

**ORAL CONSCIOUS SEDATION, PARENTERAL SEDATION, GENERAL ANESTHESIA PERMIT
INFORMATION SHEET**

READ ALL of the information below. It is critical that you are aware of board rules, and state and federal laws, that govern your dispensing and/or administration of drugs in your clinic with these permits.

Board Rule 270-X-2-.12: Maintenance of Controlled Substances Records and Inventory

- You must maintain a separate inventory log of schedule drugs. See discussion of federal requirements below.
- You must maintain a separate Dispensing log of schedule drugs that includes:
 - Date Dispensed
 - Method by which dispensed
 - Name of Drug
 - Name of Patient
 - Quantity of Drug Dispensed
- Both logs must be maintained for five (5) years
- The logs shall be made available for inspection by the Board, DEA, or other law enforcement

Federal: Title 21, Code of Federal Regulations:

21 C.F.R. §1301.12: Separate Registrations for Separate Locations

- A separate DEA registration is required at each clinic where schedule drugs will be dispensed or administered.

§1301.75: Physical Security Controls for Practitioners

- Schedule II-IV drugs must be stored in a securely locked, substantially constructed cabinet.

§1304.04: Maintenance of Records and Inventory

- You must retain records for at least two (2) years.
- Schedule II inventory logs and records must be kept separate from other records.
- All logs must be readily retrievable for inspection.

§1304.11: Inventory Requirements

- You must have an initial inventory date on the inventory log (the date the log was started)
- You must have a biennial inventory date on the inventory log
- The inventory log shall include:
 - Name of Drug
 - Finished form of drug (e.g. 10mg tablet, 10mg/mL solution)
 - Number of units per commercial container (e.g. 100 tablet bottle, 3mL vial)
 - Number of commercial containers (e.g. four 100 tablet bottles, six 3mL vials)

§1304.22: Maintenance of Records and Inventory

- Records must be continuous and must be complete

§1306.04: Purpose of issue of Prescription

- You cannot write yourself a prescription to fill at a pharmacy for the purpose of using the drugs in clinic stock for dispensing to patients.

§1317.95: Destruction Procedures

- Waste of schedule drugs must render the drug non-retrievable
- 2 witnesses must witness, and sign, when schedule drugs are wasted
- Destruction of schedule drugs that are expired or will no longer be used in stock must be noted in inventory/ dispensing logs as well as on a DEA Form 41.



ADMINISTRATIVE USE ONLY				
Received Date:	Inspection Date:	Approved Date:	Denied Date:	Returned Incomplete Date:

Initial Application for Oral Conscious Sedation Permit

Cost of Initial OCS Permit: \$100.00

Instructions:

The submitted application must be typed or printed in black ink. The applicant must review the informational sheet attached to this application to familiarize him/herself with the applicable state and federal laws covering the dispensing or administering of controlled substances within the clinic. The Oral Conscious Sedation (OCS) permit is issued to cover only one (1) clinic. Applicants wanting to perform OCS at multiple clinics must obtain a separate permit and a separate DEA Registration number for each clinic.

Read each question completely and answer fully, truthfully, and accurately. All supporting documents are required to be attached when the application is submitted for consideration. If the applicant needs additional space to answer a question, a separate page containing the question number, applicant's answer, and applicant's signature may be attached. DO NOT staple attachments to the application.

INCOMPLETE APPLICATIONS WILL BE RETURNED!

APPLICATION INFORMATION

I hereby submit this application and attachments for an Oral Conscious Sedation permit in accordance with and subject to the provisions of the Alabama Dental Practice Act, as found in Code of Alabama (1975) §34-9-80, et.seq., and the Administrative Code (Board Rules) of the Board of Dental Examiners of Alabama.

I. Full Name: _____ SS#: _____
(First, Middle, Last)

Dental License # _____ CS Permit# _____

DEA Registration: _____ DEA Expiration _____

CPR* Course Date: _____ CPR Expiration: _____
*Attach copy of current CPR, ACLS, PALS, and or ATLS cards with application

II. Office Address: _____ Office Phone: _____
 _____ Fax Number: _____

III. Mailing Address: _____ Cell Phone: _____
(If different from Office)
 _____ Alt. Phone: _____

IV. Type of Practice: General Dentistry _____ Specialty _____
(Type)



Any dentist utilizing Oral Conscious Sedation is required to have a properly equipped facility, as well as appropriately trained and supervised allied dental personnel. These individuals must be capable of reasonably assisting the dentist with procedures, problems, and medical emergencies.

All personnel involved in the use of or assisting with Oral Conscious Sedation must be currently certified in CPR. During a procedure where Oral Conscious Sedation is being utilized, at least one (1) trained clinic personnel must be present with the dentist.

V. List the name(s) of allied dental personnel to be utilized for Oral Conscious Sedation procedures, along with his/her CPR course date and expiration. A copy of CPR certification for each must be submitted with application.

a. Name: _____	License #, if any: _____
CPR Course Date: _____	CPR Expiration: _____
b. Name: _____	License #, if any: _____
CPR Course Date: _____	CPR Expiration: _____
c. Name: _____	License #, if any: _____
CPR Course Date: _____	CPR Expiration: _____
d. Name: _____	License #, if any: _____
CPR Course Date: _____	CPR Expiration: _____

VI. Educational/ Training Requirements

The applicant for an Oral Conscious Sedation Permit must submit documentation of completion of one of the following:

a. Completion of an American Dental Association-accredited postgraduate general dentistry or specialty residency program, which included specific training in Oral Conscious Sedation.

University/College/ School: _____
 Graduation Date: _____

Specialty Program: _____
 Degree Designation: _____



b. Completion of a minimum of 16 hours of training in a Board-approved Oral Conscious Sedation course. (See Administrative Rule 270-X-2.21)

Course sponsor/title: _____

Date(s) attended: _____ Presenter: _____

c. Certification of training in Oral Conscious Sedation by any entity or organization that is Board-approved. (See Administrative Rule 270-X-2.21)

Training Entity: _____

Date(s) attended: _____ Presenter: _____

VII. Have you had any event occur at your facility that would fall under Code of Alabama (1975) §34-9-65 (mortality or serious physical/ mental injury due to general anesthesia or sedation techniques)? Yes No (Circle one)

Affidavit of Applicant

I hereby certify and acknowledge that:

- I have completed and reviewed this application.
- I am currently licensed to practice dentistry in the State of Alabama.
- The information contained in this application is true and correct.
- The Board will use this information to determine issuance of this permit.
- I am familiar with and will abide by the Alabama Dental Practice Act.
- I am familiar with and will abide by the Board's Administrative Code.

Applicant's Signature License #

State of Alabama

County of _____

Sworn to and subscribed before me this _____ day of _____, 20_____

(Seal)

Notary Public

My Commission Expires