

**AFFIDAVIT OF REGISTERED DENTAL HYGIENIST SEEKING TO ADMINISTER
LOCAL ANESTHESIA**

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned notary, personally came and appeared:

Name of Affiant

who, being first duly sworn, did depose and state that

1. Affiant is licensed or is applying for licensure to practice dental hygiene in the state of Louisiana.
2. Affiant has previously been licensed in the state(s) of _____
_____.
3. Affiant was previously trained and authorized to administer local anesthesia in the state(s) of _____.
4. Affiant has administered at least 50 injections and administered local anesthesia for at least six months in the state(s) of _____ with no adverse complications and is currently certified or permitted to provide local anesthesia.
5. Affiant possesses current certification of health care provider status in cardiopulmonary resuscitation.
6. Affiant is in good standing with all licensing jurisdictions where affiant is or has been licensed to practice dental hygiene.
7. Affiant has received training including course content regarding the administration of long buccal, maxillary, and mandibular infiltration anesthesia, mental block anesthesia, lingual nerve block, and inferior alveolar blocks; taking medical history and performing a physical evaluation of the patient, and the

prevention, diagnosis, and management of medical emergencies which may be encountered during the administration of local anesthesia.

8. Affiant further swears that this affidavit contains all information available in regards to competence, malpractice, patient complaints, reprimands, and any disciplinary actions by jurisdictional state boards.

Affiant

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public