



NEWS FROM THE Idaho State Board of DENTISTRY

STATEMENT OF PURPOSE

The purpose of the Idaho State Board of Dentistry is to assure the public health, safety and welfare in Idaho by the licensure and regulation of dentists and dental hygienists.

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CHAIRMAN'S MESSAGE

by Geffrey W. Thompson, DMD

This message is written as I begin my fifth, and final, year as a member of the Idaho Board of Dentistry. I am honored to serve as the Board of Dentistry's Chairman during my final year of membership. To this point, my experience as a member of the Board of Dentistry has been professionally rewarding, illuminating and, in many respects, has provided an interesting insight into the state of the dental professions in Idaho. Given my experience as a Board member, I am taking this opportunity to offer both laudatory and critical comments to Idaho's dental professionals.

The good news is that the quality of treatment provided to patients by dentists and dental hygienists in Idaho is exemplary. Over the course of the past four (4) years, I and the other members of the Board of Dentistry have spent a part of each Board meeting reviewing complaints submitted by patients against dentists and, to a much lesser extent, dental hygienists. The patient complaints reviewed by the Board of Dentistry ran the gamut from those that were clearly frivolous in nature to those that identified substandard care on the part of the licensee. While patient complaints are a fact of life, the number of meritorious complaints reviewed by the Board of Dentistry is almost insignificant given the number of patients treated by dentists and dental hygienists on a daily basis in Idaho. That fact tells me that the overall level of patient satisfaction regarding treatment is high. It also tells me that licensees are amenable to considering patient concerns regarding treatment and addressing those concerns to the patient's satisfaction. Thus, I commend the highly skilled dentists and dental hygienists practicing in Idaho for the quality treatment they provide to their patients. In addition, I would be remiss if I failed to acknowledge the outstanding services provided by the many fine dental assistants practicing in Idaho.

While the members of the dental professions should be justifiably proud of the treatment they provide their patients, I feel compelled to use this forum to discuss a matter that has been, and continues to be, of particular concern to the members of the Board of Dentistry. Simply put, the adequacy of patient dental records reviewed by the Board of Dentistry is woefully lacking. Given the number of patient records reviewed by the Board of Dentistry, my sense is that the quality of record keeping in many dental offices falls measurably short of that required of dental professionals.

Some brief background information will be of assistance on this issue. In connection with its complaint review function, the Board of Dentistry endeavors to obtain as much information as possible upon which to base its determinations. In that regard, the Board of Dentistry routinely obtains patient dental records for review both from the licensee who is the subject of the complaint as well as any follow-up or second opinion practitioners. Having reviewed a fair number of patient files over the past four years, it is safe to say that a high percentage of those patient files failed to reflect a level of professionalism that would be expected of a dental professional. The Board of Dentistry has seen patient charts that were maintained in part on typical loose leaf notebook pages. The Board of Dentistry reviewed entries on patient charts that consisted of the most rudimentary and cryptic notations.

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Notations appearing in patients' treatment charts have been undated, have appeared on chart pages that failed to contain the patient's name, were not initialed and failed to adequately commemorate the diagnosis or treatment provided. On occasion, practitioners have been unable to provide diagnostic quality radiographs in connection with cases being reviewed. Patient records maintained on computer systems have been automatically deleted as treatment progressed. Some practitioners have responded to allegations in patient complaints by providing detailed explanations of diagnoses, planning and treatment that were not commemorated in the patients' chart. Because many notations in patient records being reviewed are illegible, the Board of Dentistry routinely requests that notations on patient charts be transcribed in a legible manner. Without further belaboring these concerns, the following suggestions, which are not intended to be comprehensive, are offered with the sincere belief that this is an area of dental practice that is readily susceptible to improvement without placing an undue burden on a dental practice. It should be noted that every practitioner should consult their risk management professional regarding the legal sufficiency of their patient records and should understand and comply with state and federal standards regarding patient confidentiality issues.

While it may appear that the following suggestions merely restate the obvious, I can assure the dental professionals in Idaho that the members of the Board of Dentistry have reviewed many patient files that were substantively deficient. At a minimum, the following information should be contained and commemorated in a patient record in sufficient detail to provide a thorough picture of a patient's treatment history.

