

**WEST VIRGINIA BOARD OF DENTISTRY
QUALIFIED MONITOR APPLICATION**

First Name: _____ MI: _____ Last Name: _____
Former Last Names: _____

*Social Security #: _____

Date of Birth: _____

Employer/Dentist: _____

Office Address: _____

County: _____

Office Phone: _____

Home Address: _____

County: _____

Home Phone: _____

Alternate Phone: _____

Email Address: _____

HIGHEST LEVEL OF SEDATION TO BE MONITORED:

Class 2

Class 3A

Class 3B

Class 4

PLEASE ATTACH THE REQUIRED DOCUMENTATION FOR THE HIGHEST LEVEL YOU HAVE INDICATED ABOVE (SEE NEXT PAGE OF APPLICATION)

I understand it is my responsibility to keep required certifications current in order to comply with the laws of the State of West Virginia for qualified monitors. I will notify the Board Office of any change of employment immediately or my home address within thirty days.

Signature

*Social Security Number is not subject to disclosure as public information. It is used for identification purposes only.

FEE: \$45.00

Make checks payable to WV Board of Dentistry

REQUIRED DOCUMENTATION:

CLASS 2

Current Health Care Provider BLS/CPR certification; and
Nitrous Oxide Monitoring certificate issued by the Board.

CLASS 3A, 3B & 4

Current Health Care Provider BLS/CPR certification;
Nitrous Oxide Monitoring certificate issued by the Board; and
AAOMS or AAPD Anesthesia Assistants Certification or an equivalent.

AAOMS or AAPD Equivalent

Registered Nurse;
Licensed Practical Nurse;
Paramedic;
Emergency Medical Technician; or
Hold a Current Advanced Cardiac Life Support Certification; or
Hold a Current Pediatric Advanced Life Support Certification.

Mail the completed and signed application to:

WV Board of Dentistry
PO Box 1447
Crab Orchard, WV 25827