

NEW HAMPSHIRE BOARD OF DENTAL EXAMINERS
OFFICE OF PROFESSIONAL LICENSURE & CERTIFICATION
7 EAGLE SQUARE
CONCORD, NH 03301
PHONE: 603-271-4561 FAX: 603-271-6702
dental.board@oplcnh.gov

LOCAL ANESTHESIA

The following Applicant for a permit to administer Local Anesthesia in New Hampshire requires verification of education in order to fulfill requirements of N.H. Board of Dental Examiners administrative rule Den 302.05(i). 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 local anesthesia course which meets the requirements of Den 302.05(i) or completed an expanded duty course in local anesthesia which meets the requirements of Den 302.05(i);
- _____ 2. Successfully passed the local anesthesia examination given by the CDCA; and
- _____ 3. 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 course was a minimum of 20 didactic hours and 12 clinical hours and included areas checked below:

- _____ Medical and dental history assessment
- _____ Neurophysiology of pain and pain control
- _____ Pharmacology of local anesthetic solutions and drug interactions
- _____ Medical and dental indications and contraindications
- _____ Potential local and systemic complications
- _____ Legal issues associated with local anesthesia administration by a Dental Hygienist

The Clinical portion of the program was at least 12 clinical hours and included areas checked below:

- _____ Locating anatomical landmarks associated with local anesthesia
- _____ Safely assembling and handling of syringe
- _____ Hands-on experience with administering maxillary and mandibular injections of at least six infiltration and six block injections
- _____ Injection techniques

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 or official position _____

Institution _____

Address _____

Telephone _____ Fax _____ E-Mail _____

(Institution Seal)