

SECTION II: VERIFICATION OF EDUCATION

INSTRUCTIONS TO INSTITUTION OFFICIAL: Please complete either Part A or B and return this form directly to the Office of the Professions at the address at the end of the form. It will **not** be accepted if it is incomplete or if it is returned by the applicant.

Applicant name _____
(From Section I, Item 6)

Part A Part of an educational program provided by a New York State dental or dental hygiene school – To be completed by New York schools that have programs that are registered by the New York State Education Department and includes 30 hours of didactic and 15 hours of clinical training. The applicant named above completed our registered dental hygiene program or dental hygiene anesthesia certification program and received the following credential.

_____ on ____ / ____ / ____
(Title of credential) mo. day yr.

Part B Equivalent Programs – To be completed by institutions that have programs leading to licensure in dentistry and/or dental hygiene that are accredited by an acceptable accrediting body.

The applicant named above completed our equivalent dental hygiene anesthesia certification program and received the following credential.

_____ on ____ / ____ / ____
(Title of credential) mo. day yr.

1. Name of accrediting organization: _____

2. The didactic portion of the program was _____ clock hours and included the areas checked below:

- Met all didactic requirements listed below.
- Relevant New York State Education Law and Commissioner's Regulations.
- Medical history and evaluation procedures.
- Review of pediatric and adult respiratory and circulatory physiology and related anatomy.
- Stages of drug-induced central nervous system depression through levels of anxiolysis, conscious sedation, deep sedation and general anesthesia.
- Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
- Pharmacology of agents used in inhalation sedation, local anesthesia, and vasoconstrictors, including drug interactions and incompatibilities.
- Indications and contraindications for use of inhalation sedation and local anesthesia.
- Recommended dosages of local anesthesia and nitrous oxide analgesia.
- Patient monitoring using observation, with particular attention to vital signs and reflexes related to consciousness.
- Selection and preparation of the armamentaria and record keeping administering various local anesthetic agents and nitrous oxide analgesia.
- Recognition and management of complications and management of reactions to local anesthetic agents and nitrous oxide analgesia.
- Proper infection control techniques with regard to local anesthetic and nitrous oxide analgesia and proper disposal of sharps.
- Description and use of inhalation sedation equipment.
- Introduction to potential health hazards of trace anesthetics and proposed techniques for limiting occupational exposure such as appropriate scavenging systems.
- Abuse potential and hallucinatory effects of nitrous oxide analgesia.
- Post-operative care of the patient and instruction to the patient.
- A course in basic life support (BLS), or its equivalent as determined by the department.

3. The clinical portion of the program was _____ clock hours and included the areas checked below:

- Met all clinical requirements listed below.
- Selection and preparation of the armamentaria for administering various local anesthetic agents and nitrous oxide analgesia including demonstrations regarding scavenging systems.
- Demonstration of proper infection control techniques with regard to local anesthetics agents and nitrous oxide analgesia and proper disposal of sharps.
- Demonstration of proper evaluation of the patient's health status, taking the patient's vital signs and monitoring the patient's physical status while under the effects of local anesthesia and/or nitrous oxide analgesia.
- Administration of local anesthetic in conjunction with inhalation sedation techniques.
- A clinical experience demonstrating the successful use of local infiltration anesthesia in at least 15 instances involving the treatment of a patient and that no individual patient was treated more than three times; and a clinical experience, demonstrating the successful use of nitrous oxide analgesia in at least 15 instances involving the treatment of a patient, of which at least five instances were induced by the applicant and the remaining instances were observed by the applicant and no individual patient was treated more than two times.

ATTESTATION

I hereby attest that to the best of my knowledge and belief the foregoing is a true statement of the educational record of the individual named above.

Signature: _____ Date: ____ mo. / ____ day / ____ yr.

Print or type name: _____

Title or official position: _____

Institution: _____

(INSTITUTION SEAL)

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

RETURN DIRECTLY TO: 

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Dental Hygiene Unit, 89 Washington Avenue, Albany, New York, 12234-1000.