

DENTAL HYGIENE ADVANCED PROCEDURES APPLICATION

PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK

Dental Hygienist Name _____ OK RDH # _____

Current Public Address _____

City _____ State ____ Zip _____

Daytime Phone Number _____ Email Address _____

Check which Advanced Procedure you are applying for:

\$10 per Procedure (check or money order- NO CASH)

_____ Administration of Local Anesthesia _____ Administration of Nitrous Oxide

_____ Elder Care and Public Health (2yrs Experience) _____ Vaccinations, Venipuncture, and Phlebotomy

Please refer to the rules 195:15-1-6.1 to verify that you qualify for the Advanced Procedure you are requesting. Was the course you took pre-approved by the Board?

Please attach the following documentation to this request for the Committee on Allied Dental Education to review:

_____ How many years as a licensed Hygienist?

_____ Copy of Course Outline with Specific Classroom / Clinical Hours (for Local Anesthesia, Nitrous Oxide, and Phlebotomy) See Board Website for Phlebotomy pre-approved courses.

_____ Total Number of Injections (For Local Anesthesia- This information must be from the school)

_____ Certificate of Completion

IMPORTANT: Please be aware that the Committee requires the above documentation and if you do not submit the above documentation, there is no guarantee the Committee will be able to make a recommendation to the Board. Your request will be reviewed at the next regularly scheduled Committee meeting, which are typically 2-3 weeks prior to the Board Meetings. You will be notified in writing once the committee has made a recommendation and the Board approves such recommendation.

FOR COMMITTEE USE ONLY:

Date Reviewed: _____

Date Notified: _____

Recommendation: _____

Oklahoma Board of Dentistry

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