

CONSCIOUS SEDATION COMPETENCY DOCUMENTATION FORM

**This certifies that _____ RCP Number _____
has completed _____ hours of education in the administration of conscious
sedation under the direct supervision of an anesthesiologist or nurse anesthetist and
has complied with the requirements of the Declaratory Ruling on Conscious Sedation
approved by the North Carolina Respiratory Care Board dated January 2, 2004. The RCP
named is deemed competent to perform conscious sedation at this facility.**

Signed _____ Date _____

Title _____

Facility _____