

**LOCAL ANESTHESIA CERTIFICATION APPLICATION**

\_\_\_\_\_  
Name (*Please Print*)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Licensed Dental Assistants:** Before administering local anesthesia [limited to supra-periosteal/ field block injections as prescribed by the dentist] a licensed dental assistant must successfully complete a Board-approved course on local anesthesia, successfully pass the CDCA-WREB-CITA local anesthesia examination and become certified by the Minnesota Board of Dentistry in local anesthesia administration. Licensee must follow all provisions for anesthesia and sedation procedures under Minnesota Rule 3100.8500.

**For Licensed Dental Hygienists:** Completion of this application is not required. Minnesota licensed dental hygienists are allowed to administer local anesthesia per their scope of practice as outlined in Minnesota Rule 3100.8700.

**SECTION 1**

Please complete the information requested below relating to the completed board-approved course on local anesthesia.

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Address of Institution

\_\_\_\_\_  
Date Course Completed

\_\_\_\_\_  
City, State, Zip code

( ) \_\_\_\_\_  
Phone Number of Institution

**SECTION 2**

Please complete the information requested below relating to the completed board-approved CDCA local anesthetic examination.

\_\_\_\_\_  
Date Passed  
XX/XX/XXXX

### SECTION 3

In addition to completing Section 1 and Section 2, you **MUST** submit the following supporting documents with this form:

- 1) Official record from the institution listed in Section 1 of this form, verifying your completion of a course in local anesthesia.
- 2) A copy of your passing CDCA local anesthetic examination score report.

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