



THE STATE  
of

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

**Board of Dental Examiners**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfDentalExaminers@Alaska.Gov](mailto:BoardOfDentalExaminers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers)

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## **Certificate to Administer Local Anesthetic Agents by Experience**

### **Application Instructions**

No dental hygienist may administer local anesthetic agents without a certificate issued by the board. A local anesthetic agent certificate expires on the date the dental hygienist's license expires, is revoked, or suspended.

The certificate remains active as long as the holder's dental hygiene license is active and in good standing. There is no renewal required for the certificate.

***The following must be received by the division before your application for Local Anesthetic Certification by Experience can be reviewed:***

#### **1. APPLICATION**

A completed application, signed and notarized (#08-4995, pages 1-3).

#### **2. FEES**

Fees made payable to "State of Alaska."

|                                |          |
|--------------------------------|----------|
| Nonrefundable Application Fee: | \$100.00 |
|--------------------------------|----------|

|                             |          |
|-----------------------------|----------|
| One-Time Certification Fee: | \$100.00 |
|-----------------------------|----------|

|                 |          |
|-----------------|----------|
| Total Fees Due: | \$200.00 |
|-----------------|----------|

#### **3. COURSE VERIFICATION**

A completed course verification form (#08-4995a) with university or college seal and a course description or outline from the university or college verifying compliance with 12 AAC 28.340 -- submitted directly to the Alaska Board of Dental Examiners by the school.

#### **4. VERIFICATION OF LICENSURE**

Verification of licensure must be sent directly to the department from a state or jurisdiction where the applicant holds a current license/certificate to administer local anesthetic agents. The verification must include an explanation of any disciplinary action taken against the licensee. Check with the state board for their verification request process. If a state offers primary source verification on their website, that can be accepted as long as the website clearly confirms that it's a primary source verification.

#### **5. VERIFICATION OF EMPLOYMENT**

Verification you have actively, as part of routine dental hygiene procedure, administered local anesthetic agents at least an average of once per week during the two years immediately preceding the date of application. This verification must come from your employer using the Verification of Employment form (#08-4995b).

## General Information

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### **APPLICATION PROCESSING:**

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the certificate may be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### **DENIAL OF APPLICATION:**

The denial of an application for certification may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### **CHANGES TO LEGAL NAMES, EMAIL ADDRESSES AND/OR MAILING ADDRESSES:**

It is the applicant's responsibility to notify the division of any changes to legal names, email addresses and/or mailing addresses. The email or mailing address of record will be used to send all official notifications. The name appearing on the certificate must be your current legal name. The name change notification form is available on the division's website. Changes to email and/or mailing addresses can be submitted through MY LICENSE. (12 AAC 02.900)

### **CERTIFIED TRUE COPIES:**

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### **SOCIAL SECURITY NUMBERS:**

A U.S. Social Security Number must be on file with the division before a professional certificate is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov*, and include required supporting documents as noted on the form. (AS 08.01.060)

### **PUBLIC INFORMATION:**

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

### **ABANDONED APPLICATIONS:**

An application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known email or mailing address of the applicant, who then has 30 days to submit a written request for a refund of biennial certificate and other fees paid, if applicable. The application fee will not be refunded. If no request for a refund is received within that timeframe, no refund will be issued, and all fees will be forfeited. (12 AAC 02.910)

### **STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of certification from other licensing jurisdictions. (12 AAC 02.915)

### **BUSINESS LICENSES:**

The status of a professional certificate will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. A professional certificate does not bypass the need for a business license; if a business license is required, it must be obtained after an initial professional certificate is issued. For more information about business licenses, visit *BusinessLicense.Alaska.Gov*.

### **PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

### **STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*. Centralized statutes and regulations also apply to all professional licenses; those are also available on the division's website. To receive notifications of proposed regulation changes, send a request with your name, email, and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*. Courtesy notifications of proposed program regulations changes will also be sent to the email address on record.



