

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

715 S. Pear Orchard Road, Suite 200 • Ridgeland, Mississippi 39157 • (601) 944-9622 • www.dentalboard.ms.gov

FACILITY INSPECTION ATTESTATION FORM FOR ISSUANCE OF AN ADVANCED ANESTHESIA FACILITY PERMIT

Instructions: <ul style="list-style-type: none">• Per regulation 30, facilities in which sedation/anesthesia is administered will need to undergo a formal inspection.• The Dental Board requires that facilities and permitted providers be in compliance with Regulation 30.• This form must be completed for every facility location in which advanced anesthesia services are performed.	Date Received- MSBDE USE ONLY
	MSBDE Facility Number:

PLEASE NOTE: Facilities in which sedation/anesthesia is provided, each permit holder must submit this attestation form which certifies compliance with staff credentials and continuing education, monitoring equipment, monitor calibration, emergency drugs and equipment, emergency preparedness training, and proper security and maintenance of controlled pharmaceuticals.

Facility Attestation (complete for each office in which you will perform sedation services)

Office name	Address	Telephone
I, _____, _____ am making application for a facility permit for the following class:		
(Last Name)	(First Name)	
<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 3
My permit number:		Expires (mm/yyyy):
<p>_____ I attest that the facility in which I practice is in compliance with the standards set forth in Regulation 30 based on the class of anesthesia being provided. I have personally reviewed and self-audited the facility to the type of anesthesia that will be performed, and I have met all the requirements on the checklist provided by the Board.</p> <p>_____ I attest that my credentials and that of my staff are in compliance with the standards set forth in Regulation 30 for the class of anesthesia being provided.</p>		

Signature

Date (mm/dd/yyyy)	Signature of Applicant
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Note: You must enclose the following with attestation form:

- Self-audit of facility inspection checklist form that matches class of anesthesia being provided (only one per facility is required).
- Additional Attestation forms from every permitted provider who will perform services at this location.

Submission options

Email: dental@dentalboard.ms.gov	Fax: (601) 944-9624	Mail: Mississippi State Board of Dental Examiners 715 S. Pear Orchard Road, Suite 200 Ridgeland, MS 39157
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