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Arizona Administrative REGISTER

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From the Publisher

ABOUT THIS PUBLICATION

The authenticated pdf of the *Administrative Register* (A.A.R.) posted on the Arizona Secretary of State's website is the official published version for rulemaking activity in the state of Arizona.

Rulemaking is defined in Arizona Revised Statutes known as the Arizona Administrative Procedure Act (APA), A.R.S. Title 41, Chapter 6, Articles 1 through 10.

The *Register* is cited by volume and page number. Volumes are published by calendar year with issues published weekly. Page numbering continues in each weekly issue.

In addition, the *Register* contains notices of rules terminated by the agency and rules that have expired.

ABOUT RULES

Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number). Rulemaking activity published in the *Register* includes: proposed, final, emergency, expedited, and exempt rules as defined in the APA, and other state statutes.

New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.

WHERE IS A "CLEAN" COPY OF THE FINAL OR EXEMPT RULE PUBLISHED IN THE REGISTER?

The *Arizona Administrative Code* (A.A.C.) contains the codified text of rules. The A.A.C. contains rules promulgated and filed by state agencies that have been approved by the Attorney General or the Governor's Regulatory Review Council. The *Code* also contains rules exempt from the rulemaking process.

The authenticated pdf of *Code* Chapters posted on the Arizona Secretary of State's website are the official published version of rules in the A.A.C. The *Code* is posted online for free.

LEGAL CITATIONS AND FILING NUMBERS

On the cover: Each agency is assigned a Chapter in the *Arizona Administrative Code* under a specific Title. Titles represent broad subject areas. The Title number is listed first; with the acronym A.A.C., which stands for the *Arizona Administrative Code*; following the Chapter number and Agency name, then program name. For example, the Secretary of State has rules on rulemaking in Title 1, Chapter 1 of the *Arizona Administrative Code*. The citation for this Chapter is 1 A.A.C. 1, Secretary of State, Rules and Rulemaking. Every document filed in the office is assigned a file number. This number, enclosed in brackets, is located at the top right of the published documents in the *Register*. The original filed document is available for 10 cents a page.

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ADMINISTRATIVE REGISTER
This publication is available online for free at www.azsos.gov.

ADMINISTRATIVE CODE
The *Arizona Administrative Code* is available online at www.azsos.gov.

PUBLICATION DEADLINES
Publication dates are published in the back of the *Register*. These dates include file submittal dates with a three-week turnaround from filing to published document.

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The Office of the Secretary of State is an equal opportunity employer.

Participate in the Process

Look for the Agency Notice

Review (inspect) notices published in the *Arizona Administrative Register*. Many agencies maintain stakeholder lists and would be glad to inform you when they proposed changes to rules. Check an agency's website and its newsletters for news about notices and meetings.

Feel like a change should be made to a rule and an agency has not proposed changes? You can petition an agency to make, amend, or repeal a rule. The agency must respond to the petition. (See A.R.S. § 41-1033)

Attend a public hearing/meeting

Attend a public meeting that is being conducted by the agency on a Notice of Proposed Rulemaking. Public meetings may be listed in the Preamble of a Notice of Proposed Rulemaking or they may be published separately in the *Register*. Be prepared to speak, attend the meeting, and make an oral comment.

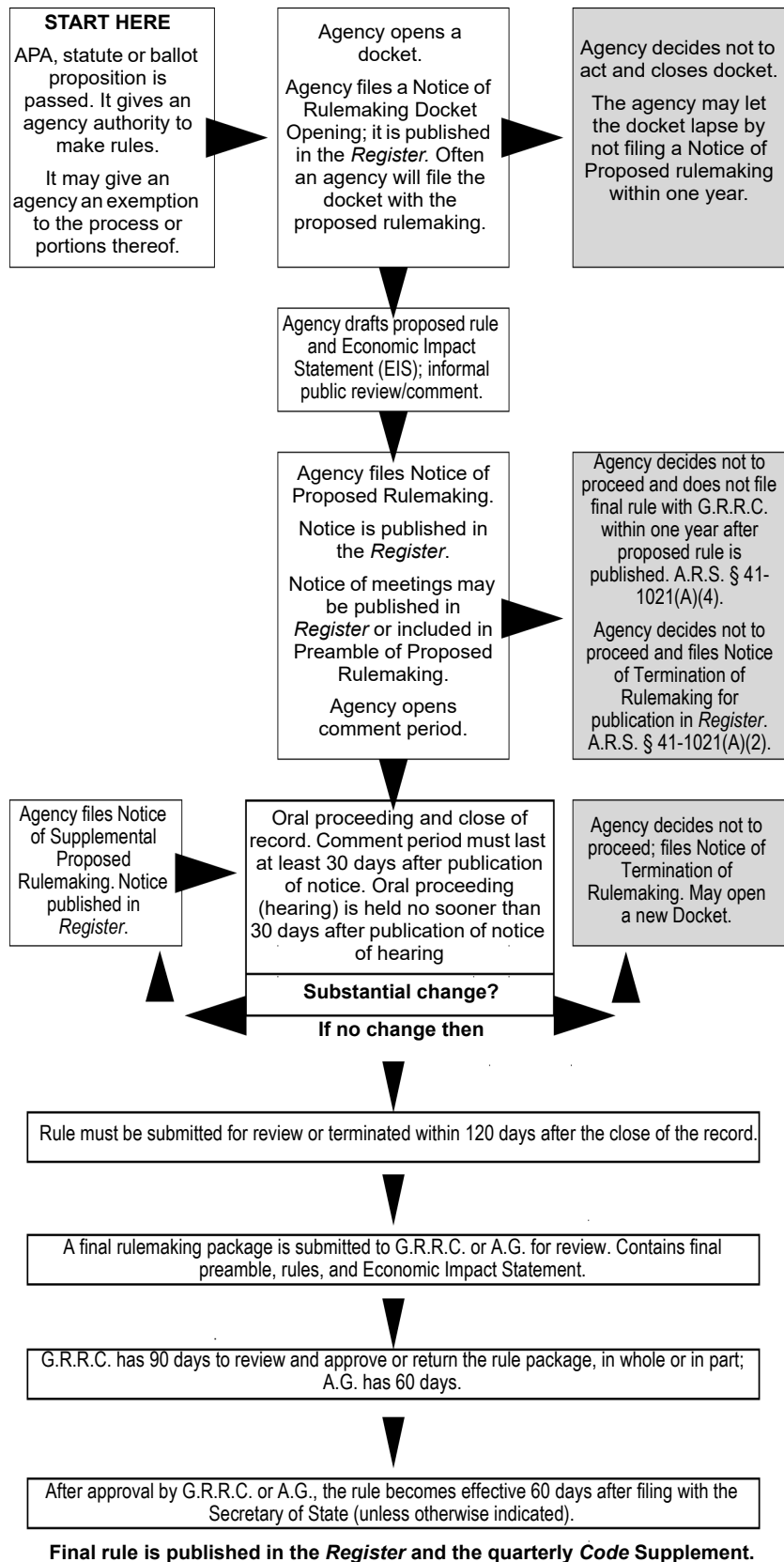
An agency may not have a public meeting scheduled on the Notice of Proposed Rulemaking. If not, you may request that the agency schedule a proceeding. This request must be put in writing within 30 days after the published Notice of Proposed Rulemaking.

Write the agency

Put your comments in writing to the agency. In order for the agency to consider your comments, the agency must receive them by the close of record. The comment must be received within the 30-day comment timeframe following the *Register* publication of the Notice of Proposed Rulemaking.

You can also submit to the Governor's Regulatory Review Council written comments that are relevant to the Council's power to review a given rule (A.R.S. § 41-1052). The Council reviews the rule at the end of the rulemaking process and before the rules are filed with the Secretary of State.

Arizona Regular Rulemaking Process



Definitions

Arizona Administrative Code (A.A.C.): Official rules codified and published by the Secretary of State’s Office. Available online at www.azsos.gov.

Arizona Administrative Register (A.A.R.): The official publication that includes filed documents pertaining to Arizona rulemaking. Available online at www.azsos.gov.

Administrative Procedure Act (APA): A.R.S. Title 41, Chapter 6, Articles 1 through 10. Available online at www.azleg.gov.

Arizona Revised Statutes (A.R.S.): The statutes are made by the Arizona State Legislature during a legislative session. They are compiled by Legislative Council, with the official publication codified by Thomson West. Citations to statutes include Titles which represent broad subject areas. The Title number is followed by the Section number. For example, A.R.S. § 41-1001 is the definitions Section of Title 41 of the Arizona Administrative Procedures Act. The “§” symbol simply means “section.” Available online at www.azleg.gov.

Chapter: A division in the codification of the *Code* designating a state agency or, for a large agency, a major program.

Close of Record: The close of the public record for a proposed rulemaking is the date an agency chooses as the last date it will accept public comments, either written or oral.

Code of Federal Regulations (CFR): The *Code of Federal Regulations* is a codification of the general and permanent rules published in the *Federal Register* by the executive departments and agencies of the federal government.

Docket: A public file for each rulemaking containing materials related to the proceedings of that rulemaking. The docket file is established and maintained by an agency from the time it begins to consider making a rule until the rulemaking is finished. The agency provides public notice of the docket by filing a Notice of Rulemaking Docket Opening with the Office for publication in the *Register*.

Economic, Small Business, and Consumer Impact Statement (EIS): The EIS identifies the impact of the rule on private and public employment, on small businesses, and on consumers. It includes an analysis of the probable costs and benefits of the rule. An agency includes a brief summary of the EIS in its preamble. The EIS is not published in the *Register* but is available from the agency promulgating the rule. The EIS is also filed with the rulemaking package.

Governor’s Regulatory Review (G.R.R.C.): Reviews and approves rules to ensure that they are necessary and to avoid unnecessary duplication and adverse impact on the public. G.R.R.C. also assesses whether the rules are clear, concise, understandable, legal, consistent with legislative intent, and whether the benefits of a rule outweigh the cost.

Incorporated by Reference: An agency may incorporate by reference standards or other publications. These standards are available from the state agency with references on where to order the standard or review it online.

Federal Register (FR): The *Federal Register* is a legal newspaper published every business day by the National Archives and Records Administration (NARA). It contains federal agency regulations; proposed rules and notices; and executive orders, proclamations, and other presidential documents.

Session Laws or “Laws”: When an agency references a law that has not yet been codified into the Arizona Revised Statutes, use the word “Laws” is followed by the year the law was passed by the Legislature, followed by the Chapter number using the abbreviation “Ch.,” and the specific Section number using the Section symbol (§). For example, Laws 1995, Ch. 6, § 2. Session laws are available at www.azleg.gov.

United States Code (U.S.C.): The Code is a consolidation and codification by subject matter of the general and permanent laws of the United States. The Code does not include regulations issued by executive branch agencies, decisions of the federal courts, treaties, or laws enacted by state or local governments.

Acronyms

A.A.C. – *Arizona Administrative Code*

A.A.R. – *Arizona Administrative Register*

APA – *Administrative Procedure Act*

A.R.S. – *Arizona Revised Statutes*

CFR – *Code of Federal Regulations*

EIS – *Economic, Small Business, and Consumer Impact Statement*

FR – *Federal Register*

G.R.R.C. – *Governor’s Regulatory Review Council*

U.S.C. – *United States Code*

About Preambles

The Preamble is the part of a rulemaking package that contains information about the rulemaking and provides agency justification and regulatory intent.

It includes reference to the specific statutes authorizing the agency to make the rule, an explanation of the rule, reasons for proposing the rule, and the preliminary Economic Impact Statement.

The information in the Preamble differs between rulemaking notices used and the stage of the rulemaking.

NOTICES OF PROPOSED RULEMAKING

This section of the *Arizona Administrative Register* contains Notices of Proposed Rulemaking.

A proposed rulemaking is filed by an agency upon completion and submittal of a Notice of Rulemaking Docket Opening. Often these two documents are filed at the same time and published in the same *Register* issue.

When an agency files a Notice of Proposed Rulemaking under the Administrative Procedure Act (APA), the notice is published in the *Register* within three weeks of filing. See the publication schedule in the back of each issue of the *Register* for more information.

Under the APA, an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the *Register* before beginning any proceedings for making, amending, or repealing any rule (A.R.S. §§ 41-1013 and 41-1022).

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the proposed rules should be addressed to the agency that promulgated the rules. Refer to item #4 below to contact the person charged with the rulemaking and item #10 for the close of record and information related to public hearings and oral comments.

