



ARIZONA STATE BOARD OF DENTAL EXAMINERS

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- MOBILE -

ARIZONA STATE BOARD OF DENTAL EXAMINERS

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APPLICATION FOR ISSUANCE/RENEWAL OF SECTION 1301 PERMIT TO ADMINISTER GENERAL ANESTHESIA AND DEEP SEDATION

1. This application for Section 1301 Permit is being submitted for (check one):

X Issuance      X Renewal

2. IDENTIFYING INFORMATION Arizona Administrative Code (AAC) R4-11-1301(B)(1):

NAME: PANKAJ D. GOYAL      \* MOBILE \*

OFFICE ADDRESS: MIDWESTERN UNIV. DENTAL INSTITUTE, 19369 N. 59th AVE

City: GLENDALE      ZIP: 85308.

Telephone: (623) 806-7177

HOME ADDRESS: [REDACTED]

City: FOUNTAIN HILLS      ZIP: 85268

Telephone: [REDACTED]

LICENSE NO. 7043      PRACTICE LIMITED TO: ANESTHESIA.

3. EQUIPMENT AAC R4-11-1301(B)(2)(a):

Complete the required equipment checklist below. NOTE: Each item on this checklist is required to be installed and operating properly in any office or dental clinic the dentist will administer general anesthesia or deep sedation.

- Emergency drugs
- EKG monitor
- Pulse oximeter
- Cardiac defibrillator or AED
- Positive pressure oxygen and supplemental oxygen
- Suction equipment including endotracheal, tonsillar, pharyngeal and emergency backup medical suction device
- Laryngoscope multiple blades, backup batteries and backup bulbs
- Endotracheal tubes and appropriate connectors
- Magill forceps
- Oropharyngeal and nasopharyngeal airways
- Auxiliary lighting
- Stethoscope
- Blood pressure monitoring device

4. AUXILIARY TEAM AAC R4-11-1301(B)(2)(b):

For each office or dental clinic in which you will administer general anesthesia or deep sedation, list the name of each member of your team, trained as required by A.A.C. R4-11-1301(B)(2)(b), and indicate the expiration date of each individual's current CPR Healthcare Provider level certification. (Copies of course completion must be attached.)

Office or Dental Clinic No. 1:

✓	NAME:	<u>SCHANDHAULI</u>	<u>MAJINES</u>	<u>B</u>	<u>3/2014</u>
		LAST	FIRST	MI	CPR Expiration Date
✓	NAME:	<u>CHAVEZ</u>	<u>LAHUA</u>		<u>11/2014</u>
		LAST	FIRST	MI	CPR Expiration Date
	NAME:	_____	_____	_____	_____
		LAST	FIRST	MI	CPR Expiration Date
	NAME:	_____	_____	_____	_____
		LAST	FIRST	MI	CPR Expiration Date

Office or Dental Clinic No. 2:

	NAME:	_____	_____	_____	_____
		LAST	FIRST	MI	CPR Expiration Date
	NAME:	_____	_____	_____	_____
		LAST	FIRST	MI	CPR Expiration Date
	NAME:	_____	_____	_____	_____
		LAST	FIRST	MI	CPR Expiration Date
	NAME:	_____	_____	_____	_____
		LAST	FIRST	MI	CPR Expiration Date

If you have more than two offices or dental clinics in which you administer general anesthesia or deep sedation, please attach an addendum to this application listing the Name and CPR Healthcare Provider Expiration Date of the team members at each subsequent location.

5. PRESCRIBING PRIVILEGES AAC R4-11-1301(B)(4):

Report below the number of your current registration, issued by the United States Drug Enforcement Administration to prescribe and administer controlled substances in Arizona. (Copy of registration must be attached to this application.)

DEA No. B44011576.

6. ACLS, PALS, AIRWAY MANAGEMENT TRAINING AAC R4-11-1301(B)(5):

Report below one or more of the following courses successful completed within the two years prior to submitting this application:

- a. ACLS course from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association
- b. PALS in a practice treating pediatric patients
- c. A recognized continuing education course in advanced airway management.

(Copy of proof of successful completion must be attached to this application.)

