### Sedation Training Accreditation Committee

### Dental Faculties of the Royal Colleges of Surgeons and the

### Royal College of Anaesthetists

### IACSD Accredited Course: Additional Clinical Supervisor Application

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| --- | --- | --- |
| 1 | Additional supervisor’s name  |  |
| 2 | Additional supervisor’s job role  |  |
| 3 | Sedation technique/s and drug/s you will be supervising |  |
| 4 | Years of experience providing the above technique/s |  |
| 5 | Job role/s of person/s you are supervising *e.g. dental nurse, dentist* |  |
| 6 | Patient age group/s to be supervised*e.g. <12 years, 12-16 years, >16 years* |  |
| 7 | Additional supervisor’s sedation qualifications and training |  |
| 8 | Name and type of venue where the supervision will take place*e.g. dental practice, health centre, hospital* |  |
| 9 | STAC accredited course that supervisor is to be affiliated with *e.g. name of course*  |  |
| 10 | Name of STAC accredited course lead/s |  |

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This following declaration MUST be completed by the **Proposed Additional Clinical Supervisor**:

* I confirm that the course named above (item 9) has been IACSD accredited within the last three years.
* I confirm my sedation CPD is appropriate and equal to/greater than 12 hours in the current five year cycle.
* As the supervisor named above, I am able to provide supervised clinical experience in an appropriate environment in accordance with the current IACSD standards and am in good standing with my regulatory body.
* 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 accreditation granted made pursuant to such statements being made. I also understand that my GDC/GMC registration may be at risk if a knowingly false declaration is made.

|  |  |
| --- | --- |
| Signature |  |
| Print name |  |
| GDC/GMC number |  |
| Date |  |

**Please submit your completed form as a Word file to** **stac@rcseng.ac.uk****. A typed, jpeg or digital signature is acceptable.**