DEN/RDH
Revised
1/22

Montana Department of
LABOR & INDUSTRY

**BOARD OF DENTISTRY**
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# Local Anesthesia Permit Application

Application Fee: $20.00

Name: ______________________________

Address: ______________________________

Phone Number: E-mail:

| | | Yes | No |
|---|---|---|---|
| 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

**Review ARM 24.138.508(2) and submit the following:**

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

## PERMIT BY CREDENTIALING

**Review ARM 24.138.508(3) and submit the following:**

1. Proof of completion in coursework and training regarding the administration of local anesthetic agents.
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 the bottom of this 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 ______________________________ Date ______________
(Required)

(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 ______________