



TEXAS STATE BOARD OF PODIATRIC MEDICAL EXAMINERS

P.O. Box 12216

AUSTIN, TX 78711-2216

(512) 305-7000 FAX (512) 305-7003

www.tsbpme.texas.gov

**NITROUS OXIDE/OXYGEN (N2O) INHALATION
CONSCIOUS SEDATION PERMIT APPLICATION**

Every podiatric physician administering Nitrous Oxide/Oxygen (N2O) Inhalation Conscious Sedation must apply to the Texas State Board of Podiatric Medical Examiners for a permit. (**Attach administrative fee of \$25.00 payable to the Texas State Board of Podiatric Medical Examiners to this application.**)

N2O APPLICANT INFORMATION

Last Name	First Name	Middle Initial	Date of Birth
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Office Address (Required)	City	State	Zip	Office Telephone
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Home Address	City	State	Zip	Home Telephone
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Podiatric Medical College	Date of Graduation
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Residency Training (If Applicable)	Date of Completion
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Texas DPM License #	DEA Registration No.
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HAVE YOU EVER SUBMITTED AN APPLICATION FOR A NITROUS OXIDE/OXYGEN INHALATION PERMIT TO THE TEXAS STATE BOARD OF PODIATRIC MEDICAL EXAMINERS?

Yes _____ No _____

PROFESSIONAL REQUIREMENTS

1. Have you completed a course in Nitrous Oxide/Oxygen Inhalation Conscious Sedation that meets the requirements of the rules and regulations of the Texas State Board of Podiatric Medical Examiners (Board Rule §375.7) which is four (4) didactic hours and six (6) hours of personally supervised clinical experience? (www.tsbpme.texas.gov/rules.htm)

Yes _____ No _____

If the answer is “Yes” to the above question, please attach supporting documentation. **Acceptable documentation consists of a program completion certificate or a letter from a program director which specifically documents for the applicant the completion of the course.**

DISCIPLINARY INFORMATION

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|-----|----|---|
| YES | NO | 1. Has your license to practice podiatric medicine in any jurisdiction ever been limited, suspended, revoked, or voluntarily relinquished, or are any actions pending? |
| YES | NO | 2. Have your privileges at any medical facility ever been suspended, dismissed, revoked, or not renewed, or are any actions pending, or are your current privileges the subject of focused peer review? |
| YES | NO | 3. Have you ever voluntarily resigned from or been asked to resign your privileges/membership from any medical facility because of disciplinary action or the possibility that an investigation or disciplinary action was to take place? |
| YES | NO | 4. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any medical organization, or are any actions pending? |
| YES | NO | 5. Has your U.S. Drug Enforcement Administration license ever been limited, suspended, revoked or voluntarily relinquished, or are any actions pending? |
| YES | NO | 6. Have you ever been sanctioned by a regulatory body for medical malpractice? |
| YES | NO | 7. Have you ever been convicted of a felony or misdemeanor (other than minor traffic offenses), or are any criminal charges pending? |
| YES | NO | 8. Have you ever withdrawn your medical staff membership application at a medical institution? If yes, provide details and state reason for withdrawal. |

If your answer was “Yes” to any of the above questions in this section, please attach an explanation. **Failure to do so will delay processing of your application.**

STANDARD OF CARE REQUIREMENTS

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| YES | NO | 1. Will you maintain a current history and limited physical evaluation on all your podiatric medical patients? |
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- YES NO 2. Do you maintain emergency equipment appropriate for patient resuscitation including a positive pressure breathing apparatus as required in Board Rule §375.7(c)? (Attach copy of service check.)
- YES NO 3. Do you provide training on emergency procedures to your staff?
- YES NO 4. Do you maintain current certification in basic life support offered by the American Heart Association or the American Red Cross? (Attach copy of current card.)
- YES NO 5. Do you maintain direct supervision of the inhalation conscious sedation procedure?
- YES NO 6. Does your gas machine meet the requirements set forth in Board Rule §375.7(c)?
- YES NO 7. Do you have a method of locking the nitrous oxide tanks at night?
- YES NO 8. Have you reviewed “Questions & Answers #26” from the Board’s website which asks: “Can a Podiatrist administer Nitrous Oxide (N2O) to patients? What about General Anesthesia?” (www.tsbpme.texas.gov/qa.htm#q26)

I fully understand that any significant misstatements on this application constitutes cause for denial of a permit by the Texas State Board of Podiatric Medical Examiners. All information submitted by me in this application is true and correct to the best of my knowledge and belief.

I have read and understand the Rules and Regulations of the Texas State Board of Podiatric Medical Examiners regarding the administering of Nitrous Oxide/Oxygen (N2O) Inhalation Conscious Sedation.

Signature of Applicant

Date

STATE BOARD USE ONLY

Date Received: _____

Certificate #: _____

Date Issued: _____

Reviewed by: _____

Check: _____

Amount: _____