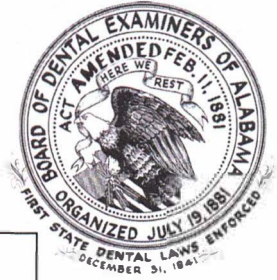


Received: \_\_\_\_\_

# Oral Conscious Sedation Permit

## REINSTATEMENT FORM (Due to Expiring)



DENTAL LICENSE #

D. \_\_\_\_\_

DEA# \_\_\_\_\_

Exp: \_\_\_\_\_

Renewal Fee:

\$100.00

**NOTE:** You are required to have a separate OCS Permit and separate DEA Registration for each clinic that you dispense oral conscious sedation medication. An on-site inspection may be required.

### Application Instructions

- Complete form, affidavit, and attach fees noted above and the required documentation.
- Email completed form to: [licensing@dentalboard.org](mailto:licensing@dentalboard.org)
- Once the application for reinstatement is accepted, you will be emailed payment instructions.
- **NOTE:** This reinstatement form is for your Oral Conscious Sedation Permit only!

### PERSONAL INFORMATION

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Office Address: \_\_\_\_\_  
Street City County State Zip

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City County State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### REQUIRED QUESTIONS

- Have you had any Adverse Occurrences in your practice? ☐ Y ☐ N
  - If yes, provide a full explanation with your form.
- List all dental personnel that you utilize during OCS (must have current CPR certification):
  - Employee Name: \_\_\_\_\_ License #: \_\_\_\_\_
  - Employee Name: \_\_\_\_\_ License #: \_\_\_\_\_
  - Employee Name: \_\_\_\_\_ License #: \_\_\_\_\_

### ATTESTATION OF UNDERSTANDING

I hereby attest that I have met all the requirements for the reinstatement of my Oral Conscious Sedation permit. I certify and acknowledge that I am familiar with and will abide by the provisions of the Alabama Dental Practice Act and any applicable administrative rules.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**AFFIDAVIT**

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_, being duly sworn, deposes and says:

I last possessed an active Oral Conscious Sedation permit in the year \_\_\_\_\_. Due to my permit being expired, I am now seeking to reinstate my Oral Conscious Sedation permit. During the time my permit was expired, I have not used Oral Conscious Sedation in the State of Alabama in any manner, at any time.

\_\_\_\_\_  
Signature of Affiant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

&lt;SEAL&gt;

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_

**NOTE:** If you cannot sign the above affidavit due to having used Oral Conscious Sedation in the State of Alabama during the time your license/permits were expired, please sign below to acknowledge:

\_\_\_\_\_  
Signature of Licensee