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Administered by  
*Berkley Risk Services*  
*of Colorado*

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*(303) 357-2600*  
*Toll free*  
*(877) 502-0100*  
*Fax*  
*(866) 699-1559*

RE: Sedation

Dear Dr.

Enclosed is the application for either Minimal Sedation or Minimal and Moderate Sedation coverage.

The application for Minimal Sedation requires the certificate of approval by the State Board of Dental Examiners, and a course history.

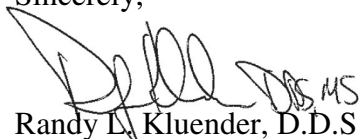
The application for Moderate Sedation requires the certificate of approval by the State Board of Dental Examiners, course history and an office inspection. The Trust will provide coverage for the case being monitored. The inspector must be a certified registered nurse anesthetist, an anesthesiologist, or a dentist with a deep sedation/general anesthesia permit. It is your responsibility to obtain an inspector and send a **copy of the report to the Trust.** When all of the documents have been received and approved, then coverage will be extended and an endorsement will be issued.

Please be aware that you must document and complete seven hours of approved continuing education in the next 24 months to maintain either Minimal or Moderate Sedation coverage.

You will note there is no additional premium being charged for this coverage as found with other providers. The Trust Board believes that education is a better way to manage this coverage.

Contact Berkley Risk Services of Colorado professional liability department if you have questions.

Sincerely,



Randy L. Kluender, D.D.S., M.S.  
**DENTISTS PROFESSIONAL LIABILITY TRUST OF COLORADO**  
**BERKLEY RISK SERVICES OF COLORADO**

pcb\sedtm 2010 07 26- Sedation Application Packet.wp

# REPORT FORM

## THE DENTISTS PROFESSIONAL LIABILITY TRUST

### EDUCATION REQUIREMENTS FOR THE USE OF MINIMAL/MODERATE SEDATION

I am applying for (check one):

- Only Minimal Sedation Coverage
- Minimal and Moderate Sedation Coverage

In accordance, with the requirements governing the administration and inducement of Minimal / Moderate Sedation, please submit the following:.

1. A copy of the Certificate from the Colorado State Board of Dental Examiners of approval to provide sedation to include the section applied for.

2. List of courses completed for the State Certificate:

Course \_\_\_\_\_ Date \_\_\_\_\_ Hrs \_\_\_\_\_

Course \_\_\_\_\_ Date \_\_\_\_\_ Hrs \_\_\_\_\_

Course \_\_\_\_\_ Date \_\_\_\_\_ Hrs \_\_\_\_\_

3. A copy of the current certificate for one of the following Minimal Sedation:

BLS Certification

Minimal or Moderate Sedation:

ACLS Certification

PALS Certification

Signature \_\_\_\_\_

Approved:  
Not Approved:  
Reasons:

By \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_



2000 S. Colorado Blvd, Annex Building Suite 410  
Denver, CO 80222

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TO: INSPECTOR FOR OFFICE SEDATION EVALUATION

Thank you for agreeing to help in evaluating the Dentists Professional Liability Trust dentists for use of Minimal and/or Moderate Sedation.

It is the intent of the Dentists Professional Liability Trust that member dentists be screened for the safe practice of Sedation in as much as an office visit can do that. The dentists will need to first provide verification of having been approved for Moderate Sedation by the Colorado State Board of Dental Examiners. This will include having the required equipment indicated in the Inspector Report Form along with knowledge of how to use it. Furthermore, he or she should be utilizing medications and dosages that are commonly accepted to induce sedation. Under no circumstances should these dentists be placing patients into Deep Sedation or General Anesthesia as defined by the State Board of Dental Examiners. An adequate pre-operative evaluation and sedation record keeping should also be present.

This should be an evaluation process, not an examination. Please offer suggestions about improvements if you feel they are warranted. If you feel there is a major discrepancy in the above safe practices, please let us know.

Again, thank you for your time and expertise.

DENTISTS PROFESSIONAL LIABILITY TRUST BOARD

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