



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)



## **NITROUS OXIDE/OXYGEN (N<sub>2</sub>O) INHALATION CONSCIOUS SEDATION PERMIT APPLICATION**

Every podiatric physician administering Nitrous Oxide/Oxygen (N<sub>2</sub>O) Inhalation Conscious Sedation must apply to the Texas Department of Licensing and Regulation for a permit. (**Attach administrative fee of \$25.00 payable to the Texas Department of Licensing and Regulation to this application.**)

### **APPLICANT INFORMATION**

Last Name	First Name	Middle Initial	Date of Birth	
Office Address (Required)	City	State	Zip	Office Telephone
Home Address	City	State	Zip	Home Telephone
Current Texas DPM License #	DEA Registration No.			

### **PROFESSIONAL REQUIREMENTS**

1. Have you completed a didactic and clinical course in Nitrous Oxide/Oxygen Inhalation Conscious Sedation that includes four (4) didactic hours and six (6) hours of personally supervised clinical experience?  
☐ YES ☐ NO
2. Do you maintain current certification in basic **and** advanced life support offered by the American Heart Association or the American Red Cross?  
☐ YES ☐ NO
3. Have you completed a continuing medical education course in nitrous oxide/oxygen inhalation conscious sedation, including prevention and management of emergencies?  
☐ YES ☐ NO

If you answered "No" to the above questions, you do not meet the requirements for the N<sub>2</sub>O permit. Proof of meeting the above professional requirements must be submitted with this application.

### **STANDARD OF CARE REQUIREMENTS**

1. I will maintain a current history and limited physical evaluation on all of my podiatric medical patients.
2. I will maintain emergency equipment appropriate for patient resuscitation including a positive pressure breathing apparatus as required in Department rule. (Submit a copy of the service check that was completed within the last three years with this application.)
3. I will provide training on emergency procedures to my staff.
4. I will maintain direct supervision of the inhalation conscious sedation procedure.
5. My gas machine meets the requirements set forth in Department rule.
6. I have a method of locking the nitrous oxide tanks after business hours.

I certify that I have read and will comply with all applicable provisions of the Podiatry Medical Practice Act; Texas Occupations Code, Chapter 202, and 16 Texas Administrative Code, Chapter 130. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

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Signature of Applicant

Date