



Royal College of Dental Surgeons of Ontario

Ensuring Continued Trust

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Application for a Physician to Administer Sedation and General Anesthesia in a Dental Office

All physicians who wish to treat patients in a dental facility (which holds a Facility Permit issued by this College) using oral moderate sedation, parenteral conscious sedation (IV sedation), deep sedation and/or general anesthesia must apply and submit the following information:

TYPE OF PRIVILEGES BEING SOUGHT

- Physician - I will administer sedation and/or general anesthesia in a dental facility that provides all necessary sedation and/or general anesthetic equipment and emergency drugs
Visiting physician - I will provide all necessary sedation and/or general anesthetic equipment and emergency drugs to the dental facility

NAME AND ADDRESS

YOUR NAME: CPSO #:
STREET: SUITE:
CITY: PROVINCE: POSTAL CODE:
TEL: FAX: EMAIL:

MODALITIES OF SEDATION AND/OR GENERAL ANESTHESIA TO BE ADMINISTERED

- (i) Oral Moderate Sedation Yes No
(ii) Parenteral Conscious Sedation (intravenous, intramuscular, subcutaneous, submucosal or intra-nasal) Yes No
(iii) Deep Sedation Yes No
(iv) General Anesthesia Yes No

INDICATE ALL DRUGS YOU INTEND TO ADMINISTER TO ACHIEVE THE ABOVE MODALITIES OF SEDATION AND/OR GENERAL ANESTHESIA

Grid of checkboxes for drugs: Triazolam, Midazolam, Lorazepam, Diazepam, Chloral Hydrate, Hydroxyzine, Promethazine, Diphenhydramine, Fentanyl, Remifentanyl, Meperidine, Nalbuphine, Propofol, Ketamine, Thiopental, Pentazocine, Butorphanol, Nitrous Oxide, Halothane, Isoflurane, Sevoflurane, Desflurane, Other (please list below)

## PROFESSIONAL TRAINING/QUALIFICATIONS

This College's Standard of Practice for the Use of Sedation and General Anesthesia in Dental Practice set out the qualifications required by physicians to be able to administer sedation and/or general anesthesia in the dental office setting.

To assist this College in ensuring that these qualifications have been met, please complete the questions below.

- (i) Are you currently registered to practice medicine in Ontario?  Yes  No
- (ii) Do you hold a fellowship in anesthesiology from the Royal College of Physicians and Surgeons of Canada?  Yes  No
- (iii) If you answered "No" to question (ii) above, have you successfully completed a post-graduate program in anesthesiology recognized by a Canadian Faculty of Medicine? If "yes", please provide details about this program (duration, where taken) and the date when you completed the program.  Yes  No

- (iv) Do you hold active hospital privileges to administer deep sedation and/or general anesthesia in a public hospital in Ontario? **If "yes", please include a letter from the hospital.**  Yes  No
- (v) If you do not hold active hospital privileges to administer deep sedation and/or general anesthesia, please provide details of your recent anesthesiology practice in the space below.

- (vi) PLEASE CONTACT THE CPSO, ORDER A "CERTIFICATE OF PROFESSIONAL CONDUCT" AND ASK THAT IT BE SENT TO THE RCDSO.
- (vii) If you will be administering deep sedation and/or general anesthesia you must provide evidence to this College of current ACLS certification as required by the Standards of Practice of the CPSO applicable to the Out of Hospital Premises Inspection Program ("OHPIP").
- (viii) Please provide this College with written confirmation that you have completed the CPSO's online OHPIP Notification Form online. For this purpose, a copy of your completed form or a copy of the acknowledgement from the CPSO of receipt of your completed form will suffice.

## DENTAL FACILITY WHERE YOU INTEND TO ADMINISTER:

FACILITY: \_\_\_\_\_

STREET: \_\_\_\_\_ SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**ATTESTATION**

- 1. I acknowledge that I have read and fully understand the College's Standard of Practice for the use of Sedation and General Anesthesia in Dental Practice ("Standard") and the College's By-Laws governing Sedation and General Anesthesia, (currently By-Law No. 13), which forms part of the Standard.
- 2. I understand that I may only administer the modality or modalities of oral moderate sedation, parenteral conscious sedation, deep sedation and/or general anesthesia, for which I have been qualified by the College of Physicians and Surgeons of Ontario ("CPSO").
- 3. I understand that it is my responsibility to ensure that the equipment and emergency drugs required for the administration of oral moderate sedation, parenteral conscious sedation, deep sedation and/or general anesthesia are in compliance with the Standard and present at all times when I am administering any modality of sedation and/or general anesthesia in a dental facility. I further understand that I may only administer oral moderate sedation, parenteral conscious sedation, deep sedation and/or general anesthesia in a dental facility that has a valid Facility Permit issued by this College.
- 4. I understand that it is my responsibility to ensure that the information contained on this form is accurate and complete and to ensure that I comply fully with the Standard. I further understand and acknowledge that the College has the right, to forward information to the attention of the CPSO's Registrar, if the College is not satisfied that I am in full compliance with the Standard, and that a copy of that communication will be provided to me.
- 5. I agree to immediately cease to administer oral moderate sedation, parenteral conscious sedation, deep sedation and/or general anesthesia at any dental facility in the event this College's Registrar notifies me that the Registrar has determined, either as a result of an inspection or by any other means, that there is a risk of harm to the public should I continue to do so.
- 6. I understand that it is my responsibility to comply with the requirements of the CPSO's Out-of-Hospital Premises Inspection Program and to ensure that I notify the program of any dental facility in which I intend to administer sedation and/or general anesthesia prior to my doing so.
- 7. **I understand that by signing this attestation I am declaring that the information contained on this form is accurate and complete, and that I am agreeing that I will comply fully with the Standard.**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE SIGN AND RETURN THIS FORM TO THE COLLEGE.  
OUR FACSIMILE NUMBER IS 416-922-1507.