IOWA | Department of Inspections, Appeals, & Licensing

Certification of Postgraduate Residency Program

To obtain a general anesthesia permit in Iowa, the Iowa Dental Board requires that the applicant submit evidence of having completed a CODA-accredited postgraduate program or other formal training program approved by the board. The applicant's signature below authorizes the release of any information, favorable or otherwise, directly to the Iowa Dental Board.

Forward this form to the director of your training program. The completed form may be returned by email to IDB@Iowa.gov.

Applicant Information

Name: _____ **Email Address**: _____

City, State: _____ **IA License Number**: _____

Signature: _____ **Date**: _____

General Anesthesia Training Program

Name of Residency Training Program: _____

Street Address: _____

City, State, Zip: _____

Name of Training Program Director: _____

Email Address: _____

Dates of Program (from): _____ **Date Completed** (to): _____

This postgraduate program is approved or accredited to teach postgraduate dental or medical education by one of the following:

- ☐ Commission on Dental Accreditation (CODA) of the American Dental Association (ADA)
- ☐ Accreditation Council for Graduate Medical Education of the American Medical Association (AMA)
- ☐ Education Committee of the American Osteopathic Association (AOA)

Training Information

1. Did the applicant satisfactorily complete the above-named training program? If no, please explain. **Yes** ☐ **No** ☐
2. Did the training comply with the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students, October 2016 or newer? **Yes** ☐ **No** ☐

3. Did the program include experience in managing compromised airways? **Yes** ☐ **No** ☐
4. Did the program include additional training in the managing of pediatric or medically-compromised (ASA III-IV) patients? **Yes** ☐ **No** ☐
5. Did the applicant ever receive a warning, reprimand, or was the applicant placed on probation during the training program? If yes, please explain. **Yes** ☐ **No** ☐
6. Was the applicant ever requested to repeat a portion of the training program? If yes, please explain. **Yes** ☐ **No** ☐

With my signature, I certify that the above-named applicant has demonstrated competency in administering moderate sedation, deep sedation, general anesthesia and airway management.

Program Director Signature: _____ **Date**: _____

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