



APPLICATION FOR
DENTAL HYGIENE
NITROUS OXIDE INHALATION ANALGESIA PERMIT
LOUISIANA STATE BOARD OF DENTISTRY
365 CANAL STREET, SUITE 2680 ~ NEW ORLEANS, LOUISIANA 70130
TELEPHONE (504) 568-8574 ~ FAX (504) 568-8598
www.lsbdb.org

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

\$50.00 NON-REFUNDABLE APPLICATION FEE

This application consists of two sections. The first is to be filled out and signed by the applicant. The second is an affidavit to be completed by the dentist(s) under whose supervision six cases of induction and recovery were performed. All information **must** be completed. **INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.**

Last name	First name	Middle Initial	LA dental hygiene license no.
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Mailing Address	City	State	Zip	Telephone
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Indicate below ALL Louisiana dentists who currently employ you. Check the box below the name if you will be administering nitrous oxide under that dentist's supervision. **You will only be allowed to administer nitrous oxide if your employing dentist holds at least a personal nitrous oxide analgesia permit and an office nitrous oxide analgesia permit which must exist at the specific office location.** If you work for more than three dentists, please list that information on a separate sheet of paper.

*NOTE: If our records indicate you work for a dentist who does **not** hold at least a personal nitrous oxide analgesia permit and an office nitrous oxide analgesia permit at the specific office location, you must send us written notification that you will not be administering nitrous oxide while working for said dentist.*

Full name of employing dentist	LA dental license no.
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Street	City	State	Zip	Telephone
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I intend to administer nitrous oxide under this dentist's supervision.

Full name of employing dentist	LA dental license no.
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Street	City	State	Zip	Telephone
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I intend to administer nitrous oxide under this dentist's supervision.

Full name of employing dentist	LA dental license no.
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Street	City	State	Zip	Telephone
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I intend to administer nitrous oxide under this dentist's supervision.

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.*

CERTIFICATION

I have read the Louisiana State Board of Dentistry Dental Practice Act and board regulations and I hereby certify I will abide by them and conduct myself in an ethical manner at all times. I further certify I will abide by future regulations that may be established by the Louisiana State Board of Dentistry covering the administration of nitrous oxide inhalation analgesia for dental purposes by dental hygienists.

Signature of Applicant

Date

AFFIDAVIT

STATE OF LOUISIANA

PARISH OF _____

BEFORE ME, the undersigned authority, personally came and appeared

who, after being by me first duly sworn, did depose and say

1. that he/she is a dentist duly licensed, and
2. that under his/her supervision, _____, R.D.H., completed _____ cases of nitrous oxide inhalation analgesia induction and recovery.

Affiant

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

Notary Public