

MARYLAND STATE BOARD OF DENTAL EXAMINERS (MSBDE)
General Anesthesia & Parenteral Sedation Evaluators (GAPSE) Application

Last Name _____ First Name _____ Middle Initial _____		
Dental School Year of Graduation _____		Degree _____
Maryland State License No. _____		
Office Address _____		Office Phone: _____
City/County _____		Zip _____
Home Address _____		Home Phone: _____
City/County _____		Zip _____
Fax No.: _____	E-mail: _____	Cell Phone: _____

Permit Level Held _____ *No. Of Years* _____

Permit Level Applied to Examine *Areas Most Accessible to Examine (List three)*

- | | |
|---------------------------------|-----------|
| <input type="checkbox"/> CE I | 1.) _____ |
| <input type="checkbox"/> CE II | 2.) _____ |
| <input type="checkbox"/> CE III | 3.) _____ |

Any Board Actions, if so, please explain: _____

Any Incidents related to Sedation/General Anesthesia, if so, please explain: _____

List Dental Specialty courses, certificates, and training you have under taken: _____