NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES
DHHS-Licensure Unit
P O Box 94986
Lincoln NE 68509-4986
402-471-2118

APPLICATION FOR CHANGE OF ADDRESS OF MODERATE SEDATION

(PLEASE PRINT OR TYPE APPLICATION)

REQUIRED

SECTION A – PERSONAL INFORMATION (All applicants must complete this section) **This section is public information and will be displayed on the INTERNET** http://www.nebraska.gov/LISSearch/search.cgi ***Items 1-3 are displayed on the Internet.***

NOTE: To expedite notification of any pending requirements, the notification will sent to the e-mail address or mailing address you provide. If you change your address, you must advise this office.

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other Names you are known as (AKA):	
2	Current Office Address:	Street/PO/Route:		
		City:	State or Country:	Zip:
3	**NEW Office Address:**	Street/PO/Route:		
		City:	State or Country:	Zip:

4	Phone #:		Fax #: (optional)	
5	E-Mail Address:			
6	Nebraska Dental License #:		Nebraska Parenteral Sedation permit #:	
7	List the Licensed Nebraska Dentist that currently hold a Parenteral Sedation permit for the new location:	Name: _____ _____ _____ _____		Parenteral Sedation Permit #: _____ _____ _____ _____

SECTION B – QUESTIONS ABOUT THE OFFICE WHERE PARENTERAL SEDATION WILL BE ADMINISTERED. - Individuals wishing to administer only Parenteral sedation must answer the following questions. Please explain any NO answers.

Operating Room	**Yes**	**No**
1. Is operating room large enough to adequately accommodate the patient on a table or in an operating chair?	☐	☐
2. Does the operating room permit an operating team of at least two individuals to freely move about the patient?	☐	☐
Operating Chair or Table	**Yes**	**No**
1. Does the operating chair or table permit the patient to be positioned to allow the operating team to maintain the airway?	☐	☐
2. Does the operating chair or table permit the team to quickly alter the patient's position in an emergency?	☐	☐
3. Does the operating chair or table provide a firm platform for management of cardiopulmonary resuscitation?	☐	☐
Lighting System	**Yes**	**No**
1. Does lighting system permit evaluation of the patient's skin and mucosal color?	☐	☐
2. Is there a backup lighting system which is battery powered or on-site generator powered?	☐	☐
3. Is backup lighting system of sufficient intensity to permit completion of any operation underway at the time of general power failure?	☐	☐
Suction Equipment	**Yes**	**No**
1. Does suction equipment permit aspiration of the oral and pharyngeal cavities?	☐	☐
2. Is there a backup suction device available?	☐	☐
Oxygen Delivery System	**Yes**	**No**
1. Does oxygen delivery system have full-face masks and connectors?	☐	☐
2. Is it capable of delivering 100% oxygen to the patient under positive pressure?	☐	☐
3. Is there a backup oxygen delivery system available?	☐	☐

Recovery Area (Recovery area can be the operating room)	Yes	No
1. Does recovery area have oxygen available?	☐	☐
2. Does recovery area have suction available?	☐	☐
3. Does recovery area have lighting?	☐	☐
4. Does recovery area have available electrical outlets?	☐	☐
5. Can the patient be observed by a member of the staff at all times during the recovery period?	☐	☐
Ancillary Equipment	**Yes**	**No**
1. Is there a working laryngoscope complete with a selection of blades, spare batteries, and bulb?	☐	☐
2. Are there endotracheal tubes and connectors?	☐	☐
3. Are there oral airway(s)?	☐	☐
4. Are there endotracheal tube forceps?	☐	☐
5. Is there a CO2 monitor or a pre cardio-stethoscope?	☐	☐
RECORDS – ARE THE FOLLOWING RECORDS MAINTAINED?	**Yes**	**No**
1. A medical history of the patient and physical evaluation records?	☐	☐
2. Anesthesia records showing blood pressure readings?	☐	☐
3. Anesthesia records showing pulse readings?	☐	☐
4. Anesthesia records listing the drugs and amounts administered?	☐	☐
5. Anesthesia records reflecting the length of the procedure?	☐	☐
6. Anesthesia records listing any complications of anesthesia?	☐	☐
ARE THE FOLLOWING DRUGS WITH CURRENT DATES AVAILABLE FOR TREATMENT OF THE FOLLOWING MEDICAL EMERGENCIES?	**Yes**	**No**
1. Laryngopasm	☐	☐
2. Bronchospasm	☐	☐
3. Angina Pectoris	☐	☐
4. Myocardial Infarction	☐	☐
5. Hypotension	☐	☐
6. Hypertension	☐	☐
7. Cardiac Arrest	☐	☐
8. Allergic Reactions	☐	☐
9. Convulsions	☐	☐
10. Respiratory Arrest	☐	☐
11. Medication for reversal of anesthesia/sedation agents	☐	☐

PLEASE NOTE: There is a separate application for anesthesia permits available on our website at the following address:

Separate anesthesia permits are required at each location you will be administering anesthesia.

☐ I have submitted a copy of a current certification in basic life support from the American Red Cross or the American Heart Association or the equivalent. **(REQUIRED)**

Note: Your expiration date will remain the same.

An Inspector will be contacting you to perform the required inspection.

SECTION C – PRACTICE PRIOR TO CREDENTIAL

An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of $10 per day up to $1,000, or such other action as provided in the statutes and regulations governing the credential. (When answer question 1, answer the one that applies to the permit you are applying for.)

1	I have administered Moderate Sedation at the new location in Nebraska prior to being issued a permit?	YES ☐	NO ☐
2	If yes, what are the actual number of days you administered Moderate sedation in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____	
		Name of Business:	
		City:	
		Telephone #:	

SECTION D - ATTESTATION

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check **ONE** of the boxes below):*

I attest that:

☐ I am a citizen of the United States.

OR

☐ I am a qualified alien under the Federal Immigration and Nationality Act.

☐ I am a nonimmigrant lawfully present in the United States.

☐ Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

NOTE: You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

Application Attestation: I attest that:

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____