- Patient personal and contact information
- A patient medical history
- A statement of the patient's chief complaint or reason for the visit
- Results of any clinical examination
- A treatment plan
- A dated chronology of each patient visit with legible entries (progress notes) containing a description of treatment or services performed at each visit
 - ◊ Date should include month, day and year
 - ◊ Entries should be initialed by the person making them (all staff entries should be reviewed for accuracy and initialed by the dentist)
 - ◊ Patient's name should appear on each page of the record
 - ◊ Pertinent conversations (including by telephone) should be commemorated
 - ◊ Patient's degree of compliance or noncompliance with treatment should be charted
 - ◊ Failed appointments should be noted
 - ◊ Postoperative and follow-up instructions should be commemorated
- Informed consents and informed refusals
- Diagnostic quality radiographs or models and photographs properly labeled with the patient's name and date
- Recommendations or referrals for treatment or consultation by a specialist

- Date, description and dosage of any medications dispensed or administered
- Patient correspondence

I highly recommend that every practitioner conduct a patient file review to determine the adequacy of their files. The health, safety and welfare of our patients require that their files are maintained in a professional manner.

BIENNIAL LICENSING TO COMMENCE IN OCTOBER 2006

Senate Bill 1343, the Board of Dentistry's biennial licensing statute, was signed into law by Governor Kempthorne to become effective on July 1, 2006. As a result, the dental license renewals in connection with the October 1, 2006, renewal date will be the initial biennial licensing cycle for dentists. The dental hygiene license renewals in connection with the April 1, 2007, renewal date will be the initial biennial licensing cycle for dental hygienists. In the future, both dental and dental hygiene licenses will be renewed and effective for a two (2) year period. All new licenses (whether dental or dental hygiene) issued by the Board of Dentistry after July 1, 2006, will be effective until the next applicable biennial renewal date. The existing license renewal fees will be increased to reflect the two (2) year effective period of a license. For example, the current annual license fee of \$150.00 for active status dentists will increase to \$300.00 to reflect the increased effective period of the license and the current annual license fee of \$70.00 for active status dental hygienists will increase to \$140.00 to reflect the increased effective period of the license. Continuing education reporting requirements will also be adjusted in the same manner as the result of the longer licensing period. A further explanation of the effects of biennial licensing will be provided to all licensees in their next license renewal packet.

Other recent rule changes and all the Board of Dentistry's statutes and administrative rules can be accessed on the Board's website at www.idaho.gov/isbd or a copy will be provided upon request to the Board of Dentistry's office.

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LIMITED CONSCIOUS SEDATION PERMIT ADMINISTRATIVE RULES BECOME EFFECTIVE

The members of the Board of Dentistry have worked over the course of the past several months to revise the sedation and anesthesia permit standards currently contained in the Board of Dentistry's administrative rules. The Board of Dentistry's efforts were primarily focused upon expanding the scope of the existing sedation rules to authorize a new oral conscious sedation permit consistent with the guidelines of the American Dental Association. In connection with the sedation rule revisions, the Board of Dentistry requested and reviewed written comments from many interested dental professionals regarding the sedation rule revisions. In addition, three (3) Board members attended oral conscious sedation courses in an effort to evaluate the adequacy of available training for the new permit. Following legislative review, the Board of Dentistry's revised sedation rules are now in effect.

The Board of Dentistry's new sedation rules state as follows: (The existing rule regarding the deep sedation/general anesthesia permit was not revised and is not included in the following materials. All the Board of Dentistry's current statutes and administrative rules can be accessed on-line at www.idaho.gov/isbd or obtained upon request from the Board of Dentistry's office.)

BOARD OF DENTISTRY ADMINISTRATIVE RULES – ANESTHESIA

IDAPA 19

TITLE 01

Chapter 01

IDAPA 19 - IDAHO STATE BOARD OF DENTISTRY 19.01.01 - RULES OF THE IDAHO STATE BOARD OF DENTISTRY

000. LEGAL AUTHORITY (Rule 0).

This Chapter is adopted under the legal authority of Chapter 9, Title 54, Idaho Code.

001. TITLE AND SCOPE (Rule 1).

These rules shall be cited as IDAPA 19.01.01, "Rules of the Idaho State Board of Dentistry". These rules constitute the minimum requirements for licensure and regulation of dentists and dental hygienists.

