Requirements for Local Anesthesia Certification by WREB Examination

*All licensing information provided is public information*

For certification in local anesthesia by examination you must possess the following qualifications and submit the required fees and documentation, along with a completed application.

- Hold a current active license in good standing to practice dental hygiene in New Mexico
- Successful completion of an approved educational program in local anesthesia of at least 24 didactic hours and 10 hours of clinical training given in an accredited dental hygiene program (official transcripts must be sent directly to the board office from the university)
- Successfully pass a written and clinical local anesthesia examination administered by the Western Regional Examination Board (WREB); the results of the WREB exam are valid in New Mexico for a period not to exceed five years (copy of certificate or score card)
- Submit a copy of current Basic Life Support (BLS) or Cardiac Pulmonary Resuscitation (CPR) certification accepted by the American Heart Association, Red Cross or the American Safety Health Institute; cannot be a self-study course

Requirements for Local Anesthesia Certification by Credentials

For certification in local anesthesia by credentials you must possess the following qualifications and submit the required fees and documentation, along with a completed application.

- Hold a current active license in good standing to practice dental hygiene in New Mexico
- Successful completion of educational coursework in local anesthesia
- Submit a copy of current Basic Life Support (BLS) or Cardiac Pulmonary Resuscitation (CPR) certification accepted by the American Heart Association, Red Cross or the American Safety Health Institute; cannot be a self-study course
- Proof of administration of local anesthesia while engaged in the practice of dental hygiene in at least three of the past five years consecutive years (A notarized letter from the previous employer)
- A letter of verification from each state where the applicant holds a certificate for administering local anesthesia, sent directly from the state board, (state seal must be embossed)
- If applying for Local Anesthesia Certification by Credentials you MUST submit a signed Affidavit of Local Anesthesia Administration for administration of Local Anesthesia under General Supervision. (affidavit is attached to application)
**DENTAL HYGIENE**

**LOCAL ANESTHESIA CERTIFICATION APPLICATION**

*(All licensing information provided is public information)*

(Application fees are non-refundable) *(note: when submitting a check as payment, you are authorizing the State of New Mexico to process as a one-time electronic fund transfer or a check transaction)*

Check if you are applying for:

( ) Certificate by Examination  
APP. FEE  $40

( ) Certificate by Credentials  
APP. FEE  $100

1. **PERSONAL INFORMATION**

Last Name _______________________ First ____________________ Middle ________________

Type or print your name as desired on official license or certificate

(Mailing Address)  (City)  (State)  (Zip)

Contact Phone: (_____) ________________  Business Phone : (_____) ________________

E-Mail Address: ____________________________

Date of Birth  Place of Birth  Social Security Number

Proposed Practice Name: ________________________________

Proposed Practice Address: ________________________________

2. **LICENSURE INFORMATION**

List all jurisdictions in which you have or have held local anesthesia certification regardless of current status *(attach additional pages if necessary):*

<table>
<thead>
<tr>
<th>State/Country</th>
<th>Licensed by Exam/Credentials</th>
<th>License Number</th>
<th>First Initial Issue Date</th>
<th>License Status</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

Revision date: 08/2013
3. **LOCAL ANESTHESIA EDUCATION:** Dental Hygiene Program where you received anesthesia training.

School Granting Dental Hygiene Diploma (must be CODA accredited)  City/State  Date of Degree

4. **Proof of Current BLS (Basic Life Support) or Cardiac Pulmonary Resuscitation (CPR):**

(Title)  (Date)  (Location)

5. **EXAMINATION**

Date of WREB Anesthesia Examination: _______________________________________

Date and name of any other clinical practice examination:

6. **PLEASE ANSWER THE FOLLOWING QUESTIONS:**
   **GIVE DETAILS OF ANY "YES" ANSWERS ON A SEPARATE SHEET OF PAPER**

A. Have you ever used another name under which records relating to your application, education, training or experience may be filed?  YES ______ NO ______

   If yes, please enter name(s) used: _______________________________________

B. Have you ever received a deferred prosecution or judgment or been convicted of, or pled guilty or nolo contendere to a felony or misdemeanor (not including traffic violations) in any state, territory or district of the United States or a foreign country?  YES _____ NO _____

C. Have you ever had any disciplinary action taken against your dental hygiene license or any other professional license in any state?  (NOTE: Disciplinary action includes, but is not limited to, suspension, probation, practice limitations, reprimand, latter or admonition, censure, and any allegations currently pending.)  YES ______ NO ______

D. Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such a claim yourself?  YES ______ NO ______

E. Have you ever voluntarily surrendered a license or certification to practice dental hygiene or any other health related profession in any state, foreign country, territory, or institution?  YES ______ NO ______

F. Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or any other state?  YES ______ NO ______
G. Do you have any medical condition that in any way limits, impairs or alters your ability to practice dental hygiene with reasonable skill and safety? YES ______ NO ______

H. Do you take medications or chemical substances that limits, impairs or alters, in any way, your ability to practice dental hygiene? YES ______ NO ______

*******If answered yes to questions (G) or (H) please answer questions (I) and (J) *******

I. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? YES ______ NO ______

J. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? YES ______ NO ______

K. Have you ever been convicted of a crime of moral turpitude? YES ______ NO ______

L. Are you currently engaged in the illegal use of controlled and/or dangerous substances? YES ______ NO ______

M. Are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? YES ______ NO ______

N. Have you ever been licensed in New Mexico? YES ______ NO ______

If yes, what was your license number? ________ Issue date: ___________ Expiration date: ___________

LOCATION AND OCCUPATION FOR THE PAST THREE (3) YEARS:

<table>
<thead>
<tr>
<th>Dates</th>
<th>City &amp; State of residence</th>
<th>Occupation</th>
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I HEREBY CERTIFY that I am the person described and identified in this application; this application contains no willful misrepresentation; and the information given by me is true and complete to the best of my knowledge and belief.

I understand that all dental personnel who administer local anesthesia shall maintain current basic life support certification accepted by the American Heart Association, American Red Cross or the American Safety Health Institute.
I further certify that I have read the New Mexico Dental Health Care Act and Rules and fully understand that I bind myself to be governed by them.

____________________________________
Signature of Applicant Date

STATE OF ____________________
COUNTY OF _________________

BEFORE ME on this ________ day of _____________, 2____, personally appeared the above-named applicant who, being by my duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

____________________________________
Notary Public
Seal

My Commission Expires: ________________

All requested information is essential and must be provided. Failure to present a completed application by omitting information sought, having less than a full and complete disclosure, or failure to have the required documentation provided as required in this application, will result in delay or cause return of the application. The board shall neither approve nor deny an application until it is received in proper form, contains the information required by law and as requested by this application. The responsibility for completing the application is solely that of the applicant. The burden of proof in satisfying the Board that you are entitled to a license to administer local anesthesia is upon you.

THE BOARD DOES NOT HAVE THE AUTHORITY TO GRANT A WAIVER OF ANY REQUIREMENT.

IF THIS APPLICATION IS INCOMPLETE UPON ONE (1) YEAR OF RECEIPT, THE APPLICATION AND SUPPORTING DOCUMENTATION WILL BECOME NULL AND VOID.

Application fee payment method: _____ Check _____ Money Order _____ Credit Card Type: _____MC _____Visa
Credit Card #: ________________________ Expiration date: __________ Amount $ _____________