

NOTICES OF SUPPLEMENTAL PROPOSED RULEMAKING

This section of the Arizona Administrative Register contains Notices of Supplemental Proposed Rulemakings. After an agency has filed a Notice of Proposed Rulemaking and it is published in the Register, an agency may decide to make substantial changes to the rule after it is proposed.

The agency prepares a Notice of Supplemental Proposed Rulemaking with these proposed changes. When filed, the notice is published under the deadline schedule in the back of the Register.

The Notice of Supplemental Proposed Rulemaking shall be published in the Register before holding any oral proceedings (A.R.S. § 41-1022).

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the proposed rules should be addressed to the agency that promulgated the rules. Refer to item #4 below to contact the person charged with the rulemaking and item #11 for the close of record and information related to public hearings and oral comments.

NOTICE OF SUPPLEMENTAL PROPOSED RULEMAKING

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 11. STATE BOARD OF DENTAL EXAMINERS

[R24-159]

PREAMBLE

1. Permission to proceed with this supplemental proposed rulemaking was granted under A.R.S. § 41-1039 by the governor on:

April 26, 2021

2. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the current record of the supplemental proposed rule:

Notice of Docket Opening: 30 A.A.R. 246, February 2, 2024, Issue 5

Notice of Proposed Rulemaking: 30 A.A.R. 261, February 9, 2024, Issue 6

3. Article, Part, or Section Affected (as applicable)

Rulemaking Action

Table with 2 columns: Article, Part, or Section Affected (as applicable) and Rulemaking Action. Rows include R4-11-101 through R4-11-1307, all with 'Amend' as the action.

4. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):

Authorizing statute: A.R.S. § 32-1207

Implementing statute: A.R.S. §§ 32-1201 et seq.

5. The agency’s contact person who can answer questions about the rulemaking:

Name: Ryan Edmonson, Executive Director
Address: Arizona State Board of Dental Examiners
1740 W. Adams St., Suite 2470
Phoenix, AZ 85007
Telephone: (602) 542-4493
Email: ryan.edmonson@dentalboard.az.gov

6. An agency’s justification and reason why a rule should be made, amended, repealed, or renumbered, to include an explanation about the rulemaking:

The Board needs to amend its rules to address permitting requirements for several types of anesthesia and sedation permits.

7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material.

None

8. An explanation of the substantial change which resulted in the supplemental notice:

The Board received several comments during the public comment period and oral proceeding that related to General formatting



and terminology. The Board also received comments, and made changes to the proposed rules, as follows:

Dr. Caputo asked why the fees for R4-11-1302 and 1303 were decreased, while the fees for 1301 were not. The Board responded that the fees were based on renewal periods.

HIS suggested using more general language to refer to “another agency that follows the same procedures, standards, and techniques for training as the American Heart Association” and the Board determined that adding the American Heart Association was an appropriate standard.

Dr. Caputo commented that the Board should consider incorporating language to state the permit holder maintains an Action Plan for the conduct of any sedation or anesthesia procedure that includes appropriate drugs, equipment and supplies accepted according to state and national standards. The Board determined that the rules, as written, do not prohibit a licensee from creating such a plan.

Dr. Fukami commented: A neuromuscular blocker such as succinylcholine was omitted from list of emergency medications for general anesthesia. Should absolutely be included, for treatment of laryngospasm. Also would recommend anti-hypoglycemic, like IV dextrose.

Dr. Snell commented: The list of emergency drugs should include a muscle paralytic such as Succinylcholine.

The Board ensured that a neuromuscular blocker is included, but does not want to include IV dextrose specifically.

Dr. Caputo commented that the amount of CE for pediatric endorsement should count towards a Licensee’s overall CE credits.

The Board agreed and made changes to the rule language to ensure that such credit was thusly accounted.

Dr. Caputo and Dr. Fukami commented that the primary responsibility for monitoring a patient during anesthesia should be the treating dentist.

The Board agreed and made corresponding changes to ensure such.

Dr. Caputo suggested that references to specific drugs should be removed.

The Board agreed and removed references to specific drug names throughout the rules.

9. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

10. The preliminary summary of the economic, small business, and consumer impact:

There is little to no economic, small business, or consumer impact, other than the cost to the Board to prepare the rule package, because the rulemaking simply clarifies statutory requirements that already exist. There may be some impact to dental professionals who must now obtain a pediatric endorsement in order to provide anesthesia and sedation services to patients that are less than eight years of age. However, the increased regulation is necessary to ensure that dental professionals are qualified to provide such services to patients who are less than eight years of age in order to better protect the health, safety, and welfare of those patients. The Board is also removing the requirement to obtain a permit in order to work with a qualified anesthesia provider if the treating dentist meets certain requirements that protect the health, safety, and welfare of their patients. Thus, the economic impact is minimized.

11. The agency’s contact person who can answer questions about the economic, small business, and consumer impact statement:

Name: Ryan Edmonson, Executive Director
Address: Arizona State Board of Dental Examiners
1740 W. Adams St., Suite 2470
Phoenix, AZ 85007
Telephone: (602) 542-4493
Email: ryan.edmonson@dentalboard.az.gov

12. The time, place, and nature of the proceedings to make, amend, renumber, or repeal the rule or, if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the supplemental proposed rule:

The Department will accept comments during business hours at the address listed in Item #5. Comments will also be accepted via email at the email address provided under Item #5. Mailed written comments shall be postmarked within 30 days of this published notice.

An oral proceeding regarding the proposed rules will be held as follows:

Date: October 17, 2024
Time: 11:30 a.m.
Location: Virtual format
Video call link: <https://meet.google.com/mxy-zamg-yau>
Or dial: (US) +1 316-778-8312 PIN: 803 985 409#

13. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

None

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The Board issues general permits to licensees who meet the criteria established in statute and rule.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law, and if so, citation to the statutory authority to exceed the requirements of federal law:

Not applicable

c. Whether a person submitted an analysis to the agency that compares the rule’s impact on the competitiveness of business in this state to the impact on business in other states:

No analysis was submitted.

14. A list of incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

None

15. The full text of the rules follows:

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 11. STATE BOARD OF DENTAL EXAMINERS

ARTICLE 1. DEFINITIONS

Section

R4-11-101. Definitions

ARTICLE 3. EXAMINATIONS, LICENSING QUALIFICATIONS, APPLICATION AND RENEWAL, TIME-FRAMES

Section

R4-11-305. Application Processing Procedures: Issuance, Denial, and Renewal of ~~General Anesthesia and Deep Sedation Permits, Parenteral Sedation Permits, Oral Sedation Permits, and Permit to Employ a Physician Anesthesiologist or CRNA.~~ Section 1301 Permits, Section 1302 Permits, and Section 1303 Permits.

ARTICLE 4. FEES

Section

R4-11-406. Anesthesia and Sedation Permit Fees

ARTICLE 12. CONTINUING DENTAL EDUCATION AND RENEWAL REQUIREMENTS

Section

R4-11-1203. Dentists and Dental Consultants

ARTICLE 13. GENERAL ANESTHESIA AND SEDATION

Section

R4-11-1301. General Anesthesia and Deep Sedation

R4-11-1302. Parenteral Moderate Sedation

R4-11-1303. Enteral Moderate ~~Oral~~ Sedation

R4-11-1304. ~~Permit to Employ or Work Working~~ with a QAP Defined as a Physician Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA)

R4-11-1305. Reports of Adverse Occurrences Mandatory Reporting

R4-11-1306. Education; Continued Competency-Enteral Sedation

R4-11-1307. Renewal of Permit

ARTICLE 1. DEFINITIONS

R4-11-101. Definitions

The following definitions, and definitions in A.R.S. § 32-1201, apply to this Chapter:

“ACLS” means Advanced Cardiac Life Support.

“AED” means an Automatic External Defibrillator.

“Analgesia” means a state of decreased sensibility to pain produced by using nitrous oxide (N2O) and oxygen (O2) with or without local anesthesia.

“Business Entity” means a business organization that offers to the public professional services regulated by the Board and is established under the laws of any state or foreign country, including a sole practitioner, partnership, limited liability partnership, corporation, and limited liability company, unless specifically exempted by A.R.S. § 32-1213(J).

“Calculus” means a hard mineralized deposit attached to the teeth.

“Charitable Dental Clinic or Organization” means a non-profit organization meeting the requirements of 26 U.S.C. 501(c)(3) and providing dental, dental therapy, or dental hygiene services.

“Clinical evaluation” means a dental examination of a patient named in a complaint regarding the patient's dental condition as it exists at the time the examination is performed.

“Controlled substance” has the meaning prescribed in A.R.S. § 36-2501(A)(3).



“Credit hour” means one clock hour of participation in a Recognized Continuing Dental Education program.

“Deep sedation” is a Drug-induced depression of consciousness during which a patient cannot be easily aroused but responds purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. The patient may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

“Dentist of record” means a dentist who examines, diagnoses, and formulates treatment plans for a patient and may provide treatment to the patient.

“Direct supervision” means, for purposes of Article 7 only, that a licensed dentist is present in the office and available to provide immediate treatment or care to a patient and observe a dental assistant’s work.

“Disabled” means a dentist, dental therapist, dental hygienist, or denturist has totally withdrawn from the active practice of dentistry, dental therapy, dental hygiene, or denturism due to a permanent medical disability and based on a physician’s order.

“Documentation of attendance” means documents that contain the following information:

- Name of sponsoring entity;
- Course title;
- Number of Credit Hours;
- Name of speaker; and
- Date, time, and location of the course.

“Drug” means:

- Articles recognized, or for which standards or specifications are prescribed, in the ~~official compendium~~ Official Compendium;
- Articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in the human body;
- Articles other than food intended to affect the structure of any function of the human body; or
- Articles intended for use as a component of any articles specified in this definition but does not include devices or components, parts, or accessories of devices.

“Emerging scientific technology” means any technology used in the treatment of oral disease that is not currently generally accepted or taught in a recognized dental, dental therapy, or dental hygiene school and use of the technology poses material risks.

“Enteral” means any technique of administration in which the Drug is absorbed through the gastrointestinal tract.

“Epithelial attachment” means the layer of cells that extends apically from the depth of the gingival (gum) sulcus (crevice) along the tooth, forming an organic attachment.

“Ex-parte communication” means a written or oral communication between a decision maker, fact finder, or Board member and one party to the proceeding, in the absence of other parties.

