



Anesthesia/Sedation Supplement

In accordance with the requirements governing the administration and inducement of Minimal/Moderate Sedation:

1. I am applying for (Check one):

_____ Minimal Sedation Coverage (other than N2O/O2 alone)

Or

_____ Moderate Sedation Coverage

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

_____ Copy of your Sedation Certificate from the Colorado State Board of Dental Examiners

_____ Copies of Courses/ Training completed for State Certificate

3. Please attach if you have:

_____ ACLS Certification of PALS Certification (Minimal or Moderate Sedation)

_____ Office Inspection – Moderate Sedation

4. Continuing education requirements (approved courses)

_____ 7 hours every 24 months for Minimal and Moderate Sedation
(all or part may be taken on line)

5. I certify that I am in compliance with all equipment and monitoring requirements of the Colorado Dental Practice Act.

Concealment or Fraud

We provide coverage to no “insureds” under this policy if, whether before or after a loss, an “insured” has:

1. Intentionally concealed or misrepresented any material fact or circumstances;
2. Engaged in fraudulent conduct; or
3. Made false statements; relating to this insurance, including but not limited to, statements in the Application and/or Supplemental Application(s) for this insurance.

Signed

Dated