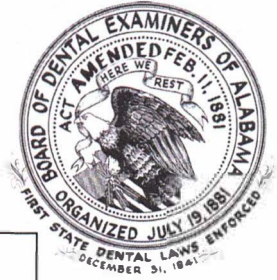


Received: _____

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
- 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_____

<SEAL>

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