

**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:** CDCA-WREB HYG Dept, 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@cdcawreb.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.***