



THE STATE
of

ALASKA *Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

Board of Dental Examiners

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Nitrous Oxide Course Approval Application

The board will approve a nitrous oxide course that meets the requirements of 12 AAC 28.345.

Course Information

Course Title:

Course Dates:

Instructor Name:

I understand I must attach:

- ☐ The detailed outline which provides course content that meets the requirements of 12 ACC 28.345.
- ☐ An explanation of the evaluation procedures used to determine successful completion of the course.

Signature

I hereby certify the above information is true and correct to the best of my knowledge.

Sponsor Name:

Sponsor
Signature:

Date Signed:

Address:

P.O. Box or Street

City

State

Zip

Email:

Phone: