



REGISTRATION OF QUALIFICATIONS TO PROVIDE MODERATE SEDATION, DEEP SEDATION OR GENERAL ANAESTHESIA

All practising dentists who wish to treat patients using moderate sedation, deep sedation or general anaesthesia must register their qualifications and have them approved by the College.

Note: Dentists who only provide minimal sedation (i.e. a single oral sedative, nitrous oxide/oxygen, a single oral sedative with nitrous oxide/oxygen) do not need to register.

Contact Information

Name _____ Phone _____

Email _____

Facility Address _____

Sedation/Anaesthesia Type

- Moderate Sedation (multiple oral sedatives)
- Parenteral Moderate Sedation (benzodiazepine drug(s)) (Level 1)
- Parenteral Moderate Sedation (benzodiazepine drug(s) and/or narcotic(s)) (Level 2)
- Deep Sedation
- General Anaesthesia

Drugs

Please check all drugs you intend to administer

- | | | |
|--|--|--|
| <input type="checkbox"/> Nitrous Oxide | <input type="checkbox"/> Fentanyl (Sublimaze™) | <input type="checkbox"/> Isoflurane (Forane™) |
| <input type="checkbox"/> Chloral Hydrate | <input type="checkbox"/> Remifentanyl (Ultiva™) | <input type="checkbox"/> Sevoflurane (Ultane™) |
| <input type="checkbox"/> Lorazepam (Ativan™) | <input type="checkbox"/> Meperidine (Demerol™) | <input type="checkbox"/> Desflurane (Suprane™) |
| <input type="checkbox"/> Diazepam (Valium™) | <input type="checkbox"/> Nalbuphine (Nubain™) | <input type="checkbox"/> Other (please list below) |
| <input type="checkbox"/> Midazolam (Versed™) | <input type="checkbox"/> Propofol (Diprivan™) | _____ |
| <input type="checkbox"/> Hydroxyzine (Atarax™) | <input type="checkbox"/> Ketamine (Ketalar™) | _____ |
| <input type="checkbox"/> Promethazine (Phenergan™) | <input type="checkbox"/> Thiopental (Pentothal™) | _____ |
| <input type="checkbox"/> Diphenhydramine (Benadryl™) | <input type="checkbox"/> Pentazocine (Talwin™) | |
| <input type="checkbox"/> Triazolam (Halcion™) | <input type="checkbox"/> Butorphanol (Stadol™) | |

Educational Training/Qualifications

Please indicate your education training/qualifications

- I am an Oral and Maxillofacial Surgeon
 Pediatric Dentist
 Periodontist

Date degree was completed (M/D/Y) _____

- I have enclosed a copy of my diploma from the program

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OR

I am a general dentist that has completed the following course/program*

Continuing Education Course _____

Dental Internship/Residency _____

Dental Anaesthesia Training/Residency _____

Name of Course Director _____

Date course/program was completed (M/D/Y) _____

I have enclosed a copy of my certificate from the course/program

I have enclosed a copy of a letter from the course director attesting to my competency. The letter includes details about the course's didactic hours and instruction and confirms that the appropriate number of supervised patient cases was completed.

I have enclosed anaesthetic records from my training.

Advanced Cardiac Life Support (ACLS)/Pediatric Advanced Life Support (PALS) Certification

I am certified in Advanced Cardiac Life Support (ACLS)/Pediatric Advanced Life Support (PALS)**

Date certification was completed (M/D/Y) _____

I have enclosed a copy of my ACLS/PALS certificate

Application Fee

I have enclosed the application fee of C\$150

Cheque (made out to College of Dental Surgeons of BC)

Credit card (credit card authorization form attached)

Note: Your application will not be processed until all required documentation has been received.

Name _____ Date (M/D/Y) _____

Signature _____



APPLICANT CREDIT CARD AUTHORIZATION FORM

Applicant name: _____

VISA Mastercard

Card number: _____ **Expiry:** _____

Please indicate your approval for your credit card to be charged for the following:

Amount \$ _____

Cardholder's name (please print): _____

Cardholder's signature: _____

Payment by phone is not available. Your signature is required to authorize payment.

MAKE SURE YOU HAVE SIGNED THIS FORM.