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I have met the professional study and/or other requirements that qualify me for certification as follows: (check one box)

**Dental General Anesthesia certificate** [authorizes a licensed dentist to employ general anesthesia, deep sedation, or conscious sedation (enteral or parenteral route with or without inhalation agents)]

**Complete Form 2A**

- a. Completion of two (2) years of post-doctoral education in anesthesia acceptable to the Department and accredited by an acceptable accrediting body.
- b. Completion of a graduate level program in oral and maxillofacial surgery acceptable to the Department and accredited by an acceptable accrediting body.

Institution attended: \_\_\_\_\_

Location: \_\_\_\_\_ Attended \_\_\_\_\_ - \_\_\_\_\_  
From To

**Dental Parenteral Conscious Sedation certificate** [authorizes a licensed dentist to employ conscious sedation (enteral or parenteral route with or without inhalation agents)]

**Complete Form 2B**

Completion of a post-doctoral education program acceptable to the Department and accredited by an acceptable accrediting body, which includes at least 60 clock hours of coursework and an additional clinical experience demonstrating the successful use of parenteral conscious sedation on no fewer than 20 patients.

Institution attended: \_\_\_\_\_

Location: \_\_\_\_\_ Attended \_\_\_\_\_ - \_\_\_\_\_  
From To

Type of residency program completed (if applicable): \_\_\_\_\_  
(e.g. GPR, AEGD, OMS, etc.)

**Dental Enteral Conscious Sedation certificate** [authorizes a licensed dentist to employ conscious sedation (enteral route only with or without inhalation agents)]

**Complete Form 2C**

- a. pre-doctoral or post-doctoral education consisting of a specialty program or residency accredited by an acceptable accrediting body which includes coursework in Basic Life Support and additional coursework consisting of at least 18 clock hours, including but not limited to, instruction in nitrous oxide use and emergency management. In addition to the coursework, 20 clinically oriented experiences in the use of enteral conscious sedation techniques. These clinically-oriented experiences may include group observations of patients undergoing enteral conscious sedation techniques.
- b. post-doctoral coursework approved by the Department which has equivalent rigor as coursework approved by an acceptable accrediting body and which includes coursework in Basic Life Support and additional coursework consisting of at least 18 clock hours, including but not limited to, instruction in nitrous oxide use and emergency management. In addition to the coursework, the program must require 20 clinically-oriented experiences in the use of enteral conscious sedation techniques. These clinically-oriented experiences may include group observations of patients undergoing enteral conscious sedation techniques.

Institution attended: \_\_\_\_\_

Location: \_\_\_\_\_ Attended \_\_\_\_\_ - \_\_\_\_\_  
From To

Type of residency program completed (if applicable): \_\_\_\_\_  
(e.g. GPR, AEGD, OMS, etc.)

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**CHILD SUPPORT OBLIGATION:**

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support\*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

**Check only A or B below. If you check B, you must check one of the five statements listed below it.**

A  I am not under an obligation to pay child support:  
OR

B  I am under an obligation to pay child support *and* (please check only one of the following)

- I am current and **am not** four months or more in arrears in the payment of child support; or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

\*New York State General Obligations Law, Section 3-503

**APPLICANT**

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. **This form must be signed and dated in the presence of a Notary Public.**

Signature of the applicant: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**NOTARY**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the above signed, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Notary Stamp