(BREAK IN CONTINUITY OF SECTIONS)

054. DEFINITIONS (RULE 54).

For the purposes of these anesthesia rules, the following terms will be used, as defined below:

01. Methods Of Anxiety And Pain Control.

a. "Anxiolysis" shall mean the process of the diminution or elimination of the patient's anxiety, apprehension or fear by the administration of a pharmacological agent that renders the patient relaxed but does not impair the patient's ability to maintain normal mental abilities and vital functions. An oral sedative agent can be administered in the treatment setting or prescribed for patient dosage prior to the appointment.

b. "Conscious sedation" shall mean a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command, and that is produced through the enteral or parenteral administration of a pharmacological or non-pharmacological method or a combination thereof. In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of conscious sedation. Oral sedative agents can be administered in the treatment setting or prescribed for patient dosage prior to the appointment.

c. "Deep sedation" shall mean an induced state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to physical stimulation or verbal command, and that is produced by a pharmacological or non-pharmacological method or a combination thereof.

d. "General anesthesia" shall mean an induced state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command, and that is produced by a pharmacological or non-pharmacological method or a combination thereof.

e. "Local anesthesia" shall mean the elimination of sensation, especially pain, in one (1) part of the body by the topical application or regional injection of a drug.

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f. "Nitrous oxide inhalation analgesia" shall mean an induced controlled state of minimally depressed consciousness, produced solely by the inhalation of a combination of nitrous oxide and oxygen, in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.

02. Sedation Terms.

a. "Advanced Cardiac Life Support" or "ACLS" shall mean an advanced cardiac life support course offered by a recognized accrediting organization.

b. "Monitor" or "monitoring" shall mean the direct clinical observation of a patient during the administration of anesthesia by a person trained to observe the physical condition of the patient and capable of assisting with emergency or other procedures.

c. "Operator" shall mean the supervising dentist or another person who is authorized by these rules or holds a permit to induce and administer the proper level of anesthesia/sedation.

d. "Titration" shall mean the administration of small incremental doses of a drug until a desired clinical effect is observed.

03. Routes Of Administration.

a. Enteral. Any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa (i.e., oral, rectal, sublingual).

b. Inhalation. A technique of administration in which a gaseous or volatile agent is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

c. Parenteral. A technique of administration in which the drug bypasses the gastrointestinal (GI) tract (i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), intraocular (IO)).

d. Transdermal/transmucosal. A technique of administration in which the drug is administered by patch or iontophoresis.

055. ANXIOLYSIS (RULE 55).

Persons licensed to practice dentistry in accordance with the Idaho Dental Practice Act and these rules may administer medication to patients for the purpose of relieving anxiety so long as the medication is given in a dosage that is within the current guidelines set forth for anxiolytic dosage on the manufacturer's package insert or other recognized drug reference and does not induce a state of depressed consciousness to the level of general anesthesia, deep sedation, or conscious sedation in the patient.

01. Patient Safety. The administration of anxiolytics by means of titration or in combination with nitrous oxide inhalation analgesia is permissible so long as it does not produce an alteration of the state of consciousness in a patient to the level of conscious sedation, deep sedation or general anesthesia. A dentist must first qualify for and obtain the appropriate permit from the Board of Dentistry to be authorized to sedate patients to the level of conscious sedation, deep sedation or general anesthesia. Nitrous oxide inhalation analgesia shall not be used in combination with anxiolytic medication except during the limited period of time required to administer a local anesthetic. Notwithstanding any other provision in these rules, a dentist shall initiate and regulate the administration of nitrous oxide inhalation analgesia when used in combination with anxiolysis.

02. Personnel. A patient sedated for anxiolytic purposes in the dental office shall be monitored by an assistant trained in basic life support to observe appropriate physiologic parameters and assist in any support or resuscitation measures required.

056. LOCAL ANESTHESIA (RULE 56).

Persons licensed to practice dentistry and dental hygiene in accordance with the Idaho Dental Practice Act and these rules are not required to obtain a permit to administer local anesthesia to patients. Dental offices in which local anesthesia is administered to patients shall, at a minimum, have and maintain suction equipment capable of aspirating gastric contents from the mouth and pharynx, a portable oxygen delivery system including full face masks and a bag-valve mask combination capable of delivering positive pressure, oxygen-enriched ventilation to the patient, a blood pressure cuff of appropriate size and a stethoscope.

