



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 Accreditation. A dentist must complete the course through a dental school or post dental graduate education course 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. Additionally, you **must** complete this form and return it to the Board office with the supporting documentation listed in Section 1 and 2. You are **not** permitted to administer nitrous oxide until the application has been processed by the Board and can be confirmed on the Board’s website.

**DDS/DH/LDA Exception –**

A dentist, who is a graduate of the University of Minnesota dental program *after May 2008* or a dental hygienist or licensed dental assistant who graduated from a Minnesota accredited program *after September 2, 2004*, **does not need to complete this form**. By completing the above-mentioned program, they are automatically certified.

**The licensed dental assistant is allowed to administer and monitor nitrous oxide inhalation analgesia only after a maximum dosage has been prescribed by a dentist for a specific patient.**

SECTION 1

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

Course: 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

Please complete the information requested below relating to the course you completed on the administration of nitrous oxide inhalation analgesia from an institution accredited by the Commission on Accreditation and **attach original official documentation from your school specifying the # of didactic/clinical hours of instruction and # of patient experiences**.

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

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

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

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

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