



Oregon

Tina Kotek, Governor

Board of Dentistry
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Expanded Functions of Dental Hygienists – Local Anesthesia Endorsement

OAR 818-035-0040 provides:

(1) Upon completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, a dental hygienist who completes a Board approved application shall be issued an endorsement to administer local anesthetic agents under the general supervision of a licensed dentist.

If you did not complete local anesthesia training as part of your completion of a CODA-accredited dental hygiene degree program, you will need to take a Board-approved local anesthesia course. Please email information@obd.oregon.gov for current list of Board-approved courses.

Instructions:

1. If you wish to administer local anesthesia, please complete the Application for Dental Hygiene Local Anesthesia Endorsement (on the reverse), and return it to the Oregon Board of Dentistry.
2. If proof of completion of the specific coursework has not previously been submitted to the Board, please arrange to have proof of completion of your coursework (i.e., an official transcript or letter from course instructor) sent *directly* by your program or school to the Board.

(Please note that if you arrange for a general listing of course work, such as a transcript, the Board will use your certification form to identify the courses. That is, it is not necessary for the program to specify the coursework).

3. Upon receipt of the above, the Board will issue the local anesthesia endorsement. Once added, the local anesthesia endorsement will display on your license and on our verification website.
4. If you have any questions, please refer them to the Examination and Licensing Manager at information@obd.oregon.gov

OREGON BOARD OF DENTISTRY
1500 SW 1st Avenue, Suite 770
Portland, OR 97201
(971) 673-3200

**APPLICATION FOR DENTAL HYGIENE
LOCAL ANESTHESIA ENDORSEMENT**

Name: _____ License No. _____

Mailing Address _____

City: _____ State: _____ Zip _____

I certify I have completed a course of instruction, in local anesthesia, in a Dental Hygiene Program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board.

SCHOOL	COURSE	DATE

Check Appropriate Box

- Proof of completion of the course of instruction will be provided directly to the Board by the program or school.
- Proof of completion of the course of instruction has previously been sent to the Board.

Signature

Date