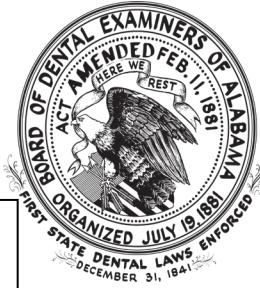


Received: \_\_\_\_\_

# General Anesthesia Permit

## REINSTATEMENT FORM (Due to Expiring)



DENTAL LICENSE #  D. _____	DEA# _____  Exp: _____	Renewal Fee:  \$300.00
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**NOTE:** You are required to have a separate General Anesthesia Permit and separate DEA Registration for each clinic that you provide anesthesia/sedation.

### Application Instructions

- Complete form, affidavit, and attach fees noted above with all 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 General Anesthesia 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

1. Have you had any Adverse Occurrences in your practice?  Y  N  
 a. If yes, provide a full explanation with your form.
2. List all dental personnel that you utilize during sedation (must have current CPR certification):
 

a. Employee Name: _____	License #: _____
b. Employee Name: _____	License #: _____
c. Employee Name: _____	License #: _____

### ATTESTATION OF UNDERSTANDING

I hereby attest that I have met all the requirements for the reinstatement of my General Anesthesia 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 General Anesthesia permit in the year \_\_\_\_\_. Due to my permit being expired, I am now seeking to reinstate my General Anesthesia permit. During the time my permit was expired, I have not used General Anesthesia in the State of Alabama in any manner, at any time.

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Signature of Affiant

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

<SEAL>

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Notary Signature

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

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

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Signature of Licensee