

APPLICATION FOR CERTIFICATION IN THE ADMINISTRATION OF INTRA-ORAL BLOCK ANESTHESIA - DENTAL HYGIENIST		APPROVED: <input type="checkbox"/>	Initials/Date:
Access this form via website at: cca.hawaii.gov/pvl/boards/dentist		License No:	Effective Date:
Legal Name (First, Middle)	(Last)	DH -	(L) Block Anesthesia
Other Names Used		FOR OFFICE USE	
Mailing Address			
Social Security Number	Phone No. (Days)	Employer's Name, Address & Phone Number	
Date of Birth	Provide your Hawaii DH License No. DH -		
INSTRUCTIONS			

- Complete and sign the on-line application form or print legibly in dark ink.
- List** the number of successfully completed injections on page 2. Pursuant to §447-3.5, a **minimum of fifty (50)** successful injections are required, of which **ten (10)** shall be inferior alveolar/lingual nerve block and **five (5)** in posterior superior alveolar nerve block.
- ATTACH an ORIGINAL letter signed by the Dean of your school to verify successful completion of the categories and numbers of injections.**
- List** the course number applicable to the curriculum course of study on page 2. The curriculum shall include didactic studies and clinical experience of at least **thirty-nine (39)** hours.
An ORIGINAL letter signed by the Dean of your school may verify successful completion.
- ATTACH** proof of successful completion of a course of study in a formal certification program previously approved by the Board or from an accredited Dental Hygiene school.
- ATTACH** a non-refundable application fee of \$50.00 made payable to: COMMERCE AND CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)
Note: A \$25.00 service charge shall be assessed for payments that are dishonored for any reason.
- Mail to: Board of Dentistry, DCCA, PVL Licensing Branch, P. O. Box 3469, Honolulu, HI 96801, or deliver to: PVL Licensing Branch, 335 Merchant Street, Room 301, Honolulu, HI 96813.

SUBMITTALS:

- ATTACH** a certified copy of your degree or an official transcript.
- ATTACH** documentary evidence from your school or certification program previously approved by the Board of your **certification** in the administration of intra-oral infiltration local anesthesia and intra-oral block anesthesia/"local anesthesia").
- ATTACH** documentary evidence from your school or certification program previously approved by the Board of the categories and number of intra-oral infiltration local anesthesia and intra-oral block anesthesia successfully completed.

SCHOOL, COLLEGE OR UNIVERSITY/CERTIFICATION PROGRAM(S)	DEGREE/CERTIFICATION	DATE
Accredited Dental Hygiene School:		
Other Certification Program(s) Previously Approved by Board:		

(CONTINUED ON PAGE 2)

Print Name of Applicant: _____

Date: _____

LIST OF REQUIRED CATEGORIES OF LOCAL ANESTHESIA	NUMBER OF SUCCESSFULLY COMPLETED INJECTIONS	LIST CATEGORIES OF LOCAL ANESTHESIA	NUMBER OF SUCCESSFULLY COMPLETED INJECTIONS
1. Maxillary Mandibular Infiltration Anesthesia		7. Middle Superior Alveolar Nerve Block	
2. Long Buccal Nerve Block Anesthesia		8. Anterior Superior Nerve Block	
3. Mental Nerve Block		9. Nasopalantine (incisive canal) Nerve Block	
4. Inferior Alveolar/Lingual Nerve Block (10)		10. Greater (anterior) Palantine Nerve Block	
5. Incisive Nerve Block		11.	
6. Posterior Superior Alveolar Nerve Block (5)		12.	
TOTAL NO. OF LOCAL ANESTHESIA INJECTIONS SUCCESSFULLY COMPLETED: _____ (Minimum of 50 successful injections required)			

LIST COURSE NO. APPLICABLE TO THE FOLLOWING CURRICULUM OF COURSE OF STUDY:	COURSE NO.
CURRICULUM	
Cardiopulmonary Resuscitation Certification	
Medical History Evaluation Procedures	
Physical Evaluation Procedures	
Anatomy of Head, Neck, and Oral Cavity As It Relates To Administering Local Anesthetic Agents	
Pharmacology of Local Anesthetics and Vasoconstrictors	
Indications and Contraindications for Administration of Local Anesthetics	
Prevention, Diagnosis, and Management of Medical Emergency	
Recognition and Management of Post-Injection Complications and Management of Reactions to Injections	
Medical and Legal Management Complications	
Selection and Preparation of the Armamentaria and Record Keeping for Administering Various Local Anesthetics	
Methods of Administering Local Anesthetics With Emphasis on Technique, Which Includes Aspiration and Slow Injection, in Addition to Minimum Effective Dosage	
Proper Infection Control Techniques With Regard to Local Anesthesia and the Proper Disposal of Sharps	
TOTAL NO. OF HOURS OF CLINICAL & DIDACTIC TRAINING: _____	
DID THE COURSE OF STUDY REQUIRE PASSING AN EXAMINATION? _____	

I hereby certify that all information contained in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19, and 477-6, HRS).

Signature of Applicant

Date

(CONTINUED ON PAGE 3)

Print Name of Applicant: _____

Date: _____

Release of Information to Third Party:

To assist me in the licensing process, I hereby authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

Date