057. NITROUS OXIDE INHALATION ANALGESIA (RULE 57).

Persons licensed to practice dentistry and dental hygiene and dental assistants certified in accordance with the Idaho Dental Practice Act and these rules are not required to obtain a permit to administer nitrous oxide inhalation analgesia to patients. Nitrous oxide inhalation analgesia when used in combination with other sedative agents may produce an alteration of the state of consciousness in a patient to the level of conscious sedation, deep sedation or general anesthesia. A dentist must first qualify for and obtain the appropriate permit from the Board of Dentistry to be authorized to sedate patients to the level of conscious sedation, deep sedation or general anesthesia.

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- 01. Patient Safety.** In connection with the administration of nitrous oxide inhalation analgesia, a dentist shall:
- a.** Evaluate the patient to insure that the patient is an appropriate candidate for nitrous oxide inhalation analgesia;
 - b.** Insure that any patient under nitrous oxide inhalation analgesia shall be monitored for such matters as response to verbal stimulation, oral mucosal color and vital signs;
 - c.** Insure that a second person shall be on the office premises who can immediately respond to any request from the person administering the nitrous oxide inhalation analgesia; and
 - d.** Insure that a qualified person is continuously monitoring the patient.

02. Required Facilities and Equipment. Dental offices in which nitrous oxide sedation is administered to patients shall, at a minimum and in addition to emergency medications, maintain appropriate facilities and have equipment on site for immediate use as follows:

- a.** A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
- b.** An operating room sufficiently large to accommodate the patient and allow for delivery of appropriate care in an emergency situation;
- c.** Suction equipment capable of aspirating gastric contents from the mouth and pharynx;
- d.** A portable oxygen delivery system including full face masks and a bag-valve mask device capable of delivering positive pressure, oxygen-enriched ventilation to the patient; and
- e.** An appropriately sized measuring device for taking a patient's blood pressure.

03. Personnel. For nitrous oxide administration, personnel shall include:

- a.** An operator; and
- b.** An assistant trained in basic life support to monitor appropriate physiologic parameters and assist in any support or resuscitation measures required (the operator and the assistant may be the same person).
- c.** Auxiliary personnel must have documented training in basic life support, shall have specific assignments, and shall have current knowledge of the emergency cart inventory. The practitioner and all office personnel must participate in periodic reviews of office emergency protocol.

(BREAK IN CONTINUITY OF SECTIONS)

060. ADMINISTRATION OF CONSCIOUS SEDATION (RULE 60).

Dentists licensed in the state of Idaho cannot use conscious sedation in the practice of dentistry unless they have obtained the proper conscious sedation permit from the Idaho State Board of Dentistry. A conscious sedation permit may be either limited or comprehensive. A limited conscious sedation permit authorizes dentists to administer conscious sedation by either enteral or combination inhalation-enteral routes of administration. A comprehensive conscious sedation permit authorizes a dentist to administer conscious sedation by enteral, combination inhalation-enteral or parenteral routes of administration. A dentist shall not administer conscious sedation to children under eighteen (18) years of age unless they have qualified for and been issued a comprehensive conscious sedation permit.

01. Requirements for a Limited Conscious Sedation Permit. To qualify for a limited conscious sedation permit, a dentist applying for a permit must complete training in the use and administration of conscious sedation drugs to a level consistent with that prescribed in Part I and Part III of the American Dental Association's "ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry," as incorporated by reference in these rules. The five (5) year requirement regarding the required training for a limited conscious sedation permit shall not be applicable to applicants who hold an equivalent permit in another state which has been in effect for the twelve (12) month period immediately prior to the application date. To obtain a limited conscious sedation permit, a dentist must provide certification of the following:

a. Completion of an American Dental Association accredited post-doctoral training program within five (5) years of the date of application for a limited conscious sedation permit that included documented training of a minimum of eighteen (18) hours of didactic education plus twenty (20) clinically-oriented experiences which provided competency in enteral and combination inhalation-enteral conscious sedation. Clinically-oriented experiences may include either supervised administration or group observations on patients undergoing enteral or combination inhalation-enteral conscious sedation; or

b. Completion of a Board of Dentistry approved course of instruction within five (5) years of the date of application for a limited conscious sedation permit that included documented training of a minimum of eighteen (18) hours of didactic education plus twenty (20) clinically-oriented experiences which provided competency in enteral and combination inhalation-enteral conscious sedation. Clinically-oriented experiences may include either supervised administration or group observations on patients undergoing enteral or combination inhalation-enteral conscious sedation; and

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- c. Proof of completion and current certification of Advanced Cardiac Life Support training or its equivalent.

