

# MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

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

[www.dentalboard.ms.gov](http://www.dentalboard.ms.gov)

## APPLICATION FOR FACILITY ADVANCED ANESTHESIA PERMIT

<b>Instructions:</b> Per regulation 30, all dental providers who administer anesthesia or sedation in a dental office must obtain a class 1, class 2, or class 3 advanced anesthesia permit.  Each Facility in which a permitted provider performs sedation, other than a licensed hospital or ambulatory surgical center, must have a facility inspection and then granted a facility permit. If the Board is unable to complete a Facility Inspection within 30 days of the receipt of this application, the facility may be granted a Temporary Permit. Additional information will be required prior to issuing a Temporary Permit.	<b>MSBDE ONLY:</b> <b>Date of Receipt</b>
	<b>MSBDE Assigned Facility Number:</b>

<b>Application for Facility Inspection</b>	
I _____, _____ currently hold the following permit: (Last Name) (First Name)	
Class: 1	Class: 2
Class: 3	
My permit number is:	
Facility Name:	
Facility Address: (a separate application is required for each facility)	
Facility Phone Number	Facility Primary Contact Name:
<b>Other Providers Using this Facility for Sedation Services</b>	
<b>Provider's Name</b>	<b>Permit Class</b>

<b>Signature of Applicant</b>	<b>Date</b>

<b>Submission Options</b>		
<b>Email:</b> dental@dentalboard.ms.gov	<b>Mail:</b> MSBDE 715 S. Pear Orchard Road, Suite 200 Ridgeland, MS 39157	<b>Fax:</b> (601) 944-9624