



Application for Confirmation of Facility Compliance to Provide Deep Sedation/General Anaesthesia 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 _____

Note: If you are a physician applying to have a dental facility approved, please include a current Certificate of Professional Conduct from the College of Physicians and Surgeons of BC and ¹current hospital privilege.

Type of sedation to be administered

- Deep Sedation
 General Anaesthesia

Dentists/Physicians who will administer sedation and/or general anaesthesia at this facility

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

Name	Registration Class (Include MSP # for Physicians)

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

General practitioner anaesthetists must provide proof of current hospital privilege.

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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.

Name	Name

In-Office Assessment Fee

Please enclose the applicable fee:

Deep Sedation Facility **\$4,500**

General Anaesthesia Facility **\$4,500**

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 email notification to pay the application fee.

Cheque (made out to College of Dental Surgeons of BC)

Attestation

I wish to have my facility confirmed for compliance so that I may provide deep sedation/general anaesthesia services. 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, facility, or anaesthetic/sedation technique.

I have read the standards and guidelines from *Deep Sedation Services in Dentistry (Non-Hospital Facilities)* and/or *General Anaesthesia Services in Dentistry (Non-Hospital Facilities)*, 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 am aware that it is against regulations to administer general anaesthesia and perform dental treatment on a patient concurrently.

Name _____ Date (M/D/Y) _____

Signature _____
(owner)