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## Certificate to Administer Local Anesthetic Agents by Experience Application

### PART I Payment of Fees

**Required Fees:**

☐ Application and One-Time Certification Fee (\$100 is Non-Refundable)

**\$200.00**

### PART II Personal Information

**Full Legal Name:**

**AK Dental Hygiene  
License Number:**

**Provide all other names used (maiden, nicknames, aliases).** If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).

☐ Not Applicable

☐ Other Names Used: \_\_\_\_\_

**Mailing Address:**

P.O. Box or Street

City

State

Zip

**Contact Phone:**

**Date of Birth:**

**EMAIL AGREEMENT:** Providing an email address authorizes the division to send you a web authorization code to register with the MY LICENSE self-service portal. If you do not receive a code or the code you received has expired, contact the division. Once registered you may opt-in to receive all official correspondence electronically. Your account can be accessed at any time.

**Email Address:**

**SOCIAL SECURITY NUMBER:** AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.

### PART III Local Anesthetic Agents Training Information

**Name of School:**

**Location:**

(City, State)

**Dates Attended:**

**Degree:**

**PART IV Professional History****Number of Years Devoted to the Clinical Practice of Dental Hygiene:**

List all other states where you are licensed or certified to administer local anesthetic agents.

| State or Jurisdiction | License Number | Issue Date |
|-----------------------|----------------|------------|
|                       |                |            |
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**PART V Alaska Law**☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.32 and 12 AAC 28).



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## Notary Signature Page

|                                                |  |                          |                               |
|------------------------------------------------|--|--------------------------|-------------------------------|
| <b>Applicant Name:</b>                         |  |                          |                               |
| <b>Alaska Certification Number (if known):</b> |  | <input type="checkbox"/> | <i>Application in Process</i> |

### PART VI Notarized Signature

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I hereby give permission to the Board of Dental Examiners to secure additional information concerning me or any statement in this application from any person or any source the board may desire. I further agree to submit to questioning by the board or any member thereof, and to substantiate any statements if desired by the board.

I have read the Alaska Dental & Dental Hygiene Practice Act. I solemnly declare upon my honor that, if granted a certificate in Alaska, I will respectfully comply with any law governing the practice of dentists and dental hygienists in this state and will do my best to uphold and maintain the ethics of the profession.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

|                         |                                    |  |                                                       |  |
|-------------------------|------------------------------------|--|-------------------------------------------------------|--|
| <div>Notary Stamp</div> | <b>Applicant Printed Name:</b>     |  |                                                       |  |
|                         | <b>Applicant Signature:</b>        |  |                                                       |  |
|                         | <b>Notary Public for State of:</b> |  | <b>Subscribed and Sworn to Before me on this Day:</b> |  |
|                         | <b>Notary Signature:</b>           |  | <b>My Commission Expires:</b>                         |  |



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## Course Verification

I am applying for a certificate to allow me to administer local anesthetic agents in the State of Alaska. The Board of Dental Examiners requires this form be completed by the institution where I received my training in administering local anesthetic agents. I hereby release all academic records necessary to complete the following form for the Board of Dental Examiners.

|                   |  |                  |  |
|-------------------|--|------------------|--|
| Name on Diploma:  |  | Graduation Date: |  |
| Other Names Used: |  |                  |  |
| Signature:        |  | Date Signed:     |  |



**Institution:**

Complete this form and attach a course description and/or course outline of the local anesthetic agents curriculum and return it directly to the address or email address noted above.

|                      |        |      |       |     |
|----------------------|--------|------|-------|-----|
| Institution Name:    |        |      |       |     |
| Institution Address: | Street | City | State | Zip |
| Course Title:        |        |      |       |     |

Check the appropriate boxes below that describe the content of the course attended by the applicant.

