



Dental Hygiene Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Dental Hygiene Expanded Functions Education Verification Local Anesthesia Endorsement Form

Note: this form must be submitted directly from the Dental Hygiene program.

Applicant Information:

Name First	Middle	Last	Date of Birth
Address			
City	State	Zip Code	

To be completed by the dental hygiene program:

The student listed above has graduated or successfully demonstrated the following at

_____ on _____
Name of program (mm/dd/yyyy)

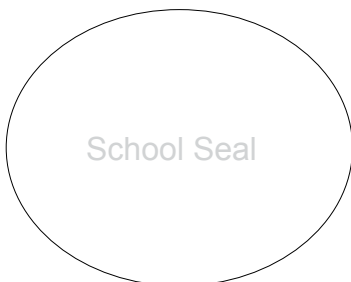
which is a dental hygiene program accredited or approved by the following:

- Expanded functions education program approved by the Secretary of the Department of Health.
- The American Dental Association Commission on Dental Accreditation for dental hygiene.
- The Commission on Dental Accreditation of Canada (CDAC) for dental hygiene.
- Other, please list: _____

Please note clinical competency means on live patients.

Did the student complete didactic and clinical competency in the administration of injections of local anesthetic, which includes infiltration: ASA, MSA, Nasopalatine, greater palatine. Block: Long buccal, mental, inferior alveolar, and PSA?

Yes No



 Program Director Name (Please print)

 Signature of Program Director

 Date