

CERTIFICATE IN DENTAL SEDATION NURSING
APPLICANT CHECKLIST

Please read and complete all sections of the checklist.

Verification Form	
Applicant Full Name	
Applicant GDC Number:	
Supervising Dentist Full Name:	
Supervising Dentist Signature:	
Supervising Dentist GDC Number:	
Date:	

Study Requirements	Please Circle
Certificate in Dental Sedation Nursing	Yes No
Award in Inhalation Sedation Dental Nursing	Yes No
Award in Intravenous Sedation Dental Nursing	Yes No
<i>Please note: if you are applying for either the award in Inhalation Sedation or the award in Intravenous Sedation. You will only be required to access the type of sedation patients that the award is covering.</i>	
1. Study leave authorised – this is to be arranged between applicant & employer	Yes No
2. Access to minimum of 16 cases listed below (adult and young adult & paediatric patients)	Yes No
3. Access to Inhalation sedation – procedure X 10	Yes No
4. Access to Intravenous sedation – procedure X 20	Yes No
5. Access to Inhalation sedation – recovery X 10	Yes No
6. Access to Intravenous sedation – recovery X 20	Yes No
7. Access to blood pressure monitoring equipment (manual and/or electronic)	Yes No
8. Access to RA Machine	Yes No

9. Access to the support of a GDC registered clinician to act as a witness and guide during the course and who will validate the log sheets and the competencies in the workplace – this can be your supervising dentist	Yes No
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Please add any questions or comments you may have or wish to state to support your application:

Incomplete checklists will not be accepted by the centre and will be returned immediately to the sender.