“General anesthesia” is a Drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. The patient often requires assistance in maintaining a patent airway, and positive-pressure ventilation may be required because of depressed spontaneous ventilation or Drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

“General supervision” means, for purposes of Article 7 only, a licensed dentist is available for consultation, whether or not the dentist is in the office, regarding procedures or treatment that the dentist authorizes and for which the dentist remains responsible.

“Homebound patient” means a person who is unable to receive dental care in a dental office as a result of a medically diagnosed disabling physical or mental condition.

“Irreversible procedure” means a single treatment, or a step in a series of treatments, that causes change in the affected hard or soft tissues and is permanent or may require reconstructive or corrective procedures to correct the changes.

“Licensee” means a dentist, dental therapist, dental hygienist, dental consultant, ~~retired~~ Retired licensee, or ~~person who holds a restricted permit~~ Restricted Permit Holder under A.R.S. §§ 32-1237 or 32-1292.

“Local anesthesia” is the elimination of sensations, such as pain, in one part of the body by the injection of an anesthetic Drug.

“Minimal sedation” is a minimally depressed level of consciousness that retains a patient’s ability to independently and continuously maintain an airway and respond ~~appropriately~~ normally to light tactile stimulation, not limited to reflex withdrawal from a painful stimulus, or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof. Although cognitive function and coordination may be ~~modestly~~ mildly impaired, ventilatory and cardiovascular functions are unaffected. In accord with this particular definition, the Drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

“Mobile dental permit holder” means a Licensee or dentist who holds a mobile permit under R4-11-1301, R4-11-1302, or R4-11-1303.

“Mobile permit” means a permit issued by the Board under R4-11-1301(G), R4-11-1302(F), or R4-11-1303(F).

“Moderate sedation” is a Drug-induced depression of consciousness during which a patient responds purposefully to verbal commands either alone or accompanied by light tactile stimulation, ~~not limited to reflex withdrawal from a painful stimulus~~. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. In accordance with this definition, the ~~The~~ Drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of a Drug before the effects of previous dosing can be fully recognized may result in a greater alteration of the state of consciousness than intended by the permit holder.

“Nitrous oxide analgesia” means the use of nitrous oxide in combination with oxygen used as an inhalation analgesic.

“Official compendium” means the latest revision of the United States Pharmacopeia and the National Formulary and any current supplement.

“Oral sedation” is the enteral administration of a drug or non drug substance or combination inhalation and enterally administered drug or non drug substance in a dental office or dental clinic to achieve minimal or moderate sedation.

“PALS” means Pediatric Advanced Life Support.

“Parenteral sedation” is a ~~minimally depressed level of consciousness that allows the patient to retain the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and is induced by a pharmacological or non pharmacological method or a combination of both methods of administration in which the drug bypasses the gastrointestinal tract of a Drug that bypasses the gastrointestinal tract to achieve a desired level of sedation or General Anesthesia.~~

“Pediatric endorsement” is a provision added to a Section 1301 Permit, Section 1302 Permit, or Section 1303 Permit allowing administration of sedation or General Anesthesia to a pediatric patient who is younger than 8 years of age according to R4-11-1301, R4-11-1302, or R4-11-1303.

“Periodontal pocket” means a pathologic fissure bordered on one side by the tooth and on the opposite side by crevicular epithelium and limited in its depth by the epithelial attachment.

“Plaque” means a film-like sticky substance composed of mucoidal secretions containing bacteria and toxic products, dead tissue cells, and debris.

“Polishing” means a procedure limited to the removal of Plaque and extrinsic stain from exposed natural and restored tooth surfaces that utilizes an appropriate rotary instrument with rubber cup or brush and polishing agent. A Licensee or dental assistant shall not represent that this procedure alone constitutes an oral Prophylaxis.

“Prescription-only device” means:

Any device that is restricted by the federal act, as defined in A.R.S. § 32-1901, to use only under the supervision of a medical practitioner; or

Any device required by the federal act, as defined in A.R.S. § 32-1901, to bear on its label the legend “Rx Only.”

“Prescription-only Drug” does not include a Controlled Substance but does include:

Any Drug that, because of its toxicity or other potentiality for harmful effect, the method of its use, or the collateral measures necessary to its use, is not generally recognized among experts, qualified by scientific training and experience to evaluate its safety and efficacy, as safe for use except by or under the supervision of a medical practitioner;

Any Drug that is limited by an approved new Drug application under the federal act or A.R.S. § 32-1962 to use under the supervision of a medical practitioner;

Every potentially harmful Drug, the labeling of which does not bear or contain full and adequate directions for use by the consumer; or

Any Drug required by the federal act to bear on its label the legend “RX Only.”

“President’s designee” means the Board’s executive director, an investigator, or a Board member acting on behalf of the Board president.

“Preventative and therapeutic agents” means substances that affect the hard or soft oral tissues to aid in preventing or treating oral disease.

“Prophylaxis” means a Scaling and Polishing procedure performed on patients with healthy tissues to remove coronal Plaque, Calculus, and stains.

“QAP” means a qualified anesthesia provider according to A.R.S. § 32-1201.

“Recognized continuing dental education” means a program whose content directly relates to the art and science of oral health and treatment, provided by a recognized dental school, recognized dental therapy school, recognized dental hygiene school, or recognized dentist school, or sponsored by a national or state dental, dental therapy, dental hygiene, or dentist association, American Dental Association, Continuing Education Recognition Program or Academy of General Dentistry, Program Approval



for Continuing Education approved provider, dental, dental therapy, dental hygiene, or dentist Study Club, governmental agency, commercial dental supplier, non-profit organization, accredited hospital, or programs or courses approved by other state, district, or territorial dental licensing boards.

“Restricted permit holder” means a dentist who meets the requirements of A.R.S. § 32-1237 or a dental hygienist who meets the requirements of A.R.S. § 32-1292 and is issued a restricted permit by the Board.

“Retired” means a dentist, dental therapist, dental hygienist, or dentist is at least 65 years old and has totally withdrawn from the active practice of dentistry, dental therapy, dental hygiene, or denturism.

“Root planing” means a definitive treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with calculus, or contaminated with toxins or microorganisms.

“Scaling” means use of instruments on the crown and root surfaces of the teeth to remove Plaque, Calculus, and stains from these surfaces.

“Section 1301 permit” means a permit to administer General Anesthesia and Deep Sedation, or employ or work with a QAP a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist (CRNA) under Article 13.

“Section 1302 permit” means a permit to administer Parenteral Moderate Sedation, or employ or work with a QAP a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist (CRNA) under Article 13.

“Section 1303 permit” means a permit to administer Oral Enteral Moderate Sedation, or employ or work with a QAP a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist (CRNA) under Article 13.

“Section 1304 permit” means a permit to employ or work with a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist (CRNA) under Article 13.

“Study club” means a group of at least five Arizona licensed dentists, dental therapists, dental hygienists, or denturists who provide written course materials or a written outline for a continuing education presentation that meets the requirements of Article 12.

“Treatment records” means all documentation related directly or indirectly to the dental treatment of a patient.

ARTICLE 3. EXAMINATIONS, LICENSING QUALIFICATIONS, APPLICATION AND RENEWAL, TIME-FRAMES

R4-11-305. Application Processing Procedures: Issuance, Denial, and Renewal of ~~General Anesthesia and Deep Sedation Permits, Parenteral Sedation Permits, Oral Sedation Permits, and Permit to Employ a Physician Anesthesiologist or CRNA. Section 1301 Permits, Section 1302 Permits, and Section 1303 Permits.~~

- A. The Board office shall complete an administrative completeness review within 24 days from the date of the receipt of an application for a permit.
 - 1. Within ~~30~~ 14 calendar days of receiving an initial or renewal application for a ~~General Anesthesia and Deep Sedation permit, parenteral sedation permit, Oral Sedation permit or permit to employ a physician anesthesiologist or Certified Registered Nurse Anesthetist-Section 1301 Permit, Section 1302 Permit, or Section 1303 Permit,~~ the Board office shall notify the applicant, in writing, whether the application package is complete or incomplete.
 - 2. If the application package is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 24-day time-frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.
 - 3. If the Board office does not provide the applicant with notice regarding administrative completeness, the application package shall be deemed complete 24 days after receipt by the Board office.
- B. An applicant with an incomplete application package shall submit all missing information within 60 calendar days of service of the notice of incompleteness.
- C. Upon receipt of all missing information, the Board office shall notify the applicant, in writing, within 10 calendar days, that the application package is complete. If an applicant fails to submit a complete application package within the time allowed in subsection (B), the Board office shall close the applicant's file. An applicant whose file is closed and who later wishes to obtain a permit shall apply again as required in A.A.C. Title 4, Chapter 11, Article 13.
- D. The Board shall not approve or deny an application until the applicant has fully complied with the requirements of this Section and A.A.C. Title 4, Chapter 11, Article 13.
- E. The Board shall complete a substantive review of the applicant's qualifications in no more than 120 calendar days from the date on which the administrative completeness review of an application package is complete.
 - 1. If the Board finds an applicant to be eligible for a permit and grants the permit, the Board office shall notify the applicant in writing.
 - 2. If the Board finds an applicant to be ineligible for a permit, the Board office shall issue a written notice of denial to the applicant that includes:
 - a. Each reason for the denial, with citations to the statutes or rules on which the denial is based;
 - b. The applicant's right to request a hearing on the denial, including the number of days the applicant has to file the request;
 - c. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06; and
 - d. The name and telephone number of an agency contact person who can answer questions regarding the application process.
 - 3. If the Board finds deficiencies during the substantive review of an application package, the Board office shall issue a comprehensive written request to the applicant for additional documentation.

4. The 120-day time-frame for a substantive review of an applicant's qualifications is suspended from the date of a written request for additional documentation until the date that all documentation is received.
 5. If the applicant and the Board office mutually agree in writing, the 120-day substantive review time-frame may be extended once for no more than 36 days.
- F. The following time-frames apply for an initial or renewal application governed by this Section:
1. Administrative completeness review time-frame: 24 calendar days.
 2. Substantive review time-frame: 120 calendar days.
 3. Overall time-frame: 144 calendar days.

