

CANDIDATE INFORMATION (Required)

Name _____

**COURSE CERTIFICATION FORM
LOCAL ANESTHESIA WRITTEN-ONLY EXAMINATION**

If seeking licensure in a state that requires only a local anesthesia written examination, form required prior to registration. FORM NOT APPLICABLE FOR LOCAL ANESTHESIA CLINICAL EXAM.

ELIGIBILITY REQUIREMENT: To register for the WREB Local Anesthesia Written examination a candidate must meet the following requirements and provide the appropriate proof of qualification **prior to registration.**

STUDENT: Current enrollment in a degree program of a CODA-accredited dental hygiene school AND certification of successful completion of the didactic portion of a 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 the didactic portion of a course in the 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 COURSE

This is to certify that the following individual has successfully **COMPLETED** the didactic portion of a course in the administration of local anesthetics on _____ and is qualified to attempt the WREB Local Anesthesia Written Examination.
Date of Completion (mo/yr)

Local Anesthesia Student Name

☆ *Signature of Dean/Director*

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