NAME OF COURSE: A.C. L. S PROVIDER

COURSE SPONSOR: GENESIS HEALTHCARE SYSTEM

DATE COURSE COMPLETED: 1/13/2013

7. PROFESSIONAL QUALIFICATIONS – INITIAL APPLICANTS:

For initial applicants only, A.A.C. R4-11-1301(C) requires one or more of the following to be met as a condition of issuance of a Section 1301 Permit to administer general anesthesia and deep sedation:

- a. Complete within the three years before submitting your permit application, a full credit load during one calendar year training program in anesthesiology or related academic subjects beyond the undergraduate dental school level offered by a hospital accredited by the Joint Commission of Accreditation of Hospitals Organization, or sponsored by a university accredited by the American Dental Association Council on Dental Education.

ATTACH PROOF OF SUCCESSFUL COMPLETION OF TRAINING.

NAME OF TRAINING PROGRAM: DENTAL ANESTHESIA RESIDENCY

SPONSOR OF TRAINING PROGRAM: METRO HEALTH MEDICAL CENTER  
CLEVELAND, OHIO.

OR

- b. Within the three years before submitting the permit application attain diplomate, fellow or eligible for examination status of one of the following organizations. Attach a copy of proof of status.

- \_\_\_\_\_ American Board of Oral and Maxillofacial Surgeons Diplomate
- \_\_\_\_\_ American Board of Oral and Maxillofacial Surgeons Eligible for Examination
- \_\_\_\_\_ American Association of Oral and Maxillofacial Surgeons Fellow
- \_\_\_\_\_ American Dental Society of Anesthesiology Fellow
- \_\_\_\_\_ National Dental Board of Anesthesiology Diplomate
- \_\_\_\_\_ American Dental Board of Anesthesiology Diplomate

- c. If you completed 7a or 7b more than three years before submitting the permit application provide the following documentation:

- \_\_\_\_\_ A copy of the general anesthesia or deep sedation permit in effect in another state or certification of military training in general anesthesia or deep sedation from your commanding officer.



A written affidavit, provided by the Board, affirming that you have administered general anesthesia or deep sedation to a minimum of 25 patients within the year before submitting the permit application or 75 patients within the last five years before submitting the permit application and affirming that you have completed 30 hours of continuing education within the last five years as outlined in R4-11-1306(B)(1)(a) through (f).

8. HOSPITAL AFFILIATIONS AAC R4-11-1301(B)(1)(a)(iv):

Report all past and current hospital affiliations:

Name and location of hospital	Status	Appointment Dates
Name and location of hospital	Status	Appointment Dates
Name and location of hospital	Status	Appointment Dates
Name and location of hospital	Status	Appointment Dates

9. DISCIPLINARY PROCEEDINGS AAC R4-11-1301(B)(1)(a)(v) through (vii):

IF YOU ANSWER YES TO ANY QUESTIONS IN THIS SECTION, GIVE FULL DETAILS ON A SEPARATE SHEET OF PAPER.

Have you ever been suspended from staff membership or denied staff privileges by any hospital?

Yes  No

Have your hospital privileges ever been curtailed or revoked, or has your application for any hospital privileges been denied?

Yes  No

Have you ever been denied membership or renewal thereof, or disciplined by any dental regulatory body or dental organization?

Yes  No

Have you ever been denied licensure, denied renewal of licensure by or disciplined by a dental regulatory body?

Yes  No

10. CONTINUING EDUCATION Renewal Applicants:

For permit renewal applicants only. A.A.C. R4-11-1306(B) requires participation in 30 clock hours of continuing education every five years in one or more of the following areas: *general anesthesia; parenteral sedation; physical evaluation; medical emergencies; monitoring and the use of monitoring equipment, or pharmacology of drugs and non-drug substances used in general anesthesia or parenteral sedation.* You may apply a maximum of six hours from your ACLS, PALS or airway management coursework to your continuing education requirements listed above. Please use the continuing education affidavit included in your renewal package.

I fully understand that any significant misstatement in or omission from this application constitutes cause for denial of approval, or withdrawal of permit, when discovered. All information submitted by me in this application is true and to the best of my knowledge and belief.

I have read the Laws and Rules of the Arizona State Board of Dental Examiners and am in compliance with them, to the best of my knowledge and belief. I understand that compliance is required with any new policies or procedures that may be established by the Board.

8 May 2013  
Date

[Signature]  
Signature of Applicant

State of Arizona

County of Maricopa

Subscribed and sworn to before me this 8th day of May, 2013.

My Commission Expires: Jan 30, 2015

[Signature]  
Notary Public

