

Fee	Date
Approved by	
Permit number	
Date Issued	

FOR KBD USE ONLY

# Kentucky Board of Dentistry



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

Rev. March 2020

## APPLICATION FOR RENEWAL OF 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 application and a non-refundable application fee of \$75 (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

Please confirm that the sedation facility to be renewed continues to operate with the following criteria:

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. Signed Affidavit

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

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