



MANITOBA DENTAL ASSOCIATION

202-1735 Corydon Ave. Winnipeg, MB R3N 0K4
T: 204.988.5300 F: 204.988.5310 www.manitobadentist.ca

IN ORDER TO PROCESS YOUR APPLICATION, PLEASE:

- Return this completed form
- Include required supporting documents
- Submit payment of all applicable fees*

For more information, go to:

www.manitobadentist.ca/dental-professionals/legislation#dentists-bylaws



* Please ensure that equipment and required documents are in place before submitting the payment. Office visits will be scheduled upon receipt of full payment.

APPLICATION FOR FACILITY SEDATION PERMIT RENEWAL

- Facility Permit Registration Fee \$ 262.50
- Facility Audit - Nitrous Oxide Inhalation Sedation \$ 1,050.00
- Facility Audit - Moderate Conscious Parenteral Sedation \$ 1,050.00
- Facility Audit - Deep Conscious/General Anaesthesia \$ 1,575.00

Name of Facility Director

Name: _____

Practice information

Practice name: _____

Address: _____

Number	Street	Town/City	Province	Postal Code
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Telephone: _____ Mobile: _____

Fax: _____ Email address: _____

Sedation Providers

Name(s) of practitioners providing sedation services:

1. _____
2. _____
3. _____
4. _____
5. _____

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.

RSS _____

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.

Initials

Signature of Member

Date