UNION JUSTICE AND DIFFUENCE

APPLICATION FOR DENTAL HYGIENE NITROUS OXIDE INHALATION ANALGESIA PERMIT

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

ENCLOSE APPROPRIATE FEE AND DOCUMENTATION—<u>INCLUDING COPY OF CURRENT</u> CPR CARD—WITH YOUR COMPLETED APPLICATION

\$50.00 NON-REFUNDABLE APPLICATION FEE

Complete this application and have your signature notarized where indicated on the second page. Return the completed application, the \$50 fee, a copy of your BLS certification, and a copy of your nitrous oxide training program to the board address above. 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
Indicate below ALL Louisian administering nitrous oxide u employing dentist holds a pelist that information on a sep	nder that dentist's supe ersona (or higher level a	rvision. You will only be a l	lowed to admin	ister nitrous oxide if you
NOTE: If our records indicate permit, you must send us writ dentist.				
Full name of employing dentist				LA dental license no.
Street I intend to administer nitrou	City is oxide under this dentist	State 's supervision.	Zip	Telephone
Full name of employing dentist				LA dental license no.
Street I intend to administer nitrou	City is oxide under this dentist	State 's supervision.	Zip	Telephone
Full name of employing dentist				LA dental license no.
Street	City	State	Zip	Telephone

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 PUB	SLIC , duly commis	ssioned and qualified
within and for the state of Louisiana, Parish of			
PERSONALLY CAME AND APPEARED, who declared and acknowledged to me, Notary, swears that all information provided in this application.	under oath, after	r being by me du	(applicant/affiant), ly sworn, that affiant
AFFIANT/APPLICANT'S SIGNATURE			
SWORN TO AND SUBSCRIBED BEFORE ME, this _	day of _	,,2	
NOTARY PUBLIC			