Kansas Dental Board
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Topeka, KS 66612
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Email: info@dental.state.ks.us Website: www.kansas.gov/kdb

LEVEL I -APPLICATION FOR APPROVAL OF A COURSE THAT WILL MEET INITIAL REQUIREMENTS FOR ENTERAL CONSCIOUS SEDATION OR COMBINATION INHALATION-ENTERAL CONSCIOUS SEDATION (K.A.R. 71-5-10)

Title of Course: _____

Date(s): _____

Location(s):_____

Approximate Number of Participants: _____

Actual number of Clock Hours of the Course: _____

Clinicians/Instructors Names and Credentials (if additional sheets are attached, please note):

Sponsor: _____

Coordinator/Contact Person: _____

Address: _____

_____

_____

Phone Number: _____ Email address: _____Website: _____

I certify that this course:

Provides comprehensive training in the administration and management of enteral conscious sedation or combination inhalation-enteral conscious sedation

Includes training in patient evaluation and selection, use of equipment, personnel requirements, monitoring, documentation, patient medical management, and emergency management

Includes a minimum of 18 hours of education and 20 clinical experiences, which may be simulation or video presentations, or both, but shall include at least one experience in which a patient is deeply sedated and returned to consciousness.

Signature of applicant Date

Is this course already AGD PACE or ADA CERP approved?

_____ No ____Yes Course #_____ Expiration date _____

PACE or CERP approval is not required, but information about prior approval may assist in the processing of this application)

-If this course is approved, the Kansas Dental Board may make information about the approval of, and contacts for this course available on the Board web site or in other communications.

-If the course content changes substantially in the future, you must send an agenda or course outline, with a copy of this original application or the approval letter you received from the Kansas Dental Board, with a summary of changes made.

-Notify the Kansas Dental Board when you discontinue this course.

Attach agenda or course outline and return this completed application to the Board.