



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION

Board of Dental Examiners
7 Eagle Square, Concord, NH 03301-4980
Phone: 603-271-2152

NITROUS OXIDE

The following Applicant for a permit to administer nitrous oxide (N2O) for minimal sedation of patients in New Hampshire requires verification of education in order to fulfill requirements of administrative rule Den 302.05(n) Please complete the following form and return this form by mail, email or fax, directly to the office of the New Hampshire Board of Dental Examiners at the above address.

Applicant Name: _____

Prior Name (if any): _____

Applicant Mailing Address: _____

Applicant RDH License #: _____

Phone Number: _____

I hereby authorize _____ (name of school) to verify and release information from my official transcripts to the New Hampshire Board of Dental Examiners, Office of Professional Licensure and Certification.

Signature: _____

Date: _____

The applicant:

- _____ 1. Successfully completed either a CODA accredited Dental Hygiene Program which included a course in the monitoring and administration of nitrous oxide which meets the requirements of Den 302.05(n) or completed an expanded duty course in the monitoring and administration of nitrous oxide which meets the requirements of Den 302.05(n);
- _____ 2. Passed a written test administered by the course provider;
- _____ 3. Successfully completed a clinical evaluation by the course provider; and
- _____ 4. Was given written evidence certifying that the course was successfully completed and which is signed by the course provider.

(Title of degree/certification conferred)

(Date)

Course Name _____

Institution and Date of Course _____

The clinical portion of the course was hours.

The didactic portion of the course was hours and included areas checked below:

- | | |
|---|---|
| _____ Physiological and psychological aspects of pain and anxiety; | _____ Description and use of inhalation sedation equipment; |
| _____ Stages of drug induced central nervous system depression; | _____ Anatomy and physiology as they relate to inhalation sedation; |
| _____ Indications and contraindications of inhalation sedation; | _____ Monitoring of patient's vital functions; |
| _____ Medical assessment of patient prior to using nitrous oxide; | _____ Abuse potential of nitrous oxide; |
| _____ Health hazards and techniques to limit occupational exposure; | _____ Maintenance of proper records. |
| _____ Pharmacology and physiological effects of nitrous oxide, including drug interactions; | _____ Preventing, recognizing and managing possible complications of inhalation sedation; |

ATTESTATION

I hereby attest to the best of my knowledge and belief the foregoing is a true statement of the educational record of the individual named above.

Signature _____

Date _____

Print or type name _____

Title/Official Position _____

Institution Name & Address _____

Telephone _____ Fax _____ Email _____

(Institution Seal)

The use of this form is not mandatory but its use will facilitate the gathering of information required by the New Hampshire Dental Board's administrative rules. In lieu of this form a course syllabus must be submitted along with a certificate of written evidence that the course has been successfully completed and is signed by the course provider.