ARTICLE 4. FEES

R4-11-406. Anesthesia and Sedation Permit Fees

- ~~A.~~ As expressly authorized under A.R.S. § 32-1207, the Board ~~establishes and~~ shall collect the following permit and renewal fees:
1. ~~\$300 for a Section 1301 permit. Permit fee: \$300 plus \$25 for each additional location for the same permit, not including a Mobile Permit; or~~
 2. ~~\$180 for a Section 1302 Permit or a Section 1303 Permit, plus \$25 for each additional location for the same permit, not including a Mobile Permit; or~~
 - 2,3. ~~Section 1302 permit fee: \$300 for a Mobile Permit for a Section 1301 Permit; or plus \$25 for each additional location;~~
 3. ~~Section 1303 permit fee: \$300 plus \$25 for each additional location; and~~
 4. ~~Section 1304 permit fee: \$300 plus \$25 for each additional location.~~
 4. ~~\$180 for a Mobile Permit for a Section 1302 Permit or a Section 1303 Permit.~~
- ~~B.~~ Upon successful completion of an initial onsite evaluation and upon receipt of the required permit fee, the Board shall issue a separate Section 1301, 1302, 1303, or 1304 permit to a dentist for each location requested by the dentist. A permit expires on December 31 of every fifth year.
- ~~C.~~ Permit renewal fees:
1. ~~Section 1301 permit renewal fee: \$300 plus \$25 for each additional location;~~
 2. ~~Section 1302 permit renewal fee: \$300 plus \$25 for each additional location;~~
 3. ~~Section 1303 permit renewal fee: \$300 plus \$25 for each additional location; and~~
 4. ~~Section 1304 permit renewal fee: \$300 \$300 \$100 plus \$25 for each additional location.~~

ARTICLE 12. CONTINUING DENTAL EDUCATION AND RENEWAL REQUIREMENTS

R4-11-1203. Dentists and Dental Consultants

- Dentists and dental consultants shall complete 63 hours of Recognized Continuing Dental Education in each renewal period as follows:
1. At least 36 Credit Hours in any of the following areas: Dental and medical health, preventive services, dental diagnosis and treatment planning, dental recordkeeping, dental clinical procedures, managing medical emergencies, pain management, dental public health, and courses in corrective and restorative oral health and basic dental sciences, which may include current research, new concepts in dentistry, ~~chemical dependency, tobacco cessation and behavioral and biological sciences that are oriented to dentistry. A Licensee who holds a Section 1301 Permit, Section 1302 Permit, or Section 1303 Permit permit to administer General Anesthesia, Deep Sedation, Parenteral Sedation, or Oral Sedation who is required to obtain continuing education pursuant to Article 13 may apply those Credit Hours to the requirements of this Section;~~
 2. No more than 15 Credit Hours in the following areas: Dental practice organization and management, patient management skills, and methods of health care delivery;
 3. At least three Credit Hours in ~~opioid education~~ chemical dependency, which may include tobacco cessation;
 4. At least three Credit Hours in infectious diseases or infectious disease control;
 5. At least three Credit Hours in Basic Life Support Health Care Provider Level endorsed by the American Heart Association ear-diopulmonary resuscitation healthcare provider level, advanced cardiac life support or pediatric advanced life support. Coursework may be completed online if the course requires a physical demonstration of skills; and
 6. At least three Credit Hours in ethics or Arizona dental jurisprudence.

ARTICLE 13. GENERAL ANESTHESIA AND SEDATION

R4-11-1301. General Anesthesia and Deep Sedation

- A. Before administering General Anesthesia, or Deep Sedation by any means, ~~in a dental office or dental clinic,~~ a dentist shall possess a Section 1301 Permit issued by the Board. The dentist may renew a Section 1301 Permit every five years ~~by complying with R4-11-1307.~~
- B. To obtain or renew a Section 1301 Permit, a dentist shall:
1. Submit a completed application on a form provided by the Board office that, ~~in addition to the requirements of subsections (B)(2) and (3), and R4-11-1307,~~ includes:
 - a. General information about the applicant such as:
 - i. Name;
 - ii. Home and office addresses and telephone numbers;
 - iii. Limitations of practice;
 - iv. Hospital affiliations;
 - v. Denial, curtailment, revocation, or suspension of hospital privileges;
 - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
 - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
 - b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;



2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist will administer General Anesthesia or Deep Sedation:
 - a. Contains the following properly operating equipment and supplies during the provision of General Anesthesia and Deep Sedation:
 - i. ~~The following emergency~~ Emergency-Drugs;
 - (1) Vasopressor;
 - (2) Corticosteroid;
 - (3) Bronchodilator;
 - (4) Opioid antagonist;
 - (5) Benzodiazepine antagonist;
 - (6) Antihistaminic;
 - (7) Anticholinergic;
 - (8) Anticonvulsant;
 - (9) Epinephrine;
 - (10) Antiarrhythmic;
 - (11) Coronary artery vasodilator; and
 - (12) Antihypertensive;
 - ii. Electrocardiograph monitor;
 - iii. Pulse oximeter;
 - iv. Cardiac defibrillator or ~~automated external defibrillator~~ AED;
 - v. Positive pressure oxygen and supplemental oxygen;
 - vi. Suction equipment, including endotracheal, tonsillar, or pharyngeal and emergency backup medical suction device;
 - vii. Laryngoscope, multiple blades, backup batteries, and backup bulbs;
 - viii. Endotracheal tubes and appropriate connectors;
 - ix. Magill forceps;
 - x. Oropharyngeal and nasopharyngeal airways;
 - xi. Auxiliary lighting;
 - xii. Stethoscope; ~~and~~
 - xiii. Blood pressure monitoring device; ~~and~~
 - xiv. End tidal capnography; and
 - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. All personnel involved in administering and monitoring General Anesthesia or Deep Sedation shall hold a current course completion confirmation in Basic Life Support Health Care Provider Level endorsed by the American Heart Association cardiopulmonary resuscitation healthcare provider level;
3. Hold a valid license to practice dentistry in this state;
4. Maintain a current permit to prescribe and administer Controlled Substances in this state issued by the United States Drug Enforcement Administration; and
5. Provide confirmation of completing ACLS certification from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association coursework within the two years prior to submitting the permit application ~~in one or more of the following~~:
 - a. ~~Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;~~
 - b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or
 - e. A recognized continuing education course in advanced airway management.
- C.** Before a Section 1301 Permit holder administers General Anesthesia or Deep Sedation, by any means, in a dental office or dental clinic, to a patient who is less than eight years of age, the dentist shall possess a Pediatric Endorsement issued by the Board. A dentist who has obtained a Section 1301 Permit with a Pediatric Endorsement pursuant to this section may administer General Anesthesia and lower levels of sedation to a patient who is less than eight years of age. The dentist may renew the Pediatric Endorsement every three years by complying with subsection (D).
- D.** To obtain or renew a Pediatric Endorsement for a Section 1301 Permit, a Dentist shall:
 1. Maintain PALS certification; and
 2. Either:
 - a. Have completed a CODA-accredited residency program that has a standard for pediatric anesthesia training within the two years immediately preceding the dentist's application for a Pediatric Endorsement, or
 - b. If the dentist completed a residency more than two years prior to the dentist's application, submit an affidavit to the Board indicating the dentist has provided intravenous Deep Sedation or General Anesthesia for 30 pediatric patients within three years immediately preceding the dentist's application. Cases completed with a dental practitioner who maintains a Section 1301 Permit with a Pediatric Endorsement can count towards the 30 cases; and complete 20 Credit Hours of Recognized Continuing Dental Education training over the past three years in areas of pediatric airway anatomy, physical evaluation, medical conditions, pharmacology, sedation, General Anesthesia, and medical emergencies. The 20 Credit Hours of Recognized Continuing Dental Education completed according to this section may be used to meet the Credit Hours required in these rules.
- ~~**E.**~~ In addition to meeting the requirements of subsection (B), initial Initial applicants shall meet one or more of the following conditions by submitting to the Board verification of meeting the condition directly from the issuing institution:
 1. ~~Complete, within the three years before submitting the permit application, a full credit load, as defined by the training program, during one calendar year of training, in anesthesiology or related academic subjects, beyond the undergraduate dental school~~

level in a training program described in R4-11-1306(A), offered by a hospital accredited by the Joint Commission on Accreditation of Hospitals Organization, or sponsored by a university accredited by the American Dental Association Commission on Dental Accreditation; Submit proof to the Board directly from the issuing institution of successful completion of an accredited U.S. or Canadian residency in oral and maxillofacial surgery; or

2. ~~Be, within the three years before submitting the permit application, a Diplomate of the American Board of Oral and Maxillofacial Surgeons or eligible for examination by the American Board of Oral and Maxillofacial surgeons, a Fellow of the American Association of Oral and Maxillofacial surgeons, a Fellow of the American Dental Society of Anesthesiology, a Diplomate of the National Dental Board of Anesthesiology, or a Diplomate of the American Dental Board of Anesthesiology; or~~ Submit proof to the Board directly from the issuing institution of successful completion of an accredited U.S. or Canadian residency in dental anesthesiology. For graduates of a dental anesthesiology residency program prior to CODA or Canadian provincial accreditation, the program must have met the educational and duration requirements of the American Dental Association Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry at the Advanced Education Level (Part II), in effect at the time of residency completion.
3. ~~For an applicant who completed the requirements of subsections (C)(1) or (C)(2) more than three years before submitting the permit application, provide the following documentation:~~
 - a. ~~On a form provided by the Board, a written affidavit affirming that the applicant has administered general anesthesia or deep sedation to a minimum of 25 patients within the year before submitting the permit application or 75 patients within the last five years before submitting the permit application;~~
 - b. ~~A copy of the general anesthesia or deep sedation permit in effect in another state or certification of military training in general anesthesia or deep sedation from the applicant's commanding officer; and~~
 - e. ~~On a form provided by the Board, a written affidavit affirming the completion of 30 clock hours of continuing education taken within the last five years as outlined in R4-11-1306(B)(1)(a) through (f).~~

~~D-F.~~ **D-F.** After submitting the application and written evidence of compliance with requirements in ~~subsection (B) and, if applicable, subsection (C) (E)~~ subsection (B) and, if applicable, subsection (E) to the Board, the applicant shall schedule an onsite evaluation by the Board during which the applicant shall administer General Anesthesia or Deep Sedation. After the applicant completes the application requirements and successfully completes the onsite evaluation, a Section 1301 Permit shall be issued to the applicant.