NOTICE OF PROPOSED RULEMAKING

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 11. STATE BOARD OF DENTAL EXAMINERS

[R24-07]

PREAMBLE

- | <u>1. Article, Part, or Section Affected (as applicable)</u> | <u>Rulemaking Action</u> |
|--|--------------------------|
| R4-11-101 | Amend |
| R4-11-305 | Amend |
| R4-11-406 | Amend |
| R4-11-1203 | Amend |
| R4-11-1301 | Amend |
| R4-11-1302 | Amend |
| R4-11-1303 | Amend |
| R4-11-1304 | Amend |
| R4-11-1305 | Amend |
| R4-11-1306 | Amend |
| R4-11-1307 | Amend |
2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):
 Authorizing statute: A.R.S. § 32-1207
 Implementing statute: A.R.S. §§ 32-1201 et seq.
 3. Citations to all related notices published in the *Register* as specified in R1-1-409(A) that pertain to the record of the proposed rules:
 Notice of Rulemaking Docket Opening: 30 A.A.R. 246, February 2, 2024
 4. The agency's contact person who can answer questions about the rulemaking:
 Name: Ryan Edmonson, Executive Director
 Address: State Board of Dental Examiners
 1740 W. Adams St., Suite 2470
 Phoenix, AZ 85007
 Telephone: (602) 542-4493
 Email: ryan.edmonson@dentalboard.az.gov
 5. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered, to include an explanation about the rulemaking:
 The Board needs to amend its rules to address permitting requirements for several types of anesthesia and sedation permits.
 6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material.
 None
 7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:
 Not applicable

8. The preliminary summary of the economic, small business, and consumer impact:

There is little to no economic, small business, or consumer impact, other than the cost to the Board to prepare the rule package, because the rulemaking simply clarifies statutory requirements that already exist. There may be some impact to dental professionals who must now obtain a pediatric endorsement in order to provide anesthesia and sedation services to patients that are less than eight years of age. However, the increased regulation is necessary to ensure that dental professionals are qualified to provide such services to patients who are less than eight years of age in order to better protect the health, safety, and welfare of those patients. The Board is also removing the requirement to obtain a permit in order to work with a qualified anesthesia provider if the treating dentist meets certain requirements that protect the health, safety, and welfare of their patients. Thus, the economic impact is minimized.

9. The agency's contact person who can answer questions about the economic, small business, and consumer impact statement:

Name: Ryan Edmonson, Executive Director
Address: State Board of Dental Examiners
1740 W. Adams St., Suite 2470
Phoenix, AZ 85007
Telephone: (602) 542-4493
Email: ryan.edmonson@dentalboard.az.gov

10. The time, place, and nature of the proceedings for to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request and oral proceedings on the proposed rule:

An oral proceeding regarding the proposed rules will be held as follows:

Date: March 26, 2024
Time: 1:00 p.m.
Location: State Board of Dental Examiners
1740 W. Adams St., Suite 2470
Phoenix, AZ 85007

11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

None

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The Board issues general permits to licensees who meet the criteria established in statute and rule.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law, and if so, citation to the statutory authority to exceed the requirements of federal law:

Not applicable

c. Whether a person submitted an analysis to the agency that compares the rule's impact on the competitiveness of business in this state to the impact on business in other states:

No analysis was submitted.

12. A list of incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

None

13. The full text of the rules follows:

**TITLE 4. PROFESSIONS AND OCCUPATIONS
CHAPTER 11. BOARD OF DENTAL EXAMINERS
ARTICLE 1. DEFINITIONS**

Section
R4-11-101. Definitions

ARTICLE 3. EXAMINATIONS, LICENSING QUALIFICATIONS, APPLICATION AND RENEWAL, TIME-FRAMES

Section
R4-11-305. Application Processing Procedures: Issuance, Denial, and Renewal of ~~General Anesthesia and Deep Sedation Permits, Parenteral Sedation Permits, Oral Sedation Permits, and Permit to Employ a Physician Anesthesiologist or Certified Registered Nurse Anesthetist~~ Section 1301 Permits, Section 1302 Permits, and Section 1303 Permits

ARTICLE 4. FEES

Section
R4-11-406. Anesthesia and Sedation Permit Fees

ARTICLE 12. CONTINUING DENTAL EDUCATION AND RENEWAL REQUIREMENTS

Section

R4-11-1203. Dentists and Dental Consultants

ARTICLE 13. GENERAL ANESTHESIA AND SEDATION

Section

R4-11-1301. General Anesthesia and Deep Sedation

R4-11-1302. Parenteral Moderate SedationR4-11-1303. Enteral Moderate Oral SedationR4-11-1304. ~~Permit to Employ or Work Working with a QAP Defined as a Physician Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA)~~R4-11-1305. ~~Reports of Adverse Occurrences~~ Mandatory ReportingR4-11-1306. ~~Education; Continued Competency~~ Enteral Sedation

R4-11-1307. Renewal of Permit

ARTICLE 1. DEFINITIONS**R4-11-101. Definitions**

The following definitions, and definitions in A.R.S. § 32-1201, apply to this Chapter:

“ACLS” means Advanced Cardiac Life Support.

“AED” means an Automatic External Defibrillator.

“Analgesia” means a state of decreased sensibility to pain produced by using nitrous oxide (N₂O) and oxygen (O₂) with or without local anesthesia.

“Business Entity” means a business organization that offers to the public professional services regulated by the Board and is established under the laws of any state or foreign country, including a sole practitioner, partnership, limited liability partnership, corporation, and limited liability company, unless specifically exempted by A.R.S. § 32-1213(J).

“Calculus” means a hard mineralized deposit attached to the teeth.

“Charitable Dental Clinic or Organization” means a non-profit organization meeting the requirements of 26 U.S.C. 501(c)(3) and providing dental, dental therapy, or dental hygiene services.

“Clinical evaluation” means a dental examination of a patient named in a complaint regarding the patient's dental condition as it exists at the time the examination is performed.

“Controlled substance” has the meaning prescribed in A.R.S. § 36-2501(A)(3).

“Credit hour” means one clock hour of participation in a Recognized Continuing Dental Education program.

“Deep sedation” is a Drug-induced depression of consciousness during which a patient cannot be easily aroused but responds purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. The patient may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

“Dentist of record” means a dentist who examines, diagnoses, and formulates treatment plans for a patient and may provide treatment to the patient.

“Direct supervision” means, for purposes of Article 7 only, that a licensed dentist is present in the office and available to provide immediate treatment or care to a patient and observe a dental assistant's work.

“Disabled” means a dentist, dental therapist, dental hygienist, or denturist has totally withdrawn from the active practice of dentistry, dental therapy, dental hygiene, or denturism due to a permanent medical disability and based on a physician's order.

“Documentation of attendance” means documents that contain the following information:

Name of sponsoring entity;

Course title;

Number of Credit Hours;

Name of speaker; and

Date, time, and location of the course.

“Drug” means:

Articles recognized, or for which standards or specifications are prescribed, in the ~~official compendium~~ Official Compendium;

Articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in the human body;

Articles other than food intended to affect the structure of any function of the human body; or

Articles intended for use as a component of any articles specified in this definition but does not include devices or components, parts, or accessories of devices.

“Emerging scientific technology” means any technology used in the treatment of oral disease that is not currently generally accepted or taught in a recognized dental, dental therapy, or dental hygiene school and use of the technology poses material risks.

“Enteral” means any technique of administration in which the Drug is absorbed through the gastrointestinal tract or oral mucosa.

“Epithelial attachment” means the layer of cells that extends apically from the depth of the gingival (gum) sulcus (crevice) along the tooth, forming an organic attachment.

“Ex-parte communication” means a written or oral communication between a decision maker, fact finder, or Board member and one party to the proceeding, in the absence of other parties.

“General anesthesia” is a Drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. The patient often requires assistance in maintaining a patent airway, and positive-pressure ventilation may be required because of depressed spontaneous ventilation or Drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

“General supervision” means, for purposes of Article 7 only, a licensed dentist is available for consultation, whether or not the dentist is in the office, regarding procedures or treatment that the dentist authorizes and for which the dentist remains responsible.

“Homebound patient” means a person who is unable to receive dental care in a dental office as a result of a medically diagnosed disabling physical or mental condition.

“Irreversible procedure” means a single treatment, or a step in a series of treatments, that causes change in the affected hard or soft tissues and is permanent or may require reconstructive or corrective procedures to correct the changes.

“Licensee” means a dentist, dental therapist, dental hygienist, dental consultant, ~~retired~~ Retired licensee, or ~~person who holds a restricted permit~~ Restricted Permit Holder under A.R.S. §§ 32-1237 or 32-1292.

“Local anesthesia” is the elimination of sensations, such as pain, in one part of the body by the injection of an anesthetic Drug.

“Minimal sedation” is a minimally depressed level of consciousness that retains a patient’s ability to independently and continuously maintain an airway and respond appropriately to light tactile stimulation, not limited to reflex withdrawal from a painful stimulus, or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. In accord with this particular definition, the Drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

~~“Mobile dental permit holder” means a Licensee or denturist who holds a mobile permit under R4-11-1301, R4-11-1302, or R4-11-1303.~~

“Mobile permit” means a permit issued by the Board under R4-11-1301(G), R4-11-1302(F), or R4-11-1303(F).

“Moderate sedation” is a Drug-induced depression of consciousness during which a patient responds purposefully to verbal commands either alone or accompanied by light tactile stimulation, ~~not limited to reflex withdrawal from a painful stimulus.~~ No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. In accordance with this definition, the ~~The~~ Drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of a Drug before the effects of previous dosing can be fully recognized may result in a greater alteration of the state of consciousness than intended by the permit holder.

“Nitrous oxide analgesia” means the use of nitrous oxide in combination with oxygen used ~~used~~ as an inhalation analgesic.

“Official compendium” means the latest revision of the United States Pharmacopeia and the National Formulary and any current supplement.

~~“Oral sedation” is the enteral administration of a drug or non drug substance or combination inhalation and enterally administered drug or non drug substance in a dental office or dental clinic to achieve minimal or moderate sedation.~~

“PALS” means Pediatric Advanced Life Support.

~~“Parenteral sedation” is a minimally depressed level of consciousness that allows the patient to retain the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and is induced by a pharmacological or non pharmacological method or a combination of both methods of administration in which the drug bypasses the gastrointestinal tract of a Drug that bypasses the gastrointestinal tract to achieve a desired level of sedation or General Anesthesia.~~

“Pediatric endorsement” is a provision added to a Section 1301 Permit, Section 1302 Permit, or Section 1303 Permit allowing administration of sedation or General Anesthesia to a pediatric patient who is younger than eight years of age according to R4-11-1301, R4-11-1302, or R4-11-1303.

~~“Periodontal pocket” means a pathologic fissure bordered on one side by the tooth and on the opposite side by crevicular epithelium and limited in its depth by the epithelial attachment.~~

“Plaque” means a film-like sticky substance composed of mucoidal secretions containing bacteria and toxic products, dead tissue cells, and debris.

“Polishing” means a procedure limited to the removal of Plaque and extrinsic stain from exposed natural and restored tooth surfaces that utilizes an appropriate rotary instrument with rubber cup or brush and polishing agent. A Licensee or dental assistant shall not represent that this procedure alone constitutes an oral Prophylaxis.

“Prescription-only device” means:

Any device that is restricted by the federal act, as defined in A.R.S. § 32-1901, to use only under the supervision of a medical practitioner; or

Any device required by the federal act, as defined in A.R.S. § 32-1901, to bear on its label the legend “Rx Only.”

“Prescription-only Drug” does not include a Controlled Substance but does include:

Any Drug that, because of its toxicity or other potentiality for harmful effect, the method of its use, or the collateral measures necessary to its use, is not generally recognized among experts, qualified by scientific training and experience to evaluate its safety and efficacy, as safe for use except by or under the supervision of a medical practitioner;

Any Drug that is limited by an approved new Drug application under the federal act or A.R.S. § 32-1962 to use under the supervision of a medical practitioner;

Every potentially harmful Drug, the labeling of which does not bear or contain full and adequate directions for use by the consumer; or

Any Drug required by the federal act to bear on its label the legend "RX Only."

"President's designee" means the Board's executive director, an investigator, or a Board member acting on behalf of the Board president.

"Preventative and therapeutic agents" means substances that affect the hard or soft oral tissues to aid in preventing or treating oral disease.

"Prophylaxis" means a Scaling and Polishing procedure performed on patients with healthy tissues to remove coronal Plaque, Calculus, and stains.

"QAP" means a qualified anesthesia provider.

"Recognized continuing dental education" means a program whose content directly relates to the art and science of oral health and treatment, provided by a recognized dental school, recognized dental therapy school, recognized dental hygiene school, or recognized dentist school, or sponsored by a national or state dental, dental therapy, dental hygiene, or dentist association, American Dental Association, Continuing Education Recognition Program or Academy of General Dentistry, Program Approval for Continuing Education approved provider, dental, dental therapy, dental hygiene, or dentist Study Club, governmental agency, commercial dental supplier, non-profit organization, accredited hospital, or programs or courses approved by other state, district, or territorial dental licensing boards.

"Restricted permit holder" means a dentist who meets the requirements of A.R.S. § 32-1237 or a dental hygienist who meets the requirements of A.R.S. § 32-1292 and is issued a restricted permit by the Board.

"Retired" means a dentist, dental therapist, dental hygienist, or dentist is at least 65 years old and has totally withdrawn from the active practice of dentistry, dental therapy, dental hygiene, or denturism.

~~"Root planing" means a definitive treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with calculus, or contaminated with toxins or microorganisms.~~

"Scaling" means use of instruments on the crown and root surfaces of the teeth to remove Plaque, Calculus, and stains from these surfaces.

"Section 1301 permit" means a permit to administer General Anesthesia and Deep Sedation, employ or work with an QAP ~~a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist~~ under Article 13.

"Section 1302 permit" means a permit to administer Parenteral Moderate Sedation, employ or work with a QAP ~~a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist~~ under Article 13.

"Section 1303 permit" means a permit to administer Oral-Enteral Moderate Sedation, or employ or work with a QAP ~~a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist~~ under Article 13.

~~"Section 1304 permit" means a permit to employ or work with a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist under Article 13.~~

"Study club" means a group of at least five Arizona licensed dentists, dental therapists, dental hygienists, or denturists who provide written course materials or a written outline for a continuing education presentation that meets the requirements of Article 12.

