

**KANSAS DENTAL BOARD  
900 SW Jackson, Room 564-S  
TOPEKA, KANSAS 66612  
PHONE: (785) 296-6400  
FAX: (785) 296-3116**

**APPLICATION FOR LEVEL II ANESTHESIA PERMIT  
DEEP SEDATION AND GENERAL ANESTHESIA**

**NAME:** \_\_\_\_\_ **LICENSE NUMBER:** \_\_\_\_\_

**OFFICE ADDRESS:** \_\_\_\_\_

**Street Address**

\_\_\_\_\_  
**City, State, Zip Code**

**ATTACH EVIDENCE OF THE FOLLOWING:**

Satisfactory completion of a course of study and residency program in anesthesia approved by the Board of Healing Arts;

**OR**

Satisfactory completion of an advanced oral and maxillofacial surgery program approved by the board;

**OR**

Satisfactory completion of a minimum of one year of advanced training in anesthesiology with standards not less than those established in the "guidelines for teaching the comprehensive control of pain and anxiety in dentistry", as published in 1992 and implemented in July, 1993 by the American Dental Association.

Expiration date of certification in basic life support: \_\_\_\_\_

Please indicate below if your facility includes the following:

- |   |     |    |
|---|-----|----|
| (a) A blood pressure monitor and stethoscope  | yes | no |
| (b) An oxygen delivery system with full-face masks,<br>including connectors capable of delivering<br>oxygen under positive pressure | yes | no |
| (c) Emergency drugs and equipment   | yes | no |
| (d) Appropriate equipment for intubation and IV infusions   | yes | no |

**PLEASE INCLUDE THE FEE OF \$100 FOR A TWO-YEAR PERMIT.**

**SIGNATURE:** \_\_\_\_\_

**Note:** Each office shall be inspected within one year following the issue of the permit and at least once during each five-year period thereafter.