



Department of Public Health & Social Services
GUAM BOARD OF EXAMINERS FOR DENTISTRY
 194 Hernan Cortez Avenue Terlaje Professional Building, Suite 213
 Hagåtña, Guam 96910
 Website: <https://guamhplo.org>
 Contact No. (671) 735-7404-12

PERMIT TO USE DENTAL ANALGESIA

Applying for: New Renewal

- Analgesia (Nitrous Oxide/Oxygen)
- Conscious Sedation
 - Oral IM IV
 - Inhalation Rectal
- General Anesthesia
 - Oral IM IV
 - Inhalation Rectal

DEA #	Exp. Date
Guam #	Exp. Date
Exp. Date of CPR Certification	

General Information:

I maintain a proper facility as described in the GBED Rules and Regulations Yes No
 I have present on my office staff currently trained in CPR Yes No
 I have actively used these skills during the past two (2) years Yes No

Staff Certified in CPR:

Name	Date Certification Expires

NITROUS OXIDE ANALGESIA (Complete this section when renewing/applying to use Nitrous Oxide Analgesia)

	YES	NO
Has a facility containing the following properly operating equipment: emergency drug kit, positive pressure oxygen, stethoscope, high-volume evacuation (suction), artificial oropharyngeal airways, and blood pressure monitoring device.		
Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. The dentist and at least one (1) staff member, present during the procedure, must be certified in basic cardiac life support (CPR) every two (2) years.		
Holds a valid license to practice dentistry in Guam.		
Utilizes an analgesia machine capable of delivering one hundred percent (100%) oxygen and capable of providing not less than twenty percent (20%) oxygen concentration. It is recommended that such equipment be provided with an alarm indicating oxygen flow of less than twenty percent (20%) minimum or a fail safe mechanism to maintain oxygen flow at twenty percent (20%) or greater.		
Has successfully completed a minimum of fourteen (14) hours instruction in the use of analgesia (relative analgesia, nitrous oxide-oxygen conscious sedation, inhalation analgesia, etc.) or proof satisfactory to the Board of documented safe use of analgesia within the past year.		



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Permit to use Dental Analgesia Continued.

CONSCIOUS SEDATION (Complete this section when renewing/applying to use Conscious Sedation)

I have met one (1) or more of the following Board requirements for certifications.

- Sixty (60) clock hours of education (attach certification of completion)
- Three (3) cases per month for three (3) years (attach documentation with patient names and dates on a separate sheet)
- Alternate qualifications for Board review and evaluation (as documented on page)

Summary of Alternate Qualifications:

GENERAL ANESTHESIA (Complete this section when renewing/applying to use General Anesthesia)

1. Do you employ a Nurse Anesthetist? ___ Yes ___ No
2. Do you work with an MD or DO on a Guam Hospital anesthesiology staff while treating patients under General Anesthesia? ___ Yes ___ No
3. If there have been changes made since your original application, attach a copy of the documents used to monitor general anesthesia patients.
4. Describe the general anesthesia techniques:

I understand that I must report any adverse occurrences as defined in the GBED Rules and Regulations to the Board within ten (10) days (25 G.A.R.R. §8108(e)). **Reports of Adverse Occurrences.** *If a mortality or other incident in a dental outpatient facility occurs as a direct result of the administration of general anesthesia, deep sedation or conscious sedation and causes a temporary or permanent physical or mental injury of the patient, or results in the calling of a paramedic unit or the transport of the patient to any hospital or emergency medical facility the dentist involved must submit a complete report of the incident to the GBED within ten (10) days of its occurrence.* Under penalty of perjury, I attest to the truth and accuracy of all statements, answers and representations made.

Print Name
Signature
Date