**CANDIDATE INFORMATION** (Required)

Name _____

Exam Site/Date _____

# LOCAL ANESTHESIA COURSE CERTIFICATION FORM

**ELIGIBILITY REQUIREMENT:** To be eligible to attempt the WREB Local Anesthesia Clinical Examination and/or administer local anesthetic to a WREB clinical board examination patient, candidates must meet the following requirements and provide the appropriate proof of qualification documentation

**STUDENT: Current enrollment in the degree program of an ADA-accredited dental hygiene school AND certification of successful COMPLETION of a local anesthesia course(s).**

**GRADUATE: Successful completion of a degree program from an ADA-accredited dental hygiene school AND certification of successful COMPLETION of a local anesthesia course(s).**

**SUBMITTING FORM:**

**MAIL:** All fields must be completed and signed by the school's Dean/Director on the designated line(s). The School Seal must be affixed and the name of the school indicated.
Mail <u>Original</u> to: **WREB - Hygiene Dept., 23460 N 19th AVE, STE 210, Phoenix, AZ 85027**

**ELECTRONICALLY:** All fields must be completed and signed by the school's Dean/Director on the designated line(s). The School Seal is **not** required when sent electronically by the school's authorized contact.
**Note: Course Certificates will not be accepted if emailed from Candidates or unauthorized Faculty.**

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| Affix School Seal Here | **DENTAL HYGIENE SCHOOL** (Required) |
|---|---|

**DENTAL HYGIENE SCHOOL** (Required)

Name _____

Address_____

City/ST/Zip _____

**LOCAL ANESTHESIA NOTE:** For courses ending *less than* 3 weeks prior to the first day of the Clinical exam, Candidates may 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 local anesthesia
*Local Anesthesia Student Name*

course(s) on _____ and is qualified to administer local anesthetic to a WRE
*Date of Completion (mo/yr)*

clinical board examination patient.                                  _____
☆   *Signature of Dean/Director*

☆ *Certification not valid if submitted in advance of local anesthesia course completion.*