

Board of Dentistry

1500 SW 1st Ave. Ste 770 Portland, OR 97201-5837 (971) 673-3200

Fax: (971) 673-3202

Expanded Functions of Dental Hygienists

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.

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) 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 you a new License Certificate, with local anesthesia listed.
- 4. Please refer questions to Examination and Licensing Manager Ingrid Nye at (971) 673-3200.

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
•	rse of instruction, in local anesthes nmission on Dental Accreditation of truction approved by the Board.	,
SCHOOL	COURSE	DATE
program or school.	rse of instruction will be provided dire	,
Signature		 Date