

**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 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 an ADA-accredited dental hygiene school AND certification of successful completion of a course in the administration of local anesthetics.

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

**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 original form to: WREB-Hygiene Department, 23460 N. 19th Avenue, 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.



**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*

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

local anesthetic at a WREB clinical Dental Hygiene examination.

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

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 Exam. The Candidate is responsible for obtaining a licensed practitioner to administer local anesthetic at the exam.

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