

Application for Authorization

To Provide General Anaesthetic Services/Deep Sedation Services In Dentistry (Non-Hospital Facilities)

I, _____, have read the document on General Anaesthetic Services in Dentistry (Non-Hospital Facilities) and/or Deep Sedation Services in Dentistry (Non-Hospital Facilities) and apply to have my facility authorized to provide:

- General Anaesthetic Services (*also authorizes provision of Deep Sedation Services*)
 Deep Sedation Services

I wish to have my office authorized so that I may provide this service. I realize the authorization process is designed to verify the presence of required equipment, drugs, protocol and trained staff only, and is not meant to be an endorsement of any particular operator, facility, or anaesthetic/sedation technique.

Name of Facility: _____

Owner(s): _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

To initiate the authorization process, I am enclosing a cheque payable to the College of Dental Surgeons of BC to cover the cost of the site visit.

INSPECTION FEE:

- \$2,300 (*General Anaesthetic Services and Deep Sedation Services*)

Signature

Date