



## QUALIFICATIONS

5. I hereby qualify for a class 2 certificate to induce anxiolysis under one of the following:

\_\_\_\_\_ (a) Completion of a board approved course of at least six hours didactic and clinical of either predoctoral dental school or postgraduate instruction.

6. UNDERGRADUATE EDUCATION

College \_\_\_\_\_ Location \_\_\_\_\_  
Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Degree Earned \_\_\_\_\_

7. DENTAL EDUCATION

\_\_\_\_\_ University \_\_\_\_\_ Location \_\_\_\_\_  
Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Degree Earned \_\_\_\_\_

8. SPECIALTY EDUCATION

Hospital or University \_\_\_\_\_  
Location \_\_\_\_\_  
Dates Attended \_\_\_\_\_ to \_\_\_\_\_  
Degree or Certificate earned \_\_\_\_\_

Hospital or University \_\_\_\_\_  
Location \_\_\_\_\_  
Dates Attended \_\_\_\_\_ to \_\_\_\_\_  
Degree or Certificate earned \_\_\_\_\_

9. Are you currently certified in Health Care Provider Basic Life Support/CPR?  
\_\_\_\_\_ yes \_\_\_\_\_ no (If yes, attach copy of certificate.)

10. Are your auxiliary personnel certified in Basic Life Support/CPR?  
\_\_\_\_\_ yes \_\_\_\_\_ no (If yes, attach copy of certificate.)

11. Are your auxiliary personnel qualified as a monitor to monitor and record the condition of patients? \_\_\_\_\_ yes \_\_\_\_\_ no

The Board's completed qualified monitor checklist is attached.  
\_\_\_\_\_ yes \_\_\_\_\_ no

12. I further certify that I have a properly equipped facility for the administration of anxiolysis and it is staffed with a supervised team of auxiliary personnel.  
\_\_\_\_\_ yes \_\_\_\_\_ no

The Board's completed facility checklist is attached. \_\_\_\_\_ yes \_\_\_\_\_ no

13. List all instances of the following in connection with your use of anxiolysis, including a detailed explanation of any such occurrence.

(a) Mortality

(b) Morbidity

I hereby certify that I am the person who executed this application for a certificate to employ or use procedures to induce anxiolysis in the practice of Dentistry in the State of West Virginia in conformance with Chapter 30, Article 4A of the West Virginia Code and the information supplied on this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_

SEAL

Please make check or money order payable to the West Virginia Board of Dental Examiners in the amount of \$50.00 for the application fee, no part of which is refundable, and mail to the West Virginia Board of Dental Examiners, PO Box 1447, Crab Orchard, WV 25827.

## FACILITY CHECK LIST

A dentist who induces anxiolysis shall have the following facilities, properly maintained equipment and appropriate drugs available during the procedures and during recovery:

- \_\_\_\_\_ An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;
- \_\_\_\_\_ An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
- \_\_\_\_\_ A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
- \_\_\_\_\_ Suction equipment which permits aspiration of the oral and pharyngeal cavities;
- \_\_\_\_\_ An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
- \_\_\_\_\_ A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
- \_\_\_\_\_ A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;
- \_\_\_\_\_ Sphygmomanometer, stethoscope and pulse oximeter;
- \_\_\_\_\_ Emergency drugs; and
- \_\_\_\_\_ A defibrillator device **is recommended.**

\_\_\_\_\_  
Signature of Applicant

## QUALIFIED MONITOR CHECKLIST

The dentist shall monitor and record the patient's condition or shall use an assistant qualified as a monitor to monitor and record the patient's condition. A qualified monitor shall be present to monitor the patient at all times.

- \_\_\_\_\_ The trained personnel must have a certificate showing successful completion in the last two years of BLS/CPR training. (Attach a copy for our records)
- \_\_\_\_\_ Trained personnel must be able to monitor the patient's blood pressure, heart rate, respirations and oxygen saturation.
- \_\_\_\_\_ Trained personnel must be able to properly document the patient's vital signs.

\_\_\_\_\_  
Signature of Applicant