
Page 2: About your submission

Q1

First name

Ellie

Q2

Last name

Knight

Q4

Registered oral health practitioner

In what capacity are you making this submission?

Q5

Respondent skipped this question

Company/organisation name

Page 3: About your submission

Q6

Dental specialist

What is your profession?

Q7

Respondent skipped this question

Please enter your Dental Council Person ID, if applicable

Page 4: Q1 - Sedation practice standard

Q8

Agree

Do you agree/disagree with the updated draft Sedation practice standard?

Q9

Respondent skipped this question

If you disagree, please tell us why:

Page 5: Q2 - Sedation practice standard

Q10

No opinion/NA

Are there any areas of the proposed Sedation practice standard you feel require further clarification or guidance?

Q11

Respondent skipped this question

If yes, please tell us which areas and why:

Page 6: Q3 - Sedation practice standard

Q12

Do you have any further comments on the proposed Sedation practice standard?

No
