



ARIZONA MEDICAL BOARD DENTAL ANESTHESIA REGISTRATION FORM

1740 W. Adams St. Ste. 4000
Phoenix, AZ 85007-2664

www.azmd.gov - Email to - Licensingreport@azmd.gov

First Name: Initial: Last Name:

License Number: Board Certified: Yes No

32-1403. Powers and duties of the board; compensation; immunity; committee on executive director selection and retention

A. The primary duty of the board is to protect the public from unlawful, incompetent, unqualified, impaired or unprofessional practitioners of allopathic medicine through licensure, regulation and rehabilitation of the profession in this state. The powers and duties of the board include:

ISSUING REGISTRATIONS TO ADMINISTER GENERAL ANESTHESIA AND SEDATION IN DENTAL OFFICES AND DENTAL CLINICS PURSUANT TO SECTION 32-1272 TO DOCTORS OF MEDICINE WHO HAVE COMPLETED RESIDENCY TRAINING IN ANESTHESIOLOGY.

32-1459. Duty to Report

IF A DEATH OR AN INCIDENT REQUIRING EMERGENCY MEDICAL RESPONSE OCCURS IN A DENTAL OFFICE OR DENTAL CLINIC DURING THE ADMINISTRATION OF OR RECOVERY FROM GENERAL ANESTHESIA OR SEDATION BY A DOCTOR OF MEDICINE, THE DOCTOR OF MEDICINE SHALL, AND ANY OTHER PERSON MAY, REPORT THE DEATH OR INCIDENT TO THE BOARD WITHIN SEVEN BUSINESS DAYS AFTER THE OCCURRENCE.

I have completed Residency Training in Anesthesiology

Post Graduate Training Information

Institution: City: State:

Dates of Attendance: Beginning: Ending:

I declare under penalty of perjury that all of the information contained in this application and accompanying evidence or other credentials submitted are true and correct. I attest the credentials submitted with the application were procured without fraud or misrepresentation or any mistake of which I am aware, and that I am the lawful holder of the credentials. I authorize the release of any information from any source requested by the Board necessary for initial and continued licensure in this state.

Physician Signature: Date: