

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
Madison, WI 53705  
Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov>  
Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## DENTISTRY EXAMINING BOARD

### INFORMATION FOR PERMIT TO ADMINISTER ANESTHESIA OR CONSCIOUS SEDATION

**INSTRUCTIONS:** A dentist may not administer moderate anesthesia or sedation without a permit at the appropriate level of anesthesia or sedation ([Wis. Admin. Code ch. DE 11](#)). Complete the section of the application that corresponds to the desired class level permit: Class II-Enteral; Class II-Parenteral; or Class III. Higher class levels encompass the authorizations of the lower levels. For example, a dentist who holds a Class III permit does not have to obtain any other sedation permit and a dentist who holds a Class II-Parenteral permit does not need to obtain a Class II-Enteral permit.

**Minimal Sedation** (definition) - minimally depressed level of consciousness, produced by a pharmacological method that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. (Note: Administration of minimal sedation **does not require a permit.**)

**Moderate Sedation** (definition) - a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. If more than one enteral drug is administered or if an enteral drug is administered at a dosage that exceeds the maximum recommended dose during a single appointment, such administration is considered moderate sedation.

(Note: Administration of moderate sedation **requires a permit.**)

**IMPORTANT NOTE:** Nitrous oxide when used in combination with a sedative agent may produce minimal, moderate, or deep sedation. During the administration of moderate or nitrous oxide oxygen sedation, if a patient enters a deeper level of sedation than the dentist is authorized by permit to provide, then the dentist shall stop the sedation and dental procedures until the patient returns to the intended level of sedation ([Wis. Admin. Code § DE 11.03](#)).

**Class I Sedation Permit:** Class I permits issued prior to September 1, 2020 **are no longer valid** and a Class II-Enteral or Class II-Parenteral permit is required to provide moderate sedation. (If sedation is limited to minimal sedation as defined above, no permit is necessary.) A dentist holding an active Class I permit on August 31, 2020 may:

- Limit practice to minimal sedation (**no action required**), [OR](#)
- Transition a Class II-Enteral permit upon submission of evidence of twenty (20) cases providing moderate sedation within the last five (5) years to the Dentistry Examining Board **and** [Form 2759](#). (No fee is required.) [OR](#)
- Apply for the desired class level permit (Class II-Enteral, Class II-Parenteral, or Class III) via new requirements ([Form 2759](#), fee, and [Form 2758](#)).

**Class II Sedation Permit:** Class II permits issued prior to September 1, 2020 are no longer valid and a Class II-Enteral or Class II-Parenteral permit is required to provide moderate sedation. (If sedation is limited to minimal sedation as defined above, no permit is necessary.) A dentist holding an active Class II permit on August 31, 2020 may:

- Limit practice to minimal sedation (**no action required**), [OR](#)
- Transition to a Class II-Parenteral permit by submitting [Form 2759](#) (No fee required.), [OR](#)
- Apply for the desired class level permit (Class II-Enteral, Class II-Parenteral, or Class III) via new requirements ([Form 2759](#), fee, and [Form 2758](#)).

**Class II-Enteral Sedation Permit:** Allows a dentist to administer moderate sedation by enteral route.

**Class II-Parenteral Sedation Permit:** Allows a dentist to administer moderate sedation by parenteral route.

**Class III Sedation Permit:** Encompasses all three levels and allows a dentist to administer moderate sedation, deep sedation, or general anesthesia. (No permit level changes due to September 1, 2020 changes to [Wis. Admin. ch. DE 11](#).)

Continuing education and renewal requirements are available on the Department website at <http://dsps.wi.gov>. Select "Professions," then "Dentist."

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
 Madison, WI 53705  
 Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov>  
 Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
 Website: <http://dsps.wi.gov>

## DENTISTRY EXAMINING BOARD

### APPLICATION FOR PERMIT TO ADMINISTER ANESTHESIA OR CONSCIOUS SEDATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address/P.O. Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
Last Name		First Name		MI	Former / Maiden Name(s)
Address (number/street)		(city)	(state)	(zip code)	Daytime Telephone Number
					□□□□ - □□□□ - □□□□
Mailing Address (if different)					Date of Birth
					□□□ / □□□ / □□□□
Social Security Number		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.			
□□□□ - □□□□ - □□□□					
Ethnicity/gender status information is optional.					
Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic					
<input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other					
Sex: <input type="checkbox"/> M <input type="checkbox"/> F					
Email Address					
List your Wisconsin Dentist Credential Number: (Current Wisconsin licensure is required for a sedation permit.)					

#### APPLICATION FEES: Please check applicable box.

- Credential Fee (No Charge)**
  - Applicant held an active WI Class I permit on 8/31/2020 and is submitting evidence of 20 clinical cases (within the last 5 years preceding this application) for review to transition to a **Class II-Enteral permit**.
- Credential Fee (No Charge)**
  - Applicant held an active WI Class II permit on 8/31/2020 and is transitioning to a **Class II-Parenteral permit**.
- \$ 75.00 Initial Credential Fee**
  - Permit Level (Select one.)
  - Class II-Enteral**
  - Class II-Parenteral**
  - Class III**

#### For Receiving Use Only (15)

# Wisconsin Department of Safety and Professional Services

**CHECK ONE CLASS LEVEL BELOW FOR WHICH YOU ARE SEEKING CERTIFICATION** (CLASS II- Enteral, CLASS II-Parenteral, or CLASS III). **Important note:** Higher class levels encompass the authorizations of the lower levels. For example, a dentist who holds a Class III permit does not have to obtain any other sedation permit and a dentist who holds a Class II-Parenteral permit does not need to obtain a Class II-Enteral permit. Within each section is a list of documents required for certification. **Your application will not be considered complete until the Department has received all documents.**