02. Requirements for a Comprehensive Conscious Sedation Permit. A dentist applying for a permit to administer comprehensive conscious sedation shall provide proof that the dentist has received formal training and certification in the use of conscious sedation drugs as described in the "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry," as published by the American Dental Association and incorporated by reference into these rules within the five (5) year period immediately prior to the date of application for a comprehensive conscious sedation permit. The five (5) year requirement shall not be applicable to applicants who hold an equivalent permit in another state which has been in effect for the twelve (12) month period immediately prior to the date of application. The formal training program shall:

- a. Be sponsored by or affiliated with a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or a teaching hospital or facility approved by the Board of Dentistry; and
- b. Consist of a minimum of sixty (60) hours didactic education and twenty (20) hours patient contact. Patient contact includes the administration of the intravenous (IV) sedation and management by the participant from induction through emergence.
- c. Include the issuance of a certificate of successful completion that indicates the type, number of hours, and length of training received.
- d. In addition, the dentist must show proof of current certification of Advanced Cardiac Life Support training or its equivalent.

03. General Requirements for Limited and Comprehensive Conscious Sedation Permits.

a. Facility Requirements. The dentist must have a properly equipped facility for the administration of conscious sedation staffed with a dentist-supervised team of auxiliary personnel capable of reasonably handling procedures, problems, and emergencies incident thereto. Adequacy of the facility and competence of the anesthesia team will be determined by evaluators appointed by the Idaho State Board of Dentistry.

b. Personnel. For conscious sedation, the minimum number of personnel shall be two (2) including:

- i.** The operator; and
- ii.** An assistant trained to monitor appropriate physiologic parameters and assist in any support or resuscitation measures required.

iii. Auxiliary personnel must have documented training in basic life support, shall have specific assignments, and shall have current knowledge of the emergency cart inventory. The practitioner and all office personnel must participate in documented periodic reviews of office emergency protocol, including simulated exercises, to assure proper equipment function and staff interaction.

c. Permit Renewal. Renewal of the permit will be required every five (5) years in conjunction with the routine dental licensure renewal. Proof of a minimum of twenty-five (25) credit hours continuing education in conscious sedation will be required to renew a permit. A fee shall be assessed to cover administrative costs.

d. Reinstatement. A dentist may make application for the reinstatement of an expired or surrendered permit issued by the Board under this rule within five (5) years of the date of the permit's expiration or surrender. Applicants for reinstatement of a permit shall satisfy the facility and personnel requirements of this rule and shall be required to verify that they have obtained an average of five (5) credit hours of continuing education in conscious sedation techniques for each year subsequent to the date upon which the permit expired or was surrendered. A fee for reinstatement shall be assessed to cover administrative costs.

(BREAK IN CONTINUITY OF SECTIONS)

065. DETERMINATION OF DEGREE OF SEDATION BY BOARD (RULE 65).

In any matter under review or in any proceeding being conducted in which the Board must determine the degree of sedation or level of consciousness of a patient, the Board may base its findings or conclusions on, among other matters, the following:

01. Medication and dosage. The type and dosage of medication(s) that was administered to the patient as well as the route of administration of the medication(s); and

02. Expected results. The result that can reasonably be expected from the medication(s) administered when considering the physical and psychological status of the patient.

(CONCLUSION OF PERTINENT SECTIONS)

