

**PENNSYLVANIA STATE BOARD OF DENTISTRY  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649**

**APPLICATION FOR DENTAL HYGIENE LOCAL ANESTHESIA PERMIT**

**Instructions and Application Form**

**Introduction:**

Please read the following instructions in their entirety. These instructions will assist in the application process for a dental hygiene permit to administer local anesthesia in Pennsylvania. The checklist format will assist you in requesting and submitting the appropriate documentation necessary to meet the licensure requirements.

There are two methods by which to apply for your dental hygiene local anesthesia permit:

**Permit by Education**

**Option A**

Applicants holding a current Pennsylvania license to practice dental hygiene that, within five (5) years immediately preceding the filing of the application, successfully **completed a dental hygiene program** accredited by the American Dental Association's Commission on Dental Accreditation (CODA) that included successful completion of a didactic and clinical course in the administration of local anesthesia.

**Option B**

Applicants holding a current Pennsylvania license to practice dental hygiene that, within five (5) years immediately preceding the filing of the application, successfully **completed a course consisting of a minimum of 30 hours** of didactic and clinical instruction in the administration of local anesthesia sponsored by a dental or dental hygiene program accredited by the American Dental Association's Commission on Dental Accreditation (CODA).

OR

**Permit by License/Permit in another State, Territory or Province**

Applicants who possess a current license or permit to administer local anesthesia issued by the proper licensing authority of another state, territory, or district of the United States, or by the proper licensing authority of a province or territory of Canada, where the dental hygienist is authorized under the laws of that jurisdiction to administer local anesthesia, provided that the following **ADDITIONAL** conditions are met:

- a. The jurisdiction where the dental hygienist is so licensed or permitted requires completion of a course in the administration of local anesthesia, accredited by CODA or by the commission on Dental Accreditation of Canada (CDAC), prior to obtaining certification, endorsement, or other such authority.
- b. The dental hygienist signs a certification statement on the application for local anesthesia permit verifying that the dental hygienist actively engaged in the administration of local anesthesia under a current license or permit within the 5 years immediately preceding the filing of the application for local anesthesia permit.
- c. The dental hygienist signs a certification statement on the application for local anesthesia permit verifying that, at all times prior to filing the application for local anesthesia permit, the dental hygienist administered local anesthesia in accordance with all the applicable laws and regulations of the jurisdiction where the dental hygienist is so licensed or permitted.
- d. The jurisdiction where the dental hygienist is so licensed or permitted verifies that there has been no disciplinary action taken against the dental hygienist relating to the administration of local anesthesia.

# Instructions

The following documents are required for a dental hygiene local anesthesia permit:

A.  **Application Forms – Pages 1 & 2**

**Page 1 – Application Fee**

Submit a check or money order in the amount of \$20.00, made payable to “**Commonwealth of Pennsylvania**”. (Do not send cash.) All application fees are non-refundable. Check or money order must be drawn on a U.S. bank.

**Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

**Page 1 – Applicant Information**

**Verification of Name:**

If any document required for licensure is in a name other than the name under which you applied, a photocopy of the appropriate name change document must be attached. The only documentation accepted by the Board is a marriage certificate, divorce decree that reflects the retake of a maiden name or court issued legal name change document.

**Social Security Number:**

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. §4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

**Page 1 – Current or Previous Licensure History**

List each state, territory or country where you have ever held a permit, certificate or license to administer local anesthesia under your dental hygiene license, whether the license(s) is active or inactive, current or expired.

**Page 2 – Practice Activity**

Please respond “yes” or “no” to each question as to whether or not you have engaged in the administration of local anesthesia in the Commonwealth of Pennsylvania or another state or territory. If you have engaged in the administration of local anesthesia in another state or territory, please list each.

