MANITOBA DENTAL ASSOCIATION
202-1735 Corydon Avenue, 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 $157.50 ☐
- ☐ FACILITY AUDIT - Inhalation Sedation $630.00 ☐
- ☐ FACILITY AUDIT - Parenteral Sedation $735.00 ☐
- ☐ FACILITY AUDIT - General Anaesthesia $1260.00 ☐

IN ORDER TO REVIEW YOUR APPLICATION, YOU MUST:

- ☐ RETURN THIS COMPLETED FORM
- ☐ INCLUDE REQUIRED SUPPORTING DOCUMENTS
- ☐ SUBMIT PAYMENT OF ALL APPLICABLE FEES

FOR MORE INFORMATION GO TO:
https://www.manitobadentist.ca/professional-legislation-bylaws-dentist.cfm

NAME FACILITY DIRECTOR

NAME: ____
____

PRACTICE INFORMATION

PRACTICE NAME:	
STREET ADDRESS CITY POSTAL CODE	
TELEPHONE:	
FAX:	
CELL PHONE:	
EMAIL ADDRESS:	

SEDATION PROVIDERS

NAME(S) OF PRACTITIONERS PROVIDING SEDATION:
1.
2.
3.
4.

RAMSEY SEDATION 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.

RRS________

DECLARATIONS

INITIALS HERE

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 services is 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 Date