

Fee	Date
Approved by	
Permit number	
Date Issued	

**FOR KBD USE ONLY**

# Kentucky Board of Dentistry

Rev. March 2020



312 Whittington Parkway, Ste. 101  
 Louisville, KY 40222  
 502-429-7280  
[dentistry.ky.gov](http://dentistry.ky.gov)

## APPLICATION FOR SEDATION OR ANESTHESIA FACILITY CERTIFICATE

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 a non-refundable application fee of \$250 (check or money order made out to Kentucky Board of Dentistry) to the address above.

### Section 1. Facility & Operator Information

Name: Last/Suffix \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

License # \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Facility Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ KY County \_\_\_\_\_

### Section 2. Facility Criteria

A facility certificate is required for any location in which a qualified dentist administers moderate sedation, deep sedation, or general anesthesia. 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.

### Section 3. Notarized Affidavit

I hereby certify that the above facts are true and that this facility meets or exceeds the minimum qualifications for a sedation or anesthesia certificate. I also agree to abide by any current and future rules and regulations set by the Kentucky Board of Dentistry.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ For Use by Notary Public \_\_\_\_\_

State/Commonwealth of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn before me this day of \_\_\_\_\_

Notary Public Signature \_\_\_\_\_ My Commission Expires \_\_\_\_\_