



MANITOBA DENTAL ASSOCIATION

**INSTRUCTIONAL GUIDE
FOR COMPLETING
PHARMACOLOGICAL
BEHAVIOUR MANAGEMENT
INITIAL ROSTER
APPLICATION FORM**

The Manitoba Dental Association is the organization authorized by statute to register and license dental assistants and dentists in the Province of Manitoba. Our enabling legislation is *The Dental Association Act*.

All members that provide sedations services must comply with the requirements of the *Bylaw for Pharmacological Behaviour Management* (the *Bylaw*). This may include being listed on the public roster.

New application forms have been developed for members to request placement on the roster pharmacological behaviour management. There has been significant effort to make the application form self-explanatory. This instructional guide is to provide additional details clarifying requirements and expectations for applicants in completing the new forms.

The new form is a single page document. It must be completed in its entirety by the person applying for placement on the roster. Your application cannot be processed unless all the necessary documents and payments have been received. An unsigned or incomplete form will be returned.

On review of your application and documents, a determination of approval shall be made. You will receive a letter indicating if you have been approved for use of the requested modalities and conditions if any for that approval. Your name shall be placed on the roster. You cannot use a sedation modality until you receive this letter.

The signed forms will be retained in your file. An applicant's placement on the roster shall be revoked and the matter referred to peer review if he or she submits false or misleading statements.

1. MEMBER APPLICATION FEES

The registration application fee is \$150.00. It must be included with your application and is non-refundable.

The fee for your roster application will vary depending on the number of rosters that you are requesting. It must be included with your application but shall be returned if your application does not meet the requirements.

Current application and roster fees are available in Schedule A of the *Bylaw for Pharmacological Behaviour Management* that is appended to this *Guide*.

2. ROSTER CATEGORY APPLICATION SECTION

The Roster Category application section is in the upper portion of the page. It identifies the four sedation categories that a member must be approved and listed on a roster. For each category, there are a number of subcategories related to age and health status. There are training requirements in the *Bylaw* specific to each subcategory. Documentation to support your application for a particular subcategory must be included with your application.

An applicant must identify the category and specific subcategories to allow processing of an application.

If you are applying for conscious sedation using multiple modalities other than those specified, you must provide a description of the modality combination that you are seeking approval.

3. NAME SECTION

The current legal name of the member must be included.

4. PRACTICE NAME AND ADDRESS SECTION

In order to effectively protect the public interest, the MDA requires applicants to identify all locations where they intend to provide sedation services. Members must report any changes in locations in a timely manner.

A member that provides sedation services at a location without informing the MDA of the location will have their sedation privileges suspended and the issue referred for peer review.

Retain a copy of this information for reference in completing future licence renewals.

5. ROSTER DOCUMENT REQUIREMENTS

The following is a summary of the document requirements for an application. Please refer to the *Bylaw* for detailed information.

- Original or certified copy of the certificate of completion from your sedation training programme;
- Original letter from sedation training programme director confirming:
 - your participation and successful completion;
 - programme dates;
 - didactic hours of training;
 - numbered of supervised cases performed; and
 - age and health status of patients treated.
- A detailed synopsis of the training programme curriculum produced by the course provider;
- Proof of valid medical emergency training as specified in the *Bylaw* for the category.
- Original letter directly from any jurisdiction you were provide sedation services confirming:
 - the conditions for your use of the sedation modality;
 - good standing in the jurisdiction.
- Any other information specified in the *Bylaw*.

6. DECLARATIONS

All applicants must review and agree to the declarations before being approved to provide sedation services.

A failure to comply with the declarations for facilities, documentation, continuing education or patient assessment will lead the immediate suspension of your sedation privileges and referral of the matter to peer review.

You are required to ensure any facility and office personnel where you provide these services complies with the *Bylaw*.

7. SIGNATURE SECTION

Please review the document and statements carefully. Once satisfied, identify the location and date. Sign the document. Please contact Ms. Linda Berg if you have further questions.

EXCERPT FROM THE *BYLAW FOR PHARMACOLOGICAL BEHAVIOUR MANAGEMENT*

SCHEDULE A - FEES

Member registration application fee	\$ 150.00
Member annual fee (per modality)	\$ 50.00
Facility permit registration fee	\$ 150.00
Facility audit - Nitrous oxide inhalation sedation	\$ 600.00
Facility audit - Moderate conscious parenteral sedation	\$ 700.00
Facility audit - Deep conscious/General anaesthesia	\$1200.00
Appeal fee	\$ 500.00

NOTE: ALL FEES ARE NON-REFUNDABLE.