"Treatment records" means all documentation related directly or indirectly to the dental treatment of a patient.

ARTICLE 3. EXAMINATIONS, LICENSING QUALIFICATIONS, APPLICATION AND RENEWAL, TIME-FRAMES

R4-11-305. Application Processing Procedures: Issuance, Denial, and Renewal of ~~General Anesthesia and Deep Sedation Permits, Parenteral Sedation Permits, Oral Sedation Permits, and Permit to Employ a Physician Anesthesiologist or Certified Registered Nurse Anesthetist~~ Section 1301 Permits, Section 1302 Permits, and Section 1303 Permits

- A. The Board office shall complete an administrative completeness review within 24 days from the date of the receipt of an application
 1. Within ~~30~~ 14 calendar days of receiving an initial or renewal application for a ~~General Anesthesia and Deep Sedation permit, parenteral sedation permit, Oral Sedation permit or permit to employ a physician anesthesiologist or Certified Registered Nurse Anesthetist~~ Section 1301 Permit, Section 1302 Permit, or Section 1303 Permit, the Board office shall notify the applicant, in writing, whether the application package is complete or incomplete.
 2. If the application package is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 24-day time-frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.
 3. If the Board office does not provide the applicant with notice regarding administrative completeness, the application package shall be deemed complete 24 days after receipt by the Board office.
- B. An applicant with an incomplete application package shall submit all missing information within 60 calendar days of service of the notice of incompleteness.
- C. Upon receipt of all missing information, the Board office shall notify the applicant, in writing, within 10 calendar days, that the application package is complete. If an applicant fails to submit a complete application package within the time allowed in subsection (B), the Board office shall close the applicant's file. An applicant whose file is closed and who later wishes to obtain a permit shall apply again as required in A.A.C. Title 4, Chapter 11, Article 13.

- D. The Board shall not approve or deny an application until the applicant has fully complied with the requirements of this Section and A.A.C. Title 4, Chapter 11, Article 13.
- E. The Board shall complete a substantive review of the applicant's qualifications in no more than 120 calendar days from the date on which the administrative completeness review of an application package is complete.
 - 1. If the Board finds an applicant to be eligible for a permit and grants the permit, the Board office shall notify the applicant in writing.
 - 2. If the Board finds an applicant to be ineligible for a permit, the Board office shall issue a written notice of denial to the applicant that includes:
 - a. Each reason for the denial, with citations to the statutes or rules on which the denial is based;
 - b. The applicant's right to request a hearing on the denial, including the number of days the applicant has to file the request;
 - c. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06; and
 - d. The name and telephone number of an agency contact person who can answer questions regarding the application process.
 - 3. If the Board finds deficiencies during the substantive review of an application package, the Board office shall issue a comprehensive written request to the applicant for additional documentation.
 - 4. The 120-day time-frame for a substantive review of an applicant's qualifications is suspended from the date of a written request for additional documentation until the date that all documentation is received.
 - 5. If the applicant and the Board office mutually agree in writing, the 120-day substantive review time-frame may be extended once for no more than 36 days.
- F. The following time-frames apply for an initial or renewal application governed by this Section:
 - 1. Administrative completeness review time-frame: 24 calendar days.
 - 2. Substantive review time-frame: 120 calendar days.
 - 3. Overall time-frame: 144 calendar days.

ARTICLE 4. FEES

R4-11-406. Anesthesia and Sedation Permit Fees

- ~~A. As expressly authorized under A.R.S. § 32-1207, the Board establishes and shall collect the following permit and renewal fees:~~
 - 1. ~~\$300 for a Section 1301 permit-Permit fee: \$300 plus \$25 for each additional location for the same permit, not including a Mobile Permit; or~~
 - 2. ~~\$180 for a Section 1302 Permit or a Section 1303 Permit, plus \$25 for each additional location for the same permit, not including a Mobile Permit; or~~
 - 2-3. ~~Section 1302 permit fee: \$300 for a Mobile Permit for a Section 1301 Permit; or plus \$25 for each additional location;~~
 - 3- ~~Section 1303 permit fee: \$300 plus \$25 for each additional location; and~~
 - 4. ~~Section 1304 permit fee: \$300 plus \$25 for each additional location.~~
 - 4. ~~\$180 for a Mobile Permit for a Section 1302 Permit or a Section 1303 Permit.~~
- ~~B. Upon successful completion of an initial onsite evaluation and upon receipt of the required permit fee, the Board shall issue a separate Section 1301, 1302, 1303, or 1304 permit to a dentist for each location requested by the dentist. A permit expires on December 31 of every fifth year.~~
- ~~C. Permit renewal fees:~~
 - 1- ~~Section 1301 permit renewal fee: \$300 plus \$25 for each additional location;~~
 - 2- ~~Section 1302 permit renewal fee: \$300 plus \$25 for each additional location;~~
 - 3- ~~Section 1303 permit renewal fee: \$300 plus \$25 for each additional location; and~~
 - 4. ~~Section 1304 permit renewal fee: \$300 \$300 \$100 plus \$25 for each additional location.~~

ARTICLE 12. CONTINUING DENTAL EDUCATION AND RENEWAL REQUIREMENTS

R4-11-1203. Dentists and Dental Consultants

- Dentists and dental consultants shall complete ~~63-72~~ hours of Recognized Continuing Dental Education in each renewal period as follows:
- 1. At least ~~36~~ 42 Credit Hours in any of the following areas: Dental and medical health, preventive services, dental diagnosis and treatment planning, dental recordkeeping, dental clinical procedures, managing medical emergencies, pain management, dental public health, and courses in corrective and restorative oral health and basic dental sciences, which may include current research, new concepts in dentistry, ~~chemical dependency, tobacco cessation and behavioral and biological sciences that are oriented to dentistry.~~ A Licensee who holds a Section 1301 Permit, Section 1302 Permit, or Section 1303 Permit ~~permit to administer General Anesthesia, Deep Sedation, Parenteral Sedation, or Oral Sedation~~ who is required to obtain continuing education pursuant to Article 13 may apply those Credit Hours to the requirements of this Section;
 - 2. No more than ~~45~~ 18 Credit Hours in the following areas: Dental practice organization and management, patient management skills, and methods of health care delivery;
 - 3. At least three Credit Hours in ~~opioid education~~ chemical dependency, which may include tobacco cessation;
 - 4. At least three Credit Hours in infectious diseases or infectious disease control;
 - 5. At least three Credit Hours in Basic Life Support Health Care Provider Level endorsed by the American Heart Association ear- ~~diopulmonary resuscitation healthcare provider level, advanced cardiac life support or pediatric advanced life support.~~ Coursework may be completed online if the course requires a physical demonstration of skills; and
 - 6. At least three Credit Hours in ethics or Arizona dental jurisprudence.

ARTICLE 13. GENERAL ANESTHESIA AND SEDATION

R4-11-1301. General Anesthesia and Deep Sedation

- A. Before administering General Anesthesia, or Deep Sedation by any means, ~~in a dental office or dental clinic,~~ a dentist shall possess a Section 1301 Permit issued by the Board. The dentist may renew a Section 1301 Permit every five years ~~by complying with R4-11-1307.~~

- B.** To obtain or renew a Section 1301 Permit, a dentist shall:
1. Submit a completed application on a form provided by the Board office that, ~~in addition to the requirements of subsections (B)(2) and (3), and R4-11-1307,~~ includes:
 - a. General information about the applicant such as:
 - i. Name;
 - ii. Home and office addresses and telephone numbers;
 - iii. Limitations of practice;
 - iv. Hospital affiliations;
 - v. Denial, curtailment, revocation, or suspension of hospital privileges;
 - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
 - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
 - b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
 2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist will administer General Anesthesia or Deep Sedation:
 - a. Contains the following properly operating equipment and supplies during the provision of General Anesthesia and Deep Sedation:
 - i. ~~The following emergency Emergency-Drugs;~~
 - (1) Vasopressor;
 - (2) Corticosteroid;
 - (3) Bronchodilator;
 - (4) Opioid antagonist;
 - (5) Benzodiazapine antagonist;
 - (6) Antihistaminic;
 - (7) Anticholinergic;
 - (8) Anticonvulsant;
 - (9) Epinephrine;
 - (10) Antiarrhythmic;
 - (11) Coronary artery vasodilator; and
 - (12) Antihypertensive;
 - ii. Electrocardiograph monitor;
 - iii. Pulse oximeter;
 - iv. Cardiac defibrillator or ~~automated external defibrillator AED;~~
 - v. Positive pressure oxygen and supplemental oxygen;
 - vi. Suction equipment, including endotracheal, tonsillar, or pharyngeal and emergency backup medical suction device;
 - vii. Laryngoscope, multiple blades, backup batteries, and backup bulbs;
 - viii. Endotracheal tubes and appropriate connectors;
 - ix. Magill forceps;
 - x. Oropharyngeal and nasopharyngeal airways;
 - xi. Auxiliary lighting;
 - xii. Stethoscope; ~~and~~
 - xiii. Blood pressure monitoring device; ~~and~~
 - xiv. End tidal capnography; and
 - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. All personnel involved in administering and monitoring General Anesthesia or Deep Sedation shall hold a current course completion confirmation in Basic Life Support Health Care Provider Level endorsed by the American Heart Association ~~cardiopulmonary resuscitation healthcare provider level;~~
 3. Hold a valid license to practice dentistry in this state;
 4. Maintain a current permit to prescribe and administer Controlled Substances in this state issued by the United States Drug Enforcement Administration; and
 5. Provide confirmation of completing ACLS certification from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association coursework ~~within the two years prior to submitting the permit application in one or more of the following:~~
 - a. ~~Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;~~
 - b. ~~Pediatric advanced life support (PALS) in a practice treating pediatric patients; or~~
 - c. ~~A recognized continuing education course in advanced airway management.~~
 6. In order to renew a Section 1301 Permit, provide confirmation of completing continuing education for high fidelity human simulation involving crises management within five years prior to submitting the renewal permit application.
- C.** Before a Section 1301 Permit holder administers General Anesthesia or Deep Sedation, by any means, in a dental office or dental clinic, to a patient who is less than eight years of age, the dentist shall possess a Pediatric Endorsement issued by the Board. A dentist who has obtained a Section 1301 Permit with a Pediatric Endorsement pursuant to this section may administer General Anesthesia and lower levels of sedation to a patient who is less than eight years of age. The dentist may renew the Pediatric Endorsement every three years by complying with subsection (D).
- D.** To obtain or renew a Pediatric Endorsement for a Section 1301 Permit, a Dentist shall:
1. Maintain PALS certification; and

2. Either:

- a. Have completed a CODA-accredited residency program that has a standard for pediatric anesthesia training within the two years immediately preceding the dentist's application for a Pediatric Endorsement, or
- b. If the dentist completed a residency more than three years prior to the dentist's application, submit an affidavit to the Board indicating the dentist has provided intravenous Moderate Sedation, Deep Sedation, or General Anesthesia for 30 pediatric patients within three years immediately preceding the dentist's application. Cases completed with a dental practitioner who maintains a Section 1301 Permit with a Pediatric Endorsement can count towards the 30 cases; and complete 20 Credit Hours of Recognized Continuing Dental Education training over the past three years in areas of pediatric airway anatomy, physical evaluation, medical conditions, pharmacology, sedation, General Anesthesia, and medical emergencies.

~~C-E.~~ In addition to meeting the requirements of subsection (B), initial ~~initial~~ applicants shall meet ~~one or more~~ of the following conditions by submitting to the Board verification of meeting the condition directly from the issuing institution:

1. Complete, within the three years before submitting the permit application, a full credit load, as defined by the training program, during one calendar year of training, in anesthesiology or related academic subjects, beyond the undergraduate dental school level in a training program described in R4-11-1306(A), offered by a hospital accredited by the Joint Commission on Accreditation of Hospitals Organization, or sponsored by a university accredited by the American Dental Association Commission on Dental Accreditation; Submit proof to the Board directly from the issuing institution of successful completion of an accredited U.S. or Canadian residency in oral and maxillofacial surgery; or
2. Be, within the three years before submitting the permit application, a Diplomate of the American Board of Oral and Maxillofacial Surgeons or eligible for examination by the American Board of Oral and Maxillofacial surgeons, a Fellow of the American Association of Oral and Maxillofacial surgeons, a Fellow of the American Dental Society of Anesthesiology, a Diplomate of the National Dental Board of Anesthesiology, or a Diplomate of the American Dental Board of Anesthesiology; or Submit proof to the Board directly from the issuing institution of successful completion of an accredited U.S. or Canadian residency in dental anesthesiology. For graduates of a dental anesthesiology residency program prior to CODA or Canadian provincial accreditation, the program must have met the educational and duration requirements of the American Dental Association Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry at the Advanced Education Level (Part II), in effect at the time of residency completion.
3. For an applicant who completed the requirements of subsections (C)(1) or (C)(2) more than three years before submitting the permit application, provide the following documentation:
 - a. On a form provided by the Board, a written affidavit affirming that the applicant has administered general anesthesia or deep sedation to a minimum of 25 patients within the year before submitting the permit application or 75 patients within the last five years before submitting the permit application;
 - b. A copy of the general anesthesia or deep sedation permit in effect in another state or certification of military training in general anesthesia or deep sedation from the applicant's commanding officer; and
 - c. On a form provided by the Board, a written affidavit affirming the completion of 30 clock hours of continuing education taken within the last five years as outlined in R4-11-1306(B)(1)(a) through (f).

