

**STATE OF MAINE BOARD OF DENTAL PRACTICE
CERTIFICATE OF COMPLETION FORM**

I am applying to obtain the authority to administer local anesthesia and/or nitrous oxide analgesia as a licensed dental hygienist with the Maine Board of Dental Practice ("the Board"). The Board requires verification of my training. This is your authority to release any information in your files directly to the Board.

THIS SECTION TO BE COMPLETED BY THE APPLICANT.

Applicant's name: _____

Applicant's address: _____

Dates of attendance: from _____ to _____

Applicant's signature _____ date: _____

THIS SECTION MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE TRAINING PROGRAM OR EDUCATIONAL INSTITUTION AND RETURNED DIRECTLY TO THE MAINE BOARD OF DENTAL PRACTICE.

Check all boxes that apply:

- I hereby certify that the above-named applicant successfully completed a nitrous oxide analgesia course that included didactic and clinical experiences, and passage of an examination in the administration of nitrous oxide analgesia.
- I hereby certify that the above-named applicant successfully completed a local anesthesia course that included didactic and clinical experience in the administration of block and infiltration anesthesia and passed a local anesthesia examination.

Name of training program or educational institution: _____

Address of training program or educational institution: _____

Dates of attendance: from _____ to _____

Printed name & title of training program or educational institution official: _____

Official's signature _____ date: _____

**PLACE OFFICIAL EMBOSSED
SCHOOL SEAL HERE**

Once completed, the educational institution must submit a scanned original copy directly to the Maine Board of Dental Practice in a pdf format and email to: dental.board@maine.gov