

The Commonwealth of Massachusetts  
Division of Health Professions Licensure  
**Board of Registration in Dentistry**  
239 Causeway Street, 5th Floor, Suite 500  
Boston, MA 02114  
(617)973-0971  
[www.mass.gov/dph/boards/dn](http://www.mass.gov/dph/boards/dn)

## **Individual Permit B2 (Minimal Sedation)**

(See 234 CMR 6.13 Effective August 20, 2010)

### **Information and Instructions**

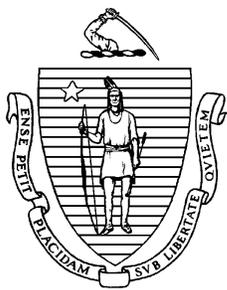
**Minimal Sedation (Anxiolysis)** is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilatory and cardiovascular functions are unaffected (American Society of Anesthesiologists, adopted October, 2009) (234 CMR 6.02).

**Individual Permit B-2** authorizes a qualified dentist to administer minimal sedation, and/or nitrous oxide-oxygen in conjunction with an enteral sedative agent dispensed or administered in a dental facility that has the required Facility Permit for the type of anesthesia or sedation being administered in compliance with the provisions of 234 CMR 6.00, and/or in a hospital and/or dental school setting that has been approved by the Joint Commission on the Accreditation of Hospitals or the Commission on Accreditation of the Council on Education of the American Dental Association, and/or in a hospital or clinic licensed pursuant to MGL c. 111 ss. 51 through 56.

#### **Educational Qualifications:**

- Successful completion of an education program that provides comprehensive and appropriate training necessary to administer and manage minimal sedation and complies at a minimum with the *ADA Guidelines for Teaching Pain Control Sedation to Dentists and Dental Students, 2007*, at the time training was commenced; (**Note:** Minimum 16 lecture hrs. + clinically-oriented experiences during which competency in both enteral-only and enteral/inhalation techniques are demonstrated.)
- OR**
- Certification by the American Board of Oral and Maxillofacial Surgery (ABOMS)
- OR**
- Certification as a Fellow and/or Board certification in Anesthesia issued by the American Dental Board of Anesthesiology

**Please Note:** Training must have been completed within the past five (5) years.



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## Application

### Individual Permit B-2 (Minimal Sedation)

1. APPLICANT NAME: \_\_\_\_\_ MA DN Lic. # \_\_\_\_\_  
Last First MI

2. ADDRESS OF RECORD: \_\_\_\_\_  
(No.) (Street) (Apt #) (City or Town) (State/Country) (Zip Code)  
Note: The address of record may be home or business and is, by law, public information.

3. TELEPHONE NUMBER(S) DAY: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

4. EMAIL ADDRESS: \_\_\_\_\_

#### **5. REQUIRED ATTACHMENTS/ENCLOSURES**

**Attachment A:** Check or money order payable to the Commonwealth of Massachusetts in the amount of \$180.

**Attachment B:** Proof of current certification in ACLS or PALS.

**Attachment C:** Proof of successful completion of an education program that complies at a minimum with the *ADA Guidelines for Teaching Pain Control Sedation to Dentists and Dental Students, 2007*, at the time training was commenced;

**or**

- Proof of certification by the American Board of Oral and Maxillofacial Surgery (ABOMS);

**or**

- Proof of certification as a Fellow and/or Board certification in Anesthesia issued by the American Dental Board of Anesthesiology.

# ATTESTATION BY APPLICANT FOR PERMIT B-2

Please consult Statutes, Rules and Regulations pertaining to the administration of anesthesia and sedation (234 CMR 6.00) at [www.mass.gov/dph/boards/dn](http://www.mass.gov/dph/boards/dn) for detailed descriptions of the requirements for the administration of Minimal Sedation, and go to [www.osha.gov](http://www.osha.gov), [www.ada.org](http://www.ada.org), and [www.cdc.gov](http://www.cdc.gov) for more information about provision of anesthesia and sedation by dentists. Specific questions may be addressed to the Board by emailing [dentistry.admin@state.ma.us](mailto:dentistry.admin@state.ma.us).

I \_\_\_\_\_ HEREBY CERTIFY, UNDER THE PAINS  
Print Applicant's Full Name

AND PENALTIES OF PERJURY, THAT:

- ALL INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND TRUE;
- I HAVE READ AND UNDERSTOOD THE STANDARDS AND REQUIREMENTS FOR THE ADMINISTRATION OF ANESTHESIA AND SEDATION AS PROMULGATED ON AUGUST 20, 2010 AT 234.CMR 6.00, INCLUDING, BUT NOT LIMITED TO, THE REQUIREMENTS OF THIS PERMIT FOR:
  - AUXILIARY PERSONNEL REQUIRED AT 234 CMR 6.13(2)
  - PATIENT EVALUATION REQUIRED AT 234 CMR 6.13 (3)
  - PRE-OPERATIVE PREPARATION REQUIRED AT 234 CMR 6.13 (4)
  - PATIENT MONITORING AND DOCUMENTATION REQUIRED AT 234 CMR 6.13 (5)
  - MANAGEMENT OF RECOVERY AND DISCHARGE OF PATIENTS AT 234 CMR 6.13 (6)
  - MANAGEMENT OF PEDIATRIC AND SPECIAL NEEDS PATIENTS AT 234 CMR 6.13 (7)
  - EMERGENCY MANAGEMENT AT 234 CMR 6.13 (8)
- I UNDERSTAND THAT, UNDER THE TERMS OF THIS PERMIT, THE ADMINISTRATION OF MINIMAL CONSCIOUS SEDATION AND NITROUS OXIDE-OXYGEN SEDATION IS LIMITED SOLELY TO PRACTICE SITES WHERE THERE IS THE REQUISITE FACILITY PERMIT OR LICENSE FOR THE TYPE OF ANESTHESIA OR SEDATION TO BE ADMINISTERED.
- I AM CURRENTLY, AND WILL CONTINUE TO BE, IN COMPLIANCE WITH ALL STATUTES, RULES, AND REGULATIONS PERTAINING TO THE PRACTICE OF DENTISTRY IN THE COMMONWEALTH OF MASSACHUSETTS AS REQUIRED BY LAW.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**SIGN AND SEND THIS APPLICATION AND ALL REQUIRED ATTACHMENTS TO:**

THE MASSACHUSETTS BOARD OF REGISTRATION IN DENTISTRY  
239 CAUSEWAY STREET – SUITE 500  
BOSTON, MA 02114