|                                                                                                                                                                                                                                                                                                       |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. At least 16 clock hours of didactic instruction?                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. At least eight clock hours of laboratory instruction during which time three injections each of the anterior palatine, incisive palatine, anterior and middle superior alveolar, posterior superior alveolar, inferior alveolar, mental, long buccal and infiltration injections are administered? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Clinical experience sufficient to establish the hygienist's ability to adequately anesthetize the entire dentition and supporting structures in a clinical setting, requiring no fewer than six clock hours, under the direct supervision of course faculty?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Instruction in medical history evaluation procedures?                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Instruction in anatomy of the head, neck, and oral cavity as it relates to administering local anesthetic agents?                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Instruction in pharmacology of local anesthetic agents, vasoconstrictors and preservatives, including physiologic actions, types of anesthetics, and maximum dose per weight?                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Instruction in systemic conditions which influence selection and administration of anesthetic agents?                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. Instruction in signs and symptoms of reactions to local anesthetic agents, including monitoring of vital signs?                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                     |
| 9. Instruction in management of reactions to, or complications associated with, the administration of local anesthetic agents to include a currently valid cardiopulmonary resuscitation certification card from either the American Heart Association or the American Red Cross; or a provision for instruction and certification in cardiopulmonary resuscitation from an instructor certified in cardiopulmonary resuscitation by the American Heart Association or the American Red Cross as part of the course curriculum? | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                     |
| 10. Instruction in selection and preparation of the armamentaria for administering various local anesthetic agents?                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                     |
| 11. Instruction in methods of administering local anesthetic agents with emphasis on:<br><br>technique?<br><br>aspiration?<br><br>slow injection?<br><br>minimum effective dosage?                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Instruction by a faculty member of the college or university presenting the course?                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                     |
| 13. The course included procedures for determining whether the hygienist has acquired the necessary knowledge and proficiency to administer local anesthetic agents?                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                     |

## Signature

☐ I have attached a copy of the course description and/or course outline with this form.

I hereby certify the above information is true and correct to the best of my knowledge, and that she/he has acquired the necessary knowledge and proficiency to administer local anesthetic agents.

|                                                                                                                  |                    |  |
|------------------------------------------------------------------------------------------------------------------|--------------------|--|
| <div style="border: 1px dashed black; padding: 10px; text-align: center;"> University or College<br/>Seal </div> | Dean Printed Name: |  |
|                                                                                                                  | Dean Signature:    |  |



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## Verification of Employment

→ **Applicant:**

Complete this top part and then forward it to the supervising dentist who can verify you have been actively, as part of routine dental hygiene procedure, administering local anesthetic agents at least an average of once per week during the two years immediately preceding the date of this application. Use multiple copies of this form if you need multiple supervising dentists to verify a full two years of experience.

Full Legal Name:

→ **Supervising Dentist:**

Complete this bottom part verifying the above-named applicant has been actively, as part of routine dental hygiene procedure, administering local anesthetic agents at least an average of once per week during the past two years. Return this form directly to the Board of Dental Examiners at the letterhead address or email above.

|                 |        |                 |           |
|-----------------|--------|-----------------|-----------|
| Applicant Name: |        | State:          |           |
| Dentist Name:   |        | License Number: |           |
| Address:        | Street | City            | State Zip |
| Begin Date:     |        | End Date:       |           |

### Signature

I hereby certify the aforementioned applicant administered local anesthetic agents in the state listed above, and that (s)he has been administering local anesthetic agents for me as part of routine dental hygiene procedures at least an average of once per week during the above-listed time frame.

Supervising Dentist  
Signature:

Date Signed:



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## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

|                                                                                 |                           |                                 |        |
|---------------------------------------------------------------------------------|---------------------------|---------------------------------|--------|
| Name of Applicant or Licensee:                                                  |                           |                                 |        |
| Profession Type (e.g., Acupuncture):                                            |                           | License Number (if applicable): |        |
| I wish to make payment by credit card for the following (check all that apply): |                           |                                 | AMOUNT |
| <input type="checkbox"/>                                                        | Application Fee:          |                                 |        |
| <input type="checkbox"/>                                                        | License or Renewal Fee:   |                                 |        |
| <input type="checkbox"/>                                                        | Other (fine, exam, etc.): |                                 |        |
| 1.                                                                              |                           |                                 |        |
| 2.                                                                              |                           |                                 |        |
| TOTAL:                                                                          |                           |                                 |        |

|                                  |  |                   |  |
|----------------------------------|--|-------------------|--|
| Name (as shown on credit card):  |  |                   |  |
| Mailing Address:                 |  |                   |  |
| Phone Number:                    |  | Email (Optional): |  |
| Signature of Credit Card Holder: |  |                   |  |

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

|                        |  |                                                                                                       |
|------------------------|--|-------------------------------------------------------------------------------------------------------|
| 1. Credit Card Number: |  | All 3 fields MUST be completed.<br><br>This section will be destroyed after the payment is processed. |
| 2. Expiration Date:    |  |                                                                                                       |
| 3. Security Code:      |  |                                                                                                       |