

Registration Year | Y | Y | Y | Y / Y | Y | Y | Y

Permit Level

- ☐ Level 1 - Nitrous oxide and oxygen sedation only (\$150)
- ☐ Level 2 - Parenteral Moderate (IV) or Deep Sedation and/or Deep Anesthesia (\$300)

*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 primary contact's HMS profile, under Payment History.*

Facility Information

FACILITY/CLINIC

Name

NAME OF THE FACILITY/CLINIC

PRACTITIONERS PERFORMING SEDATION

PRACTITIONER'S NAME	PRACTITIONER'S REGISTRATION #	NITROUS OXIDE AND OXYGEN	PARENTERAL MODERATE (IV)	DEEP SEDATION AND/OR GENERAL ANESTHESIA

Primary Contact's Information

Please indicate the primary contact — general dentist or dental specialist — for the purpose of the Facility Sedation Permit:

Name

GIVEN NAME(S), INITIAL(S)

SURNAME

Licence
Number

- ☐ I attest that the processes, infrastructure, and equipment for sedation and/or general anesthesia at this facility are in compliance with the PEIDC Standard of Practice for the Use of Sedation and General Anesthesia in Dental Practice.

Applicant's Signature:

Date:

FOR OFFICE USE ONLY

Payment Received:

- ☐ \$150
- ☐ \$300

Date Application Received:

DDMMYYYY

Date Permit Granted:

| D | D | M | M | Y | Y | Y | Y

Permit Number:

1. *Journal of the American Medical Association*, 2000; 284: 2689-2695.