



# Nevada State Board of Dental Examiners

2651 N. Green Valley Pkwy, Ste. 104

Henderson, NV 89014

(702)486-7044 – (800) DDS-EXAM – Fax (702)486-7046

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## APPLICATION FOR LOCAL ANESTHESIA PERMIT

*(This application must be completed in its entirety)*

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Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Dental Hygiene School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

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### LOCAL ANESTHESIA TRAINING

Training Received at: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Type of training received (**mark the appropriate box**):

Undergraduate (during Dental Hygiene Training) Date of Completion: \_\_\_\_\_

Post Graduate (after Dental Hygiene Training) Date of Completion: \_\_\_\_\_

If local anesthesia training was a **POST GRADUATE** course, a certified copy of the course syllabus **MUST** accompany this application for evaluation of the course content by the Board, otherwise certification cannot be granted.

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### SIGNATURE OF APPLICANT

I certify that the foregoing statements are true and correct and that I have successfully completed the foregoing course.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**SUBMIT THIS APPLICATION WITH THE FOLLOWING:**

\$25 Application Fee

Completed Certification of Proficiency Form

Certified Copy of Post-Graduate Course Syllabus, if Applicable