

## MANITOBA DENTAL ASSOCIATION

202-1735 Corydon Ave. Winnipeg, MB R3N 0K4 T: 204.988.5300 F: 204.988.5310 www.manitobadentist.ca

## APPLICATION FOR NEW FACILITY SEDATION PERMIT

| Facility Permit Registration Fee                        | \$          | 262.50  |
|---|-------------|---------|
| Facility Audit - Nitrous Oxide Inhalation Sedation      | <b>\$</b> 1 | ,050.00 |
| Facility Audit - Moderate Conscious Parenteral Sedation | \$ 1        | ,050.00 |
| Facility Audit - Deep Conscious/General Anaesthesia     | \$ 1        | ,575.00 |

# IN ORDER TO PROCESS YOUR APPLICATION, PLEASE:

- $\Box$  Return this completed form
- □ Include required supporting documents
- $\hfill\square$  Submit payment of all applicable fees\*

#### For more information, go to: www.manitobadentist.ca/ dental-professionals/ legislation#dentists-bylaws



\* Please ensure that equipment and required documents are in place before submitting the payment. Office visits will be scheduled upon receipt of full payment.

### Name of Facility Director

| Name:            |                |                  |                |          |             |
|------------------|----------------|------------------|----------------|----------|-------------|
| Practice inform  | ation          |                  |                |          |             |
| Practice name:   |                |                  |                |          |             |
| Address:         |                |                  |                |          |             |
|                  | Number         | Street           | Town/City      | Province | Postal Code |
| Telephone:       |                |                  | Mobile:        |          |             |
| Fax:             |                |                  | Email address: |          |             |
| Sedation Provid  | lers           |                  |                |          |             |
| Name(s) of pract | itioners provi | ding sedation se | ervices:       |          |             |
| 1.               |                |                  |                |          |             |
| 2.               |                |                  |                |          |             |
| 3.               |                |                  |                |          |             |
| 4.               |                |                  |                |          |             |
| 5.               |                |                  |                |          |             |
| Ramsev Sedatic   | on Scale       |                  |                |          |             |

In order to select appropriate personnel for the audit team, indicate the maximum level of sedation planned for your facility. Please use the Ramsey Sedation Scale (RSS) as defined in Bylaw to describe the sedation level.

| I  | RSS      |  |  |  |  |
|--|----------|--|--|--|--|
| Declarations   |          |  |  |  |  |
|  | Initials |  |  |  |  |
| I have read and shall comply with The Pharmacological Behaviour Management Bylaw and Code of Ethics.   |          |  |  |  |  |
| As the Facility Director, I declare that I am aware of my responsibility to ensure provision of sedation service limited to members on the MDA roster for the particular sedation service or individuals authorized under the provisions of their regulatory body. |          |  |  |  |  |

Signature of Member