Dr. _____ NPI #_____ Date: _____

DEA and State Controlled Substance Registration

*****Please provide a copy of the DEA for each state in which you currently practice.**

Note: A DEA copy is needed, or DEA waiver must be on file for each state in which you actively practice.

☐ I do not hold a DEA/SDC for prescribing controlled substances for my patients. If I determine that a patient may require a controlled substance, I refer the patient to their primary care physician or to another practitioner for evaluation and management.

Sedation/Anesthesia

GEHA's Connection Dental Network® is required to collect each provider's sedation/anesthesia permit upon credentialing.

- **ALL States, except Michigan -** Please remit a copy of the sedation anesthesia certificate(s) you hold for each state that you practice.
- **Michigan -** Please submit a copy of the required training for the following types of sedation anesthesia: General Anesthesia, Intravenous Conscious Sedation, or Enteral Sedation.
- **No Sedation or Anesthesia License/Permit** - Please complete #1-4 below:

Sedation/Anesthesia

- Please answer the following questions regarding Anesthesia and Sedation.
  1. Is sedation and/or general anesthesia administered in your practice location? **Yes** ☐ **No** ☐
     If yes, please complete question #2.
  2. Do you administer sedation and/or general anesthesia? **Yes** ☐ **No** ☐
     If yes, please complete the grid below with sedation/anesthesia permit details.

State	Sedation/Anesthesia Number	Permit Details	
		License Type	Expiration Date

  3. Do you have healthcare clinicians (DDS/DMD, MD, CRNA) providing sedation/anesthesia on patients you are treating at your practice locations? **Yes** ☐ **No** ☐
  4. Please confirm that you comply with and have verified that those providing sedation/general anesthesia on your patients comply with your State's requirements regarding equipment, supplies and training which includes arranging for and ensuring the presence of required personnel who will assist in administering sedation and general anesthesia in your office.

Dentist's Signature: _____