

**CHECK LIST**

- App. & Fee (\$40)
- Office Evaluation
- Tax Addendum

**FOR OFFICE USE ONLY**

Receipt #

ID #

Issue Date

Permit #

**Rhode Island  
Board of Examiners in Dentistry  
Room 205  
3 Capitol Hill  
Providence, RI 02908-5097**

*Instructions and  
License Application for:*

**DENTAL ANESTHESIA**

**FACILITY PERMIT**

*Name and Address of Dental Office*

# GENERAL INFORMATION

**Pursuant to Chapter 5-31.1-1 of the General Laws of the State of Rhode Island the Rhode Island Board of Examiners in Dentistry it is required that every dental office site in which general anesthesia/deep sedation, parenteral conscious sedation, inhalation conscious sedation and/or nitrous oxide analgesia is to be administered must obtain an Anesthesia Facility Permit. This includes offices of those dentists who work with in conjunction with a qualified anesthesiologist.**

**Be advised that each dentist administering general anesthesia/deep sedation, parenteral conscious sedation, inhalation conscious sedation and/or nitrous oxide analgesia must hold the appropriate personal anesthesia permit to administer general anesthesia/deep sedation, parenteral conscious sedation, inhalation conscious sedation and/or nitrous oxide analgesia.**

- Anesthesia Facility Permit Fee of **\$40.00**

## **Rules and Regulations**

The rules and regulations governing the Practice of Dentistry can be obtained at the following web site:

[http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH\\_3215.pdf](http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_3215.pdf)

Rhode Island General Laws pertaining to the Practice of Dentistry can be obtained at the following web sites:

<http://www.rilin.state.ri.us/statutes/title5/5-31.1/index.htm>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of your Board application, please contact this office at (401) 222-2837.

## **General Instructions**

1. Make a copy of the application and forms before you begin, in case you make a mistake.
2. Type your information or print in blue or black ballpoint pen. Board staff will not make assumptions about illegible information.
3. Be sure to print the name and location of the dental office in the box provided on the cover page.
4. We suggest that you make a copy of your completed application before submitting it to the Board.
4. Complete Tax Addendum and return with the application
5. It is your responsibility to check on the status of your application.

### **Completing your Board Application:**

Complete all pages of the application, make a check or money order (in U.S. Funds only) for the application fee(s) of \$40.00 payable to "Rhode Island General Treasurer" and staple it to the upper left-hand corner of the first (Top) page of the application. The application fees are NON-REFUNDABLE. Complete all application materials as instructed Do not submit applications without all applicable information, and fee. Mail these components of the application to:

**Rhode Island Department of Health  
Board of Examiners in Dentistry, Room 205  
3 Capitol Hill  
Providence, RI 02908-5097**

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## Anesthesia Facility Permit

1. Name of Dental Facility \_\_\_\_\_  
This is the name that will be printed on your License/Permit/Certificate

2. Facility Address \_\_\_\_\_  
*This address will appear on the Department of Health web site.*

3. Owner of Practice \_\_\_\_\_ 4. RI Dental License # \_\_\_\_\_

5. Owner's Address \_\_\_\_\_  
Street City/Town State Zip

**6. Affidavit of Applicant:** Complete this section and sign in the presence of a notary public. Make sure that you and the notary public have completed all components accurately and completely.

*The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has  
produced \_\_\_\_\_ as documentation and did / did not take an oath.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Notary Public

SEAL

**Rhode Island Department of Health**  
**Rhode Island Department of Health**  
**3 Capitol Hill, Room 205, Providence RI, 02908-5097**

**MANDATORY ADDENDUM TO LICENSE APPLICATION**  
**Tax Payer Status Affidavit / Identity Verification**

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below. In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

**Licensee Declaration**

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # \_\_\_\_\_)
- I am in state receivership. (Case # \_\_\_\_\_)
- I have been discharged from Bankruptcy. (Case # \_\_\_\_\_)

\_\_\_\_\_  
Type of Professional/Business License for which you are applying

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN for Business)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (including area code if not 401)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Business (If Applicable)

*This form must be completed, signed and attached to your license application for processing*

\_\_\_\_\_

*This form must be completed, signed and attached to your license application for processing*

## APPLICATION CHECKLIST

Please review the following checklist to ensure you have satisfied all components of the application process. I have included a check in the amount of **\$40.00** and have attached it to the upper left-hand corner of the first (cover/top) page of the application.

I have arranged my Board Application materials in following order:

1. Fee (attached as instructed)
2. Facility Permit Application signed and notarized
3. Tax Addendum Form

Mail the application and components to:

:

**Rhode Island Department of Health  
Board of Examiners in Dentistry, Room 205  
3 Capitol Hill  
Providence, RI 02908-5097**