~~D-E.~~ After submitting the application and written evidence of compliance with requirements in ~~subsection~~ subsections (B) and, if applicable, subsection (C) (E) to the Board, the applicant shall schedule an onsite evaluation by the Board during which the applicant shall administer General Anesthesia or Deep Sedation. After the applicant completes the application requirements and successfully completes the onsite evaluation, a Section 1301 Permit shall be issued to the applicant.

1. The onsite evaluation team shall consist of:
 - a. Two dentists who are Board members, or Board designees for initial applications; or
 - b. One dentist who is a Board member or Board designee for renewal applications.
2. The onsite team shall evaluate the following:
 - a. The availability of equipment and personnel as specified in subsection (B)(2);
 - b. Proper administration of General Anesthesia or Deep Sedation to a patient by the applicant in the presence of the evaluation team;
 - c. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
 - d. Proper documentation of Controlled Substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of Controlled Substances; and
 - e. Proper recordkeeping as specified in subsection ~~(E)~~ (H) by reviewing the records generated for the patient specified in subsection ~~(D)(2)(b)~~ (F)(2)(b); and
 - f. For renewal applicants, records supporting continued competency as specified in R4-11-1306 subsection (U).
3. The evaluation team shall recommend one of the following:
 - a. Pass. Successful completion of the onsite evaluation;
 - b. Conditional Approval for failing to have appropriate equipment, proper documentation of Controlled Substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued;
 - c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency;
 - d. Category 2 Evaluation Failure. The applicant must complete ~~Board approved continuing education~~ Recognized Continuing Dental Education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency; or
 - e. Category 3 Evaluation Failure. The applicant must complete ~~Board approved remedial continuing education~~ Recognized Continuing Dental Education with the subject matter outlined in R4-11-1306 this Article as identified by the evaluators and

- reapply not less than 90 days from the failed evaluation. An example is failure to recognize and manage an anesthetic urgency.
4. ~~The onsite evaluation of an additional dental office or dental clinic in which General Anesthesia or Deep Sedation is administered by an existing Section 1301 permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (D)(2)(a). An applicant who meets the requirement of subsection (E)(2), does not need to complete an onsite evaluation according to this section.~~
- ~~5-G.~~ A Section 1301 mobile permit may be issued if a Section 1301 permit holder travels to dental offices or dental clinics to provide anesthesia or deep sedation. The To obtain a Mobile Permit for a Section 1301 Permit, the applicant must shall submit a completed affidavit verifying:
- a. That the equipment and supplies for the provision of anesthesia or Deep Sedation as required in subsection (B)(2)(a) either travel with the Section 1301 Permit holder or are in place and in appropriate condition at the dental office or dental clinic where anesthesia or Deep Sedation is provided, and
 - b. Compliance with subsection (B)(2)(b).
- ~~E-H.~~ A Section 1301 Permit holder shall keep an anesthesia or Deep Sedation record for each General Anesthesia and Deep Sedation procedure that includes the following entries:
1. ~~Pre-operative, Intra-operative~~ and post-operative electrocardiograph documentation;
 2. ~~Pre-operative, intra-operative, Intra-operative~~ and post-operative pulse oximeter documentation;
 3. ~~Pre-operative, intra-operative, Intra-operative~~ and post-operative blood pressure and vital sign documentation;
 4. Documentation of intra-operative and post-operative monitoring of ventilatory status utilizing capnography or precordial stethoscope;
 - 4-5. A list of all medications given, with dosage and time intervals, and route and site of administration;
 - 5-6. Type of catheter or portal with gauge;
 - 6-7. Indicate nothing by mouth or time of last intake of food or water;
 - 7-8. Consent form; and
 - 8-9. Time of discharge and status, including name of escort.
- ~~F-I.~~ The Section 1301 Permit holder shall only use intraosseous access exclusively for emergency situations. The Section 1301 permit holder, for intravenous access, shall use a new infusion set, including a new infusion line and new bag of fluid, for each patient.
- ~~G-J.~~ The Section 1301 Permit holder shall utilize supplemental oxygen for patients receiving General Anesthesia or Deep Sedation for the duration of the procedure as necessary.
- ~~H-K.~~ The Section 1301 Permit holder shall continuously supervise the patient from the initiation of anesthesia or Deep Sedation until termination of the anesthesia or Deep Sedation procedure and oxygenation, ventilation, and circulation are stable.
- ~~L.~~ The Section 1301 Permit holder, shall establish written guidelines for discharging a patient.
- ~~M.~~ The Section 1301 Permit holder shall not commence with the administration of a subsequent anesthetic case until the patient is in monitored recovery or meets the guidelines for discharge.
- ~~I-N.~~ A Section 1301 Permit holder may employ or work with a QAP the following health care professionals to provide anesthesia or sedation services and shall ensure that the health care professional QAP continuously supervises the patient from the administration of anesthesia or sedation until termination of the anesthesia or sedation procedure and oxygenation, ventilation, and circulation are stable:
1. ~~An allopathic or osteopathic physician currently licensed in Arizona by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners who has successfully completed a residency program in anesthesiology approved by the American Council on Graduate Medical Education or the American Osteopathic Association or who is certified by either the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology and is credentialed with anesthesia privileges through an Arizona licensed medical facility, or~~
 2. ~~A Certified Registered Nurse Anesthetist currently licensed in Arizona who provides services under the Nurse Practice Act in A.R.S. Title 32, Chapter 15.~~
- ~~J-O.~~ A Section 1301 Permit holder may also administer parenteral Parenteral Moderate Sedation or lower levels of sedation without obtaining a Section 1302 Permit or a Section 1303 Permit.
- ~~P.~~ The Section 1301 Permit holder who administers General Anesthesia or Deep Sedation shall ensure there is an additional person present with the patient during the procedure who has:
1. A current certification in PALS if the patient is less than eight years of age; or
 2. A current certification in ACLS or completed four clock hours of a Recognized Continuing Dental Education course in advanced airway management or General Anesthesia or Deep Sedation within two years prior to the procedure.
- ~~Q.~~ If the Section 1301 Permit holder who administers General Anesthesia or Deep Sedation to a patient is the operating dentist, the Section 1301 Permit holder shall ensure the additional person present for the procedure according to subsection (P) has the primary responsibility of monitoring the patient during the procedure.
- ~~R.~~ A Section 1301 Permit holder who has obtained a Pediatric Endorsement according to subsection (D), and who administers General Anesthesia or Deep Sedation to a patient who is less than eight years of age shall ensure:
1. The following persons are present, in addition to the Section 1301 Permit holder, with the patient during the procedure:
 - a. A person who has a current certification in PALS; and
 - b. A person having a current certification in Basic Life Support Health Care Provider Level endorsed by the American Heart Association or ACLS; and
 2. The additional person present during the procedure under subsection (R)(1)(a) monitors the patient after the patient's oxygenation, ventilation, and circulation are stable until the patient meets criteria for discharge using a recognized pediatric discharge scoring system.
- ~~S.~~ Except as permitted according to subsection (C), a Section 1301 Permit holder cannot provide any anesthesia or sedation services under this section to a patient that is less than eight years of age.

- T.** A Section 1301 Permit holder shall not perform a procedure in a dental office or dental clinic, with the administration of General Anesthesia or Deep Sedation that the Section 1301 Permit holder anticipates to be longer than five hours.
- U.** In addition to meeting the requirements in subsection (B), in order to renew a Section 1301 Permit, the permit holder shall:
1. Participate in 30 clock hours of continuing education every five years in one or more of the following areas:
 - a. General Anesthesia.
 - b. Parenteral sedation.
 - c. Physical evaluation.
 - d. Medical emergencies.
 - e. Monitoring and use of monitoring equipment, or
 - f. Pharmacology of Drugs and non-Drug substances used in General Anesthesia or Parenteral sedation; and
 2. Complete at least 10 General Anesthesia or Deep Sedation cases per calendar year; and
 3. Apply a maximum of six hours of ACLS coursework toward the continuing education requirements for subsection (U)(1).

R4-11-1302. Parenteral ~~Moderate~~ Sedation

- A.** Before administering ~~parenteral~~ Parenteral Moderate sedation Sedation in a dental office or dental clinic, a dentist shall possess a Section 1302 Permit issued by the Board. The dentist may renew a Section 1302 Permit every ~~five~~ three years ~~by complying with R4-11-1307.~~
1. A Section 1301 Permit holder may also administer ~~parenteral~~ Parenteral Moderate sedation Sedation.
 2. A Section 1302 Permit holder shall not administer or employ any agents which have a narrow margin for maintaining consciousness including, but not limited to, ultra-short acting barbiturates, propofol, ~~parenteral~~ Parenteral ketamine, or similarly acting Drugs, agents, or techniques, or any combination thereof that would likely render a patient deeply sedated, generally anesthetized or otherwise not meeting the conditions of Moderate Sedation.
- B.** To obtain or renew a Section 1302 Permit, the dentist shall:
1. Submit a completed application on a form provided by the Board office that, ~~in addition to the requirements of subsections (B)(2) and (3) and R4-11-1307,~~ includes:
 - a. General information about the applicant such as:
 - i. Name;
 - ii. Home and office addresses and telephone numbers;
 - iii. Limitations of practice;
 - iv. Hospital affiliations;
 - v. Denial, curtailment, revocation, or suspension of hospital privileges;
 - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
 - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
 - b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
 2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist will administer ~~parenteral~~ Parenteral Moderate sedation Sedation ~~by intravenous or intramuscular route:~~
 - a. Contains the following properly operating equipment and supplies during the provision of ~~parenteral~~ Parenteral Moderate sedation Sedation by the permit holder or QAP General Anesthesia or Deep Sedation by a physician anesthesiologist or Certified Registered Nurse Anesthetist:
 - i. ~~The following emergency~~ Emergency Drugs;
 - (1) Vasopressor;
 - (2) Corticosteroid;
 - (3) Bronchodilator;
 - (4) Opioid antagonist;
 - (5) Benzodiazepine antagonist;
 - (6) Antihistaminic;
 - (7) Anticholinergic;
 - (8) Anticonvulsant;
 - (9) Epinephrine;
 - (10) Antiarrhythmic;
 - (11) Coronary artery vasodilator; and
 - (12) Antihypertensive;
 - ii. Positive pressure oxygen and supplemental oxygen;
 - iii. Stethoscope;
 - iv. Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device;
 - v. Oropharyngeal and nasopharyngeal airways;
 - vi. Pulse oximeter;
 - vii. Auxiliary lighting;
 - viii. Blood pressure monitoring device; and
 - ix. Cardiac defibrillator or ~~automated external defibrillator AED;~~ and
 - x. A pretracheal stethoscope, precordial stethoscope, or end tidal capnography; and
 - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one staff member who:
 - i. Holds a current course completion confirmation in Basic Life Support Health Care Provider Level endorsed by the American Heart Association ~~cardiopulmonary resuscitation healthcare provider level;~~

- ii. Is present during the ~~parenteral~~ Parenteral Moderate sedation Sedation procedure to monitor appropriate physiologic parameters and to assist in any supportive or resuscitation measures; and
 - iii. After the procedure, monitors the patient until discharge;
 - 3. Hold a valid license to practice dentistry in this state;
 - 4. Maintain a current permit to prescribe and administer Controlled Substances in this state issued by the United States Drug Enforcement Administration;
 - 5. Provide confirmation of completing coursework within the two years prior to submitting the permit application in one or more of the following:
 - a. ~~Advanced cardiac life support~~ ACLS from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association; ~~or~~
 - b. ~~Pediatric advanced life support (PALS) in a practice treating pediatric patients; or~~
 - e-b. ~~A recognized continuing education~~ Recognized Continuing Dental Education course in advanced airway management ~~or Moderate Sedation.~~
 - 6. In order to renew a Section 1302 Permit, provide confirmation of completing Recognized Continuing Dental Education for human simulation involving crises management within six years prior to submitting the renewal permit application.
- C.** A dentist shall not administer Parenteral Moderate Sedation to a patient who is less than eight years of age. A dentist who has obtained a Section 1302 Permit with a Pediatric Endorsement pursuant to this section may administer Enteral Moderate Sedation and lower levels of sedation to a patient who is less than eight years of age. The dentist may renew the Pediatric Endorsement every three years by complying with subsection (D).
- D.** To obtain or renew a Pediatric Endorsement for a Section 1302 Permit, a Dentist shall:
- 1. Maintain PALS certification; and
 - 2. Have completed a CODA-accredited residency program that has a standard for pediatric anesthesia training within the two years immediately preceding the dentist's application for a Pediatric Endorsement; or
 - 3. The dentist shall submit an affidavit to the Board indicating the dentist has provided Enteral Moderate Sedation for 15 pediatric patients within three years immediately preceding the dentist's application. Cases for Enteral Moderate Sedation, completed with a dental practitioner who maintains a Section 1301 Permit with a Pediatric Endorsement can count towards the 15 cases; and complete 20 Credit Hours of Recognized Continuing Dental Education training over the past three years in areas of pediatric airway anatomy, physical evaluation, medical conditions, pharmacology, sedation, General Anesthesia, and medical emergencies.
- ~~C-E.~~** Initial applicants shall meet one of the following conditions by submitting to the Board verification of meeting the condition directly from the issuing institution:
- 1. Successfully complete Board-recognized undergraduate, graduate, or postgraduate education within the three years before submitting the permit application, that includes the following:
 - a. Sixty didactic hours of basic ~~parenteral~~ Parenteral Moderate sedation Sedation to include:
 - i. Physical evaluation;
 - ii. Management of medical emergencies;
 - iii. The importance of and techniques for maintaining proper documentation; and
 - iv. Monitoring and the use of monitoring equipment; and
 - b. Hands-on ~~personal~~ administration of ~~parenteral sedative~~ medications for Parenteral Moderate Sedation to at least 20 patients in a manner consistent with this Section; or
 - 2. An applicant who completed training in ~~parenteral~~ Parenteral Moderate sedation Sedation more than three years before submitting the permit application shall provide the following documentation:
 - a. On a form provided by the Board, a written affidavit affirming that the applicant has administered ~~parenteral~~ Parenteral Moderate sedation Sedation to a minimum of 25 patients within the year or 75 patients within the last five years before submitting the permit application;
 - b. A copy of the ~~parenteral~~ Parenteral sedation permit in effect in another state or certification of military training in ~~parenteral~~ Parenteral sedation from the applicant's commanding officer; and
 - c. On a form provided by the Board, a written affidavit affirming the completion of 30 clock hours of ~~continuing education~~ Recognized Continuing Dental Education taken within the last five years as outlined in ~~R4-11-1306(B)(1)(b) through (f)~~ this Article.
- ~~D-E.~~** After submitting the application and written evidence of compliance with requirements outlined in subsection (B) and, if applicable, subsection ~~(C)~~ (E) to the Board, the applicant shall schedule an onsite evaluation by the Board during which the applicant shall administer ~~parenteral~~ Parenteral Moderate sedation Sedation. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue a Section 1302 Permit to the applicant.
- 1. The onsite evaluation team shall consist of:
 - a. Two dentists who are Board members, or Board designees for initial applications, or
 - b. One dentist who is a Board member or Board designee for renewal applications.
 - 2. The onsite team shall evaluate the following:
 - a. The availability of equipment and personnel as specified in subsection (B)(2);
 - b. Proper administration of ~~parenteral~~ Parenteral Moderate sedation Sedation to a patient by the applicant in the presence of the evaluation team;
 - c. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
 - d. Proper documentation of Controlled Substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of all Controlled Substances;

