

This form may be completed online, printed and mailed to the address listed below.

State of Nebraska

Department of Health and Human Services
Division of Public Health - Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986
402-471-2118

Fee: \$25.00

**APPLICATION BY A LICENSED DENTAL HYGIENIST
FOR APPROVAL TO ADMINISTER LOCAL ANESTHESIA**

Name:			
Address:	Street/PO/Route:		
	City:	State:	Zip:
Nebraska Dental Hygiene License Number:			

COMPLETION OF APPROVED COURSE	
Name and location of institution providing the local anesthesia course you have successfully completed:	
Date of successful completion of local anesthesia course:	

If course completed is located outside the State of Nebraska, attach syllabus of such course.

	Yes	No
Have you actively practice in Nebraska administering Local Anesthesia prior to licensure?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many days have you practiced in Nebraska administering Local Anesthesia?		

State of _____
County of _____

I, being duly sworn, say that I am the person referred to in this application for approval to administer local anesthesia in the State of Nebraska and that the statements herein contained are true to the best of my knowledge and belief.

Legal Signature of Applicant _____

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

Seal

Notary Public

My commission Expires: _____

Applicant must submit this complete application and:

1. Fee of twenty-five dollars (\$25.00)
2. Proof of successful completion of approved local anesthesia course.

Revised 11-01-04