

Application for Confirmation of Facility Compliance to Provide Moderate Sedation Services in Dentistry (Non-hospital Facilities)

Contact information

Name of facility _____

Name of facility owner(s) _____

Name of responsible dentist _____

Facility address _____

Phone _____ Fax _____ Email _____

Facility contact person _____ Phone _____

Type of sedation to be administered

Please select all that applies:

- ☐ Moderate sedation – Multiple oral sedatives
- ☐ Moderate sedation – Parenteral moderate sedation level 1 (benzodiazepines only)
- ☐ Moderate sedation – Parenteral moderate sedation level 2 (benzodiazepines with or without narcotics)

Dentists/Physicians who will administer moderate sedation at this facility

1. List all dentists and/or physicians (including yourself, if applicable) who will administer moderate at this facility. Please also include MSP number for physicians.

Full legal name	Registration class and number

Note: Physicians must provide current Certificate of Professional Conduct from College of Physicians and Surgeons of BC and current hospital privilege¹.

General practitioner anesthetists must provide proof of current hospital privileges.

¹ If no hospital privilege, current BLS, ACLS and/or PALS, and Difficult Airway Course are acceptable for anesthesiologists.

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Dentists who will provide dental treatment at this facility

List all principal, associate or employee dentists who provide dental treatment at this facility and who will be using the services of those individual(s) listed in previous section.

Full legal name and registration number	Full legal name and registration number

In-office assessment fee

Please enclose the applicable fee:

☐ Moderate sedation facility – **\$2,500**

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

☐ By credit card – Once your application has been received and reviewed, you will receive an online invoice to remit payment.

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

Attestation

☐ I acknowledge that my facility will be assessed for whether it can be confirmed for compliance for moderate sedation.

☐ I realize the confirmation of compliance process is designed to verify the presence of required equipment, drugs, protocol, and trained staff only, and is not meant to be an endorsement of any particular operator or anesthetic/sedation technique.

☐ I have read the standards and guidelines from *Minimal and Moderate Sedation Services in Dentistry (Non-Hospital Facilities) and related sedation updates*, and I have constructed and equipped my facility in accordance with the facility requirements (staff, equipment, armamentarium, drugs and etc.) set out in the respective Standards and Guidelines.

☐ I confirm all medical devices are inspected/serviced by a registered biomedical engineer or biomedical technologist, as described in the Standards and Guidelines. BCCOHP does not verify independent biomedical engineers or technologists' qualifications. Facility owners are responsible for ensuring that only qualified personnel inspect/service medical devices.

Important to note

While assessment is ongoing, registrants may provide moderate sedation services as long as they are in full compliance with the *Minimal and Moderate Sedation Standards & Guidelines* and related sedation updates, unless directed otherwise.

Name _____ Date (M/D/Y) _____

Signature _____
(owner)