



Royal College of Dental Surgeons of Ontario

Ensuring Continued Trust

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Registration Form for Sedation and General Anaesthesia

All dentists who wish to treat patients using oral moderate sedation, parenteral conscious sedation (IV sedation), deep sedation or general anaesthesia must register with the College.

NAME AND DENTAL FACILITY ADDRESS

NAME:
STREET: SUITE:
CITY: PROVINCE: POSTAL CODE:
TEL: FAX: EMAIL (OPTIONAL):

TYPES OF SEDATION AND/OR GENERAL ANAESTHESIA TO BE ADMINISTERED

- (i) Oral Moderate Sedation [] Yes [] No
(ii) Parenteral Conscious Sedation (subcutaneous, submucosal, intramuscular or intravenous) [] Yes [] No
(iii) Deep Sedation [] Yes [] No
(iv) General Anaesthesia [] Yes [] No

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

- [] Triazolam (Halcion™) [] Fentanyl (Sublimaze™) [] Nitrous Oxide
[] Midazolam (Versed™) [] Remifentanyl (Ultiva™) [] Halothane (Fluothane™)
[] Lorazepam (Ativan™) [] Meperidine (Demero™) [] Isoflurane (Forane™)
[] Diazepam (Valium™) [] Nalbuphine (Nubain™) [] Sevoflurane (Ultane™)
[] Chloral Hydrate [] Propofol (Diprivan™) [] Desflurane (Suprane™)
[] Hydroxyzine (Atarax™) [] Ketamine (Ketalar™) [] Other (please list below)
[] Promethazine (Phenergan™) [] Thiopental (Pentothal™)
[] Diphenhydramine (Benadryl™) [] Pentazocine (Talwin™)
[] Butorphanol (Stadol™)

Empty box for listing other drugs.

DENTISTS ONLY - PROFESSIONAL TRAINING/QUALIFICATIONS
(Physicians need only complete Pages 1 and 3.)

DETAILS OF FORMAL TRAINING AND COMPETENCY IN SEDATION AND/OR GENERAL ANAESTHESIA

(i) Please list the name of the University and/or Hospital where you obtained your training **and attach a copy of your certificate of completion.**

SCHOOL/HOSPITAL: _____ CITY: _____

(ii) Please indicate the type of program you completed:

Continuing Education Course

Dental Internship/Residency

Dental Specialty Program

Name of Specialty Program: _____

Dental Anaesthesiology Training/Residency

Oral and Maxillofacial Surgery Training/Residency

(iii) Name of Program/Course Director: _____

(iv) Date of Program or Course Completion: _____

(v) For the modalities that you use, if your training does not comply with the College's Guidelines on the Use of Sedation and General Anaesthesia in Dental Practice dated June 2009, then please submit additional supporting documentation for consideration.

If you completed a residency program or continuing education program, please attach a copy of your certificate of completion.

If you completed a Diploma/Degree Program in Dental Anaesthesiology or Oral and Maxillofacial Surgery, a copy of your diploma/degree is required for our records.

CONTINUING EDUCATION

HAVE YOU TAKEN ANY CONTINUING EDUCATION PROGRAMS ON THE SUBJECT OF SEDATION OR GENERAL ANAESTHESIA IN THE PAST YEAR?

Yes No

If yes, please list below:

COURSE NAME: _____

DATE: _____

LOCATION: _____

Name (please print)

Signature

Date

PHYSICIANS ONLY - PROFESSIONAL TRAINING/QUALIFICATIONS

The College's Guidelines on the Use of Sedation and General Anaesthesia in Dental Practice set out the qualifications required by physicians to be able to administer sedation and/or general anaesthesia 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 anaesthesiology from the Royal College of Physicians and Surgeons of Canada? Yes No
- (iii) Do you hold active hospital privileges to administer deep sedation or general anaesthesia in a public hospital in Ontario? If "yes", please include a letter from the hospital. Yes No
- (iv) If you answered "No" to question (ii) above, have you successfully completed a post-graduate program in anaesthesiology 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

- (v) If you do not hold active hospital privileges to administer deep sedation or general anaesthesia, please provide details of your recent anaesthesiology practice in the space below.

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

Date

Signature of Physician