**Page 2 – Personal History Information**

If you respond “YES” to any of the personal history questions, you must submit the following:

- A written letter of explanation must be submitted to the Board outlining the details of the “Yes” response(s).
- Certified copies of the record relating to the action taken. It is your responsibility to request and submit certified copies of court documents to submit directly to the Board office. If you have been disciplined by another state licensing board, certified copies of the disciplinary record must be submitted directly to the Board office in a sealed official state board envelope.

**Page 2 - Certification Statement**

Please read the certification statement in its entirety, sign and date.

**B.  Certification of Graduation – Page 3 (Application by Education only)**

If you are applying by the Education method, the dental hygiene school must complete the Certification of Education form (page 3 of the application) and return the completed form directly to the Board office in a sealed official school envelope. **Note: The form cannot be completed, signed or postmarked prior to graduation.**

**C.  Certification Statement – Page 4 (Application by License/Permit in Another Jurisdiction)**

If you are applying by the Other State License/Permit method, you must complete and sign page 4 of the application certifying to being actively engaged in the administration of local anesthesia in another state within 5 years immediately preceding the filing of this application and that as a duly licensed hygienist in that jurisdiction(s), you have administered local anesthesia in accordance with all applicable laws and regulations of that jurisdiction.

**D.  Certification of Permit or License – Page 5 (Application by License/Permit in Another Jurisdiction)**

If you are applying by the Other State License/Permit method, the proper licensing authority of that state/territory must complete the Certification of License or Permit form (page 5 of the application), and return the completed form directly to the Board office in a sealed official envelope of the state licensing board.

**E.  Verification of Licensure**

You must request a letter of good standing from each state or territory where you hold or have ever held a **license/permit to administer local anesthesia**. The letter(s) of good standing must contain the proper signature, date and seal of the licensing authority and must be sent **directly** to the Pennsylvania State Board of Dentistry in a sealed official envelope of the state licensing board. **Note:** If you have been disciplined by a state licensing board, the letter of good standing must include certified copies of the disciplinary record.

**F.  CPR Certification**

Attach a photocopy of your current CPR certification card (front and back). The card must show current certification in Infant, Child and Adult CPR through an approved provider in accordance with the Board's Regulations. Note: Online CPR certification courses are not accepted. The photocopy should be submitted on an 8 ½ x 11 sheet of paper.

**G.  Board Office**

Mail your fee, pages 1-2 of the application, current CPR certification, and signed statement(s) (if applicable) and copy of your name change document (if applicable) directly to the Board office:

**Mailing Address**

State Board of Dentistry  
P.O. Box 2649  
Harrisburg, PA 17105-2649

**Street Address (Courier Delivery)**

State Board of Dentistry  
One Penn Center  
2601 North Third Street  
Harrisburg, PA 17110

All other documentation must be submitted directly from the certifying state board, educational institution and/or organization.

**IMPORTANT INFORMATION**

- You may not administer local anesthesia in the Commonwealth of Pennsylvania until the Pennsylvania State Board of Dentistry has issued your permit.
- It is your responsibility to maintain a copy of this application for future reference.
- The Board's application forms must be submitted in their original format and **may not be altered**. Altered forms will be rejected and cause further delay in the processing of your application.
- The Board office **does not** verify receipt of mail. Processing time varies depending upon the workload. Average processing time upon receipt of all required documentation is approximately 10-15 business days. However, during busy periods (i.e. renewal, graduation, etc.) and for applications that require Board review, processing times may exceed the 10-15 business days.
- Once your application has been processed, you may check on the status of your application and/or issuance of your permit through the Board's website at [www.mylicense.state.pa.us](http://www.mylicense.state.pa.us).
- Should the application not be completed within six months, updated documentation may be required. Additionally, if the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application-processing fee.
- All licenses, certificates and/or permits, regardless of the date of issuance, expire on March 31<sup>st</sup> of the odd-numbered years.
- The Dental Law and Regulations requires that you maintain current infant, child and adult CPR certification.
- The Board's Regulations require dental hygienists to complete 20 credit hours each biennial period. A licensed dental hygienist who holds an active permit for the administration of local anesthesia is required to complete three (3) of the required 20 hours in courses related to the administration of local anesthesia. Specific regulations relative to continuing education are available at [www.dos.state.pa.us/dent](http://www.dos.state.pa.us/dent). The course utilized for issuance of this permit may not be applied towards fulfillment of this requirement.