- e. Proper recordkeeping as specified in subsection ~~(E)~~ (I) by reviewing the records generated for the patient receiving ~~parenteral~~ Parenteral sedation as specified in subsection ~~(D)(2)(b)~~ (F)(2)(b); and
- f. For renewal applicants, records supporting continued competency as specified in subsection (K) R4-11-1306.
3. The evaluation team shall recommend one of the following:
 - a. Pass. Successful completion of the onsite evaluation;
 - b. Conditional Approval for failing to have appropriate equipment, proper documentation of Controlled Substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued;
 - c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency;
 - d. Category 2 Evaluation Failure. The applicant must complete ~~Board approved continuing education~~ Recognized Continuing Dental Education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency; or
 - e. Category 3 Evaluation Failure. The applicant must complete ~~Board approved continuing education~~ Recognized Continuing Dental Education with the subject matter ~~outlined in R4-11-1306 as~~ identified by the evaluators and reapply not less than 90 days from the failed evaluation. An example is failure to recognize and manage an anesthetic urgency.
4. ~~The onsite evaluation of an additional dental office or dental clinic in which parenteral sedation is administered by an existing Section 1302 Permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (D)(2)(a).~~
5. ~~To obtain a Mobile Permit for a Section 1302 Permit, A Section 1302 mobile permit may be issued if a Section 1302 Permit holder travels to dental offices or dental clinics to provide parenteral sedation. The applicant must shall submit a completed affidavit verifying:~~
 - a. That the equipment and supplies for the provision of ~~parenteral~~ Parenteral Moderate sedation Sedation as required in R4-11-1302(B)(2)(a) either travel with the Section 1302 Permit holder or are in place and in appropriate working condition at the dental office or dental clinic where ~~parenteral~~ Parenteral Moderate sedation Sedation is provided, and
 - b. Compliance with R4-11-1302(B)(2)(b).
- G.** A Section 1302 Permit holder shall complete an onsite evaluation that complies with subsection (F) in order to renew a Section 1302 Permit every six years.
- H.** A Section 1302 Permit holder does not need to comply with subsection (F)(2)(b) to renew a Section 1302 Permit.
- ~~E.~~ I.** A Section 1302 Permit holder shall keep a ~~parenteral~~ Parenteral Moderate sedation Sedation record for each ~~parenteral~~ Parenteral Moderate sedation Sedation procedure that: includes
 1. ~~Includes~~ the following entries:
 - ~~a.1. Pre-operative, intra-operative, Intra-operative~~ and post-operative pulse oximeter documentation;
 - ~~b.2. Pre-operative, intra-operative, Intra-operative~~ and post-operative blood pressure and vital sign documentation;
 3. Documentation of intra-operative and post-operative monitoring of ventilatory status utilizing capnography or precordial stethoscope.
 - ~~e.4. A list of all medications given, with dosage and time intervals and route and site of administration;~~
 - ~~d.5. Type of catheter or portal with gauge;~~
 - ~~e.6. Indicate nothing by mouth or time of last intake of food or water;~~
 - ~~f.7. Consent form; and~~
 - ~~g.8. Time of discharge and status, including name of escort; and~~
 2. May include pre-operative and post-operative electrocardiograph report.
- J.** The Section 1302 Permit holder shall only use intraosseous access exclusively for emergency situations.
- K.** In addition to meeting the requirements in subsection (B), in order to renew a Section 1302 Permit, the permit holder shall:
 1. Participate in 18 clock hours of continuing education every three years in one or more of the following areas:
 - a. General Anesthesia,
 - b. Parenteral sedation,
 - c. Physical evaluation,
 - d. Medical emergencies,
 - e. Monitoring and use of monitoring equipment, or
 - f. Pharmacology of Drugs and non-Drug substances used in General Anesthesia or Parenteral sedation; and
 2. Complete at least 10 Moderate Sedation cases per calendar year; and
 3. Apply a maximum of six hours of ACLS coursework toward the continuing education requirements for subsection (K)(1).
- ~~F.~~ L.** The Section 1302 Permit holder shall establish intravenous access on each patient receiving parenteral sedation utilizing a new infusion set, including a new infusion line and new bag of fluid. The Section 1302 Permit holder shall establish a functional intravenous catheter for each patient receiving sedation services.
- ~~G.~~ M.** The Section 1302 Permit holder shall utilize supplemental oxygen for patients receiving ~~parenteral~~ Parenteral Moderate sedation Sedation for the duration of the procedure as necessary.
- ~~H.~~ N.** The Section 1302 Permit holder shall continuously supervise the patient from the initiation of ~~parenteral~~ Parenteral Moderate sedation Sedation until termination of the ~~parenteral~~ Parenteral Moderate sedation Sedation procedure and oxygenation, ventilation and circulation are stable.
- O.** The Section 1302 Permit holder shall establish written guidelines for discharging a patient.
- P.** The Section 1302 Permit holder shall not commence with the administration of a subsequent anesthetic case until the patient is in monitored recovery or meets the guidelines for discharge.
- ~~I.~~** A Section 1302 Permit holder may employ a health care professional as specified in R4-11-1301(I).

- Q.** A Section 1302 Permit holder who has obtained a Pediatric Endorsement according to subsection (D), and who administers Enteral Moderate Sedation to a pediatric patient who is less than eight years of age shall ensure:
- 1.** The following additional persons are present with the patient during the procedure:
 - a.** One person who has a current certification in PALS or ACLS; and
 - b.** One person having a current certification in Basic Life Support Health Care Provider Level endorsed by the American Heart Association or ACLS; and
 - 2.** A person who has a current certification in PALS or ACLS and monitors the patient after the patient's oxygenation, ventilation, and circulation are stable until the patient meets criteria for discharge using a recognized pediatric discharge scoring system.
- R.** Except as according to subsection (C), a Section 1302 Permit holder may also administer Enteral Moderate Sedation or lower levels of sedation without obtaining a Section 1303 Permit.
- S.** A Section 1302 Permit holder shall not perform a procedure, with the administration of any sedation, the Section 1302 Permit holder anticipates to be longer than five hours, in a dental office or dental clinic.

R4-11-1303. Enteral Moderate Oral Sedation

- A.** Before administering Enteral Moderate Sedation ~~Oral Sedation~~ in a dental office or dental clinic, a dentist shall possess a Section 1303 Permit issued by the Board. The dentist may renew a Section 1303 Permit every ~~five~~ three years by complying with R4-11-1307.
- ~~1- A Section 1301 Permit holder or Section 1302 Permit holder may also administer oral sedation without obtaining a Section 1303 Permit.~~
- 2- The administration of a single Drug for minimal sedation does not require a Section 1303 Permit if:**
- ~~a- The administered dose is within the Food and Drug Administration's maximum recommended dose as printed in the Food and Drug Administration's approved labeling for unmonitored home use;~~**
 - ~~i- Incremental multiple doses of the drug may be administered until the desired effect is reached, but does not exceed the maximum recommended dose; and~~**
 - ~~ii- During minimal sedation, a single supplemental dose may be administered. The supplemental dose may not exceed one half of the initial dose and the total aggregate dose may not exceed one and one half times the Food and Drug Administration's maximum recommended dose on the date of treatment; and~~**
 - ~~b- Nitrous oxide/oxygen may be administered in addition to the oral drug as long as the combination does not exceed minimal sedation.~~**
- B.** To obtain or renew a Section 1303 Permit, a dentist shall:
- 1.** Submit a completed application on a form provided by the Board office that, ~~in addition to the requirements of subsections (B)(2) and (3) and R4-11-1307,~~ includes:
 - a.** General information about the applicant such as:
 - i. Name;
 - ii. Home and office addresses and telephone numbers;
 - iii. Limitations of practice;
 - iv. Hospital affiliations;
 - v. Denial, curtailment, revocation, or suspension of hospital privileges;
 - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
 - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
 - b.** The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
 - 2.** On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist will administer Enteral Moderate Sedation ~~Oral Sedation~~:
 - a.** Contains the following properly operating equipment and supplies during the provision of sedation:
 - i.** The following emergency ~~Emergency~~ Drugs;
 - (1) Vasopressor;**
 - (2) Bronchodilator;**
 - (3) Opioid antagonist;**
 - (4) Benzodiazepine antagonist;**
 - (5) Antihistaminic;**
 - (6) Anticholinergic;**
 - (7) Anticonvulsant;**
 - (8) Coronary artery vasodilator;**
 - ii.** Cardiac defibrillator or ~~automated external defibrillator AED~~;
 - iii.** Positive pressure oxygen and supplemental oxygen;
 - iv.** Stethoscope;
 - v.** Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device;
 - vi.** Pulse oximeter;
 - vii.** Blood pressure monitoring device; ~~and~~
 - viii.** Auxiliary lighting; and
 - ix.** A pretracheal or precordial stethoscope, or end tidal capnography; and
 - b.** Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one staff member who:
 - i.** Holds a current certificate in Basic Life Support Health Care Provider Level endorsed by the American Heart Association ~~cardiopulmonary resuscitation healthcare provider level;~~

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6. Monitoring and the use of monitoring equipment.

~~D-G.~~ After submitting the application and written evidence of compliance with requirements in subsection (B) and, if applicable, subsection ~~(C)~~ (E) to the Board, the applicant shall schedule an onsite evaluation by the Board. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue a Section 1303 Permit to the applicant.

1. The onsite evaluation team shall consist of:
 - a. For initial applications, two dentists who are Board members, or Board designees.
 - b. For renewal applications, one dentist who is a Board member, or Board designee.
2. The onsite team shall evaluate the following:
 - a. The availability of equipment and personnel as specified in subsection (B)(2);
 - b. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
 - c. Proper documentation of Controlled Substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of Controlled Substances;
 - d. Proper recordkeeping as specified in subsection ~~(E)(1)~~ by reviewing the forms that document the oral sedation record; and
 - e. For renewal applicants, records supporting continued competency as specified in ~~R4-11-1306~~ this Article.
3. The evaluation team shall recommend one of the following:
 - a. Pass. Successful completion of the onsite evaluation;
 - b. Conditional Approval for failing to have appropriate equipment, proper documentation of Controlled Substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before permit will be issued;
 - c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency; or
 - d. Category 2 Evaluation Failure. The applicant must complete ~~Board approved continuing education~~ Recognized Continuing Dental Education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency.
4. The onsite evaluation of an additional dental office or dental clinic in which ~~Enteral Moderate Sedation~~ Oral Sedation is administered by a Section 1303 Permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection ~~(D)(2)(a)(G)(2)(a)~~.
5. To obtain a Mobile Permit for a Section 1303 Permit ~~A Section 1303 mobile permit may be issued if the Section 1303 Permit holder travels to dental offices or dental clinics to provide Oral Sedation. The~~ the applicant must shall submit a completed affidavit verifying:
 - a. That the equipment and supplies for the provision of ~~Enteral Moderate Sedation~~ Oral Sedation as required in R4-11-1303(B)(2)(a) either travel with the Section 1303 Permit holder or are in place and in appropriate condition at the dental office or dental clinic where ~~Enteral Moderate Sedation~~ Oral Sedation is provided, and
 - b. Compliance with R4-11-1303(B)(2)(b).

