

**CANDIDATE INFORMATION** (Required)

Name \_\_\_\_\_ Exam Site/Date \_\_\_\_\_

**LOCAL ANESTHESIA WRITTEN & CLINICAL COURSE CERTIFICATION FORM**

**ELIGIBILITY REQUIREMENT:** To be eligible to attempt the WREB Local Anesthesia clinical examination or to administer local anesthetic at a WREB clinical Dental Hygiene examination, a candidate must meet the following requirements and provide the appropriate proof of qualification:

**STUDENT:** Current enrollment in the degree program of a CODA-accredited dental hygiene school AND certification of successful completion of a clinical course in the administration of local anesthetics.

**GRADUATE:** Successful completion of a degree program from a CODA-accredited dental hygiene school AND certification of successful completion of a clinical course in the clinical administration of local anesthetics.

**SUBMITTING FORM:**

**MAIL: Original form ONLY.** All fields required, including Dean/Director signature AND school seal.

**Send to: WREB-Hygiene Department, 23460 N. 19th Avenue, Ste. 210, Phoenix, AZ 85027**

**EMAIL: Dean/Director ONLY from authorized email and/or fax number.** All fields required except school seal. Form not accepted if sent from candidate or unauthorized faculty.

**Send to: hygieneinfo@wreb.org or 602-371-8131**



**DENTAL HYGIENE SCHOOL** (Required)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

**LOCAL ANESTHESIA CLINICAL EXAMINATION NOTE:** For courses ending *less than 3 weeks* prior to the first day of the Local Anesthesia Clinical exam, candidates must submit original local anesthesia course certification at the exam site. Contact the WREB office for more information. **Local anesthesia certification will not be accepted in advance of course completion.**

**LOCAL ANESTHESIA COURSE**

This is to certify that \_\_\_\_\_ has successfully **COMPLETED** a course in the  
*Local Anesthesia Student Name*

practical administration of local anesthetics on \_\_\_\_\_ and is qualified to administer  
*Date of Completion (mo/yr)*

local anesthetic at a WREB Local Anesthesia Clinical and/or WREB Dental Hygiene Clinical examination(s).

\_\_\_\_\_  
☆ *Signature of Dean/Director*

**NOTE:** A Candidate who is unsuccessful in their attempt of the WREB Local Anesthesia Clinical Examination will not be permitted to administer local anesthetic to their Patient during the WREB Dental Hygiene Clinical Exam. The Candidate is responsible for obtaining a licensed practitioner to administer local anesthetic at the exam, if applicable.

***Original certification form not valid if submitted in advance of clinical local anesthesia course completion or without School Seal AND Signature of Dean/Director.***