**PENNSYLVANIA STATE BOARD OF DENTISTRY  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649**

Telephone: 717-783-7162  
Facsimile: 717-787-7769

Website: [www.dos.state.pa.us/dent](http://www.dos.state.pa.us/dent)  
Email: [st-dentistry@pa.gov](mailto:st-dentistry@pa.gov)

**APPLICATION FOR DENTAL HYGIENE LOCAL ANESTHESIA PERMIT**

**METHOD OF APPLICATION**

**Application fee: \$20.00**

Please check method of application: Education A  or B  Other State License/Permit

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET  
CITY STATE ZIP CODE

\*Check here if the name and/or address on this application has changed since your dental hygiene license was issued or renewed, whichever is later. If the address you provide on this application is different than the address the Board has on file for your Dental Hygiene license, then your change of address will be reflected on your Dental Hygiene record, as well as, with this application.

U.S. Social Security Number: - - \*ETIN or SIN cannot be accepted.

Date of Birth: - - Telephone Number: ( ) -

Email Address:

Pennsylvania Dental Hygiene License Number:	DH								
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Name of Dental Hygiene School: \_\_\_\_\_

Date of graduation from Dental Hygiene program:

If any document required for licensure is in a name other than above, please indicate the name(s). A copy of the appropriate name change document must be attached. \_\_\_\_\_

**CURRENT OR PREVIOUS LICENSURE HISTORY**

	<b>Yes</b>	<b>No</b>
Have you ever possessed a license or permit to administer <b>local</b> anesthesia (active or inactive, current or expired) in another state, territory or country?	<input type="checkbox"/>	<input type="checkbox"/>

If "yes", please list below. You will need to request a letter of good standing from each state licensing board.

State, Territory and/or Country	Active or Inactive

<b>PRACTICE ACTIVITY</b>		
	Yes	No
Have you engaged in the <b>administration of local anesthesia</b> in the Commonwealth of Pennsylvania?	<input type="checkbox"/>	<input type="checkbox"/>
Have you engaged in the <b>administration of local anesthesia</b> in another state or territory?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please list each state: _____		

<b>PERSONAL HISTORY INFORMATION</b>		
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Please <b>check Yes or No</b> to each of the following questions:	YES	NO
1) Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you been convicted (found guilty or pleaded guilty or entered a plea of nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	<input type="checkbox"/>	<input type="checkbox"/>
7) If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?	<input type="checkbox"/>	<input type="checkbox"/>

<b>VERIFICATION STATEMENT</b>
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By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S.§4911.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S.§4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**CERTIFICATION STATEMENT**

**\*\* TO BE COMPLETED ONLY BY APPLICANTS APPLYING FOR PERMIT BASED ON LICENSE/PERMIT HELD IN ANOTHER JURISDICTION\*\***

**I hereby certify that, I have actively engaged in the administration of local anesthesia under a current license or permit in another state within the 5 years immediately preceding the filing of this application for a local anesthesia in the following state(s):**

\_\_\_\_\_  
**(List each state if more than one applies)**

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S.§4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information, and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S.§4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license, permit or certificate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION STATEMENT**

**\*\* TO BE COMPLETED ONLY BY APPLICANTS APPLYING FOR PERMIT BASED ON LICENSE/PERMIT HELD IN ANOTHER JURISDICTION\*\***

**I hereby certify that, at all times prior to filing the application for local anesthesia permit, I have, as a duly licensed dental hygienist, administered local anesthesia in accordance with all applicable laws and regulations of the jurisdiction where I hold a license or permit to administer local anesthesia.**

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S.§4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information, and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S.§4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license, permit or certificate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

