



## NEWFOUNDLAND & LABRADOR DENTAL BOARD

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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  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) Parenteral Conscious Sedation (intravenous, intramuscular, subcutaneous, submucosal, or intra-nasal) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) Deep Sedation   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv) General Anaesthesia  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Triazolam (Halcion™)        | <input type="checkbox"/> Fentanyl (Sublimaze™)   | <input type="checkbox"/> Nitrous Oxide             |
| <input type="checkbox"/> Midazolam (Versed™)         | <input type="checkbox"/> Remifentanyl (Ultiva™)  | <input type="checkbox"/> Halothane (Fluothane™)    |
| <input type="checkbox"/> Lorazepam (Ativan™)         | <input type="checkbox"/> Meperidine (Demerol™)   | <input type="checkbox"/> Isoflurane (Forane™)      |
| <input type="checkbox"/> Diazepam (Valium™)          | <input type="checkbox"/> Nalbuphine (Nubain™)    | <input type="checkbox"/> Sevoflurane (Ultane™)     |
| <input type="checkbox"/> Chloral Hydrate             | <input type="checkbox"/> Propofol (Diprivan™)    | <input type="checkbox"/> Desflurane (Suprane™)     |
| <input type="checkbox"/> Hydroxyzine (Atarax™)       | <input type="checkbox"/> Ketamine (Ketalar™)     | <input type="checkbox"/> Other (please list below) |
| <input type="checkbox"/> Promethazine (Phenergan™)   | <input type="checkbox"/> Thiopental (Pentothal™) |  |
| <input type="checkbox"/> Diphenhydramine (Benadryl™) | <input type="checkbox"/> Pentazocine (Talwin™)   |  |
|  | <input type="checkbox"/> Butorphanol (Stadol™)   |  |

## 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 & **attach a copy of your certificate of completion.**

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 must 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.**

## CONTINUING EDUCATION

### HAVE YOU TAKEN ANY CONTINUING EDUCATION PROGRAMS ON THE SUBJECT OF SEDATION OR GENERAL ANAESTHESIA IN THE PAST YEAR?

Yes  No

If yes, please list below:

COURSE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date