



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
BOARD OF DENTAL EXAMINERS
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2542 ★ Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: www.commerce.alaska.gov/occ/pden.htm

PERMIT TO ADMINISTER PARENTERAL SEDATION

A dentist may not administer parenteral sedation without a permit issued by the Alaska Board of Dental Examiners. A parenteral sedation permit is renewed biennially in conjunction with the renewal of the permittee's license to practice dentistry in the State of Alaska.

The following documents must be on file before your application will be reviewed for a permit to administer parenteral sedation:

1. Complete, signed and notarized application form 08-4172.
2. Course verification form, course description and/or outline from the college or university where you received your training in administering parenteral sedation (12 AAC 28.620) form 08-4172a.
3. Certification of Equipment, Facilities and Staff (12 AAC 28.630) form 08-4172b.
4. Copy of current Advanced Cardiovascular Life Support (ACLS) card.
5. Application fee of \$50.00 (**nonrefundable**).
6. Permit fee of \$50.00.

GENERAL INFORMATION

When submitting fees, make check or money order payable to the State of Alaska.

APPLICATION REVIEW

Applications will be processed according to the date received. You will be notified in writing as soon as your application has been reviewed.

Applications are processed as quickly as possible. Unnecessary telephone calls to our office delay processing. Because of telephone calls regarding the status of application and because of privacy issues, **we prefer to restrict our telephone responses to the applicant only.** If you are concerned about your application being received in our office, mail it "Certified – Return Receipt Requested." You will receive a delivery notice from the post office.

The Board of Dental Examiners meets four times a year, usually in March, June, September, and December. The meeting dates are available on the board website at: www.commerce.alaska.gov/occ/pden.htm. In the event that you do not have access to the Internet, you may contact this office for the meeting dates.

HOW CAN YOU HELP?

1. First and foremost: Apply far enough in advance to allow for application processing.
2. If you are concerned about your application being received in our office, mail it "Certified – Return Receipt."
3. If you wish to expedite processing as much as you can, send any necessary verification forms out via overnight mail to the appropriate organization and include a return overnight mail envelope addressed to the licensing examiner for the organization's use. This will help them to respond quickly.
4. Insure that the application is complete and provide any necessary explanations with the application. Print legibly or type your application.

RENEWAL INFORMATION

All parenteral sedation permits expire on December 31 of even-numbered years regardless of when issued, except licenses issued within 90 days of the expiration which are issued through the next biennium.

ADDRESS CHANGE

In accordance with 12 AAC 02.900, a person must notify the division, in writing, of a change of address.

SOCIAL SECURITY NUMBERS

Alaska Statute (AS) 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. However, if you do not have a social security number issued to you, you may qualify for an exception.

FORMS AVAILABILITY

The forms "Change of Address" and "Request for Exception from Social Security Number" are available on the Division of Corporations, Business and Professional Licensing web site address; address is www.commerce.alaska.gov/occ. The forms are found under the division's home page by scrolling down to the bottom of the page. In the event that you do not have access to Internet (or a printer), you may contact this office to request that a form be mailed to you.

PUBLIC INFORMATION

Please be aware that all information on the initial application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at www.commerce.alaska.gov/occ under "License Search."

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

11. List other states in which you are currently licensed or have held a license. Give number and date of issuance.

I HEREBY CERTIFY that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a permit to administer parenteral sedation in the State of Alaska.

I have read the Alaska Dental Practice Act. I solemnly declare upon my honor that, if granted a license to practice dentistry in Alaska, I will respectfully comply with any law governing the practice of dentistry in this state, and I will do my best to uphold and maintain the ethics of the profession.

SIGN HERE 

Signature of Applicant

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____

this _____ day of _____, 20_____.

SEAL

Notary Public

My Commission Expires: _____

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**CERTIFICATION OF EQUIPMENT, FACILITIES AND STAFF
(12 AAC 28.630)**

I, _____, certify that I use or will use and properly maintain the equipment and facilities necessary for the safe administration and monitoring of parenteral sedation and have or will have a trained ancillary staff that is capable of handling the procedures, problems, and emergencies that may occur related to parenteral sedation, including proficiency in cardiopulmonary resuscitation (CPR) and current certification in the American Heart Association's Advanced Cardiac Life Support techniques.

Signature

Alaska Dental and/or Specialist License Number

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____
this _____ day of _____, 20_____.

Notary Public

NOTARY SEAL

My Commission Expires: _____

NOTE: Inspections will be conducted, with the discretion of the board, and according to the general guidelines described in the Anesthesia Evaluation Manual (Third Edition, copyright 1986), published by the American Association of Oral and Maxillofacial Surgeons.