

**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 is for applicants who hold a current Pennsylvania license to practice dental hygiene that within five (5) years immediately preceding the filing of the application have 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.

OR

Permit by Education is for applicants who hold a current Pennsylvania license to practice dental hygiene that within five (5) years immediately preceding the filing of the application have 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 education program accredited by the American Dental Association's Commission on Dental Accreditation (CODA).

Permit by License/Permit in another State, Territory or Province is for 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:

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be accepted. A license will not be issued without a valid U.S. Social Security Number.

Federal and state laws require you to disclose your Social Security Number on your application. It is mandatory in order for the Board 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). Section 301.1(a) (2) of Act 124 of 1996 amends the Domestic Relations Code. All government agencies are mandated under the Act to require the social security number of an individual on any application for a professional or occupational license. The Act also requires government agencies, including the Bureau of Professional and Occupational Affairs, to provide a licensee's name, address, and social security number to the Department of Public Welfare. The amendments were authorized under the Federal Welfare Reform Act known as the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

Additionally, disclosing the number is mandatory in order for the Board to comply with the reporting requirements of the federal Healthcare Integrity and Protection Data Bank. All reports to the HIPDB must include the licensee's social security number. A social security number is mandated under Section 1128E of the Social Security Act.

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

List in chronological order your dental hygiene and local anesthesia practice activities since graduation from dental hygiene school. All time periods should be documented. If you did not practice during a specific time period, the timeframe should be documented as “no dental hygiene practice”. Employment information must include employer, city and state, dates (month/year) of practice, and practice activity.

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 response.
- 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 of Permit or License – Page 4 (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 4 of the application), and return the completed form directly to the Board office in a sealed official envelope of the state licensing board.

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

If you are applying by the Other State License/Permit method, you must complete and sign page 5 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.

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 7-10 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.
- 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 31st 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. The course utilized for issuance of this permit may not be applied towards fulfillment of this requirement.
- You are required to notify the Board within 10 days of an address change. A change of address may be submitted in writing by mail or by fax or online at www.mylicense.state.pa.us by using your Registration Code once your license has been issued.

PRACTICE ACTIVITY

List in chronological order your practice activities for the **administration of local anesthesia** since obtaining your permit/license for dental hygiene local anesthesia in another state. All time periods should be documented. **If you did not practice during a specific time period, the timeframe should be documented as “no dental hygiene local anesthesia practice”.** If additional space is needed, please attach on a separate 8½ x 11 sheet of paper.

Employer Information (Name, City & State)	Dates		Description of practice activity
	From (Month/Yr)	To (Month/Yr)	

PERSONAL HISTORY INFORMATION

Please check Yes or No to each of the following questions:	YES	NO
1) Has any action involving your licensed profession for the administration of local anesthesia, disciplinary or otherwise, been taken against you or your license in another state, territory or country?	<input type="checkbox"/>	<input type="checkbox"/>
2) Have you withdrawn an application for a license or permit to administer local anesthesia, had an application for a license or permit to administer local anesthesia denied or refused or agreed not to apply for a license or permit to administer local anesthesia in another state, territory or country?	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you been convicted, found guilty or pleaded guilty or nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose ARD or other criminal matter(s) that have been expunged by order of a court.	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you experienced difficulties as a result of alcohol or other drugs such as diagnosis of/treatment for dependency or abuse or arrests for chemical-use-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION STATEMENT

I hereby certify that I have read the Pennsylvania Dental Law, Act 216 and Regulations, Pennsylvania Code, Title 49. Professional and Vocational Standards and I will abide by the Board’s Laws and Regulations while practicing in the Commonwealth of Pennsylvania.

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, 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: _____