1. The onsite evaluation team shall consist of:
 - a. Two dentists who are Board members, or Board designees for initial applications; or
 - b. One dentist who is a Board member or Board designee for renewal applications.
2. The onsite team shall evaluate the following:
 - a. The availability of equipment and personnel as specified in subsection (B)(2);
 - b. Proper administration of General Anesthesia or Deep Sedation to a patient by the applicant in the presence of the evaluation team;
 - c. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
 - d. Proper documentation of Controlled Substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of Controlled Substances; and
 - e. Proper recordkeeping as specified in subsection ~~(E) (H)~~ (H) by reviewing the records generated for the patient specified in subsection ~~(D)(2)(b) (F)(2)(b); and~~
 - f. For renewal applicants, records supporting continued competency as specified in R4-11-1306 subsection (U).
3. The evaluation team shall recommend one of the following:
 - a. Pass. Successful completion of the onsite evaluation;
 - b. Conditional Approval for failing to have appropriate equipment, proper documentation of Controlled Substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued;
 - c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency;
 - d. Category 2 Evaluation Failure. The applicant must complete ~~Board approved continuing education~~ Recognized Continuing Dental Education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency; or
 - e. Category 3 Evaluation Failure. The applicant must complete ~~Board approved remedial continuing education~~ Recognized Continuing Dental Education with the subject matter outlined in R4-11-1306 this Article as identified by the evaluators and reapply not less than 90 days from the failed evaluation. An example is failure to recognize and manage an anesthetic urgency.
4. ~~The onsite evaluation of an additional dental office or dental clinic in which General Anesthesia or Deep Sedation is administered by an existing Section 1301 permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (D)(2)(a). An applicant who meets the requirement of subsection (E)(2), does not need to complete an onsite evaluation according to this section.~~

~~5-G.~~ **5-G.** A Section 1301 mobile permit may be issued if a Section 1301 permit holder travels to dental offices or dental clinics to provide anesthesia or deep sedation. ~~The~~ To obtain a Mobile Permit for a Section 1301 Permit, the applicant must shall submit a completed affidavit verifying:

- a. That the equipment and supplies for the provision of anesthesia or Deep Sedation as required in subsection (B)(2)(a) either travel with the Section 1301 Permit holder or are in place and in appropriate condition at the dental office or dental clinic where anesthesia or Deep Sedation is provided, and
- b. Compliance with subsection (B)(2)(b).



- ~~E.H.~~ A Section 1301 Permit holder shall keep an anesthesia or Deep Sedation record for each General Anesthesia and Deep Sedation procedure that includes the following entries:
 - ~~1. Pre-operative, Intra-operative~~ and post-operative electrocardiograph documentation;
 - ~~2. Pre-operative, intra-operative, Intra-operative~~ and post-operative pulse oximeter documentation;
 - ~~3. Pre-operative, intra-operative, Intra-operative~~ and post-operative blood pressure and vital sign documentation;
 - ~~4. Documentation of intra-operative and post-operative monitoring of ventilatory status utilizing capnography or precordial stethoscope;~~
 - ~~4-5.~~ A list of all medications given, with dosage and time intervals, and route and site of administration;
 - ~~5-6.~~ Type of catheter or portal with gauge;
 - ~~6-7.~~ Indicate nothing by mouth or time of last intake of food or water;
 - ~~7-8.~~ Consent form; and
 - ~~8-9.~~ Time of discharge and status, including name of escort.
- ~~F.I.~~ ~~The Section 1301 Permit holder shall only use intraosseous access exclusively for emergency situations. The Section 1301 permit holder, for intravenous access, shall use a new infusion set, including a new infusion line and new bag of fluid, for each patient.~~
- ~~G.J.~~ The Section 1301 Permit holder shall utilize supplemental oxygen for patients receiving General Anesthesia or Deep Sedation for the duration of the procedure as necessary.
- ~~H.K.~~ The Section 1301 Permit holder shall continuously supervise the patient from the initiation of anesthesia or Deep Sedation until termination of the anesthesia or Deep Sedation procedure and oxygenation, ventilation, and circulation are stable.
- ~~L.~~ ~~The Section 1301 Permit holder, shall establish written guidelines for discharging a patient.~~
- ~~M.~~ The Section 1301 Permit holder shall not commence with the administration of a subsequent anesthetic case until the patient is in monitored recovery or meets the guidelines for discharge.
- ~~I.N.~~ A Section 1301 Permit holder may employ or work with a QAP ~~the following health care professionals~~ to provide anesthesia or sedation services, accepting primary responsibility for the conduct of the procedure, including review of medical records, health status classification, plan for sedation or anesthesia technique, and preparation for any emergency response, and shall ensure that the ~~health care professional~~ QAP continuously supervises the patient from the administration of anesthesia or sedation until termination of the anesthesia or sedation procedure and oxygenation, ventilation, and circulation are stable:
 - ~~1. An allopathic or osteopathic physician currently licensed in Arizona by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners who has successfully completed a residency program in anesthesiology approved by the American Council on Graduate Medical Education or the American Osteopathic Association or who is certified by either the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology and is credentialed with anesthesia privileges through an Arizona licensed medical facility, or~~
 - ~~2. A Certified Registered Nurse Anesthetist currently licensed in Arizona who provides services under the Nurse Practice Act in A.R.S. Title 32, Chapter 15.~~
- ~~J.O.~~ A Section 1301 Permit holder may also administer ~~parenteral~~ Parenteral Moderate Sedation or lower levels of sedation without obtaining a Section 1302 Permit or a Section 1303 Permit.
- ~~P.~~ The Section 1301 Permit holder who administers General Anesthesia or Deep Sedation shall ensure that the following additional persons are present, in addition to the Section 1301 Permit holder, to assist the Section 1301 Permit holder with monitoring the patient during the procedure:
 1. One person with current certification in ACLS or PALS or completion of four-clock hours of a board approved course in advanced airway management, emergencies management or general anesthesia or deep sedation within two years prior to the procedure; and
 2. One person with current certification in Basic Life Support Healthcare Provider Level endorsed by the American Heart Association.
- ~~Q.~~ If the Section 1301 Permit holder who administers General Anesthesia or Deep Sedation to a patient is the operating dentist, the Section 1301 Permit holder shall ensure the additional person present for the procedure according to subsection (P) has the primary responsibility of monitoring the patient during the procedure.
- ~~R.~~ A Section 1301 Permit holder who has obtained a Pediatric Endorsement according to subsection (D), and who administers General Anesthesia or Deep Sedation to a patient who is less than eight years of age shall ensure:
 1. The following additional persons are present, in addition to the Section 1301 Permit holder, to assist the Section 1301 Permit holder with monitoring the patient during the procedure:
 - a. One person with current certification in ACLS or PALS or completion of four-clock hours of a board approved course in advanced airway management, emergencies management or general anesthesia or deep sedation within two years prior to the procedure; and
 - b. One person with a current certification in Basic Life Support Health Care Provider Level endorsed by the American Heart Association; and
 2. When the patient is less than eight years of age and in monitored recovery, a person with current certification in PALS or ACLS shall monitor the patient’s vital signs until the patient meets the criteria for discharge.
- ~~S.~~ Except as permitted according to subsection (C), a Section 1301 Permit holder cannot provide any anesthesia or sedation services under this section to a patient that is less than eight years of age.
- ~~T.~~ A Section 1301 Permit holder shall not perform a procedure in a dental office or dental clinic, with the administration of General Anesthesia or Deep Sedation that the Section 1301 Permit holder anticipates to be longer than five hours.
- ~~U.~~ In addition to meeting the requirements in subsection (B), in order to renew a Section 1301 Permit, the permit holder shall:
 1. Participate in 30 clock hours of continuing education every five years in one or more of the following areas:
 - a. General Anesthesia.
 - b. Parenteral sedation.
 - c. Physical evaluation.

- d. Medical emergencies;
 - e. Monitoring and use of monitoring equipment; or
 - f. Pharmacology of Drugs and non-Drug substances used in General Anesthesia or Parenteral sedation; and
 - 2. Complete at least 10 General Anesthesia or Deep Sedation cases per calendar year; and
 - 3. Apply a maximum of six hours of ACLS coursework toward the continuing education requirements for subsection (U)(1).
- V. A Section 1301 Permit holder who meets the requirements of subsection (U), may apply those requirements to the Credit Hours required under these rules.

R4-11-1302. Parenteral Moderate Sedation

- A. Before administering ~~parenteral~~ Parenteral Moderate sedation Sedation in a dental office or dental clinic, a dentist shall possess a Section 1302 Permit issued by the Board. The dentist may renew a Section 1302 Permit every ~~five~~ three years ~~by complying with R4-11-1307.~~
1. A Section 1301 Permit holder may also administer ~~parenteral~~ Parenteral Moderate sedation Sedation.
 2. A Section 1302 Permit holder shall not administer or employ any agents, Drugs, or techniques, or any combination thereof, which have a narrow margin for maintaining consciousness ~~including, but not limited to, ultra-short acting barbiturates, propofol, parenteral ketamine, or similarly acting Drugs, agents, or techniques, or any combination thereof~~ that would likely render a patient deeply sedated, generally anesthetized or otherwise not meeting the conditions of Moderate Sedation.
- B. To obtain or renew a Section 1302 Permit, the dentist shall:
1. Submit a completed application on a form provided by the Board office that, ~~in addition to the requirements of subsections (B)(2) and (3) and R4-11-1307,~~ includes:
 - a. General information about the applicant such as:
 - i. Name;
 - ii. Home and office addresses and telephone numbers;
 - iii. Limitations of practice;
 - iv. Hospital affiliations;
 - v. Denial, curtailment, revocation, or suspension of hospital privileges;
 - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
 - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
 - b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
 2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist will administer ~~parenteral~~ Parenteral Moderate sedation Sedation ~~by intravenous or intramuscular route:~~
 - a. Contains the following properly operating equipment and supplies during the provision of ~~parenteral~~ Parenteral Moderate sedation Sedation by the permit holder or OAP General Anesthesia or Deep Sedation ~~by a physician anesthesiologist or Certified Registered Nurse Anesthetist:~~
 - i. The following emergency ~~Emergency~~ Drugs:
 - (1) Vasopressor;
 - (2) Corticosteroid;
 - (3) Bronchodilator;
 - (4) Opioid antagonist;
 - (5) Benzodiazepine antagonist;
 - (6) Antihistaminic;
 - (7) Anticholinergic;
 - (8) Anticonvulsant;
 - (9) Epinephrine;
 - (10) Antiarrhythmic;
 - (11) Coronary artery vasodilator; and
 - (12) Antihypertensive;
 - ii. Positive pressure oxygen and supplemental oxygen;
 - iii. Stethoscope;
 - iv. Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device;
 - v. Oropharyngeal and nasopharyngeal airways;
 - vi. Pulse oximeter;
 - vii. Auxiliary lighting;
 - viii. Blood pressure monitoring device; and
 - ix. Cardiac defibrillator or ~~automated external defibrillator AED;~~ and
 - x. A pretracheal stethoscope, precordial stethoscope, or end tidal capnography; and
 - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one staff member who:
 - i. Holds a current course completion confirmation in Basic Life Support Health Care Provider Level endorsed by the American Heart Association cardiopulmonary resuscitation healthcare provider level;
 - ii. Is present during the ~~parenteral~~ Parenteral Moderate sedation Sedation procedure to monitor appropriate physiologic parameters and to assist in any supportive or resuscitation measures; and
 - iii. After the procedure, monitors the patient until discharge;
 3. Hold a valid license to practice dentistry in this state;
 4. Maintain a current permit to prescribe and administer Controlled Substances in this state issued by the United States Drug Enforcement Administration;



