

Registration cycle | Y | Y | Y | Y | / | Y | Y | Y | Y |

Any registrant of the PEIDC who plans “to administer pharmaceuticals such as neuromodulators (e.g. Botulinum Toxin Type A) and adjunctive non-surgical and/or surgical therapies used to provide comprehensive therapeutic and esthetic oral and maxillofacial treatment for the restoration of a patient’s appearance in form and function or to enhance their appearance, or both” must have a valid Neuromodulator Dentist Authorization from the PEIDC.

A registrant of the College may request a Permit to Administer Neuromodulators by:

1. Submitting this completed form;
2. Submitting verification of a training program designed to produce competency in the administration of pharmaceuticals such as neuromodulators to be approved by the registrar; and
3. Paying the applicable fee.

The registrar may rescind a dentist authorization where it is determined that the permit was issued on the basis of information or representations that were inaccurate, false, or misleading.

Permit Level

- Level 2 - Basic neuromodulators: upper face and bruxism treatment (\$200)
- Level 3 - Advanced neuromodulators: mid-face and lower face/neck regions (\$400)

The applicable fee is payable by e-transfer to PEIDC (payment@peidc.ca). After the payment is received, a receipt will be issued within the applicant’s HMS profile, under Payment History.

Applicant’s Information

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|------|---------------------------|---------|----------------|--|
| Name | | | Licence Number | |
| | GIVEN NAME(S), INITIAL(S) | SURNAME | | |

Facility Information

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|----------|---|------------------|----------|-------------|
| Name | | | | |
| | FACILITY/CLINIC NAME | | | |
| Address | | | | |
| | STREET NUMBER - STREET NAME - UNIT/SUITE NUMBER | CITY / COMMUNITY | PROVINCE | POSTAL CODE |
| Phone | | Email | | |
| | | | | |
| Owner(s) | | | | |

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| FOR OFFICE USE ONLY | |
| Payment Received: <input type="checkbox"/> \$200 <input type="checkbox"/> \$400 | Date Application Received: D D M M Y Y Y Y Date Permit Granted: D D M M Y Y Y Y Permit Number: |

v20260305

Applicant's Attestations

- I am responsible for "administering pharmaceuticals such as neuromodulators (e.g. Botulinum Toxin Type A) and adjunctive non-surgical and/or surgical therapies used to provide comprehensive therapeutic and esthetic oral and maxillofacial treatment for the restoration of a patient's appearance in form and function or to enhance their appearance, or both."
- I have completed a training from a PEIDC-approved program that focuses on the prescription and administration of neuromodulators and facial esthetic therapy procedures that satisfies and adheres to the treatment level requirement of this application. *(Please submit verification of the training program along with this completed form)*
- I have read and understand PEIDC Advanced Facial Esthetics Therapies and Adjunctive Considerations Standard.
- I understand that:
- Dentists or dental specialists electing to administer the pharmaceuticals or provide the adjunctive therapeutic and esthetic treatments are required to apply to the PEI Dental College for **each individual level of treatment** providing proof of completion of an approved course.
 - Before a dentist or dental specialist can proceed from level 2 to level 3 of treatment, they must have at least twenty documented treatments on different patients during a minimum one-year period of providing the current approved level of treatment to demonstrate substantial experience and competency within the level.
 - The administration of dermal fillers is not authorized for general dentists.
 - For the treatment of bruxism and TMD, the use of initial conservative, non-invasive, reversible, and evidence-based approaches should be exhausted prior to proceeding to a neuromuscular blocking agents.
 - Records, such as pre-treatment photographs, which are above and beyond usual diagnostic records, are mandatory when providing cosmetic facial therapy. Appropriate records for therapeutic treatments with limited cosmetic effects are to be taken as deemed necessary.
 - I must document specific injection sites, including site specific dose records.
 - I must document the specific neuromodulator product brand administered along with the lot number and expiry date for every case.
 - The maintenance of a patient register to record facial esthetic treatment procedures may be beneficial if a review of these records is requested by the PEI Dental College.
 - I am responsible for continual reassessment and follow-up of advanced facial esthetic therapies.
 - The limitations and emergency situations that may occur with the administration of neuromodulators or other esthetic pharmaceutical agents or adjunctive therapies.
 - Although neuromodulators (like most pharmacological agents) have many off-label uses supported by research, the procedures are limited to those encompassed by PEIDC Advanced Facial Esthetics Therapies and Adjunctive Considerations Standard.
 - I cannot assign the administration of neuromodulators, or other agents, and adjunctive therapies to any staff member or employee unless they are registered and authorized with a professional regulatory authority within the Province of PEI that allows for this restricted activity.
 - Dentists and dental specialists are not permitted to provide any level of treatment in stand-alone or mobile spas, esthetic studios, hair salons, fairs or expositions, or private residences or similar.
 - The advertisement of neuromodulator services is **not** compliant with the PEIDC Advertising Standard. However, the communication of neuromodulator services internally within a practice is compliant with the PEIDC Advertising Standard.
 - I must immediately cease the prescription and administration of neuromodulators and facial esthetic therapy procedures in the event that the Registrar has determined by any means that there is risk of harm to the public.
- I understand that by signing this form I am declaring that the information contained in it is accurate and complete and that I am agreeing that I will comply fully with the standards.

Applicant's Signature: _____

Date:

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