

OREGON BOARD OF DENTISTRY
UNIT 23
PO Box 4395
PORTLAND, OR 97208-4395

41398-41300-2115

**Application for Certification
Anesthesia Dental Assistant
\$50.00 (Non-Refundable)**

Name: _____

Address: _____

City: _____ State _____ Zip _____ Telephone _____

Employer: _____
(If applicable)

Address: _____

City: _____ State _____ Zip _____ Telephone _____

**INSTRUCTIONS
Submit the following**

1. Non-refundable, \$50.00 fee with your application. Make checks payable to the Oregon Board of Dentistry.
2. Proof of successful completion of one of the following:
 - a. The "Oral and Maxillofacial Surgery Anesthesia Assistants Program" or successor program, conducted by the American Association of Oral and Maxillofacial Surgeons; or
 - b. The "Oral and Maxillofacial Surgery Assistants Course" or successor course, conducted by the California Association of Oral and Maxillofacial Surgeons (CALAOMS); or a successor entity; or
 - c. The "Certified Oral and Maxillofacial Surgery Assistant" or successor examination, conducted by the Dental Assisting National Board or other Board approved examination.
3. Proof of valid and current Healthcare Provider BLS/CPR certificate, or its equivalent.

(Please note: In order to introduce intravenous (IV) access lines in patients, an additional course and endorsement is required.)

Signature _____ Date _____