APPLICATION FOR SEDATION OR ANESTHESIA FACILITY CERTIFICATE

Please print in ink or type your responses. List your name as it appears on your license.

Section 1. Must be completed by ALL applicants.

Owner Operator Name ____________________________________________

Last/Suffix First Middle

License Number of Dentist __________________________ (if applicable)

Facility address __________________________________________________

Business Name Number & Street PO Boxes Not Acceptable

City State ZIP KY County Phone #

Applying for

☐ Minimal Pediatric Sedation Facility Certificate
☐ Moderate Enteral Sedation Permit Facility Certificate
☐ Moderate Parenteral Sedation Permit Facility Certificate
☐ Moderate Pediatric Sedation Permit Facility Certificate
☐ Deep Sedation or General Anesthesia Permit Facility Certificate

Section 2. Applicants MUST Submit Proof of having met the Requirements of: (To be completed by the inspector on the date of inspection. Please call the Kentucky Board of Dentistry to schedule an inspection.)

☐ 201 KAR 8:550 Section 13.

Signature of the Inspector: __________________________ Date: _____________________

Section 3. Fee for Application for Sedation or Anesthesia Facility Certificate

You must submit a check or money order made out to the Kentucky Board of Dentistry for the amount of $250.00

Section 4. Affadavit. Must be completed by ALL applicants.

I hereby certify that the above facts are true and I agree to abide by the rules and regulations set by the Kentucky Board of Dentistry including any future amendments to said rules and regulations.

State of __________________________ Applicant’s signature

County of __________________________

Subscribed and sworn to before me this ________ day of __________________________, 20______

_________________________________________ My commission expires on

Notary public signature

RETURN YOUR COMPLETED APPLICATION, NON-REFUNDABLE FEE, AND SUPPORTING DOCUMENTATIONS TO THE ADDRESS ABOVE.