

APPLICATION
FOR DENTAL CARE COVERAGE DURING
IN OFFICE DEEP SEDATION AND GENERAL ANESTHESIA

I am applying for coverage of my *professional services* for dental care provided to a patient under “Deep Sedation” or “General Anesthesia” as defined in Rule XIV of the Rules promulgated by the Colorado State Board of Dental Examiners (“State Board”) which is used, administered and monitored by an independent, licensed Certified Nurse Anesthetist, Anesthesiologist or Dental Anesthesiologist who is not affiliated with or employed by my practice.

In support of my Application and by my signature below, I hereby verify and represent that:

1. I understand the coverage I am applying for does not include coverage for liability arising out of or related to the provision of or failure to provide the proper administration, inducement or monitoring of “Deep Sedation” or “General Anesthesia” and requires the Anesthesia Provider I will be using to provide insurance for any such liability.

2. I understand that the premiums for this additional coverage is \$850 per year and upon approval of my Application and following payment and issuance of the Coverage Endorsement the premium is non-refundable and is considered to be fully earned.

3. I have completed the following approved dental emergencies continuing education course(s) in the past 24 months (Online or Formal):

Course _____ Date _____

Course _____ Date _____

Course _____ Date _____

4. Following the date of the approval of my Application I will continue to take at least one approved dental emergencies, continuing education course in every subsequent 24 month period.

5. I have read and understand the State Board’s Anesthesia Rule (Rule XIV).

6. I understand and agree to the Conditions and Limitations and the Exclusions of Coverage set forth in the attached form of the proposed **“Coverage Endorsement for Dental Care During In-Office Deep Sedation and General Anesthesia.”**

Printed or typed name of Participant: _____ -

Signed and dated this ____ day of _____, 20 ____.

Signature

Approved: _____

Not Approved: _____

Reasons:

By _____ Date _____