

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

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)

The use of this form is not mandatory but facilitates the gathering of information required by the New Hampshire Board of Dental Examiner'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.