

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
 - Name of Patient
 - Method by which dispensed
 - Quantity of Drug Dispensed
 - Name of Drug
- 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
- Sample logs: [Inventory Log](#) and [Dispensing Log](#).

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

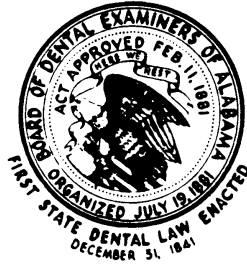
§1306.04: Purpose of issue of Prescription

- 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.

**Cost of Initial OCS
permit - \$100**



Administrative Use

Received: _____

Approved: _____

Denied: _____

Returned incomplete: _____

BOARD OF DENTAL EXAMINERS OF ALABAMA

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INITIAL APPLICATION FOR ORAL CONSCIOUS SEDATION PERMIT

Renewal is DUE by October 1st for each succeeding year

INCOMPLETE FORMS WILL BE RETURNED

TYPE OR PRINT LEGIBLY USING BLACK INK. Read carefully before answering. Each question must be answered completely, truthfully and accurately. All supporting data requested must accompany this application. If the space for any answer is insufficient, the applicant must complete the answer on a separate page, signed by him/her, specifying the question, which it relates to, and enclose with this application. DO NOT STAPLE ENCLOSURES TO THIS APPLICATION FORM.

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

(First Name)

(Middle Name)

(Last Name)

(Social Security #)

a)

Primary Office Address

(Street, City, State & Zip Code)

(Area Code & Phone #)

b)

Satellite Address

(Street, City, State & Zip Code)

(Area Code & Phone #)

c)

Satellite Address

(Street, City, State & Zip Code)

(Area Code & Phone #)

ORAL CONSCIOUS SEDATION PERMIT APPLICATION

Type of practice: General Dentistry ____ or Specialty _____
Name

Alabama License Number _____ Expiration _____

DEA Registration Number _____ Expiration _____

Any dentist utilizing oral conscious sedation must have a properly equipped facility staffed with a supervised team of allied dental personnel who are appropriately trained and capable of reasonably assisting the dentist with procedures, problems and emergencies incident thereto. Allied dental personnel who assist a dentist during oral conscious sedation must be currently certified in cardiopulmonary resuscitation. During a procedure utilizing oral conscious sedation, at least one allied dental personnel shall be present in addition to the dentist.

List the name(s), provide license number if applicable, of any allied dental personnel who will be assisting the permit holder with any procedures utilizing oral conscious sedation.

A copy of the cardiopulmonary resuscitation certification for each allied dental personnel who will assist is required to be submitted with this application.

Name Send copy of in-class CPR LNO if applicable _____ / ____ / ____ _____ / ____ / ____
Course Date Expiration Date

Name Send copy of in-class CPR LNO if applicable _____ / ____ / ____ _____ / ____ / ____
Course Date Expiration Date

Name Send copy of in-class CPR LNO if applicable _____ / ____ / ____ _____ / ____ / ____
Course Date Expiration Date

Name Send copy of in-class CPR LNO if applicable _____ / ____ / ____ _____ / ____ / ____
Course Date Expiration Date

Name Send copy of in-class CPR LNO if applicable _____ / ____ / ____ _____ / ____ / ____
Course Date Expiration Date

Include a copy of the applicant's cardiopulmonary resuscitation certification

_____ / ____ / ____ _____ / ____ / ____
Course Date Expiration Date

CPR Certification Level: _____

ORAL CONSCIOUS SEDATION PERMIT APPLICATION

The dentist applying for the oral conscious sedation permit must show evidence of the completion of one of the following:

- 1. Completion of an American Dental Association accredited postgraduate general dentistry or specialty residency program which included specific training in oral conscious sedation training

School, College or University Date Graduated

Program Degree Designation

- 2. Completion of a minimum of sixteen (16) hours training in an oral conscious sedation course approved by the Board. To determine course approval refer to rule 270-X-2.21.

Course Sponsor and Title* Date(s) Attended

Presenter
*You must submit evidence of completion of the course with this application.

- 3. Certification of training in oral conscious sedation by any entity or organization approved by the Board. To determine course approval refer to rule 270-X-2.21.

Training Entity* Date(s) Attended

Presenter
*You must submit evidence of completion of the course with this application.

Has any mortality or any other incident occurred as defined in Code of Alabama, (1975) § 34-9-65 either at your primary facility or any other practice facility in the State of Alabama? Yes No

Any adverse consequence shall be reported to the Board pursuant to and in the manner set forth in rule 270-X-2.20.

ORAL CONSCIOUS SEDATION PERMIT APPLICATION

I hereby certify and acknowledge that I have completed and reviewed this application. I certify and acknowledge that I am currently licensed to practice dentistry in the State of Alabama. I certify and acknowledge that all the information provided in this application is true and correct and I further acknowledge and understand that the Board is relying upon the truthfulness of this information in the issuance of the permit. I certify and acknowledge that I am familiar with and will abide by the provisions of the Alabama Dental Practice Act and any applicable Board rule in connection with the administration of oral conscious sedation.

Signature of Applicant LNO

STATE OF ALABAMA

COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 200_____.

Notary Public

Seal

My commission expires