



APPLICATION FOR
NITROUS OXIDE INHALATION ANALGESIA PERMIT
LOUISIANA STATE BOARD OF DENTISTRY
P.O. BOX 5256
BATON ROUGE, LA 70821-5256
TELEPHONE (225) 219-7330 FAX (225) 219-0707

INSTRUCTIONS: Complete this application and have your signature notarized where indicated on the second page. Return the completed application, the appropriate fee (see below), a copy of your current BLS certification, and a copy of documentation showing your completion of an approved nitrous oxide training program (for a personal permit only) to the board office address above.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.

ARE YOU APPLYING FOR A PERSONAL PERMIT OR AN OFFICE PERMIT OR BOTH?

PERSONAL PERMIT (\$50.00 fee)

A *personal* permit indicates the dentist has the required training to administer nitrous oxide. A dentist wishing to administer nitrous oxide may only do so in an office in which there exists an *office* permit for the same or higher level of anesthesia.

OFFICE PERMIT (\$50.00 fee per office)

An *office* permit indicates that the office location has the appropriate equipment necessary for the safe administration of nitrous oxide. The office permit allows any Louisiana licensed dentist currently holding a *personal* permit to administer nitrous oxide.

All information **must** be completed (**including** DEA and Louisiana controlled substance license numbers).

Last name

First name

Middle

LA dental license no.

DEA registration no.

LA controlled substance permit no.

Mailing Address

City

State

Zip

Telephone

Indicate below ALL office addresses where you intend to administer nitrous oxide. **If you are applying for an office permit, check the box below the address for which you are applying.** Please list any additional offices on a separate sheet and attach it to this application.

*NOTE: There **must** be an office permit in every office where you intend to administer nitrous oxide. If our records indicate you are practicing in an office location without an office permit, you must either apply for an office permit at that location or send us written notification that you will not be administering nitrous oxide in said location.*

Office address

City

State

Zip

Telephone

I am applying for an office permit for this location.

Office address _____ City _____ State _____ Zip _____ Telephone _____
 I am applying for an office permit for this location.

Office address _____ City _____ State _____ Zip _____ Telephone _____
 I am applying for an office permit for this location.

QUALIFICATIONS

Enclose a copy of documentation of your completion of a training program which was in compliance with the guidelines and policy statements published by the American Dental Association pertaining to training recommended for nitrous oxide inhalation analgesia.

FACILITIES, PERSONNEL, AND EQUIPMENT

By your signature and completion of this application you are certifying that any location where you administer nitrous oxide inhalation analgesia meets the board's requirements set forth in regulations.

INFORMATION AUTHORIZATION

I hereby authorize release of any information requested by the Louisiana State Board of Dentistry.

DATE _____ **DENTIST SIGNATURE** _____

ACKNOWLEDGMENT

BEFORE ME _____, **NOTARY PUBLIC**, duly commissioned and qualified within
and for the state of Louisiana, Parish of _____

PERSONALLY CAME AND APPEARED, _____ (applicant/affiant), who
declared and acknowledged to me, Notary, under oath, after being by me duly sworn, that affiant swears that all
information provided in this application is correct and true, and in the case of affiant's application for an office permit
that affiant has or will have the equipment required for the administration of anesthesia/analgesia pertaining to the
requested permit(s) on location wherein said permit is requested.

AFFIANT/APPLICANT'S SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of _____, 20 _____

NOTARY PUBLIC