



New Jersey Office of the Attorney General

Division of Consumer Affairs

New Jersey State Board of Dentistry

124 Halsey Street, 6th Floor, P.O. Box 45005

Newark, New Jersey 07101

(973) 504-6405

Application Instructions

The State Board of Dentistry has authorized Dental Hygienists to administer certain local anesthetic injections pursuant to N.J.A.C. 13:30-1A.3. Enclosed is your application for a permit to administer local anesthesia. Please read these instructions before you complete the application. The application must be correct and complete. **INCOMPLETE APPLICATIONS WILL BE RETURNED.**

You must submit proof that you have successfully completed:

1. A Board-approved course in the administration of local anesthesia offered in a dental hygiene program approved by the Commission on Dental Accreditation, or in an accredited college or university, teaching hospital or other training institution or facility approved pursuant to N.J.S.A. 45:6-2. Proof of completion must be on the letterhead of the school or other official document and must include the dates of attendance. A copy of your course certificate may be submitted, provided it includes the required information. The documentation must include the dates of attendance.
2. The written examination in the administration of local anesthesia administered by the Northeast Regional Board of Dental Examiners (N.E.R.B.).

PLEASE NOTE:

Please be sure you have signed and properly notarized the enclosed application.

Four (4) continuing education credits devoted to the administration of local anesthesia are required in every other biennial renewal period for the renewal of your permit.

Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

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Administration of Local Anesthesia Training

Instructions: Board regulations require the successful completion of a Board-approved course in the administration of local anesthesia to obtain a local anesthesia permit. Please provide the name of the institution conferring the degree or certification, the date the course was completed, and attach written verification from the issuing institution to the application form.

Name of Institution _____

Name of course _____ Date completed _____

Examination

I have taken and passed the written examination in the administration of local anesthesia administered by the National Regional Board of Dental Examiners (N.E.R.B.). I have enclosed proof of a passing grade on the examination.

Examination score

Date of examination

Applicant Certification

I am aware that if any of the statements made in this application are found to be willfully false, I may be subject to punishment or penalty, a forfeiture of any privileges with regard to the use of local anesthesia and the practice of dentistry.

I also understand that the issuance of this permit is not automatic but will be issued only subsequent to investigation and verification by the New Jersey State Board of Dentistry.

I hereby authorize the release of any and all information and records the Board shall deem pertinent to the evaluation of this application, and shall supply to the Board such records and information as it may require in support and verification of this application.

Signature of applicant

Date

Sworn and subscribed to before me this _____

day of _____ , _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here