- 5. Provide confirmation of completing coursework within the two years prior to submitting the permit application in one or more of the following:
 - a. ~~Advanced cardiac life support (ACLS)~~ ACLS from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association; ~~or~~
 - b. ~~Pediatric advanced life support (PALS) in a practice treating pediatric patients; or~~
 - e-b. ~~A recognized continuing education~~ Recognized Continuing Dental Education course in advanced airway management ~~or Moderate Sedation.~~
- C.** A dentist shall not administer Parenteral Moderate Sedation to a patient who is less than eight years of age. A dentist who has obtained a Section 1302 Permit with a Pediatric Endorsement pursuant to this section may administer Enteral Moderate Sedation and lower levels of sedation to a patient who is less than eight years of age. The dentist may renew the Pediatric Endorsement every three years by complying with subsection (D).
- D.** To obtain or renew a Pediatric Endorsement for a Section 1302 Permit, a Dentist shall:
 - 1. Maintain PALS certification; and
 - 2. Have completed a CODA-accredited residency program that has a standard for pediatric anesthesia training within the two years immediately preceding the dentist's application for a Pediatric Endorsement, or
 - 3. The dentist shall submit an affidavit to the Board indicating the dentist has provided Enteral Moderate Sedation for 15 pediatric patients within three years immediately preceding the dentist's application. Cases for Enteral Moderate Sedation, completed with a dental practitioner who maintains a Section 1301 Permit, or a Section 1302 Permit, or a Section 1303 Permit, with a Pediatric Endorsement, can count towards the 15 cases; and complete 20 Credit Hours of Recognized Continuing Dental Education training over the past three years in areas of pediatric airway anatomy, physical evaluation, medical conditions, pharmacology, sedation, General Anesthesia, and medical emergencies. The 20 Credit Hours of Recognized Continuing Dental Education completed according to this section may be used to meet the Credit Hours required in these rules.
- ~~C-E.~~** Initial applicants shall meet one of the following conditions by submitting to the Board verification of meeting the condition directly from the issuing institution:
 - 1. Successfully complete Board-recognized undergraduate, graduate, or postgraduate education within the three years before submitting the permit application, that includes the following:
 - a. Sixty didactic hours of basic ~~parenteral Parenteral Moderate sedation~~ Sedation to include:
 - i. Physical evaluation;
 - ii. Management of medical emergencies;
 - iii. The importance of and techniques for maintaining proper documentation; and
 - iv. Monitoring and the use of monitoring equipment; and
 - b. Hands-on ~~personal~~ administration of ~~parenteral sedative~~ medications for Parenteral Moderate Sedation to at least 20 patients in a manner consistent with this Section; or
 - 2. An applicant who completed training in ~~parenteral Parenteral Moderate sedation~~ Sedation more than three years before submitting the permit application shall provide the following documentation:
 - a. On a form provided by the Board, a written affidavit affirming that the applicant has administered ~~parenteral Parenteral Moderate sedation~~ Sedation to a minimum of 25 patients within the year or 75 patients within the last five years before submitting the permit application;
 - b. A copy of the ~~parenteral Parenteral Moderate sedation~~ permit in effect in another state or certification of military training in ~~parenteral Parenteral Moderate sedation~~ from the applicant's commanding officer; and
 - c. On a form provided by the Board, a written affidavit affirming the completion of 30 clock hours of ~~continuing education~~ Recognized Continuing Dental Education taken within the last five years as outlined in ~~R4-11-1306(B)(1)(b) through (f)~~ this Article.
- ~~D-F.~~** After submitting the application and written evidence of compliance with requirements outlined in subsection (B) and, if applicable, subsection (C)(E) to the Board, the applicant shall schedule an onsite evaluation by the Board during which the applicant shall administer ~~parenteral Parenteral Moderate sedation~~ Sedation. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue a Section 1302 Permit to the applicant.
 - 1. The onsite evaluation team shall consist of:
 - a. Two dentists who are Board members, or Board designees for initial applications, or
 - b. One dentist who is a Board member or Board designee for renewal applications.
 - 2. The onsite team shall evaluate the following:
 - a. The availability of equipment and personnel as specified in subsection (B)(2);
 - b. Proper administration of ~~parenteral Parenteral Moderate sedation~~ Sedation to a patient by the applicant in the presence of the evaluation team;
 - c. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
 - d. Proper documentation of Controlled Substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of all Controlled Substances;
 - e. Proper recordkeeping as specified in subsection ~~(E) (1)~~ by reviewing the records generated for the patient receiving ~~parenteral Parenteral~~ sedation as specified in subsection ~~(D)(2)(b)(F)(2)(b)~~; and
 - f. For renewal applicants, records supporting continued competency as specified in ~~subsection (K) R4-11-1306.~~
 - 3. The evaluation team shall recommend one of the following:
 - a. Pass. Successful completion of the onsite evaluation;
 - b. Conditional Approval for failing to have appropriate equipment, proper documentation of Controlled Substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued;

- c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency;
 - d. Category 2 Evaluation Failure. The applicant must complete ~~Board approved continuing education~~ Recognized Continuing Dental Education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency; or
 - e. Category 3 Evaluation Failure. The applicant must complete ~~Board approved continuing education~~ Recognized Continuing Dental Education with the subject matter ~~outlined in R4-11-1306~~ as identified by the evaluators and reapply not less than 90 days from the failed evaluation. An example is failure to recognize and manage an anesthetic urgency.
4. ~~The onsite evaluation of an additional dental office or dental clinic in which parenteral sedation is administered by an existing Section 1302 Permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (D)(2)(a).~~
- 5.4. ~~To obtain a Mobile Permit for a Section 1302 Permit, A Section 1302 mobile permit may be issued if a Section 1302 Permit holder travels to dental offices or dental clinics to provide parenteral sedation. The~~ the applicant must shall submit a completed affidavit verifying:
- a. That the equipment and supplies for the provision of ~~parenteral~~ Parenteral Moderate sedation Sedation as required in R4-11-1302(B)(2)(a) either travel with the Section 1302 Permit holder or are in place and in appropriate working condition at the dental office or dental clinic where ~~parenteral~~ Parenteral Moderate sedation Sedation is provided, ~~and~~
 - b. Compliance with R4-11-1302(B)(2)(b).
- G.** A Section 1302 Permit holder shall complete an onsite evaluation that complies with subsection (F) in order to renew a Section 1302 Permit every six years.
- H.** A Section 1302 Permit holder does not need to comply with subsection (F)(2)(b) to renew a Section 1302 Permit.
- E-I.** ~~A Section 1302 Permit holder shall keep a~~ parenteral Parenteral Moderate sedation Sedation record for each ~~parenteral Parenteral Moderate sedation Sedation~~ procedure that: includes
- 1. ~~Includes~~ the following entries:
 - a.1. ~~Pre-operative, intra-operative, Intra-operative~~ and post-operative pulse oximeter documentation;
 - b.2. ~~Pre-operative, intra-operative, Intra-operative~~ and post-operative blood pressure and vital sign documentation;
 - 3. Documentation of intra-operative and post-operative monitoring of ventilatory status utilizing capnography or precordial stethoscope.
 - e.4. ~~A list of all medications given, with dosage and time intervals and route and site of administration;~~
 - d.5. ~~Type of catheter or portal with gauge;~~
 - e.6. ~~Indicate nothing by mouth or time of last intake of food or water;~~
 - f.7. ~~Consent form; and~~
 - g.8. ~~Time of discharge and status, including name of escort; and~~
 - 2. ~~May include pre-operative and post-operative electrocardiograph report.~~
- J.** The Section 1302 Permit holder shall only use intraosseous access exclusively for emergency situations.
- K.** In addition to meeting the requirements in subsection (B), in order to renew a Section 1302 Permit, the permit holder shall:
- 1. Participate in 18 clock hours of continuing education every three years in one or more of the following areas:
 - a. General Anesthesia.
 - b. Parenteral sedation.
 - c. Physical evaluation.
 - d. Medical emergencies.
 - e. Monitoring and use of monitoring equipment, or
 - f. Pharmacology of Drugs and non-Drug substances used in General Anesthesia or Parenteral sedation; and
 - 2. Complete at least 10 Parenteral Moderate Sedation cases per calendar year; and
 - 3. Apply a maximum of six hours of ACLS coursework toward the continuing education requirements for subsection (K)(1).
- F-L.** ~~The Section 1302 Permit holder shall establish intravenous access on each patient receiving parenteral sedation utilizing a new infusion set, including a new infusion line and new bag of fluid. The Section 1302 Permit holder shall establish a functional intravenous catheter for each patient receiving intravenous sedation services.~~
- G-M.** ~~The Section 1302 Permit holder shall utilize supplemental oxygen for patients receiving parenteral Parenteral Moderate sedation Sedation for the duration of the procedure as necessary.~~
- H-N.** ~~The Section 1302 Permit holder shall continuously supervise the patient from the initiation of parenteral Parenteral Moderate sedation Sedation until termination of the parenteral Parenteral Moderate sedation Sedation procedure and oxygenation, ventilation and circulation are stable.~~
- O.** The Section 1302 Permit holder shall establish written guidelines for discharging a patient.
- P.** The Section 1302 Permit holder shall not commence with the administration of a subsequent anesthetic case until the patient is in monitored recovery or meets the guidelines for discharge.
- I.** ~~A Section 1302 Permit holder may employ a health care professional as specified in R4-11-1301(I).~~
- O.** A Section 1302 Permit holder who has obtained a Pediatric Endorsement according to subsection (D), and who administers Enteral Moderate Sedation to a pediatric patient who is less than eight years of age shall ensure:
- 1. The following additional persons are present with the patient during the procedure:
 - a. One person with current certification in ACLS or PALS or completion of four-clock hours of a board approved course in advanced airway management, emergencies management or general anesthesia or deep sedation within two years prior to the procedure; and



