



## NITROUS OXIDE TRAINING

Enclose a copy of your certificate of completion from a course or program demonstrating proficiency in the administration of nitrous oxide analgesia.

*NOTE: If your program was completed outside Louisiana, you must also include a copy of the curriculum. The curriculum will be reviewed for compliance with Louisiana State Board of Dentistry requirements. It is recommended that you contact the board office **prior** to taking a course outside Louisiana to avoid the possibility of taking a course that is not approved.*

### ACKNOWLEDGMENT

**BEFORE ME** \_\_\_\_\_, **NOTARY PUBLIC**, duly commissioned and qualified within and for the state of Louisiana, Parish of \_\_\_\_\_.

**PERSONALLY CAME AND APPEARED**, \_\_\_\_\_ (applicant/affiant), who declared and acknowledged to me, Notary, under oath, after being by me duly sworn, that affiant swears that all information provided in this application is correct and true.

\_\_\_\_\_  
**AFFIANT/APPLICANT'S SIGNATURE**

**SWORN TO AND SUBSCRIBED BEFORE ME**, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**