



## APPLICATION FOR FACILITY AUTHORIZATION TO PROVIDE DEEP SEDATION/GENERAL ANAESTHESIA SERVICES IN DENTISTRY (NON-HOSPITAL FACILITIES)

### Contact Information

Name of Facility \_\_\_\_\_

Name of Facility Owner(s) \_\_\_\_\_

Name of Responsible Dentist \_\_\_\_\_

Facility Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Facility Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

### Facility Owner/Principal Dentist

If there is more than one owner/principal dentist, please designate one dentist as the Facility Permit Holder.

Name of designated Facility Permit Holder \_\_\_\_\_

**Note:** If you are a physician applying to have a dental facility approved, please include a certificate of professional conduct from the College of Physicians and Surgeons of BC.

### Type of sedation to be administered

- Deep Sedation
- General Anaesthesia

### Dentists/Physicians who will administer sedation and/or general anaesthesia at this facility

1. List all dentists and/or physicians (including yourself, if applicable) who will administer sedation and/or general anaesthesia at this facility.

Name	Name

Registrants of the College of Physicians and Surgeons of BC must provide the facility owner with a certificate of professional conduct. GP anaesthetists must also provide the owner with proof of privileges in anaesthesia from a hospital. These forms must be forwarded to the College by the facility owner.

# APPLICATION FOR FACILITY AUTHORIZATION TO PROVIDE DEEP SEDATION/ GENERAL ANAESTHESIA SERVICES IN DENTISTRY (NON-HOSPITAL FACILITIES)

2. If the facility will not provide the required sedation/anaesthetic equipment and emergency drugs, please indicate who will bring these items to the facility.

Name	Name

## Dentists who will provide dental treatment at this facility

List all principal, associate or employee dentists who provide dental treatment at this facility and who will be using the services of those individual(s) listed in previous section.

Name	Name

## Inspection Fee

Please enclose the applicable inspection fee

- Deep Sedation Facility **\$5,500**
  - Cheque (made out to College of Dental Surgeons of BC)
  - Credit card (credit card authorization form is enclosed)
- General Anaesthesia Facility **\$5,500**
  - Cheque (made out to College of Dental Surgeons of BC)
  - Credit card (credit card authorization form is enclosed)

## Attestation

- I wish to have my facility authorized so that I may provide deep sedation/general anaesthesia services. 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.
- I have read the guidelines on *Deep Sedation Services in Dentistry (Non-Hospital Facilities)* or *General Anaesthesia Services in Dentistry (Non-Hospital Facilities)*, and I have constructed and equipped my facility in accordance with the facility requirements (staff, equipment, armamentarium and drugs) set out in the respective Guidelines.
- I am aware that it is against regulations to administer general anaesthesia and perform dental treatment on a patient concurrently.

Name \_\_\_\_\_ Date (M/D/Y) \_\_\_\_\_

Signature \_\_\_\_\_  
(owner or responsible dentist)