Course Approved By	
Course Approval #	
Date of Issue	

FOR KBD USE ONLY

Course Provider/Organization Signature

Kentucky Board of Dentistry



312 Whittington Parkway, Suite 101 Louisville, KY 40222 502/429-7280 http://dentistry.ky.gov

Date

CONTINUING EDUCATION COURSE VERIFICATION FORM

201 KAR 8:550 SECTION 8 – RENEWAL OF A SEDATION OR ANESTHESIA PERMIT

(Please print in ink or type your responses) Course Title Course Hours ___ Course Provider/Organization _____ Course Provider/Organization Address ______ City State 7IP Phone # Course Provider/Organization Email Address: Organization Website (if applicable) _____ 201 KAR 8:550, Section 8. Renewal of a Sedation or Anesthesia Permit. (1) A qualified dentist applying for renewal of an active permit to administer moderate sedation, or deep sedation or general anesthesia shall: (a) Submit an Application for Renewal of Sedation or Anesthesia Permit; (b) Pay the fee required by 201 KAR 8:520; (c) Complete at least four (4) hours of clinical continuing education related to sedation or anesthesia in A classroom setting during the two (2) year term of the permit; and (d) Maintain ACLS or PALS certification as required by Sections 5 and 6 of this administrative regulation. (2) The continuing education requirements of this section shall be in addition to the license renewal requirements of 201 KAR 8:532. (3) Unless properly renewed, each permit issued under this administrative regulation shall expire on December 31 of odd-number years. I certify that this course meets or exceeds the guidelines outlined in the Dental Practice Act. I understand that, under Kentucky Law, the submission of any false, fradulent, or forged statement, document, or other matter in connection with this form is grounds for criminal prosecution.