

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: _____ Date: ____ / ____ / ____

Mailing Address: _____

Daytime Phone #: _____ Oklahoma Hygiene License #: _____

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 OUTSIDE OF THE STATE OF OKLAHOMA, THE COMMITTEE ON ALLIED DENTAL EDUCATION HAS BEEN ESTABLISHED TO REVIEW COURSE CRITERIA.

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

_____ **Copy of Official Transcript** (This is a separate request than the copy you submitted for licensure)

_____ **Copy of Course Outline with Specific Classroom/Clinical Hours** (If you are requesting Administration of Local Anesthesia, this must include the total number of required injections during your course)

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:
