

**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:	Evaluation Date:	Denied Date:	Returned incomplete Date:

Initial Application for Permit of
Parenteral Sedation (PA) or General Anesthesia (GA)
 (Circle One)

PA/GA Permit Fee: \$1,200.00

Instructions:

The submitted application must be typed or printed in black ink. You must review the informational sheet attached to this application to familiarize yourself with the applicable state and federal laws covering the dispensing or administering of controlled substances.

Read each question completely and answer fully, truthfully, and accurately. All supporting documents must be attached when the application is submitted for consideration. If you need additional space to answer any questions, attach a separate page containing the question number, your answer, and your signature. **DO NOT** staple attachments to the application.

INCOMPLETE APPLICATIONS WILL BE RETURNED

APPLICATION INFORMATION

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

Email: _____

Dental License # _____ CS Permit# _____

DEA Registration #: _____ DEA Expiration _____

II. Mailing Address: _____ Office Phone: _____
Street

_____ Other Phone: _____
City, State, Zip

III. Permit Address: _____ Office Phone: _____
Street

_____ Other Phone: _____



IV. **Type of Practice:** General Dentistry_____ Specialty_____ (Type)

V. **Training/ Education Criteria (Attach credentials and supporting documents)**

Check all that apply:

- A. Fellow of American Dental Society of Anesthesiology
- B. Diplomate of American Board of Oral and Maxillofacial Surgery
- C. Eligible for examination by the American Board of Oral and Maxillofacial Surgery (Include expected exam dates or dates of any previous exams.)
- D. Member of American Association of Oral and Maxillofacial Surgeons
- E. Completed minimum 1 year of advanced training in anesthesiology and related academic subjects (or equivalent) beyond the undergraduate dental school level in a training program as described in Part II of the American Dental Association’s guidelines for teaching pain control and sedation. (**Attach** full details, to include: courses taken, school name, dates attended, etc.)
- F. Employment or work in conjunction with a qualified medical doctor who is a member of the anesthesiology staff of an accredited hospital, provided that such anesthesiologist must remain on the premises of the dental office or facility until any patient given a general anesthetic regains consciousness and is discharged. (Attach CV.)
- G. Qualification by experience in accordance with the requirements set forth by the Alabama Dental Practice Act and relevant Administrative Rules.*

****If this category is checked, please state whether you have used or employed general anesthesia in your practice prior to June 1, 1985. Details shall include, but not be limited to: number of times used, types of procedures or treatments, etc.***

VI. **Education and Training**

A. Pre-Professional Education:

College/ University	Degree	Dates Attended
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B. Dental Education:

College/ University	Degree	Dates Attended
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C. Other Professional Education:

College/ University	Degree	Dates Attended
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College/ University	Degree	Dates Attended
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D. Postdoctoral Education:

College/ University	Degree	Dates Attended
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VII. Hospital Privileges (List hospital(s) and type of appointment.)

VIII. Resume of Anesthesia Qualifications (Training, experience, use prior to 06/01/1985, etc.)



IX. CPR Requirements (Required for applicant and auxiliary personnel.)

A. APPLICANT Name: _____

CPR Course Date: _____ CPR Expiration: _____

ACLS Course Date: _____ ACLS Expiration: _____

B. AUXILIARY Personnel: _____ License #, if any: _____

CPR Course Date: _____ CPR Expiration: _____

C. AUXILIARY Personnel: _____ License #, if any: _____

CPR Course Date: _____ CPR Expiration: _____

D. AUXILIARY Personnel: _____ License #, if any: _____

CPR Course Date: _____ CPR Expiration: _____

X. Adverse Occurrences (Any "Yes" responses require detailed explanation.)

A. In connection with your use of parenteral sedation or general anesthesia, have there been any instances of MORBIDITY? **YES NO** (circle one)

B. In connection with your use of parenteral sedation or general anesthesia, have there been any instances of MORTALITY? **YES NO** (circle one)



Information:

Issuance of a “General Anesthesia” permit to an applicant shall include the privileges afforded under the “Parenteral Sedation” permit in accordance with applicable state law and administrative rules.

Prior to the issuance of a “General Anesthesia” permit or a “Parenteral Sedation” permit, the Board may require an on-site facility inspection of your clinic/ office, personnel, and equipment.

By submitting this application, you attest that: 1) You have read all of the requirements and all applicable state and federal laws governing parenteral sedation or general anesthesia; and 2) you and your facility are prepared for a full on-site inspection and subsequent anesthesia evaluation.

AFFIDAVIT OF APPLICANT

I hereby certify that I am the person who executed this application for a permit to employ or use general anesthesia and/or parenteral sedation in the practice of dentistry in the State of Alabama. All statements herein contained are true and correct. I, along with my facility, personnel, and equipment, am fully prepared for an on-site inspection.

Applicant’s Signature

License #

State of Alabama

County of _____

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

Notary Public

(Seal)

My Commission Expires