Frequently Asked Questions – Sedation Standards

- ⇒ **Is a dentist required to obtain a permit to administer anxiolysis to a patient?** No. A dentist is not required to obtain a sedation permit to administer anxiolysis (reduction of anxiety) to a patient so long as the dosage administered is within the manufacturer's guidelines for anxiolysis.
- ⇒ **What is the new limited conscious sedation permit?** The limited conscious sedation permit authorizes a qualified dentist to administer anesthesia to an adult patient to the level of conscious sedation by either enteral or combination inhalation-enteral routes of administration.
- ⇒ **What is conscious sedation and how does it differ from deep sedation/general anesthesia?** Conscious sedation is a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command. Deep sedation/general anesthesia is an induced state of unconsciousness accompanied by a partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command. A conscious sedation permit holder is not authorized to administer anesthesia to a patient to either the level of deep sedation or general anesthesia.
- ⇒ **What effect will the revisions to the sedation standards have on the existing permit holders?** Dentists currently holding an unrestricted conscious sedation permit will automatically be issued a comprehensive conscious sedation permit by the Board of Dentistry. There is no change regarding the general anesthesia/deep sedation permits previously issued by the Board of Dentistry.
- ⇒ **How does a dentist qualify for a limited conscious sedation permit?** The Board of Dentistry conducts an application process by means of which a dentist applying for a limited conscious sedation permit must verify compliance with the applicable educational and patient observation requirements and current ACLS certification. In addition, the Board of Dentistry will conduct a facility evaluation prior to issuing a limited conscious sedation permit to an applicant. The limited conscious sedation permit application can be obtained from the Board of Dentistry's office.
- ⇒ **What are the educational and patient observation requirements to qualify for a limited conscious sedation permit?** In addition to ACLS certification, a dentist must complete and document training in the use and administration of conscious sedation drugs consistent with that prescribed in Part I and Part III of the American Dental Association's "ADA Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry" within five (5) years of the date of application for the limited conscious sedation permit. The documented training in enteral conscious sedation and combination inhalation-enteral conscious sedation must include a minimum of eighteen (18) hours of didactic education and twenty (20) clinically-oriented experiences. Clinically-oriented experiences may include either supervised administration or group observations on patients undergoing enteral or combination inhalation-enteral conscious sedation. The training must take place in either an American Dental Association accredited post-doctoral training program or a Board of Dentistry approved course of instruction. The courses of instruction approved by the Board of Dentistry can be obtained by contacting the Board's office.
- ⇒ **Have the educational and patient observation requirements for either a comprehensive conscious sedation permit or a deep sedation/general anesthesia permit changed?** No.
- ⇒ **What does the facility evaluation for a limited conscious sedation permit entail?** A facility evaluation will be conducted by one (1) or more evaluators acting on behalf of the Board of Dentistry. In general, the facility evaluator will verify the availability of required office equipment/supplies (emergency, monitoring, etc.), the appropriateness of patient anesthesia records and staff qualifications/preparedness. An applicant for a limited conscious sedation permit will be provided with a copy of the facility evaluation guidelines prior to the date of the facility evaluation.
- ⇒ **Can a dentist holding a limited conscious sedation permit administer oral conscious sedation to a patient less than eighteen (18) years of age?** No. A dentist must hold either a comprehensive conscious sedation permit or a deep sedation/general anesthesia permit in order to administer conscious sedation to a patient less than eighteen (18) years of age.
- ⇒ **What is the effective period of a limited conscious sedation permit?** A limited conscious sedation permit is effective for five (5) years from the date of issuance. A limited conscious sedation permit must be renewed at the conclusion of its five (5) year period in order to remain effective. The Board of Dentistry may conduct a facility evaluation in connection with the renewal of a limited conscious sedation permit.
- ⇒ **Are there continuing education requirements to renew a limited conscious sedation permit?** Yes. Proof of a minimum of twenty-five (25) credit hours of continuing education in conscious sedation during the prior five (5) years will be required to renew a limited conscious sedation permit. *Continued on page 8*

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- ⇒ **Is there an application fee for a limited conscious sedation permit?** Yes. All categories of sedation permits require a \$300.00 initial application fee. A \$300.00 renewal application fee is also required in connection with the renewal of a sedation permit.
- ⇒ **Is it permissible for a limited or comprehensive conscious sedation permit holder to advertise as providing “sleep dentistry?”** No. An advertising survey recently conducted by the Board of Dentistry verified that approximately 70% of the patients surveyed equated sleep dentistry with being in a state of unconsciousness. Therefore, it would be confusing or misleading to a patient for a conscious sedation permit holder to advertise as providing sleep dentistry.
- ⇒ **How long will it take the Board of Dentistry to process an application for a limited conscious sedation permit?** Given that the limited conscious sedation permit is a new permit process and that the Board of Dentistry does not have a firm estimate as to how many applications it may receive, it is impracticable to estimate the processing time for a limited conscious sedation permit. The Board of Dentistry is working to implement and expedite the application process and will make every reasonable effort to minimize the processing time from the date of receipt of an application to the permit issuance date.

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**Idaho State Board of
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