



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

DEN

FOR DIVISION USE ONLY

Board of Dental Examiners

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfDentalExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

Deep Sedation or General Anesthesia Renewal

March 1, 2023 – February 28, 2025

- Your permit lapses after February 28, 2023. There is no grace period — it is illegal to work if your permit has lapsed.
- Emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your permit certificate will be available for printing via the MY LICENSE self-service portal.

PART I Payment of Fees

Renewal Fees:	<input type="checkbox"/> Full-Term Biennial Permit Renewal <i>(For permits first issued on or before February 28, 2022)</i>	\$350.00
	<input type="checkbox"/> Prorated Permit Renewal <i>(For permits first issued on or after March 1, 2022)</i>	\$175.00

PART II Personal Information

Full Legal Name: Name change: <input type="checkbox"/>	AK Deep Sedation or General Anesthesia Permit Number:	
<i>If you have had a legal name change since your last license was issued, you must complete a <u>Change of Name form</u>.</i>		
Mailing Address: Address change: <input type="checkbox"/>	P.O. Box or Street	City State Zip
Contact Phone:	Date of Birth:	
DEA Registration Number:	Expiration Date:	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.		
Email Address:	Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail	
Note: If both boxes are selected above, you will receive correspondence electronically.		
SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.		

PART III Statement of Compliance with Hands-On Airway Management Certification(s)

By checking the appropriate box below, you are verifying your compliance with the hands-on airway certification and training requirements of 12 AAC 28.010.

Patients 13 years of age or older:

I do NOT provide deep sedation or general anesthesia to patients 13 years of age and older.

- or -

I DO provide deep sedation or general anesthesia to patients 13 years of age and older.

- and -

I certify that I hold current certification in resuscitative techniques with hands-on simulated airway and megacode training for healthcare providers, including basic electrocardiographic interpretation. (Qualifying certification includes the American Heart Association's Advanced Cardiac Life Support (ACLS) for Health Professionals.) A copy of that certification is included with my renewal application.

- and -

I certify that I have participated in four or more contact hours of continuing education that relates specifically to hands-on advanced airway management or general anesthesia.

ACLS or equivalent certification renewal date:

Patients younger than 13 years of age:

I do NOT provide deep sedation or general anesthesia to patients younger than 13 years of age.

- or -

I DO provide deep sedation or general anesthesia to patients younger than 13 years of age.

- and -

I certify that I hold current certification in resuscitative techniques with hands-on simulated airway and megacode training for healthcare providers, including basic electrocardiographic interpretation. (Qualifying certification includes the Pediatric Advanced Life Support (PALS) for Health Professionals.) A copy of that certification is included with my renewal application.

- and -

I certify that I have participated in four or more contact hours of continuing education that relates specifically to hands-on advanced airway management or general anesthesia; and that it was a pediatric course (or courses).

PALS or equivalent certification renewal date:

PART IV Statement of Compliance with Continuing Education

By checking the appropriate boxes below, you are verifying your compliance with the continuing education requirements of 12 AAC 28.010. If selected for random audit, you will be required to provide proof of compliance as required under the referenced regulation.

- I have participated in eight contact hours of continuing education that focuses on one or more of the following: physical evaluation; medical emergencies; monitoring and use of monitoring equipment; and/or pharmacology of drugs and agents used in deep sedation and general anesthesia.

- I have completed at least 50 general anesthesia or deep sedation cases between March 1, 2021 and February 28, 2023.
- and -
- I DO provide deep sedation or general anesthesia to patients under 13 years of age, and certify that at least 20 of the 50 anesthesia or deep sedation cases were individually managed patients younger than 13 years of age and I will include documentation of those 20+ cases with my application;
- or -
- I do NOT provide deep sedation or general anesthesia to patients under 13 years of age.

PART V Affidavit of Compliance – in accordance with Chapter 28, Article 1

- I attest that my dental facility meets the requirements of Chapter 28, Article 1 for the administration of deep sedation or general anesthesia for patients younger than 13 years of age.

- I certify that I hold a current registration to prescribe and administer controlled substances in this state issued by the U.S. Drug Enforcement Administration (DEA), and that my DEA number has been provided in relation to my Dentist license.

PART VI On-Site Facility Inspections

By checking the box below, you are certifying that you have complied with the on-site inspection requirements per 12 AAC 28.068.

- I certify that my facility has received an on-site inspection by an organized approved by the board within the past four years, and I will include documentation of that inspection with my renewal application.



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Signature Page

Applicant Name:

PART VII Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I further certify that I have read and complied with all applicable statutes and regulations and will continue to do so.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Signature:

Date Signed:

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on February 28 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

LAPSED LICENSES:

If you choose not to renew your license before it lapses, you may renew the license at a later date only after meeting the requirements of regulation 12 AAC 40.025. Licenses that are expired for more than five years may not be renewed or reinstated.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Profession Type (e.g., Acupuncture): _____

License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
1. Credit Card Number: _____	All 3 fields MUST be completed! This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	