board's office at the above address.
- There is no fee for the dental facility permit.
- A dentist may submit proof of successful completion of a AAOMS Office Anesthesia Evaluation in lieu of the on-site inspection required by the rules.
- The dental facility will be notified in writing within 120 days prior to the dental facility permit expiration date of when the inspection is required. Failure to receive the written notification does not exempt the dental facility from obtaining an inspection prior to the expiration of the dental facility permit. The written notice will also include a Board inspection form to be completed by the individual, organization or agency conducting the inspection.
- For initial and renewal permits, the inspection must be performed by an individual, organization or agency that has been approved by the Board. The dental facility must complete the inspection prior to the dental facility permit expiration date. Upon conclusion of the inspection, the dental facility must receive either a pass or fail recommendation.
- The recommendation of the inspection and Board inspection form must be submitted to both the dental facility and the Board's administrative office by the individual, organization or agency conducting the inspection within 30 days after completing the inspection. The recommendation and Board inspection form can be sent by regular or electronic mail. The Board is not bound by this recommendation .
- The Board consultant will review the recommendation and Board inspection form to determine whether the dental facility has passed or failed the inspection. Written notification of the decision will be provided to the dental facility within 30 days after receipt of the recommendation and Board inspection form.
- Any dental facility with missing or malfunctioning equipment or that is not in compliance with 0460-02-.07(6)(b) or 0460-02-.07(7)(b) shall cease administering anesthesia/sedation until all deficiencies have been remedied.
- The dental facility must remedy all deficiencies within thirty (30) days from receipt of the Board consultant's decision.
- The dental facility permit will expire five (5) years from the date of issuance or renewal of the dental facility permit.

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



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DENTAL FACILITY PERMIT APPLICATION

Please return both pages of this application to the Board's Office.

Name of the Facility: _____

Facility Mailing Address: _____

Is this an address change? Yes No Telephone Number: (_____) _____

Facility or Contact Email address: _____

DENTISTS PRACTICING IN FACILITY AND 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 sedation/anesthesia in the State of Tennessee and to abide by any future amendments to the statutes and rules.

Name: _____ Signature: _____

License Number: _____ Expiration Date of License: _____

Type of sedation/anesthesia permit you hold or are applying for:

Limited Conscious Sedation Comprehensive Conscious Sedation Deep Sedation/General Anesthesia

Are you a Mobile Dental Anesthesia Provider? Yes No

If yes, do you also provide anesthesia/sedation as a non-mobile dental anesthesia provider? Yes No

(If needed, copy this page and attach to application)



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