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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sedation/Anaesthesia Modality**

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

Are you intending to provide sedation to patients 12 years of age and below? [ ] Yes [ ] No

**Drugs**

Please list all sedative agents that you will administer and route of administration:

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Route of Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Registration of Qualifications to Provide Moderate Sedation, Deep Sedation or General Anaesthesia

Educational Training/Qualifications

Please indicate your education training/qualifications

I am an ☐ General Practitioner ☐ Periodontist
☐ Oral and Maxillofacial Surgeon ☐ Pediatric Dentist
☐ Other

Name of Canadian/American Faculty of Dentistry undergraduate/postgraduate program

________________________________________________________________________________________

Date degree was completed (M/D/Y)

________________________________________________________________________________________

For practitioners who obtained training through continuing education courses

I have 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) ____________________________

*The course/program must meet the education requirements set out in the appropriate Standards

Required Documents

I have enclosed a copy of:

☐ Diploma from the program

☐ 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.

☐ Anaesthetic records from my training** (20 concurrent sedation and dental treatment cases***)

☐ Current BLS certificate

☐ Current ACLS certificate (PALS also required if sedating patients 12 years old and below)

Please ensure all copies submitted are clear and legible.

** Anaesthetic records not required for registered oral & maxillofacial surgeons and dentist with advanced training in general anaesthesia.

*** Please include patient initials if names are redacted.
Registration of Qualifications to Provide Moderate Sedation, Deep Sedation or General Anaesthesia

Application Fee

☐ I have enclosed the application fee of C$150

Please indicate how you would like to pay by checking off the appropriate box below:

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

☐ Credit card - Once your application has been received and reviewed, you will receive an email notification to pay the application fee.

Name ____________________________________________

Date (M/D/Y) ____________________________

Signature ________________________________

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

For internal use

Date of application received: ____________________________

Registration Class: ____________________________ Subclass: ____________________________

Registered Permits:  ☐ None  ☐ Moderate (multiple oral)  ☐ Moderate (Level 1)

☐ Moderate (Level 2)  ☐ Deep

Registration class and sedation permit(s) verified on: ____________________________