

DENTAL HYGIENE LOCAL ANESTHESIA APPLICATION (Application fee of \$20)

Name _____

Address _____

Phone Number _____

- | | | | |
|----|---|-----|----|
| 1) | Are you currently licensed in the State of Montana as a dental hygienist? | Yes | No |
| 2) | Are you in the process of applying for a Montana dental hygiene license? | Yes | No |

PERMIT BY EXAMINATION

If you have passed the WREB Local Anesthesia examination within the last 5 years YOU MUST SUBMIT:

1. Verification of successful passage of the WREB local anesthetic examination
2. Copy of applicant's current CPR, ACLS or PALS card
3. Payment of the \$20.00 fee

PERMIT BY CREDENTIALING

If it has been longer than 5 years since you have passed the WREB Local Anesthesia examination YOU MUST SUBMIT:

1. Verification of successful completion of the WREB Anesthesia examination
2. Copy of applicant's current CPR, ACLS, or PALS card
3. Copies of any local anesthetic agent authorization(s) held in other states; and
4. Written verification that the applicant has practiced administering local anesthetic agents within the last five years. (Please use form at bottom of application.)
5. Payment of the \$20.00 fee.

I certify that the information submitted and all questions are true and accurate to the best of my knowledge.

Signature of Applicant _____
(Required)

Date _____

(You may copy this portion of the application if you need more than one verification)

VERIFICATION FOR ADMINISTRATION OF LOCAL ANESTHETIC AGENTS WITHIN THE LAST FIVE YEARS:

Name of Dentist/Entity: _____

Address _____

Phone/Fax: _____

Period of Time practicing local anesthetic agents: _____

Signature of Dentist _____

Date _____