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 Date of Completion (mo/yr) attempt the WREB Local Anesthesia Written Examination.	CANDIDATE INFORMATION (Required)		
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Original certification form not valid if submitted in advance of local anesthesia course completion or without School Seal AND Signature of Dean/Director.

Local Anesthesia Student Name

☆ Signature of Dean/Director