

Oklahoma Board of Dentistry
2920 N Lincoln Blvd, Ste B
Oklahoma City, OK 73105

DENTAL HYGIENE OUT OF STATE REQUEST FOR ADVANCED PROCEDURES

If you are licensed in another state for Administration of Local Anesthesia or Administration of Nitrous Oxide, please note they do NOT automatically transfer. You must be permitted for these procedures by the State of Oklahoma.

If you are adding these advanced procedures after initial licensure, there is a \$10 fee per advanced procedure by check or money order to add them.

Dental Hygienist Name: _____

Mailing Address: _____

Daytime Phone Number: _____ Oklahoma Hygiene License Number: _____

Name of Dental Hygiene School: _____ State: _____

What Advanced Procedures are you requesting?

Administration of Local Anesthesia

Administration of Nitrous Oxide

**IN ORDER FOR THE BOARD TO CONSIDER TRAINING FROM OUTSIDE OF THE
STATE OF OKLAHOMA, THE COMMITTEE ON ALLIED DENTAL EDUCATION
HAS BEEN ESTABLISHED TO REVIEW COURSE MATERIAL.**

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

- **Copy of Official Transcript**
- **Copy of Course Outline with Specific Classroom / Clinical Hours**
- **Total number of injections:**

(If you are requesting Administration of Local Anesthesia this information must be from
the school)

IMPORTANT: Please be aware that the committee requires the above documentation and if you cannot / 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: _____
