

Registration of Qualifications to Provide Moderate Sedation, Deep Sedation or General Anesthesia

All practising dentists who wish to treat patients using moderate sedation, deep sedation or general anesthesia must register their qualifications and have them approved by BCCOHP.

Note: Dentists who only provide minimal sedation (i.e. a single oral sedative, nitrous oxide/oxygen, a single oral sedative with nitrous oxide/oxygen) do not need to register.

Contact Information

Name _____ **Phone** _____

Email _____

Mailing Address _____

Facility Address _____

Sedation/Anesthesia Modality

- ☐ Moderate Sedation (multiple oral sedatives)
- ☐ Parenteral Moderate Sedation (benzodiazepine drug(s)) (Level 1)
- ☐ Parenteral Moderate Sedation (benzodiazepine drug(s) and/or narcotic(s)) (Level 2)
- ☐ Deep Sedation
- ☐ General Anesthesia

Are you intending to provide sedation to patients 12 years of age and below? ☐ Yes ☐ No

Drugs

Please list all sedative agents that you will administer and route of administration:

Drugs	Route of Administration

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Educational Training/Qualifications

Please indicate your education training/qualifications

I am an ☐ General Practitioner ☐ Periodontist
☐ Oral and Maxillofacial Surgeon ☐ Pediatric Dentist
☐ Other

Name of Canadian/American Faculty of Dentistry undergraduate/postgraduate program

Date degree was completed (M/D/Y)

For practitioners who obtained training through continuing education courses

I have completed the following course/program*

- ☐ Continuing Education Course _____
- ☐ Dental Internship/Residency _____
- ☐ Dental Anesthesia Training/Residency _____

Name of Course Director _____

Date course/program was completed (M/D/Y) _____

**The course/program must meet the education requirements set out in the appropriate Standards*

Required Documents

I have enclosed a copy of:

- ☐ Diploma from the program
- ☐ A letter from the course director attesting to my competency. The letter includes details about the course's didactic hours and instruction and confirms that the appropriate number of supervised patient cases was completed.
- ☐ Anesthetic records from my training** (20 concurrent sedation and dental treatment cases***)
- ☐ Current BLS certificate
- ☐ Current ACLS certificate (PALS also required if sedating patients 12 years old and below)

Please ensure all copies submitted are clear and legible.

** Anesthetic records not required for registered oral & maxillofacial surgeons and dentist with advanced training in general anesthesia.

*** Please include patient initials if names are redacted.

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Application Fee

☐ I have enclosed the application fee of C\$150

Please indicate how you would like to pay by checking off the appropriate box below:

☐ Cheque (made out to the British Columbia College of Oral Health Professionals)

☐ Credit card - Once your application has been received and reviewed, you will receive an email notification to pay the application fee.

Name

Date (M/D/Y)

Signature

Note: Your application will not be processed until all required documentation has been received.

For internal use

Date of application received: _____

Registration Class: _____ Subclass: _____

Registered Permits: ☐ None ☐ Moderate (multiple oral) ☐ Moderate (Level 1)
☐ Moderate (Level 2) ☐ Deep

Registration class and sedation permit(s) verified on: _____