APPLICATION FOR

DENTAL HYGIENE
LOCAL ANESTHESIA PERMIT

LOUISIANA STATE BOARD OF DENTISTRY
P.O. BOX 5256
BATON ROUGE, LOUISIANA 70821-5256
TELEPHONE (225) 219-7330 FAX (225) 219-0707

$50.00 NON-REFUNDABLE APPLICATION FEE

INCLUDE COPY OF YOUR CURRENT BLS CPR CARD.

All information **must** be completed. **INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.**

_____

Last name First name Middle Initial LA dental hygiene license no.

_____

Mailing Address City State Zip Telephone

_____

Home Address City State Zip Telephone

_____

Full name of employing dentist LA dental license no.

LOCAL ANESTHESIA TRAINING

Name and address of school:

_____

Enclose a copy of your certificate of completion from the program.
*NOTE: If your program was **not** completed in Louisiana, you must also include a copy of the curriculum of the program including all didactic and clinical portions thereof. All rules for the administration of local anesthesia are included on the second page of this application for your reference.*

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