



MANITOBA DENTAL ASSOCIATION

202-1735 Corydon Avenue, Winnipeg, MB, R3N 0K4
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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>

APPLICATION FOR FACILITY SEDATION PERMIT RENEWAL

- FACILITY PERMIT REGISTRATION FEE \$157.50
- FACILITY AUDIT - Inhalation Sedation \$630.00
- FACILITY AUDIT - Parenteral Sedation \$735.00
- FACILITY AUDIT - General Anaesthesia \$1260.00

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 SERVICES:
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

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 _____

INITIALS HERE _____