H. Notwithstanding any other section, an onsite evaluation shall be required to renew a Section 1303 Permit every six years.

~~E-L.~~ A Section 1303 Permit holder shall keep a ~~an~~ Oral sedation record for each ~~Oral~~ sedation procedure that:

1. Includes the following entries:
 - a. Pre-operative, intra-operative, and post-operative, pulse oximeter oxygen saturation and pulse rate documentation;
 - b. Pre-operative and post-operative blood pressure;
 - c. Documented reasons for not taking vital signs if a patient's behavior or emotional state prevents monitoring personnel from taking vital signs;
 - d. List of all medications given, including dosage and time intervals;
 - e. Patient's weight;
 - f. Consent form;
 - g. ~~Special notes, such as, nothing by mouth or~~ List of the patient's last intake of food or water; and
 - h. Evaluation of the patient's airway;
 - i. Time of discharge and status, including name of escort; and
2. May include the following entries:
 - a. Pre-operative and post-operative electrocardiograph report; and
 - b. Intra-operative blood pressures.

~~F-L.~~ The Section 1303 Permit holder shall utilize supplemental oxygen for patients receiving Enteral moderate ~~Oral~~ sedation for the duration of the procedure as necessary.

~~G-K.~~ The Section 1303 Permit holder shall ensure the continuous supervision of the patient from the administration of Enteral moderate ~~Oral~~ sedation until oxygenation, ventilation and circulation are stable and the patient is appropriately responsive for discharge from the dental office or dental clinic.

L. A Section 1303 Permit holder who has obtained a Pediatric Endorsement according to subsection (D), and who administers Enteral Moderate Sedation to a pediatric patient who is less than eight years of age shall ensure:

1. The following additional persons are present with the patient during the procedure:
 - a. One person who has a current certification in PALS or ACLS; and
 - b. One person having a current certification in Basic Life Support Health Care Provider Level endorsed by the American Heart Association or ACLS; and
2. A person who has a current certification in PALS or ACLS and monitors the patient after the patient's oxygenation, ventilation, and circulation are stable until the patient meets criteria for discharge using a recognized pediatric discharge scoring system.

- H.** A Section 1303 permit holder may employ a health care professional to provide anesthesia services, if all of the following conditions are met:
1. The physician anesthesiologist or Certified Registered Nurse Anesthetist meets the requirements as specified in R4-11-1301(I);
 2. The Section 1303 Permit holder has completed coursework within the two years prior to submitting the permit application in one or more of the following:
 - a. Advanced Cardiac Life Support from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
 - b. Pediatric Advanced Life Support in a practice treating pediatric patients;
 - c. A recognized continuing education course in advanced airway management;
 3. The Section 1303 Permit holder ensures that:
 - a. The dental office or clinic contains the equipment and supplies listed in R4-11-1304(B)(2)(a) during the provision of anesthesia or sedation by the physician anesthesiologist or Certified Registered Nurse Anesthetist;
 - b. The anesthesia or sedation record contains all the entries listed in R4-11-1304(D);
 - c. For intravenous access, the physician anesthesiologist or Certified Registered Nurse Anesthetist uses a new infusion set, including a new infusion line and new bag of fluid for each patient; and
 - d. The patient is continuously supervised from the administration of anesthesia or sedation until the termination of the anesthesia or sedation procedure and oxygenation, ventilation and circulation are stable.
- M.** The Section 1303 Permit holder shall not commence with a subsequent procedure or treatment until the patient is in monitored recovery or meets the guidelines for discharge.
- N.** The Section 1303 Permit holder shall not use pharmacy compounded medications for sedation for a patient that is less than eight years of age.
- O.** If a patient expectorates the sedation medication, the Section 1303 Permit holder shall not administer any additional dose of any sedation medication.
- P.** All sedation medications used to achieve Enteral Moderate Sedation for a patient that is less than eight years of age, shall be administered in the immediate presence of the Section 1303 Permit holder.
- Q.** A Section 1303 Permit holder shall not perform a procedure, with the administration of sedation, the Section 1303 Permit holder anticipates to be longer than five hours, in a dental office or dental clinic.
- R.** The Section 1303 Permit holder shall establish written guidelines for discharging a patient.

R4-11-1304. Permit to Employ or Work Working with a QAP Physician Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA)

- A.** This Section does not apply to a Section 1301 permit holder or a Section 1302 permit holder practicing under the provisions of R4-11-1302(I) or a Section 1303 permit holder practicing under the provisions of R4-11-1303(H). A dentist may utilize a QAP physician anesthesiologist or certified registered nurse anesthetist (CRNA) for anesthesia or sedation services while the dentist provides treatment in the dentist's office or dental clinic without after obtaining a Section 1301, 1302, or 1303 Permit if: Section 1304 permit issued by the Board.
1. The ~~physician anesthesiologist or CRNA treating dentist~~ ensures the QAP meets the requirements as specified in ~~R4-11-1301(I)~~R4-11-1301(N).
 2. The ~~treating dentist permit holder~~ shall provide all dental treatment and ensure ~~ensures~~ that the ~~physician anesthesiologist or CRNA-QAP~~ remains ~~on in~~ the dental office or ~~on the~~ dental clinic premises until any patient receiving anesthesia or sedation services is discharged.
 3. A dentist may renew a Section 1304 permit every five years by complying with R4-11-1307. The treating dentist notifies the Board that the dentist is utilizing a QAP within 10 days of utilizing the QAP by providing the Board the following information:
 - a. The name of the QAP;
 - b. The license number of the QAP; and
 - c. The address where the treating dentist is utilizing the QAP to provide anesthesia or sedation services.
- B.** ~~To obtain or renew a Section 1304 permit, a dentist shall:~~
1. ~~Submit a completed application on a form provided by the Board office that, in addition to the requirements of subsections (B)(2) and (3), and R4-11-1307 includes:~~
 - a. ~~General information about the applicant such as:~~
 - i. ~~Names;~~
 - ii. ~~Home and office addresses and telephone numbers;~~
 - iii. ~~Limitations of practice;~~
 - iv. ~~Hospital affiliations;~~
 - v. ~~Denial, curtailment, revocation, or suspension of hospital privileges;~~
 - vi. ~~Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and~~
 - vii. ~~Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and~~
 - b. ~~The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;~~
 2. ~~On forms provided by the Board, a treating dentist who utilizes a QAP pursuant to this section, shall provide a dated and signed affidavit attesting that any each dental office or dental clinic where the dentist provides treatment during administration of general anesthesia General Anesthesia or sedation by a QAP physician anesthesiologist or CRNA:~~
 - a. ~~1. Contains all the following properly operating functioning equipment and supplies during the provision of general anesthesia and sedation as specified in R4-11-1301(B)(2)(a) during the provision of anesthesia or sedation; and~~
 - i. ~~Emergency drugs;~~
 - ii. ~~Electrocardiograph monitor;~~
 - iii. ~~Pulse oximeter;~~

- iv. Cardiac defibrillator or automated external defibrillator (AED);
 - v. Positive pressure oxygen and supplemental continuous flow oxygen;
 - vi. Suction equipment, including endotracheal, tonsillar or pharyngeal and emergency backup medical suction device;
 - vii. Laryngoscope, multiple blades, backup batteries and backup bulbs;
 - viii. Endotracheal tubes and appropriate connectors;
 - ix. Magill forceps;
 - x. Oropharyngeal and nasopharyngeal airways;
 - xi. Auxiliary lighting;
 - xii. Stethoscope; and
 - xiii. Blood pressure monitoring device; and
- b.2. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, as specified in R4-11-1301(B)(2)(b). All personnel involved in administering and monitoring general anesthesia or sedation shall hold a current course completion confirmation in cardiopulmonary resuscitation (CPR) Health Care Provider level;
3. Hold a valid license to practice dentistry in this state; and
4. Provide confirmation of completing coursework within the last two years prior to submitting the permit application in one or more of the following:
- a. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
 - b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or
 - c. A recognized continuing education course in advanced airway management.
- C. The treating dentist shall ensure a second person, other than the QAP is present with the patient during a procedure using General Anesthesia or Deep Sedation and has:
- 1. A current certification in PALS;
 - 2. A current certification in ACLS; and
 - 3. Completed four clock hours of a Recognized Continuing Dental Education course in advanced airway management or General Anesthesia or Deep Sedation within two years prior to the procedure.
- D. After submitting the application and written evidence of compliance with requirements in subsection (B) to the Board, the applicant shall schedule an onsite evaluation by the Board. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue the applicant a Section 1304 permit.
- 1. The onsite evaluation team shall consist of one dentist who is a Board member, or Board designee.
 - 2. The onsite team shall evaluate the following:
 - a. The availability of equipment and personnel as specified in subsection (B)(2);
 - b. Proper documentation of controlled substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of controlled substances; and
 - c. Proper recordkeeping as specified in subsection (E) by reviewing previous anesthesia or sedation records.
 - 3. The evaluation team shall recommend one of the following:
 - a. Pass. Successful completion of the onsite evaluation; or
 - b. Conditional approval for failing to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued.
 - 4. The evaluation of an additional dental office or dental clinic in which a Section 1304 permit holder provides treatment during the administration general anesthesia or sedation by a physician anesthesiologist or CRNA may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (B)(2).
- E. Before utilizing a QAP to provide anesthesia or sedation services to a patient who is less than eight years of age, a treating dentist shall verify the QAP:
- 1. Maintains a PALS certification;
 - 2. Maintains the necessary equipment and medication listed in R4-11-1301(B)(2)(a); and
 - 3. In the three years immediately preceding the date of service, has provided anesthesia or sedation services to at least 30 patients who are less than eight years of age.
- F. A Section 1304 permit holder treating dentist that utilizes a QAP that is not a dentist licensed in Arizona, shall keep an anesthesia or sedation record for each general anesthesia and sedation procedure that includes the following entries meets the as requirements specified in R4-11-1301(H), required by a 1301 permit:
- 1. Pre-operative and post-operative electrocardiograph documentation;
 - 2. Pre-operative, intra-operative, and post-operative, pulse oximeter documentation;
 - 3. Pre-operative, intra-operative, and post-operative blood pressure and vital sign documentation; and
 - 4. A list of all medications given, with dosage and time intervals and route and site of administration;
 - 5. Type of catheter or portal with gauge;
 - 6. Indicate nothing by mouth or time of last intake of food or water;
 - 7. Consent form; and
 - 8. Time of discharge and status, including name of escort.
- G. For intravenous access, a Section 1304 permit holder shall ensure that the physician anesthesiologist or CRNA uses a new infusion set, including a new infusion line and new bag of fluid for each patient.
- H. A Section 1304 permit holder shall ensure that the physician anesthesiologist or CRNA utilizes supplemental continuous flow oxygen for patients receiving general anesthesia or sedation for the duration of the procedure.
- I. The Section 1304 permit holder treating dentist shall ensure the QAP continuously supervise supervises the patient from the administration of anesthesia or sedation until termination of the anesthesia or sedation procedure and oxygenation, ventilation, and circula-

tion are stable. The ~~Section 1304 permit holder~~ treating dentist shall ensure the QAP does not commence with a subsequent procedure or treatment until the patient is in monitored recovery or meets the guidelines for discharge.

I. The treating dentist shall ensure the QAP has established written guidelines for discharging a patient.

J. The treating dentist shall ensure that the QAP:

1. Has the properly operating equipment and supplies identified in R4-11-1301(B)(2)(a) during the provision of General Anesthesia and Deep Sedation;
2. Has completed ACLS certification from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association within the two years prior to providing anesthesia or sedation services;
3. Only uses use intraosseous access exclusively for emergency situations; and
4. Does not provide General Anesthesia or Deep Sedation services in a dental office or dental clinic for a procedure that the treating dentist anticipates to be longer than five hours.

K. A treating dentist shall not perform a procedure in a dental office or dental clinic, with the administration of General Anesthesia or Deep Sedation that the treating dentist anticipates to be longer than five hours.

R4-11-1305. Reports of Adverse Occurrences-Mandatory Reporting

If a death, or incident requiring involving the activation of emergency medical response, occurs in a dental office or dental clinic, occurs during the administration of or recovery from general anesthesia, deep sedation, moderate sedation, or minimal sedation, the permit holder and the treating dentist ~~involved~~ shall submit a complete Article 13 Incident Report ~~report of the incident~~ consistent with A.R.S. § 32-1272(D) to the Board within ~~40~~ seven business days after the occurrence.

R4-11-1306. Education; Continued Competency-Enteral Sedation

A. To obtain a Section 1301, permit by satisfying the education requirement of R4-11-1301(B)(6), a dentist shall successfully complete an advanced graduate or post graduate education program in pain control:

1. The program shall include instruction in the following subject areas:
 - a. Anatomy and physiology of the human body and its response to the various pharmacologic agents used in pain control;
 - b. Physiological and psychological risks for the use of various modalities of pain control;
 - c. Psychological and physiological need for various forms of pain control and the potential response to pain control procedures;
 - d. Techniques of local anesthesia, sedation, and general anesthesia, and psychological management and behavior modification, as they relate to pain control in dentistry; and
 - e. Handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway, and cardiopulmonary resuscitation.
2. The program shall consist of didactic and clinical training. The didactic component of the program shall:
 - a. Be the same for all dentists, whether general practitioners or specialists; and
 - b. Include each subject area listed in subsection (A)(1).
3. The program shall provide at least one calendar year of training as prescribed in R4-11-1301(B)(6)(a).