- b. One person with current certification in Basic Life Support Health Care Provider Level endorsed by the American Heart Association; and
- 2. A person who has a current certification in PALS or ACLS and monitors the patient after the patient’s oxygenation, ventilation, and circulation are stable until the patient meets criteria for discharge using a recognized pediatric discharge scoring system.
- R.** Except as according to subsection (C), a Section 1302 Permit holder may also administer Enteral Moderate Sedation or lower levels of sedation without obtaining a Section 1303 Permit.
- S.** A Section 1302 Permit holder shall not perform a procedure, with the administration of any sedation, the Section 1302 Permit holder anticipates to be longer than five hours, in a dental office or dental clinic.
- T.** A Section 1302 Permit holder may employ or work with a OAP to provide anesthesia or sedation services, accepting primary responsibility for the conduct of the procedure, including review of medical records, health status classification, plan for sedation or anesthesia technique, and preparation for any emergency response, and shall ensure that the QAP continuously supervises the patient from the administration of anesthesia or sedation until termination of the anesthesia or sedation procedure and oxygenation, ventilation, and circulation are stable.

R4-11-1303. Enteral Moderate Oral Sedation

- A.** Before administering ~~Enteral Moderate Sedation Oral Sedation~~ in a dental office or dental clinic, a dentist shall possess a Section 1303 Permit issued by the Board. The dentist may renew a Section 1303 Permit every ~~five~~ three years by complying with R4-11-1307.
 - ~~1.~~ A Section 1301 Permit holder or Section 1302 Permit holder may also administer ~~oral sedation~~ Enteral Moderate Sedation without obtaining a Section 1303 Permit.
 - 2. ~~The administration of a single Drug for minimal sedation does not require a Section 1303 Permit if:~~
 - ~~a.~~ ~~The administered dose is within the Food and Drug Administration’s maximum recommended dose as printed in the Food and Drug Administration’s approved labeling for unmonitored home use;~~
 - ~~i.~~ ~~Incremental multiple doses of the drug may be administered until the desired effect is reached, but does not exceed the maximum recommended dose; and~~
 - ~~ii.~~ ~~During minimal sedation, a single supplemental dose may be administered. The supplemental dose may not exceed one half of the initial dose and the total aggregate dose may not exceed one and one half times the Food and Drug Administration’s maximum recommended dose on the date of treatment; and~~
 - ~~b.~~ ~~Nitrous oxide/oxygen may be administered in addition to the oral drug as long as the combination does not exceed minimal sedation.~~
- B.** To obtain or renew a Section 1303 Permit, a dentist shall:
 - 1. Submit a completed application on a form provided by the Board office that, ~~in addition to the requirements of subsections (B)(2) and (3) and R4-11-1307,~~ includes:
 - a. General information about the applicant such as:
 - i. Name;
 - ii. Home and office addresses and telephone numbers;
 - iii. Limitations of practice;
 - iv. Hospital affiliations;
 - v. Denial, curtailment, revocation, or suspension of hospital privileges;
 - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
 - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
 - b. The dentist’s dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board’s statutes and rules;
 - 2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist will administer Enteral Moderate Sedation ~~Oral Sedation~~:
 - a. Contains the following properly operating equipment and supplies during the provision of sedation:
 - ~~i.~~ ~~The following emergency~~ Emergency ~~Drugs;~~
 - (1) Vasopressor;
 - (2) Bronchodilator;
 - (3) Opioid antagonist;
 - (4) Benzodiazepine antagonist;
 - (5) Antihistaminic;
 - (6) Anticholinergic;
 - (7) Anticonvulsant;
 - (8) Coronary artery vasodilator;
 - ii. Cardiac defibrillator or ~~automated external defibrillator~~ AED;
 - iii. Positive pressure oxygen and supplemental oxygen;
 - iv. Stethoscope;
 - v. Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device;
 - vi. Pulse oximeter;
 - vii. Blood pressure monitoring device; ~~and~~
 - viii. Auxiliary lighting; and
 - ix. A pretracheal or precordial stethoscope, or end tidal capnography; and
 - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one staff member who:
 - i. Holds a current certificate in Basic Life Support Health Care Provider Level endorsed by the American Heart Association cardiopulmonary resuscitation healthcare provider level;

- ii. Is present during the Enteral Moderate Sedation ~~Oral Sedation~~ procedure to monitor appropriate physiologic parameters and to assist in any supportive or resuscitation measures; and
 - iii. After the procedure is completed, adequately monitors the patient on a one-on-one basis until discharge criteria is met;
 3. Hold a valid license to practice dentistry in this state;
 4. Maintain a current permit to prescribe and administer Controlled Substances in this state issued by the United States Drug Enforcement Administration;
 5. Provide confirmation of completing coursework within the two years prior to submitting the permit application in one or more of the following:
 - a. ~~Cardiopulmonary resuscitation healthcare Provider Level~~ ACLS from the American Heart Association, American Red Cross, or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association or American Red Cross; or
 - b. ~~Pediatric advanced life support (PALS) in a practice treating pediatric patients; or~~
 - e.b. ~~A recognized continuing education~~ Recognized Continuing Dental Education course in advanced airway management.
- C.** Before administering Enteral Moderate Sedation in a dental office or dental clinic, to a patient who is less than eight years of age, a dentist shall possess a Section 1303 Permit with a Pediatric Endorsement issued by the Board. A dentist who has obtained a Section 1303 Permit with a Pediatric Endorsement pursuant to this section may utilize a QAP according to R4-11-1304. The dentist may renew the Pediatric Endorsement every three years by complying with subsection (D).
- D.** To obtain or renew a Pediatric Endorsement for a Section 1303 Permit, a Dentist shall:
1. Maintain a PALS certification; and
 2. Have completed a CODA-accredited residency program that has a standard for pediatric anesthesia training within the two years immediately preceding the dentist's application for a Pediatric Endorsement, or
 3. The dentist shall submit an affidavit to the Board indicating the dentist has provided Enteral Moderate Sedation for 15 patients, who are less than eight years of age, within three years immediately preceding the dentist's application. Cases for Enteral Moderate Sedation completed with a Permit Holder who maintains a Pediatric Endorsement, can count towards the 15 cases; and complete 20 Credit Hours, in addition to the 30 Credit Hours required according to subsection (E)(1), of Recognized Continuing Dental Education training over the past two years in areas of pediatric airway anatomy, physical evaluation, medical conditions, pharmacology, sedation, General Anesthesia, and medical emergencies. The 20 Credit Hours of Recognized Continuing Dental Education completed according to this section may be used to meet the Credit Hours required in these rules.
- ~~C.E.~~** Initial applicants shall meet one of the following conditions by submitting to the Board verification of meeting the condition directly from the issuing institution:
1. Complete a Board-recognized post doctoral residency program that includes documented training in Oral Sedation within the last three years before submitting the permit application; or Provide a written affidavit of successfully completing 30 hours of Recognized Continuing Dental Education within the three years before submitting the permit application, that includes the following Enteral Moderate Sedation training:
 - a. Physical evaluation;
 - b. Pharmacology;
 - c. Management of medical emergencies;
 - d. The importance of, and techniques for, maintaining proper documentation; and
 - e. Monitoring and the use of monitoring equipment; or
 2. An applicant who completed ~~Complete a Board-recognized post doctoral residency program that includes documented training in Enteral Moderate Sedation~~ ~~Oral Sedation~~ more than three years before submitting the permit application shall provide the following documentation:
 - a. On a form provided by the Board, a written affidavit affirming that the applicant has administered ~~enteral~~ Enteral Moderate Sedation ~~oral sedation~~ to a minimum of ~~25~~20 patients within the year or 75 patients within the last five years before submitting the permit application;
 - b. A copy of the ~~Oral~~ sedation permit in effect in another state or certification of military training in Enteral Moderate Sedation ~~Oral Sedation~~ from the applicant's commanding officer; and
 - c. On a form provided by the Board, a written affidavit affirming the completion of 30 hours of ~~continuing education~~ Recognized Continuing Dental Education taken within the last five years as outlined in ~~R4-11-1306(C)(1)(a) through (f)~~; or this Article.
 3. Provide proof of participation in 30 clock hours of Board-recognized undergraduate, graduate, or post-graduate education in oral sedation within the three years before submitting the permit application that includes:
 - a. ~~Training in basic oral sedation;~~
 - b. ~~Pharmacology;~~
 - e. ~~Physical evaluation;~~
 - d. ~~Management of medical emergencies;~~
 - e. ~~The importance of and techniques for maintaining proper documentation; and~~
 - f. ~~Monitoring and the use of monitoring equipment.~~
- F.** To renew a Section 1303 Permit, an applicant shall provide proof of participation in 18 clock hours of Board-recognized undergraduate, graduate, or post-graduate education in Enteral Moderate Sedation within the three years before submitting the permit application that includes:
1. Training in basic Enteral Moderate Sedation.
 2. Pharmacology.
 3. Physical evaluation.
 4. Management of medical emergencies.
 5. The importance of and techniques for maintaining proper documentation, and



6. Monitoring and the use of monitoring equipment.

~~D-G.~~ After submitting the application and written evidence of compliance with requirements in subsection (B) and, if applicable, subsection ~~(C)~~ (E) to the Board, the applicant shall schedule an onsite evaluation by the Board. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue a Section 1303 Permit to the applicant.

