

NEWFOUNDLAND & LABRADOR DENTAL BOARD

SUITE 204, 49-55 ELIZABETH AVENUE ST. JOHN'S, NL A1A 1W9

Tel: (709) 579-2391 Fax: (709) 579-2392 www.nldb.ca email: nldb@nf.aibn.com

REGISTRATION FORM FOR SEDATION AND GENERAL ANAESTHESIA

All dentists who wish to treat patients using oral moderate sedation, parenteral conscious sedation (IV sedation), deep sedation or general anaesthesia must register with the Board.

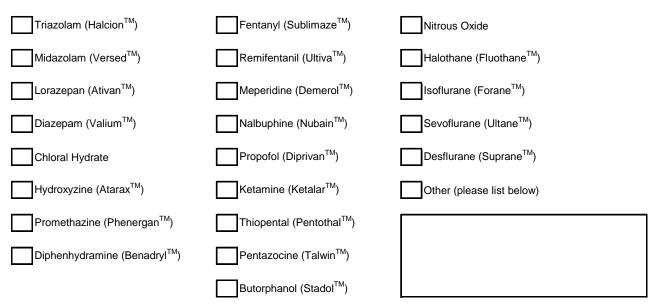
YOUR NAME / DENTAL FACILITY ADDRESS

NAME:		
STREET:		SUITE:
CITY:	PROVINCE:	POSTAL CODE:
TEL:	FAX:	EMAIL:

TYPES OF SEDATION AND/OR GENERAL ANAESTHESIA TO BE ADMINISTERED

(i)	Oral Moderate Sedation	Yes	No
(ii)	Parenteral Conscious Sedation (intravenous, intramuscular, subcutaneous, submucosal, or intra-nasal)	Yes	No
(iii)	Deep Sedation	Yes	No
(iv)	General Anaesthesia	Yes	No

INDICATE ALL DRUGS YOU INTEND TO ADMINISTER TO ACHIEVE THE ABOVE TYPES OF SEDATION AND/OR GENERAL ANAESTHESIA



PROFESSIONAL TRAINING/QUALIFICATIONS

DETAILS OF FORMAL TRAINING AND COMPETENCY IN SEDATION AND/OR GENERAL ANAESTHESIA

(i) Please list the name of the University and/or Hospital where you obtained your training & <u>attach a copy of your</u> <u>certificate of completion.</u>

	SCHOOL/HOSPITAL: CITY:	
(ii)	Please indicate the type of program you completed:	
	Continuing Education Course	
	Dental Internship/Residency	
	Dental Specialty Program Name of Specialty Program:	
	Dental Anaesthesiology Training/Residency	
	Oral and Maxillofacial Surgery Training/Residency	
(iii)	Name of Program/Course Director:	
(iv)	Date of Program or Course Completion:	_
(v)	All dentists administering oral moderate sedation, parenteral conscious sedation, deep sedation and/or general anesthesia mus provide evidence of current BLS certification at the Health Care Professional (HCP) level as a minimum. In addition, all dentists administering deep sedation and/or general anesthesia must provide evidence of completion of a provider course in ACLS. If providing care for patients under the age of 12 years, training in PALS is recommended.	
	If you completed a residency program or continuing education program, please attach a copy of your certificate of completion.	
	If you completed a Diploma/Degree Program in Dental Anaesthesiology or Oral and Maxillofacial Surgery, a copy of your diploma/degree is required for our records.	
СС	NTINUING EDUCATION	
	VE YOU TAKEN ANY CONTINUING EDUCATION PROGRAMS ON THE SUBJECT OF SEDATION OR GENERAL ASTHESIA IN THE PAST YEAR?	
lf v	es, please list below:	
DA		-
	CATION:	
		_
Na	me (please print) Signature	

Date