



**Please note:**

The submitted documents will be retained in your file and cannot be returned to you so providing the original certificate is not recommended. If it is more convenient, you may present at the MDA office with your original certificate. Once verified for authenticity it will be copied and returned to you. It would be best to call and schedule a time as only a few MDA office personnel can verify the certificate’s authenticity.

On review of your documents, a determination on your application will be made. You will receive a letter confirming your name being placed on the roster and clarifying any conditions on your use of sedative agents. Until you receive this letter, you cannot provide sedation services in the Province.

A failure to comply with the documentation, continuing education or patient assessment requirements will lead to your name being suspended from the roster and the matter referred to the Peer Review Committee for investigation. You will also be expected to ensure the facility and office personnel where you provide these services also comply with the Bylaw.

**SUPPORTING DOCUMENTS - EDUCATION**

Supporting documents must be attached to this application form. Incomplete applications will be denied and returned to the member.

- An original or certified copy of your sedation certificate
- A letter from the programme’s director confirming your attendance and successful completion. This letter must be sent directly from the programme director to the MDA. The letter should identify the dates, number of hours of training and number of supervised cases performed. If there were specific aspects of the course related to children (hours of didactic courses or supervised cases), they should be expressly indicated.
- A detailed synopsis of the course curriculum produced by the course. This should include information on the didactic courses and clinical aspects of the programme.
- Proof of valid resuscitation/life support training at a level specific to the type of sedation you are applying for.

**SUPPORTING DOCUMENTS - PRACTICE HISTORY**

Supporting documents must be attached to this application form. Incomplete applications will be denied and returned to the member.

- A letter from any jurisdiction you were or are allowed to provide sedation services. The letter should confirm the conditions of your use nitrous oxide inhalation sedation in that jurisdiction and standing with regards to the provision of these services. The letter must be sent directly from the dental regulatory authority of the jurisdiction.
- If you have never been authorized to provide nitrous oxide inhalation sedation in any other jurisdiction, please provide a signed written declaration stating that information.
- Identify the facility or facilities you plan to provide sedation services.

**Completed applications and accompanying documentation may be mailed to:**

Attention: Director of Regulatory Programs  
Manitoba Dental Association  
202-1735 Corydon Avenue  
Winnipeg, Manitoba R3N 0K4

**MEMBER DECLARATION**

- I solemnly declare that the contents of this application are true and complete to the best of my knowledge and belief.
- I declare that I have read and shall comply with The Pharmacological Behaviour Management Bylaw and Code of Ethics.
- I understand and accept responsibility to limit my usage of any sedation modality only to MDA facilities approved for that specific modality.
- I understand and accept responsibility to ensure any facility that I provide sedation services complies with MDA bylaws.
- I understand and accept responsibility to ensure that I comply with the required documentation and competency requirements for each modality that I am registered.
- I understand and agree that if I make a false or misleading statement or representation in respect of my request to be added to a Pharmacological Behaviour Management Roster, I shall be deemed not to have satisfied the requirements for approval. I further understand and agree that if an approval should be issued to me based upon a false or misleading statement or representation that said approval is subject to immediate suspension, and the matter referred to the Peer Review Committee for investigation.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

MDA OFFICE USE ONLY	
WAS ADDITIONAL INFORMATION NECESSARY FOR REVIEW?	<input type="checkbox"/> NO <input type="checkbox"/> YES, SEE ATTACHED INFORMATION
FACILITY HAS VALID PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO	LETTER SENT TO MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO
APPROVED BY REGISTRAR <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ADDED TO CRM: DD / MM / YYYY