

#### NEWFOUNDLAND & LABRADOR DENTAL BOARD

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

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## **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.

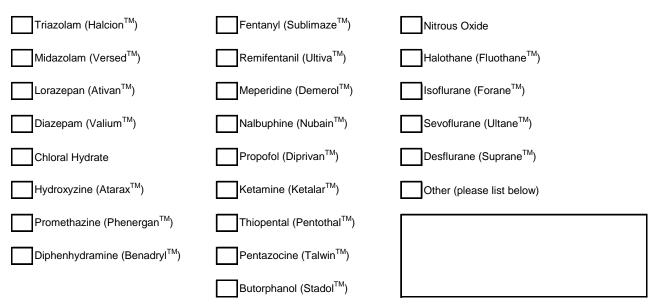
### YOUR NAME / DENTAL FACILITY ADDRESS

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