



Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Dental Examiners
333 Willoughby Avenue, 9th Floor
P.O. Box 110806
Juneau, Alaska 99811-0806
(907) 465-2542
E-mail: license@alaska.gov

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 cardiopulmonary resuscitation card (copy of both sides).
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.state.ak.us/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.state.ak.us/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.state.ak.us/occ under "Professional License Search."

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS

If the Alaska Commission on Postsecondary Education has determined you are in loan default or if the Alaska Child Support Enforcement Division has determined you are in arrears on child support, you will be issued a nonrenewable temporary license valid for 150 days. Contact Postsecondary Education at 1-800-441-2962 or (907) 465-2962 or Child Support Services at (907) 269-6657 if your last name begins with A – M; Contact (907) 269-6845 if your last name begins with N – Z; or 1-800-478-3300 to resolve payment issues.

BOARD NEWSLETTER

The Board of Dental Examiners newsletter is available for viewing on the board website at: www.commerce.state.ak.us/occ/pden.htm.

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FOR OFFICE USE ONLY

APPLICATION FOR PERMIT TO ADMINISTER PARENTERAL SEDATION

NONREFUNDABLE APPLICATION FEE: \$ 50.00
PARENTERAL SEDATION PERMIT FEE: \$ 50.00

I hereby apply for a permit to administer parenteral sedation in the State of Alaska, and submit the following statements, under oath, and herewith enclose the required documents and fees.

INSTRUCTIONS TO THE APPLICANT

It is the responsibility of the applicant to ensure that all information requested in this application is received. Each question must be answered fully, truthfully, and accurately. Any omissions or inaccuracies are grounds for disapproval and rejection. AS 08.36.315(1) of the Dental Practice Act provides that knowingly cooperating in deceit, fraud, or intentional misrepresentation to obtain a license is cause for suspension, revocation, or annulment of licensure. If the space for any answer is insufficient, the applicant may complete his/her answer on another sheet signed by him/her and specifying the number of the question to which it relates.

Type of print all requested data.

1. Name in full: Last First M.I. SSN: (Required by AS 08.01.060(b))

2. Mailing Address: Street or P.O. Box

City State Zip Code

3. Residence Address:

City State Zip Code

4. Office Address:

City State Zip Code

5. Daytime Telephone No.: Home Telephone No.:

6. Sex: Female Male Place of Birth: Date of Birth:

7. I received the degree of from (college or university) on the day of, 19.

8. I received my training in administering parenteral sedation from (college or university, JCAH accredited hospital, or other facility approved by the board) in 19, and/or I have administered parenteral sedation on an outpatient basis within the State of Alaska from to.

9. How many years have you devoted to the clinical practice as a dentist?

10. Alaska Dental License number and date of issuance:

CONTINUED ON REVERSE SIDE

11. Alaska Dental Specialist License number and date of issuance: _____

12. 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 basic life support techniques as required by the general guidelines described in the Anesthesia Evaluation Manual (Third Edition, copyright 1986), published by the American Association of Oral and Maxillofacial Surgeons.

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.