



# North Dakota State Board of Dental Examiners

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## Application and Instructions for Local Anesthesia Permit

OFFICE USE ONLY - Postmark Date: \_\_\_\_\_ Date Received \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_

A licensed dental hygienist may apply for a permit to administer local anesthesia to a patient who is at least eighteen years old under the direct supervision of a dentist. Qualified applicants must successfully complete a board approved course within 24 months of application or provide a written statement from the dentist who directly supervised the applicant attesting to experience in administering local anesthesia within the previous three years and provides evidence of a board approved course. See Administrative Rule 20-04-01-03.

TYPE OR PRINT LEGIBLY. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT DELAYING YOUR REINSTATEMENT PROCESS.	
Full Name (First, Middle, Last)	ND License Number
Address	
City	State Zip
Work Address	
City	State Zip
Email	Best phone number to reach you by
LOCAL ANESTHESIA COURSE INFORMATION	
Name of Anesthesia Training Program	
Location of Local Anesthesia Course	
Name of Instructor/Program presenter	Date of Last CPR course
Number of CE credits or college credits	Date Program Completed
<input type="checkbox"/> I certify that I have successfully completed within the last 24 months a didactic and clinical course in local anesthesia, sponsored by a dental or dental hygiene program accredited by the Commission on Dental Accreditation. I submit notarized proof of this course. <b>Applicant Signature:</b>	
or	
<input type="checkbox"/> I certify that I have been permitted to administer local anesthesia in another jurisdiction and have continually administered local anesthesia during the past three years and I submit a notarized letter from a licensed dentist to confirm continuous use of local anesthetic and in addition I submit a notarized copy of proof of successful completion of a board approved local anesthesia course. <b>Applicant Signature:</b>	
Print Name of Dentist Attesting to Continuous use of Local Anesthesia:	License Number
Work Address	
City	State Zip

**Submit with this form:**

1. **Notarized copy of anesthesia course certificate of completion  
OR notarized copy of dental hygiene transcript with LA course recorded;**
2. **Letter from licensed dentist if required;**
3. **Affidavit of a True Copy**

Note: When a notary makes an attested copy of a document, he/she is not guaranteeing the authenticity of the original document, its contents, or its effects. The notary is simply stating that the document photocopy is a "true" and complete copy of the original document that was presented. The notary's certification is made in a notarial certificate worded expressly for this purpose.

### **AFFIDAVIT OF A TRUE COPY**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I certify that the preceding or attached document is a true, exact, complete and unaltered photocopy made from the original document \_\_\_\_\_(description of document), presented to me by \_\_\_\_\_(name of custodian) and that, to the best of my knowledge, the photocopied document is neither a public record nor a publicly recorded document.

[SEAL]

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

**This space for office use only.**