

**NITROUS OXIDE INHALATION ANALGESIA APPLICATION FORM**

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

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

Pursuant to [Minnesota Rule 3100.3600, subpart 4](#), a licensed dental professional may administer nitrous oxide inhalation analgesia **only after** satisfactorily completing a course on the administration of nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must include: a minimum of **12 hours of didactic/clinical instruction; personally administering and managing at least three individual, supervised cases of analgesia;** and supervised clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration. **You are not permitted to administer nitrous oxide until the certification has been issued by the Board and can be verified on the Board's website.**

**Application Exceptions**

**Dentists licensed by the Board do not need to apply for nitrous certification. If you are a dentist and your certification has not been issued, please email [dental.board@state.mn.us](mailto:dental.board@state.mn.us).** A dental hygienist or dental assistant who graduated from an accredited Minnesota program after **September 2, 2004**, or a dental therapist who graduated from a Board-approved dental therapy program after **August 1, 2013 does not need to complete this form.** By completing the above-mentioned program, they are automatically certified.

**SECTION 1**

Please complete the information below and **attach a photocopy of your current CPR card.**

American Heart Association Healthcare Provider (BLS for Providers)

American Red Cross Professional Rescuer (BLS for Healthcare Providers)

Date course taken: \_\_\_\_\_ Date course expires: \_\_\_\_\_

**SECTION 2**

Complete the information below regarding your nitrous training at a CODA-accredited program. The program where your nitrous training was completed can email your proof of training directly to [dental.board@state.mn.us](mailto:dental.board@state.mn.us). An original copy of the documentation can also be mailed to the Board's office.

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

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

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

\_\_\_\_\_  
City, State, Zip Code

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