

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.*

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

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**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.

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### FOR COMMITTEE USE ONLY:

DATE REVIEWED: \_\_\_\_\_

DATE NOTIFIED: \_\_\_\_\_

RECOMMENDATION: \_\_\_\_\_

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