B. To maintain a Section 1301 or 1302 permit under R4-11-1301 or R4-11-1302, a permit holder shall:

1. Participate in 30 clock hours of continuing education every five years in one or more of the following areas:
 - a. General anesthesia;
 - b. Parenteral sedation;
 - c. Physical evaluation;
 - d. Medical emergencies;
 - e. Monitoring and use of monitoring equipment; or
 - f. Pharmacology of drugs and non drug substances used in general anesthesia or parenteral sedation; and
2. Provide confirmation of completing coursework within the two years prior to submitting the renewal application from one or more of the following:
 - a. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
 - b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or
 - c. A recognized continuing education course in advanced airway management;
3. Complete at least 10 general anesthesia, deep sedation or parenteral sedation cases a calendar year; and
4. Apply a maximum of six hours from subsection (B)(2) toward the continuing education requirements for subsection (B)(1).

C. To maintain a Section 1303 permit issued under R4-11-1303, a permit holder shall:

1. Participate in 30 clock hours of continuing education every five years in one or more of the following areas:
 - a. Oral sedation;
 - b. Physical evaluation;
 - c. Medical emergencies;
 - d. Monitoring and use of monitoring equipment; or
 - e. Pharmacology of oral sedation drugs and non drug substances; and
2. Provide confirmation of completing coursework within the two years prior to submitting the renewal application from one or more of the following:
 - a. Cardiopulmonary resuscitation (CPR) Health Care Provider level from the American Heart Association, American Red Cross or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association or American Red Cross;
 - b. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;

- e. Pediatric advanced life support (PALS);
 - d. A recognized continuing education course in advanced airway management; and
 - 3. Complete at least 10 oral sedation cases a calendar year.
- A.** A treating dentist does not need to obtain a Section 1303 Permit to administer a single Enteral Drug for the purpose of achieving Minimal Sedation.
- B.** The treating dentist shall not administer a single Enteral Drug in excess of the total maximum recommended dose per the package insert for that Drug for unmonitored home administration.
- C.** The treating dentist may administer Nitrous oxide in combination with a single Enteral Drug for the purpose of achieving Minimal Sedation.

R4-11-1307. Renewal of Permit

- A.** To renew a Section 1301 Permit, Section 1302 Permit, or Section 1303 ~~permit~~ Permit, and Pediatric Endorsement, the permit holder shall:
- 1. ~~Provide written documentation of compliance with the applicable continuing education requirements in R4-11-1306;~~
 - 2. ~~Provide written documentation of compliance with the continued competency requirements in R4-11-1306;~~
 - 3. ~~1.~~ Before December 31 of the year the permit expires, submit a completed application on a form provided by the Board office as described in R4-11-1301, R4-11-1302, or R4-11-1303; and
 - 4. ~~2.~~ Not less than 90 days before the expiration of a permit holder's current permit, arrange for an onsite evaluation as described in R4-11-1301, R4-11-1302, or R4-11-1303.
- ~~B.~~** ~~To renew a Section 1304 permit, the permit holder shall:~~
- 1. ~~Before December 31 of the year the permit expires, submit a completed application on a form provided by the Board office as described in R4-11-1304; and~~
 - 2. ~~Not less than 90 days before the expiration of a permit holder's current permit, arrange for an onsite evaluation as described in R4-11-1304.~~
- ~~C.~~B.** After the permit holder successfully completes the evaluation, where applicable, and submits the required affidavits, the Board shall renew a Section 1301 Permit, Section 1302 Permit, or Section 1303 Permit, ~~1304 permit~~, as applicable.
- ~~D.~~C.** The Board may stagger due dates for renewal applications.

NOTICES OF PUBLIC INFORMATION

Agencies use Notices of Public Information to notify stakeholders about other information that pertains to rulemaking notices under A.R.S. § 41-1013(B)(14). When required by law, agencies also use this notice to notify the public about information not related to rulemaking.

The most common use for this notice is to correct errors printed in a rulemaking notice or extend a public comment period.

The Administrative Rules Division of the Office does not provide a standard template for Notices of Public Information because the content of this type of notice varies.

An agency shall follow the Office's formatting standards when preparing this type of notice and use a numbered list of questions and answers. Additionally, an agency receipt shall be filed with a Notice of Public Information.

NOTICE OF PUBLIC INFORMATION

STATE LAND DEPARTMENT

[M24-06]

1. The public information related to this notice:

Pursuant to A.R.S. § 41-1056(A) and A.R.S. § 41-1091(C), the Arizona State Land Department hereby provides notice that there were no Substantive Policy Statements issued by the agency in 2021, 2022, and 2023. The current Directory and Substantive Policy Statements are located on the Department's website at azland.gov/reports-notices. Paper copies may be obtained in person or via mail by contacting the Arizona State Land Department at 1110 West Washington Street, Suite 160, Phoenix, Arizona, 85007, or by telephone at (602) 542-4631. The Department charges \$0.50 per page for copying. Payment may be paid with check or money order, made payable to the Arizona State Land Department.

2. The name and address of agency personnel with whom persons may communicate regarding this notice:

Name: Kristen Desmangles
 Address: Arizona State Land Department
 1110 W. Washington St., Suite 160
 Phoenix, AZ 85007
 Telephone: (602) 542-3130
 Email: kdesmangles@azland.gov
 Website: azland.gov

NOTICES OF SUBSTANTIVE POLICY STATEMENT

SUMMARIES AND LOCATION OF STATEMENTS

Substantive policy statements are written expressions that inform the general public of an agency's current approach to rule or regulation practice as defined under A.R.S. § 41-1001(24).

Agencies are required to prepare a Notice of Substantive Policy Statement and publish the titles of its substantive policy statements, a summary of statements, and its website where full statements can be reviewed under A.R.S. § 41-1013(B)(9). These notices are published in this section of the *Register*.

Substantive policy statements are advisory only. A substantive policy statement does not include internal procedural documents that only affect an agency's internal procedures and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the APA.

Any person may petition an agency under A.R.S. § 41-1033(A)(2) to review an existing agency practice or substantive policy statement that the petitioner alleges to constitute a rule.

Contact the agency liaison listed under Item #6.

NOTICE OF SUBSTANTIVE POLICY STATEMENT

ARIZONA CORPORATION COMMISSION

[M24-07]

1. **Title of the Substantive Policy Statement and the substantive policy statement number by which the substantive policy statement is referenced:**
Arizona Corporation Commission Policy Statement Regarding Acceptance and Docketing of an Application by a Public Service Corporation; Decision No. 50795.
2. **Date the substantive policy statement was issued and the effective date of the policy statement if different from the issuance date:**
The substantive policy statement was voted on and approved by the Commission at the April 8, 1980, Open Meeting. The Commission issued Decision No. 50795 for the substantive policy statement on April 8, 1980, and determined it was effective on that date.
3. **Summary of the contents of the substantive policy statement:**
This substantive policy statement addresses the procedures for acceptance and docketing of an application by public service corporations. The resolution details procedures that will be implemented if incomplete applications are received by the Commission.
4. **Federal or state constitutional provision; federal or state statute, administrative rule, or regulation; or final court judgment that underlies the substantive policy statement:**
Article XV, Section 2 of the Arizona Constitution; Arizona Revised Statutes Title 40
5. **A statement as to whether the substantive policy statement is a new statement or a revision:**
This is a new substantive policy statement.
6. **The agency contact person who can answer questions about the substantive policy statement:**
Name: Nicole M. Layton, Staff Attorney
Address: Arizona Corporation Commission
Legal Division
1200 W. Washington St.
Phoenix, AZ 85007
Telephone: (602) 542-3402
Fax: (602) 542-4870
Email: NLayton@azcc.gov
Website: www.azcc.gov
7. **Information about where a person may obtain a copy of the substantive policy statement and the costs for obtaining the policy statement:**
A copy of the substantive policy statement may be obtained at no cost from the Commission's website, <https://docket.images.azcc.gov/H000007593.pdf?i=1705620542563>.

NOTICE OF SUBSTANTIVE POLICY STATEMENT

ARIZONA CORPORATION COMMISSION

[M24-08]

- 1. Title of the Substantive Policy Statement and the substantive policy statement number by which the substantive policy statement is referenced:**
Arizona Corporation Commission Policy Statement Regarding Consideration of the Computer Oriented Cost of Service Information System Funded by Innovative Rates Program Grant Pursuant to the Public Utility Regulatory Policies Act of 1978 (PURPA); Decision No. 52814.
- 2. Date the substantive policy statement was issued and the effective date of the policy statement if different from the issuance date:**
The substantive policy statement was voted on and approved by the Commission at the February 11, 1982, Open Meeting. The Commission issued Decision No. 52814 for the substantive policy statement on February 13, 1982, and determined it was effective on that date.
- 3. Summary of the contents of the substantive policy statement:**
This substantive policy statement addresses the Commission resolution to use certain elements of PURPA's innovative rates cost of service information as standard practice in rate cases whenever possible.
- 4. Federal or state constitutional provision; federal or state statute, administrative rule, or regulation; or final court judgment that underlies the substantive policy statement:**
Article XV, Section 2 of the Arizona Constitution; Arizona Revised Statutes Title 40.
- 5. A statement as to whether the substantive policy statement is a new statement or a revision:**
This is a new substantive policy statement.
- 6. The agency contact person who can answer questions about the substantive policy statement:**
Name: Nicole M. Layton, Staff Attorney
Address: Arizona Corporation Commission
Legal Division
1200 W. Washington St.
Phoenix, AZ 85007
Telephone: (602) 542-3402
Fax: (602) 542-4870
Email: NLayton@azcc.gov
Website: www.azcc.gov
- 7. Information about where a person may obtain a copy of the substantive policy statement and the costs for obtaining the policy statement:**
A copy of the substantive policy statement may be obtained at no cost from the Commission's website, <https://docket.images.azcc.gov/H000007591.pdf?i=1705620542563>.

REGISTER INDEXES

The *Register* is published by volume in a calendar year (See “General Information” in the front of each issue for more information).

Abbreviations for rulemaking activity in this Index include:

PROPOSED RULEMAKING

PN = Proposed new Section
PM = Proposed amended Section
PR = Proposed repealed Section
P# = Proposed renumbered Section

SUPPLEMENTAL PROPOSED RULEMAKING

SPN = Supplemental proposed new Section
SPM = Supplemental proposed amended Section
SPR = Supplemental proposed repealed Section
SP# = Supplemental proposed renumbered Section

FINAL RULEMAKING

FN = Final new Section
FM = Final amended Section
FR = Final repealed Section
F# = Final renumbered Section

SUMMARY RULEMAKING

PROPOSED SUMMARY

PSMN = Proposed Summary new Section
PSMM = Proposed Summary amended Section
PSMR = Proposed Summary repealed Section
PSM# = Proposed Summary renumbered Section

FINAL SUMMARY

FSMN = Final Summary new Section
FSMM = Final Summary amended Section
FSMR = Final Summary repealed Section
FSM# = Final Summary renumbered Section

EXPEDITED RULEMAKING

PROPOSED EXPEDITED

PEN = Proposed Expedited new Section
PEM = Proposed Expedited amended Section
PER = Proposed Expedited repealed Section
PE# = Proposed Expedited renumbered Section

SUPPLEMENTAL EXPEDITED

SPEN = Supplemental Proposed Expedited new Section
SPEM = Supplemental Proposed Expedited amended Section
SPER = Supplemental Proposed Expedited repealed Section
SPE# = Supplemental Proposed Expedited renumbered Section

FINAL EXPEDITED

FEN = Final Expedited new Section
FEM = Final Expedited amended Section
FER = Final Expedited repealed Section
FE# = Final Expedited renumbered Section

EXEMPT RULEMAKING

EXEMPT

XN = Exempt new Section
XM = Exempt amended Section
XR = Exempt repealed Section
X# = Exempt renumbered Section

EXEMPT PROPOSED

PXN = Proposed Exempt new Section
PXM = Proposed Exempt amended Section
PXR = Proposed Exempt repealed Section
PX# = Proposed Exempt renumbered Section

EXEMPT SUPPLEMENTAL PROPOSED

SPXN = Supplemental Proposed Exempt new Section
SPXR = Supplemental Proposed Exempt repealed Section
SPXM = Supplemental Proposed Exempt amended Section
SPX# = Supplemental Proposed Exempt renumbered Section

FINAL EXEMPT RULEMAKING

FXN = Final Exempt new Section
FXM = Final Exempt amended Section
FXR = Final Exempt repealed Section
FX# = Final Exempt renumbered Section

EMERGENCY RULEMAKING

EN = Emergency new Section
EM = Emergency amended Section
ER = Emergency repealed Section
E# = Emergency renumbered Section
EEXP = Emergency expired

RECODIFICATION OF RULES

RC = Recodified

REJECTION OF RULES

RJ = Rejected by the Attorney General

TERMINATION OF RULES

TN = Terminated proposed new Sections
TM = Terminated proposed amended Section
TR = Terminated proposed repealed Section
T# = Terminated proposed renumbered Section

RULE EXPIRATIONS

EXP = Rules have expired

See also “emergency expired” under emergency rulemaking

CORRECTIONS

C = Corrections to Published Rules

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Other legal notices required to be published under the Administrative Procedure Act, such as Rulemaking Docket Openings, are included in this Index by volume page number. Notices of Agency Ombudsman, Substantive Policy Statements, Proposed Delegation Agreements, and other applicable public records as required by law are also listed in this Index by volume page number.

