

## Dentist Anesthesia and Analgesia Training Verification Form

To be completed by an authorized program, school, or course provider only:

**Applicant Full Name:** \_\_\_\_\_  
*First Middle Last*

Select one:

- Minimal Sedation:** I attest that the individual listed above has successfully completed training in the administration of nitrous oxide and training in pharmacological methods of minimal sedation that conforms to the ADA Teaching Guidelines, and if engaging in pediatric dentistry, the Pediatric Sedation Guidelines. Or continuing education training provided by an ADA accredited school that is the substantial equivalent of the training in R156-69-301b(3)(e) (i) per Utah Code R156-69-301b(3). Training Completion Date: \_\_\_\_\_
- Moderate Sedation:** I attest that individual listed above has successfully completed comprehensive predoctoral or postdoctoral training in the administration of moderate sedation that conforms to the ADA Teaching Guidelines, and if engaging in pediatric dentistry, the Pediatric Sedation Guidelines. Training included at least 60 hours of didactic education in sedation and at least 20 sedation cases or continuing education training provided by an ADA accredited school that is substantial equivalent of the education and training as required by Utah Code R156-69-301b(4). Training Completion Date: \_\_\_\_\_
- Deep Sedation & General Anesthesia Sedation:** I attest that individual listed above has successfully completed a program of advanced postdoctoral training in the a administration of deep sedation and general anesthesia, that conforms to the ADA Teaching Guidelines, and the ASA standards or the AAOMS standards as required by Utah Code R156-69-301b(5). Training Completion Date: \_\_\_\_\_

**I certify that the information contained in this form is true and correct.**

**Name of Program, School, or Course Provider:** \_\_\_\_\_

**Name of Administrator or Program Director (Please Print):** \_\_\_\_\_

**Title/Position Held:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit Completed Form to [b9@utah.gov](mailto:b9@utah.gov)