1. The onsite evaluation team shall consist of:
 - a. For initial applications, two dentists who are Board members, or Board designees.
 - b. For renewal applications, one dentist who is a Board member, or Board designee.
2. The onsite team shall evaluate the following:
 - a. The availability of equipment and personnel as specified in subsection (B)(2);
 - b. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
 - c. Proper documentation of Controlled Substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of Controlled Substances;
 - d. Proper recordkeeping as specified in subsection ~~(E)(1)~~ by reviewing the forms that document the oral sedation record; and
 - e. For renewal applicants, records supporting continued competency as specified in ~~R4-11-1306~~ this Article.
3. The evaluation team shall recommend one of the following:
 - a. Pass. Successful completion of the onsite evaluation;
 - b. Conditional Approval for failing to have appropriate equipment, proper documentation of Controlled Substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before permit will be issued;
 - c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency; or
 - d. Category 2 Evaluation Failure. The applicant must complete ~~Board approved continuing education~~ Recognized Continuing Dental Education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency.
4. The onsite evaluation of an additional dental office or dental clinic in which Enteral Moderate Sedation ~~Oral Sedation~~ is administered by a Section 1303 Permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection ~~(D)(2)(a)(G)(2)(a)~~.
5. To obtain a Mobile Permit for a Section 1303 Permit ~~A Section 1303 mobile permit may be issued if the Section 1303 Permit holder travels to dental offices or dental clinics to provide Oral Sedation. The~~ the applicant must shall submit a completed affidavit verifying:
 - a. That the equipment and supplies for the provision of Enteral Moderate Sedation ~~Oral Sedation~~ as required in R4-11-1303(B)(2)(a) either travel with the Section 1303 Permit holder or are in place and in appropriate condition at the dental office or dental clinic where Enteral Moderate Sedation ~~Oral Sedation~~ is provided, and
 - b. Compliance with R4-11-1303(B)(2)(b).

H. Notwithstanding any other section, an onsite evaluation shall be required to renew a Section 1303 Permit every six years.

~~E-L.~~ A Section 1303 Permit holder shall keep ~~a an~~ an ~~Oral~~ sedation record for each ~~Oral~~ sedation procedure that:

- ~~1.~~ Includes ~~includes~~ the following entries:
 - ~~a.1.~~ Pre-operative, intra-operative, and post-operative, pulse oximeter oxygen saturation and pulse rate documentation;
 - ~~b.2.~~ Pre-operative, intra-operative, and post-operative blood pressure;
 - ~~e.3.~~ Documentation of intra-operative and post-operative monitoring of ventilatory status utilizing capnography or precordial stethoscope.
 4. Documented reasons for not taking vital signs if a patient’s behavior or emotional state prevents monitoring personnel from taking vital signs;
 - ~~d.5.~~ List of all medications given, including dosage and time intervals;
 - ~~e.6.~~ Patient’s weight;
 - ~~f.7.~~ Consent form;
 - ~~g.8.~~ Special notes, such as, nothing by mouth or List of the patient’s last intake of food or water; and
 - ~~h.9.~~ Evaluation of the patient’s airway;
 - ~~i.10.~~ Time of discharge and status, including name of escort; and
- ~~2.~~ May include the following entries:
 - ~~a.~~ Pre-operative and post-operative electrocardiograph report; and
 - ~~b.~~ Intra-operative blood pressures.

~~F-I.~~ The Section 1303 Permit holder shall utilize supplemental oxygen for patients receiving Enteral moderate ~~Oral~~ sedation for the duration of the procedure as necessary.

~~G-K.~~ The Section 1303 Permit holder shall ensure the continuous supervision of the patient from the administration of Enteral moderate Moderate Oral sedation Sedation until oxygenation, ventilation and circulation are stable and the patient is appropriately responsive for discharge from the dental office or dental clinic.

L. A Section 1303 Permit holder who has obtained a Pediatric Endorsement according to subsection (D), and who administers Enteral Moderate Sedation to a pediatric patient who is less than eight years of age shall ensure:

1. The following additional persons are present, in addition to the Section 1303 Permit holder, to assist the Section 1303 Permit holder with monitoring the patient during the procedure:

- a. One person with current certification in PALS or ACLS or completion of four-clock hours of a board approved course in advanced airway management, emergencies management or general anesthesia or deep sedation within two years prior to the procedure; and
- b. One person with current certification in Basic Life Support Health Care Provider Level endorsed by the American Heart Association; and
- 2. A person with current certification in PALS or ACLS and monitors the patient after the patient's oxygenation, ventilation, and circulation are stable until the patient meets criteria for discharge using a recognized pediatric discharge scoring system.
- H.** A Section 1303 permit holder may employ a health care professional to provide anesthesia services, if all of the following conditions are met:
 - 1. The physician anesthesiologist or Certified Registered Nurse Anesthetist meets the requirements as specified in R4-11-1301(I);
 - 2. The Section 1303 Permit holder has completed coursework within the two years prior to submitting the permit application in one or more of the following:
 - a. Advanced Cardiac Life Support from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
 - b. Pediatric Advanced Life Support in a practice treating pediatric patients;
 - c. A recognized continuing education course in advanced airway management;
 - 3. The Section 1303 Permit holder ensures that:
 - a. The dental office or clinic contains the equipment and supplies listed in R4-11-1304(B)(2)(a) during the provision of anesthesia or sedation by the physician anesthesiologist or Certified Registered Nurse Anesthetist;
 - b. The anesthesia or sedation record contains all the entries listed in R4-11-1304(D);
 - c. For intravenous access, the physician anesthesiologist or Certified Registered Nurse Anesthetist uses a new infusion set, including a new infusion line and new bag of fluid for each patient; and
 - d. The patient is continuously supervised from the administration of anesthesia or sedation until the termination of the anesthesia or sedation procedure and oxygenation, ventilation and circulation are stable.
- M.** The Section 1303 Permit holder shall not commence with a subsequent procedure or treatment until the patient is in monitored recovery or meets the guidelines for discharge.
- N.** The Section 1303 Permit holder shall not use pharmacy compounded medications for sedation for a patient that is less than eight years of age.
- O.** If a patient expectorates the sedation medication, the Section 1303 Permit holder shall not administer any additional dose of any sedation medication.
- P.** All sedation medications used to achieve Enteral Moderate Sedation for a patient that is less than eight years of age, shall be administered in the immediate presence of the Section 1303 Permit holder.
- Q.** A Section 1303 Permit holder shall not perform a procedure, with the administration of sedation, the Section 1303 Permit holder anticipates to be longer than five hours, in a dental office or dental clinic.
- R.** The Section 1303 Permit holder shall establish written guidelines for discharging a patient.
- S.** A Section 1303 Permit holder may employ or work with a QAP to provide anesthesia or sedation services, accepting primary responsibility for the conduct of the procedure, including review of medical records, health status classification, plan for sedation or anesthesia technique, and preparation for any emergency response, and shall ensure that the QAP continuously supervises the patient from the administration of anesthesia or sedation until termination of the anesthesia or sedation procedure and oxygenation, ventilation, and circulation are stable.

R4-11-1304. ~~Permit to Employ or Work Working with a QAP-Physician Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA)~~

- A.** ~~This Section does not apply to a Section 1301 permit holder or a Section 1302 permit holder practicing under the provisions of R4-11-1302(I) or a Section 1303 permit holder practicing under the provisions of R4-11-1303(H). A dentist may utilize a physician anesthesiologist or certified registered nurse anesthetist (CRNA) for anesthesia or sedation services while the dentist provides treatment in the dentist's office or dental clinic after obtaining a Section 1304 permit issued by the Board.~~
 - 1. ~~The physician anesthesiologist or CRNA meets the requirements as specified in R4-11-1301(I).~~
 - 2. ~~The dentist permit holder shall provide all dental treatment and ensure that the physician anesthesiologist or CRNA remains on the dental office or dental clinic premises until any patient receiving anesthesia or sedation services is discharged.~~
 - 3. ~~A dentist may renew a Section 1304 permit every five years by complying with R4-11-1307.~~
- B.** ~~To obtain or renew a Section 1304 permit, a dentist shall:~~
 - 1. ~~Submit a completed application on a form provided by the Board office that, in addition to the requirements of subsections (B)(2) and (3), and R4-11-1307 includes:~~
 - a. ~~General information about the applicant such as:~~
 - i. ~~Name;~~
 - ii. ~~Home and office addresses and telephone numbers;~~
 - iii. ~~Limitations of practice;~~
 - iv. ~~Hospital affiliations;~~
 - v. ~~Denial, curtailment, revocation, or suspension of hospital privileges;~~
 - vi. ~~Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and~~
 - vii. ~~Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and~~
 - b. ~~The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;~~
 - 2. ~~On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist provides treatment during administration of general anesthesia or sedation by a physician anesthesiologist or CRNA:~~
 - a. ~~Contains the following properly operating equipment and supplies during the provision of general anesthesia and sedation:~~