## CLASS II - ENTERAL

- CERTIFICATION FOR CLASS II-Enteral:** This permit allows a dentist to provide moderate sedation via enteral route.
- Completed application (**Form 2759**) and fee.
  - Verification of any permit or credential authorizing anesthesia or sedation held by the dentist.
  - Certification in Advanced Cardiovascular Life Support or Pediatric Advanced Life Support through a course that follows the American Heart Association guidelines. Pediatric Advanced Life Support is required if treating pediatric patients (12 years old or under).
  - Proof of one of the following:
    - o Current board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery, **Form 2758 required**; or
    - o Completion of an accredited oral and maxillofacial surgery residency, **Form 2758 required**; or
    - o Diplomate or candidate of the American Dental Board of Anesthesiology, **Form 2758 required**; or
    - o Successful completion of a Board approved 18-hour education program that includes 20 clinical cases (which may include group observation cases) **and meets requirements under Wis. Admin. Code § DE 11.035. Form 2758 and documentation are required.**
    - o Applicant held an active Wisconsin Class I permit on August 31, 2020 and is submitting evidence of twenty (20) clinical cases providing moderate sedation within the last five (5) years to transition to a Class II-Enteral permit. (**Enclose clinical case anesthesia records with Private Health Information (PHI) redacted.**) Option applicable to dentists holding an active Wisconsin Class I Sedation Permit on August 31, 2020 ONLY

## CLASS II - PARENTERAL

- CERTIFICATION FOR CLASS II-Parenteral:** This permit allows a dentist to provide moderate sedation via parenteral or enteral routes. Dentists who hold a Class II-Parenteral permit do not have to obtain a Class II-Enteral permit.
- Completed application (**Form 2759**) and fee.
  - Verification of any permit or credential authorizing anesthesia or sedation held by the dentist.
  - Certification in Advanced Cardiovascular Life Support or Pediatric Advanced Life Support through a course that follows the American Heart Association guidelines. Pediatric Advanced Life Support is required if treating pediatric patients (12 years old or under).
  - Proof of one of the following:
    - o Current board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery, **Form 2758 required**; or
    - o Completion of an accredited in oral and maxillofacial surgery residency, **Form 2758 required**; or
    - o Diplomate or candidate of the American Dental Board of Anesthesiology, **Form 2758 required**; or
    - o Successful completion of a Board approved 60-hour education program that includes 20 clinical individually managed cases **and meets requirements under Wis. Admin. Code § DE 11.035. Form #2758 and documentation are required.**
    - o Applicant held an active Wisconsin Class II permit on August 31, 2020 and is transitioning to a Class II-Parenteral permit. Option applicable to dentists holding an active Wisconsin Class II Sedation Permit on August 31, 2020 ONLY

## CLASS III

- CERTIFICATION FOR CLASS III/MODERATE OR DEEP SEDATION OR GENERAL ANESTHESIA:** This permit allows a dentist to provide all of the following: moderate or deep sedation; general anesthesia; conscious sedation-parenteral; and conscious sedation-enteral. Dentists who hold Class III permits do not have to obtain any other sedation permit.
- Completed application (**Form 2759**) and fee.
  - Verification of any permit or credential authorizing anesthesia or sedation held by the dentist.
  - Certification in Advanced Cardiovascular Life Support or Pediatric Advanced Life Support through a course that follows the American Heart Association guidelines. Pediatric Advanced Life Support is required if treating pediatric patients (12 years old or under).
  - Proof of one of the following:
    - o Current board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery, **Form 2758 required**; or
    - o Completion of an accredited oral and maxillofacial surgery residency, **Form 2758 required**; or
    - o Diplomate or candidate of the American Dental Board of Anesthesiology, **Form 2758 required**; or
    - o Completion of postdoctoral residency in an accredited dental program in dental anesthesia, **Form 2758 required.**

# Wisconsin Department of Safety and Professional Services

**I AM OR HAVE BEEN LICENSED AUTHORIZING ANESTHESIA OR SEDATION IN THE FOLLOWING STATE(S).** (Include all active and inactive licenses.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For each credential listed above, you are required to have each state board, jurisdiction, territory of the United States, and/or country submit a letter of verification to the Wisconsin Dentistry Examining Board. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

**ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)**

1.	Have you ever had any previous anesthesia or sedation related incident, morbidity, mortality, or any Board investigation or discipline related to the delivery of anesthesia or sedation? <b>If yes, give details on an attached sheet including the date and location of the incident(s).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do you attest that you have the required personnel, equipment, and medications to meet the Standards of Care for the sedation class level permit for which you are applying per <a href="#">Wis. Admin. Code §§ DE 11.085 and 11.09</a> ? <b>If no, give details on an attached sheet.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	I understand, per <a href="#">Wis. Admin. Code § DE 11.10</a> , that any anesthesia or sedation related mortality that occurs during or as a result of treatment I provide must be reported to the Board within two (2) business days of my notice of such mortality <u>and</u> that any morbidity which may result in permanent physical or mental injury as a result of the administration of anesthesia or sedation must be reported to the Board within thirty (30) days of my notice of the occurrence of any such morbidity. (See <a href="#">Form 2764</a> .)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CERTIFICATION OF LEGAL STATUS**

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

**CONTINUING DUTY OF DISCLOSURE**

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

**AFFIDAVIT OF APPLICANT**

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature: \_\_\_\_\_  
 (If unable to provide a digital signature print and sign form.)

Date: 

--	--

 / 

--	--

 / 

--	--	--	--