

**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 40 injections and administered local anesthesia for at least one year in the state(s) of _____ and is currently certified or permitted to provide local anesthesia.
5. Possesses current certification of health care provider status in cardiopulmonary resuscitation.
6. Affiant is in good standing with all licensing jurisdiction where affiant is or has been licensed to practice dental hygiene.
7. Affiant has provided the Louisiana State Board of Dentistry with sufficient documentation that he 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; a notarized statement of endorsement from a supervising dentist/employer stating that the affiant is competent to administer local anesthesia and has given at least twenty

injections which include one or more long buccal, maxillary, and mandibular infiltration, mental nerve block, lingual nerve block, and inferior alveolar nerve block administrations; history of any enrollment past or present in a liability insurance or malpractice insurance claim and a statement from said malpractice insurer stating that it has no knowledge of any complaints, past, present, or anticipated against the licensed dental hygienist.

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