

**MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS**  
 600 East Amite Street, Suite 100 • Jackson, Mississippi 39201-2801 • (601) 944-9622 • www.dentalboard.ms.gov

**REGULATION 30 FACILITY ATTESTATION FORM**

<b>Instructions:</b> <ul style="list-style-type: none"> <li>Per regulation 30, facilities in which sedation/anesthesia is administered and permitted providers will need to undergo a formal evaluation by December 2021.</li> <li>The Dental Board requires that facilities and permitted providers be in compliance with Regulation 30, and the on-site inspection form.</li> </ul>	For <u>MSBDE</u> Only:  Date of Receipt:
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<i>Facility Attestation</i>		
Office Name	Address	Telephone
I _____ attest the above facility to be in _____ compliance with a facility class of: <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III (Last Name) (First Name)		
My permit number:		Expires (mm/yyyy):
Facilities in which sedation/anesthesia is provided must submit an attestation certifying 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.		
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.		
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.		

<i>Signature</i>	
I fully understand that any significant misstatements in or omissions from this request constitute cause for denial of approval. All information submitted by me in this request is true to my best knowledge and belief. I further understand that the Board will post on its Internet web site all information it deems necessary to enable the public to verify my licensure status.	
I have read the Mississippi State Dental Practice Act and Board Regulations and promise to abide by them and to conduct myself in an ethical manner at all times. I further promise to abide by future policies that may be established by the Mississippi State Board of Dental Examiners.	
Date (mm/dd/yyyy)	Signature of Applicant

**Note:** Enclose the following with attestation form:

- Self-audit of facility inspection form that matches class of anesthesia being provided.

<i>Submit Options</i>	
<b>Submit</b>	Mail: Mississippi State Board of Dental Examiners 600 East Amite Street Suite 100 Jackson, MS 39201