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2024 RULES EFFECTIVE DATES CALENDAR

A.R.S. § 41-1032(A), as amended by Laws 2002, Ch. 334, § 8 (effective August 22, 2002), states that a rule generally becomes effective 60 days after the day it is filed with the Secretary of State's Office. The following table lists filing dates and effective dates for rules that follow this provision. Please also check the rulemaking Preamble for effective dates.

January		February		March		April		May		June	
Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date
1/1	3/1	2/1	4/1	3/1	4/30	4/1	5/31	5/1	6/30	6/1	7/31
1/2	3/2	2/2	4/2	3/2	5/1	4/2	6/1	5/2	7/1	6/2	8/1
1/3	3/3	2/3	4/3	3/3	5/2	4/3	6/2	5/3	7/2	6/3	8/2
1/4	3/4	2/4	4/4	3/4	5/3	4/4	6/3	5/4	7/3	6/4	8/3
1/5	3/5	2/5	4/5	3/5	5/4	4/5	6/4	5/5	7/4	6/5	8/4
1/6	3/6	2/6	4/6	3/6	5/5	4/6	6/5	5/6	7/5	6/6	8/5
1/7	3/7	2/7	4/7	3/7	5/6	4/7	6/6	5/7	7/6	6/7	8/6
1/8	3/8	2/8	4/8	3/8	5/7	4/8	6/7	5/8	7/7	6/8	8/7
1/9	3/9	2/9	4/9	3/9	5/8	4/9	6/8	5/9	7/8	6/9	8/8
1/10	3/10	2/10	4/10	3/10	5/9	4/10	6/9	5/10	7/9	6/10	8/9
1/11	3/11	2/11	4/11	3/11	5/10	4/11	6/10	5/11	7/10	6/11	8/10
1/12	3/12	2/12	4/12	3/12	5/11	4/12	6/11	5/12	7/11	6/12	8/11
1/13	3/13	2/13	4/13	3/13	5/12	4/13	6/12	5/13	7/12	6/13	8/12
1/14	3/14	2/14	4/14	3/14	5/13	4/14	6/13	5/14	7/13	6/14	8/13
1/15	3/15	2/15	4/15	3/15	5/14	4/15	6/14	5/15	7/14	6/15	8/14
1/16	3/16	2/16	4/16	3/16	5/15	4/16	6/15	5/16	7/15	6/16	8/15
1/17	3/17	2/17	4/17	3/17	5/16	4/17	6/16	5/17	7/16	6/17	8/16
1/18	3/18	2/18	4/18	3/18	5/17	4/18	6/17	5/18	7/17	6/18	8/17
1/19	3/19	2/19	4/19	3/19	5/18	4/19	6/18	5/19	7/18	6/19	8/18
1/20	3/20	2/20	4/20	3/20	5/19	4/20	6/19	5/20	7/19	6/20	8/19
1/21	3/21	2/21	4/21	3/21	5/20	4/21	6/20	5/21	7/20	6/21	8/20
1/22	3/22	2/22	4/22	3/22	5/21	4/22	6/21	5/22	7/21	6/22	8/21
1/23	3/23	2/23	4/23	3/23	5/22	4/23	6/22	5/23	7/22	6/23	8/22
1/24	3/24	2/24	4/24	3/24	5/23	4/24	6/23	5/24	7/23	6/24	8/23
1/25	3/25	2/25	4/25	3/25	5/24	4/25	6/24	5/25	7/24	6/25	8/24
1/26	3/26	2/26	4/26	3/26	5/25	4/26	6/25	5/26	7/25	6/26	8/25
1/27	3/27	2/27	4/27	3/27	5/26	4/27	6/26	5/27	7/26	6/27	8/26
1/28	3/28	2/28	4/28	3/28	5/27	4/28	6/27	5/28	7/27	6/28	8/27
1/29	3/29	2/29	4/29	3/29	5/28	4/29	6/28	5/29	7/28	6/29	8/28
1/30	3/30			3/30	5/29	4/30	6/29	5/30	7/29	6/30	8/29
1/31	3/31			3/31	5/30			5/31	7/30		

July		August		September		October		November		December	
Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date
7/1	8/30	8/1	9/30	9/1	10/31	10/1	11/30	11/1	12/31	12/1	1/30
7/2	8/31	8/2	10/1	9/2	11/1	10/2	12/1	11/2	1/1	12/2	1/31
7/3	9/1	8/3	10/2	9/3	11/2	10/3	12/2	11/3	1/2	12/3	2/1
7/4	9/2	8/4	10/3	9/4	11/3	10/4	12/3	11/4	1/3	12/4	2/2
7/5	9/3	8/5	10/4	9/5	11/4	10/5	12/4	11/5	1/4	12/5	2/3
7/6	9/4	8/6	10/5	9/6	11/5	10/6	12/5	11/6	1/5	12/6	2/4
7/7	9/5	8/7	10/6	9/7	11/6	10/7	12/6	11/7	1/6	12/7	2/5
7/8	9/6	8/8	10/7	9/8	11/7	10/8	12/7	11/8	1/7	12/8	2/6
7/9	9/7	8/9	10/8	9/9	11/8	10/9	12/8	11/9	1/8	12/9	2/7
7/10	9/8	8/10	10/9	9/10	11/9	10/10	12/9	11/10	1/9	12/10	2/8
7/11	9/9	8/11	10/10	9/11	11/10	10/11	12/10	11/11	1/10	12/11	2/9
7/12	9/10	8/12	10/11	9/12	11/11	10/12	12/11	11/12	1/11	12/12	2/10
7/13	9/11	8/13	10/12	9/13	11/12	10/13	12/12	11/13	1/12	12/13	2/11
7/14	9/12	8/14	10/13	9/14	11/13	10/14	12/13	11/14	1/13	12/14	2/12
7/15	9/13	8/15	10/14	9/15	11/14	10/15	12/14	11/15	1/14	12/15	2/13
7/16	9/14	8/16	10/15	9/16	11/15	10/16	12/15	11/16	1/15	12/16	2/14
7/17	9/15	8/17	10/16	9/17	11/16	10/17	12/16	11/17	1/16	12/17	2/15
7/18	9/16	8/18	10/17	9/18	11/17	10/18	12/17	11/18	1/17	12/18	2/16
7/19	9/17	8/19	10/18	9/19	11/18	10/19	12/18	11/19	1/18	12/19	2/17
7/20	9/18	8/20	10/19	9/20	11/19	10/20	12/19	11/20	1/19	12/20	2/18
7/21	9/19	8/21	10/20	9/21	11/20	10/21	12/20	11/21	1/20	12/21	2/19
7/22	9/20	8/22	10/21	9/22	11/21	10/22	12/21	11/22	1/21	12/22	2/20
7/23	9/21	8/23	10/22	9/23	11/22	10/23	12/22	11/23	1/22	12/23	2/21
7/24	9/22	8/24	10/23	9/24	11/23	10/24	12/23	11/24	1/23	12/24	2/22
7/25	9/23	8/25	10/24	9/25	11/24	10/25	12/24	11/25	1/24	12/25	2/23
7/26	9/24	8/26	10/25	9/26	11/25	10/26	12/25	11/26	1/25	12/26	2/24
7/27	9/25	8/27	10/26	9/27	11/26	10/27	12/26	11/27	1/26	12/27	2/25
7/28	9/26	8/28	10/27	9/28	11/27	10/28	12/27	11/28	1/27	12/28	2/26
7/29	9/27	8/29	10/28	9/29	11/28	10/29	12/28	11/29	1/28	12/29	2/27
7/30	9/28	8/30	10/29	9/30	11/29	10/30	12/29	11/30	1/29	12/30	2/28
7/31	9/29	8/31	10/30			10/31	12/30			12/31	3/1

REGISTER PUBLISHING DEADLINES

The Secretary of State's Office publishes the Register weekly. There is a three-week turnaround period between a deadline date and the publication date of the Register. The weekly deadline dates and issue dates are shown below. Council meetings and Register deadlines do not correlate. Also listed are the earliest dates on which an oral proceeding can be held on proposed rulemakings or proposed delegation agreements following publication of the notice in the Register.

Deadline Date Friday, 5:00 p.m. <i>(*earlier date due to holiday)</i>	Register Publication Date	Oral Proceeding may be scheduled on or after
November 17, 2023	December 8, 2023	January 8, 2024
November 24, 2023	December 15, 2023	January 16, 2024
December 1, 2023	December 22, 2023	January 22, 2024
December 8, 2023	December 29, 2023	January 29, 2024
December 15, 2023	January 5, 2024	February 5, 2024
December 22, 2023	January 12, 2024	February 12, 2024
December 29, 2023	January 19, 2024	February 20, 2024
January 5, 2024	January 26, 2024	February 26, 2024
January 12, 2024	February 2, 2024	March 4, 2024
January 19, 2024	February 9, 2024	March 11, 2024
January 26, 2024	February 16, 2024	March 18, 2024
February 2, 2024	February 23, 2024	March 25, 2024
February 9, 2024	March 1, 2024	April 1, 2024
February 16, 2024	March 8, 2024	April 8, 2024
February 23, 2024	March 15, 2024	April 15, 2024
March 1, 2024	March 22, 2024	April 22, 2024
March 8, 2024	March 29, 2024	April 29, 2024
March 15, 2024	April 5, 2024	May 6, 2024
March 22, 2024	April 12, 2024	May 13, 2024
March 29, 2024	April 19, 2024	May 20, 2024
April 5, 2024	April 26, 2024	May 28, 2024
April 12, 2024	May 3, 2024	June 3, 2024
April 19, 2024	May 10, 2024	June 10, 2024
April 26, 2024	May 17, 2024	June 17, 2024
May 3, 2024	May 24, 2024	June 24, 2024

GOVERNOR'S REGULATORY REVIEW COUNCIL DEADLINES

The following deadlines apply to all Five-Year Review Reports and any adopted rule submitted to the Governor's Regulatory Review Council. Council meetings and *Register* deadlines do not correlate. We publish these deadlines under A.R.S. § 41-1013(B)(15).

All rules and Five-Year Review Reports are due in the Council office by 5 p.m. of the deadline date. The Council's office is located at 100 N. 15th Ave., Suite 305, Phoenix, AZ 85007. For more information, call (602) 542-2058 or visit <https://grrc.az.gov>.

GOVERNOR'S REGULATORY REVIEW COUNCIL DEADLINES FOR 2024 (MEETING DATES ARE SUBJECT TO CHANGE)

[M23-72]

* Materials must be submitted by **5 PM** on dates listed as a deadline for placement on a particular agenda. Placement on a particular agenda is not guaranteed.

DEADLINE FOR PLACEMENT ON AGENDA*	FINAL MATERIALS SUBMITTED TO COUNCIL	DATE OF COUNCIL STUDY SESSION	DATE OF COUNCIL MEETING
<i>Tuesday</i> December 19, 2023	<i>Tuesday</i> January 23, 2024	<i>Tuesday</i> January 30, 2024	<i>Tuesday</i> February 6, 2024
<i>Tuesday</i> January 23, 2024	<i>Tuesday</i> February 20, 2024	<i>Tuesday</i> February 27, 2024	<i>Tuesday</i> March 5, 2024
<i>Tuesday</i> February 20, 2024	<i>Tuesday</i> March 19, 2024	<i>Tuesday</i> March 26, 2024	<i>Tuesday</i> April 2, 2024
<i>Tuesday</i> March 19, 2024	<i>Tuesday</i> April 23, 2024	<i>Tuesday</i> April 30, 2024	<i>Tuesday</i> May 7, 2024
<i>Tuesday</i> April 23, 2024	<i>Tuesday</i> May 21, 2024	<i>Wednesday</i> May 29, 2024	<i>Tuesday</i> June 4, 2024
<i>Tuesday</i> May 21, 2024	<i>Tuesday</i> June 18, 2024	<i>Tuesday</i> June 25, 2024	<i>Tuesday</i> July 2, 2024
<i>Tuesday</i> June 18, 2024	<i>Tuesday</i> July 23, 2024	<i>Tuesday</i> July 30, 2024	<i>Tuesday</i> August 6, 2024
<i>Tuesday</i> July 23, 2024	<i>Tuesday</i> August 20, 2024	<i>Tuesday</i> August 27, 2024	<i>Wednesday</i> September 4, 2024
<i>Tuesday</i> August 20, 2024	<i>Tuesday</i> September 17, 2024	<i>Tuesday</i> September 24, 2024	<i>Tuesday</i> October 1, 2024
<i>Tuesday</i> September 17, 2024	<i>Tuesday</i> October 22, 2024	<i>Tuesday</i> October 29, 2024	<i>Tuesday</i> November 5, 2024
<i>Tuesday</i> October 22, 2024	<i>Tuesday</i> November 19, 2024	<i>Tuesday</i> November 26, 2024	<i>Tuesday</i> December 3, 2024
<i>Tuesday</i> November 19, 2024	<i>Tuesday</i> December 24, 2024	<i>Tuesday</i> December 31, 2024	<i>Tuesday</i> January 7, 2025
<i>Tuesday</i> December 24, 2024	<i>Tuesday</i> January 21, 2025	<i>Tuesday</i> January 28, 2025	<i>Tuesday</i> February 4, 2025