

**Intercollegiate Advisory Committee for
Sedation in Dentistry
of the
Dental Faculties of the Royal Colleges of Surgeons and the
Royal College of Anaesthetists**

**Application for approval of a clinical supervisor for dental sedation
experience leading to independent practice**

The IACSD defines standards for the provision of conscious sedation in dentistry. The IACSD can, on receipt of a satisfactory application, approve clinical supervisors for 'New Starter' sedationists and DCPs who are not receiving training associated with a university postgraduate dental deanery.

Approval is based on the information provided to us by the supervisor, and the IACSD is not responsible for the integrity of the information submitted or the supervision provided. Approval of a supervisor by the IACSD does not entitle either the supervisor or supervisee to use the logos of the IACSD's constituent Colleges. The information provided by the IACSD regarding supervisors is not to be interpreted as a recommendation of a specific provider.

The IACSD will not be liable for damages of any sort that may result from decisions taken by practitioners or the clinical outcomes following supervision by an IACSD approved clinical supervisor for dental sedation. Supervisees who have concerns relating to any aspects of the supervision provided by an IACSD approved clinical supervisor should make the IACSD aware of these concerns.

Section 1

1.1 Name of Applicant:

1.2 Job Title & Qualifications

1.3 Work Address:

1.4 Postcode:

1.5 Home Telephone No.

1.7 Daytime Contact No.

1.6 E-mail address:

1.7 GDC/GMC Number:

Section 2

Please provide the following information. You should read 'Standards for Conscious Sedation in the Provision of Dental Care (IACSD, 2015). List any attachments in Section 3.

2.1 Where will the person/s you are intending to supervise receive knowledge and clinical skills training in conscious sedation? By whom is this training accredited (e.g. Dental Deanery, University, IACSD).
2.2 Which conscious sedation technique/s are you intending to supervise?
2.3 For what patient age groups will the trainee/s gain sedation experience?
2.4 Are you able to provide supervised clinical experience in accordance with IACSD Table 1?
2.5 Please provide a brief description of your training and experience in conscious sedation.
2.6 Will you personally supervise the trainee/s?
2.7 What is the venue for supervised clinical experience? The suitability of each venue must be described.
2.8 Please submit a copy of the Record of Experience, workplace based assessment tool/s and any other QA material you intend to use.

Section 3

I confirm that the information I have given on this form is correct and complete and that misleading statements may be sufficient for cancelling any approval granted made pursuant to such statements being made.

Signature of Applicant:

Date:

Your GDC/GMC registration may be at risk if you knowingly make a false declaration.

List of attachments:

The completed application form, in Word format, should be sent by email to: Mr Neil Sutcliffe, Administrator and Committee Manager, Faculty of Dental Surgery, Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE. Email: iacsd@rcseng.ac.uk