- i. Emergency drugs;
 - ii. Electrocardiograph monitor;
 - iii. Pulse oximeter;
 - iv. Cardiac defibrillator or automated external defibrillator (AED);
 - v. Positive pressure oxygen and supplemental continuous flow oxygen;
 - vi. Suction equipment, including endotracheal, tonsillar or pharyngeal and emergency backup medical suction device;
 - vii. Laryngoscope, multiple blades, backup batteries and backup bulbs;
 - viii. Endotracheal tubes and appropriate connectors;
 - ix. Magill forceps;
 - x. Oropharyngeal and nasopharyngeal airways;
 - xi. Auxiliary lighting;
 - xii. Stethoscope; and
 - xiii. Blood pressure monitoring device; and
- b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. All personnel involved in administering and monitoring general anesthesia or sedation shall hold a current course completion confirmation in cardiopulmonary resuscitation (CPR) Health Care Provider level;
- 3. Hold a valid license to practice dentistry in this state; and
 - 4. Provide confirmation of completing coursework within the last two years prior to submitting the permit application in one or more of the following:
 - a. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
 - b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or
 - e. A recognized continuing education course in advanced airway management.
- C.** After submitting the application and written evidence of compliance with requirements in subsection (B) to the Board, the applicant shall schedule an onsite evaluation by the Board. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue the applicant a Section 1304 permit.
- 1. The onsite evaluation team shall consist of one dentist who is a Board member, or Board designee.
 - 2. The onsite team shall evaluate the following:
 - a. The availability of equipment and personnel as specified in subsection (B)(2);
 - b. Proper documentation of controlled substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of controlled substances; and
 - e. Proper recordkeeping as specified in subsection (E) by reviewing previous anesthesia or sedation records.
 - 3. The evaluation team shall recommend one of the following:
 - a. Pass. Successful completion of the onsite evaluation; or
 - b. Conditional approval for failing to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued.
 - 4. The evaluation of an additional dental office or dental clinic in which a Section 1304 permit holder provides treatment during the administration general anesthesia or sedation by a physician anesthesiologist or CRNA may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (B)(2).
- D.** A Section 1304 permit holder shall keep an anesthesia or sedation record for each general anesthesia and sedation procedure that includes the following entries as required by a 1301 permit:
- 1. Pre-operative and post-operative electrocardiograph documentation;
 - 2. Pre-operative, intra-operative, and post-operative, pulse oximeter documentation;
 - 3. Pre-operative, intra-operative, and post-operative blood pressure and vital sign documentation; and
 - 4. A list of all medications given, with dosage and time intervals and route and site of administration;
 - 5. Type of catheter or portal with gauge;
 - 6. Indicate nothing by mouth or time of last intake of food or water;
 - 7. Consent form; and
 - 8. Time of discharge and status, including name of escort.
- E.** For intravenous access, a Section 1304 permit holder shall ensure that the physician anesthesiologist or CRNA uses a new infusion set, including a new infusion line and new bag of fluid for each patient.
- F.** A Section 1304 permit holder shall ensure that the physician anesthesiologist or CRNA utilizes supplemental continuous flow oxygen for patients receiving general anesthesia or sedation for the duration of the procedure.
- G.** The Section 1304 permit holder shall continuously supervise the patient from the administration of anesthesia or sedation until termination of the anesthesia or sedation procedure and oxygenation, ventilation, and circulation are stable. The Section 1304 permit holder shall does not commence with a subsequent procedure or treatment until the patient is in monitored recovery or meets the guidelines for discharge.
- A.** A dentist who is a Section 1301 Permit holder, Section 1302 Permit holder, or Section 1303 Permit holder may work with any QAP without Board notification.
- B.** A dentist who is not a Section 1301 Permit holder, Section 1302 Permit holder, or 1303 Permit holder may work with any QAP if a treating dentist involved in the case signs an affidavit attesting that a treating dentist shall ensure the QAP complies with the following rules:
- 1. Section R4-11-1301 for a QAP who is a Section 1301 Permit holder.
 - 2. Section R4-11-1302 for a QAP who is a Section 1302 Permit holder.
 - 3. Section R4-11-1303 for a QAP who is a Section 1303 Permit holder.
 - 4. Section R4-11-1304(D) for a QAP who is not a licensed dentist.

- C.** When a dentist who is not a Section 1301 Permit holder, Section 1302 Permit holder, or Section 1303 Permit holder works with any QAP, a treating dentist involved in the case shall submit the following to the Board on forms provided by the Board within 10 days of utilizing the QAP.
1. The QAP's name;
 2. The QAP's license number and the name of the licensing entity, if not the Board;
 3. The address where the dentist is utilizing the QAP.
 4. The signed affidavit from R4-11-1304(B).
- D.** When a dentist who is not a Section 1301 Permit holder, Section 1302 Permit holder, or Section 1303 Permit holder utilizes a QAP who is not a licensed dentist, a treating dentist involved in the case shall sign the affidavit according to subsection (B) and submit the notification according to subsection (C) to attest that a treating dentist shall ensure the following while the QAP is providing General Anesthesia or Deep Sedation to the patient.
1. The dental office or dental clinic contains the properly operating equipment and supplies as described in R4-11-1301(B)(2)(a).
 2. A staff of supervised personnel will be present as described in R4-11-1301(B)(2)(b).
 3. The QAP is registered by their licensing board to provide anesthesia in a dental office or dental clinic, in Arizona.
 4. The QAP maintains current certification in ACLS or if the QAP is treating a patient who is less than eight years of age, the QAP maintains current certification in PALS.
 5. If the QAP is treating a patient less than eight years of age, the QAP has completed 30 pediatric General Anesthesia or Deep Sedation cases within the last three years.
 7. The QAP maintains an anesthesia record that includes the information as described in R4-11-1301(H) and a licensed dentist involved in the case maintains a copy.
 8. The QAP only uses intraosseous access exclusively for emergency situations.
 9. The QAP utilizes supplemental oxygen for patients receiving General Anesthesia or Deep Sedation for the duration of the procedure as necessary.
 10. The QAP continuously supervises the patient from the initiation of General Anesthesia or Deep Sedation until termination of the General Anesthesia or Deep Sedation procedure and oxygenation, ventilation, and circulation are stable.
 11. The QAP establishes written guidelines for discharging a patient.
 12. The QAP does not commence with the administration of a subsequent anesthetic case until the patient is in monitored recovery or meets the guidelines for discharge.
 13. The following additional persons will be present, in addition to the QAP, to assist the treating dentist with monitoring the patient during the procedure:
 - a. One person with current certification in ACLS or PALS or completion of four-clock hours of a board approved course in advanced airway management, emergency management or general anesthesia or deep sedation within two years prior to the procedure; and
 - b. One person with current certification in Basic Life Support Healthcare Provider Level endorsed by the American Heart Association.
 14. When the patient is less than eight years of age and in monitored recovery, a person with current certification in PALS or ACLS shall monitor the patient's vital signs until the patient meets the criteria for discharge.
 15. The QAP does not administer General Anesthesia or Deep Sedation for a procedure that is anticipated to last longer than five hours in a dental office or dental clinic.
- E.** A dentist shall submit a new affidavit and notification to the Board according to this section within 10 days of a change in any of the information required by this section for a dentist to work with a QAP.

R4-11-1305. Reports of Adverse Occurrences-Mandatory Reporting

If a death, or incident ~~requiring~~ involving the activation of emergency medical response, occurs in a dental office or dental clinic, ~~occurs~~ during the administration of or recovery from ~~general anesthesia, deep sedation, moderate sedation, or minimal sedation~~, the permit holder and the treating dentist ~~involved~~ shall submit a complete Article 13 Incident Report ~~report of the incident~~ consistent with A.R.S. § 32-1272(D) to the Board within ~~40~~ seven business days after the occurrence.

R4-11-1306. Education; Continued Competency-Enteral Minimal Sedation

- ~~A.~~ To obtain a Section 1301, permit by satisfying the education requirement of R4-11-1301(B)(6), a dentist shall successfully complete an advanced graduate or post-graduate education program in pain control.
1. The program shall include instruction in the following subject areas:
 - a. Anatomy and physiology of the human body and its response to the various pharmacologic agents used in pain control;
 - b. Physiological and psychological risks for the use of various modalities of pain control;
 - c. Psychological and physiological need for various forms of pain control and the potential response to pain control procedures;
 - d. Techniques of local anesthesia, sedation, and general anesthesia, and psychological management and behavior modification, as they relate to pain control in dentistry; and
 - e. Handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway, and cardiopulmonary resuscitation.
 2. The program shall consist of didactic and clinical training. The didactic component of the program shall:
 - a. Be the same for all dentists, whether general practitioners or specialists; and
 - b. Include each subject area listed in subsection (A)(1).
 3. The program shall provide at least one calendar year of training as prescribed in R4-11-1301(B)(6)(a).
- ~~B.~~ To maintain a Section 1301 or 1302 permit under R4-11-1301 or R4-11-1302, a permit holder shall:
1. Participate in 30 clock hours of continuing education every five years in one or more of the following areas:
 - a. General anesthesia;



- b. Parenteral sedation;
- e. Physical evaluation;
- d. Medical emergencies;
- e. Monitoring and use of monitoring equipment, or
- f. Pharmacology of drugs and non-drug substances used in general anesthesia or parenteral sedation; and
- 2. Provide confirmation of completing coursework within the two years prior to submitting the renewal application from one or more of the following:
 - a. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
 - b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or
 - e. A recognized continuing education course in advanced airway management;
- 3. Complete at least 10 general anesthesia, deep sedation or parenteral sedation cases a calendar year; and
- 4. Apply a maximum of six hours from subsection (B)(2) toward the continuing education requirements for subsection (B)(1).
- ~~C.~~ To maintain a Section 1303 permit issued under R4-11-1303, a permit holder shall:
 - 1. Participate in 30 clock hours of continuing education every five years in one or more of the following areas:
 - a. Oral sedation;
 - b. Physical evaluation;
 - e. Medical emergencies;
 - d. Monitoring and use of monitoring equipment, or
 - e. Pharmacology of oral sedation drugs and non-drug substances; and
 - 2. Provide confirmation of completing coursework within the two years prior to submitting the renewal application from one or more of the following:
 - a. Cardiopulmonary resuscitation (CPR) Health Care Provider level from the American Heart Association, American Red Cross or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association or American Red Cross;
 - b. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
 - e. Pediatric advanced life support (PALS);
 - d. A recognized continuing education course in advanced airway management; and
 - 3. Complete at least 10 oral sedation cases a calendar year.
- A. A treating dentist does not need to obtain a Section 1303 Permit to administer a single Enteral Drug for the purpose of achieving Minimal Sedation.
- B. The treating dentist shall not administer a single Enteral Drug in excess of the total maximum recommended dose per the package insert for that Drug for unmonitored home administration.
- C. The treating dentist may administer Nitrous oxide in combination with a single Enteral Drug for the purpose of achieving Minimal Sedation.

R4-11-1307. Renewal of Permit

- A. To renew a Section 1301 Permit, Section 1302 Permit, or Section 1303 permit-Permit, and Pediatric Endorsement, the permit holder shall:
 - 1. Provide written documentation of compliance with the applicable continuing education requirements in R4-11-1306;
 - 2. Provide written documentation of compliance with the continued competency requirements in R4-11-1306;
 - 3. 1. Before December 31 of the year the permit expires, submit a completed application on a form provided by the Board office as described in R4-11-1301, R4-11-1302, or R4-11-1303; and
 - 4. 2. Not less than 90 days before the expiration of a permit holder’s current permit, arrange for an onsite evaluation as applicable and described in R4-11-1301, R4-11-1302, or R4-11-1303.
- ~~B.~~ To renew a Section 1304 permit, the permit holder shall:
 - 1. Before December 31 of the year the permit expires, submit a completed application on a form provided by the Board office as described in R4-11-1304; and
 - 2. Not less than 90 days before the expiration of a permit holder’s current permit, arrange for an onsite evaluation as described in R4-11-1304.
- ~~C.~~ B. After the permit holder successfully completes the evaluation, where applicable, and submits the required affidavits, the Board shall renew a Section 1301 Permit, Section 1302 Permit, or Section 1303 Permit, ~~1304 permit~~, as applicable.
- ~~D.~~ C. The Board may stagger due dates for renewal applications.