

FOR KBD USE ONLY



Kentucky Board of Dentistry

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APPLICATION FOR SEDATION OR ANESTHESIA FACILITY CERTIFICATE

In accordance with [201 KAR 8:550](#), a facility certificate is required for any location in which a qualified dentist administers moderate sedation, deep sedation, or general anesthesia. Please print in ink or type your responses, using your name as it appears on your dental license. Return this completed and notarized application as well as the \$250 application fee (check or money order made out to Kentucky Board of Dentistry) to the address above.

Name: Last/Suffix _____ First _____ Middle _____

License # _____ Phone _____ Email _____

Facility Name _____ Address _____

City _____ State _____ Zip _____ KY County _____

As per [201 KAR 8:550](#), Section 12, the owner or operator shall attest that the facility has:

Initial

- _____ Oxygen and gas delivery system w/ fail-safe backup, safety indexed gas system, suction w/ backup, and auxiliary lighting.
- _____ Operating room of at least 80 sq. ft., primary operating light source w/ backup, and accessibility by emergency personnel.
- _____ Recovery area, including oxygen, suction, and electronic monitoring (may be part of operating room).
- _____ Preoperative medical history and physical evaluation form.
- _____ Anesthesia and monitoring check process to ensure working order.

Notarized affidavit to be signed in the presence of a notary

I, the undersigned, hereby certify under penalty of law that I am the person referred to in this application and that the information provided herein is accurate and complete to the best of my knowledge. I authorize the Kentucky Board of Dentistry or its agents to obtain from other sources any evidence necessary to confirm the qualifications of this facility. I acknowledge that the submission of false or fraudulent information as part of this application is grounds for disciplinary and/or legal action. I further attest that I understand and agree to abide by the statutes, rules, and regulations governing dental sedation and anesthesia in Kentucky.

Applicant's Signature _____ Date _____

For Use by Notary Public _____

State of _____ County of _____

Signed and sworn before me this _____ day of _____, _____

Notary Seal

Signature _____ Commission Expires _____