

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
PLA Executive Director

DENTAL HYGIENE LOCAL ANESTHETIC PERMIT INFORMATION AND INSTRUCTION SHEET

Before completing and submitting your application to our office, please read all materials and information included.

APPLICATION AND INFORMATION TO DOWNLOAD

Applicants must download the following documents and information from the website at www.pla.in.gov:

1. Application for Dental Hygiene Local Anesthetic Permit
2. Verification of Licensure Form
3. Information and Instruction Sheet
4. Statutes and Administrative Rules which pertain to the practice of dentistry and dental hygiene

IPLA ADDRESS/PHONE NUMBER/FAX/EMAIL/WEBSITE

Indiana Professional Licensing Agency (IPLA)
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Staff Phone: (317) 234-2054
FAX #: (317) 233-4236
Staff Email: pla8@pla.in.gov
Website: www.pla.in.gov

DENTAL HYGIENE LOCAL ANESTHETIC PERMIT REQUIRED

Ind. Code 25-13-1-10.6 requires that a licensed dental hygienist may administer dental anesthetics under the direct supervision of a licensed dentist if the dental hygienist has:

- (1) Completed board approved educational requirements, including cardiopulmonary resuscitation and emergency care training; and
- (2) Received a board issued dental hygiene anesthetic permit.

Local dental anesthetics do not include nitrous oxide or similar analgesics.

DENTAL HYGIENE LOCAL ANESTHESIA PROGRAM REQUIREMENTS

An applicant for a dental hygiene anesthetic permit shall complete a course in local anesthesia administration in an educational program accredited by the Commission on Dental Accreditation of the American Dental Association that includes, at a minimum, fifteen (15) hours of didactic instruction and fourteen (14) hours of laboratory work covering the following subject areas:

- (1) Theory of pain control.
- (2) Selection of pain control modalities.
- (3) Anatomy.
- (4) Neurophysiology.
- (5) Pharmacology of local anesthesia.
- (6) Pharmacology of vasoconstrictors.
- (7) Psychological aspects of pain control.
- (8) Systemic complications.
- (9) Techniques of maxillary and mandibular anesthesia.
- (10) Infection control.

- (11) Local anesthesia medical emergencies.
- (12) A demonstration of clinical competency.

As part of the educational requirement, the dental hygienist will be required to take and pass the North East Regional Board (NERB) local anesthesia examination or a substantially equivalent regional or state examination prior to completion of the program.

DENTAL HYGIENIST WHO ATTENDED AN OUT-OF-STATE PROGRAM

A dental hygienist who attended an out-of-state education program or curriculum to administer local dental anesthetics accredited by the Commission on Dental Accreditation of the American Dental Association or approved by the board must:

- (1) Provide a course description documenting course work, completed by the applicant, from the program; and
- (2) Have completed requirements that are equal to or greater than the educational requirements as specified in 828 IAC 3-2-1 and 828 IAC 3-2-2

TRANSCRIPTS, CERTIFICATES, EXAMINATION SCORE REPORTS & STATE VERIFICATIONS MUST BE SENT DIRECTLY FROM EACH ENTITY

The Board will not accept any transcripts, certificates, examination score reports or state verifications directly from the applicant. All transcripts, certificates, examination score reports and state verifications must be sent directly from those entities.

THE FAIR INFORMATION PRACTICE ACT

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Your social security number is being requested by this state agency in accordance with Ind. Code 4-1-8-1 and 25-1-5-11. Disclosure is mandatory, and this record cannot be processed without it.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

ABANDONED APPLICATIONS

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

ISSUANCE OF PERMIT

Upon issuance of your dental hygiene anesthetic permit by the Board, you will be sent an email notifying you that your permit has been issued. There will be instructions on how to purchase a blue license card to be mailed to you or how to download a free permit card for immediate printing.

828 IAC 3-2-4 requires that a dental hygiene local anesthetic permit to be conspicuously displayed in the facility where the dental hygienist is practicing. Therefore, you must either download the free permit card or purchase a blue permit card to post. IPLA staff cannot print license cards to be mailed or for walk-ins to our office.

This service will be available on our website at www.in.gov/pla/license.htm.

DENTAL HYGIENE LOCAL ANESTHETIC PERMIT EXPIRATION

All dental hygiene local anesthesia permits will expire on March 1st of even numbered years.

Information regarding the renewal of your dental hygiene license and permit will be emailed to you approximately sixty (60) days prior to the expiration date. Please make sure that you inform the Board of any changes to your email or if you move or relocate in the future by contacting our office by calling (317) 234-2054 or by email at pla8@pla.in.gov.

DENTAL HYGIENE LOCAL ANESTHETIC PERMIT INSTRUCTIONS

All applicants must submit an application and supporting documentation to:

Indiana Professional Licensing Agency
ATTN: State Board of Dentistry
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

APPLICATION

Complete, typewritten (or legibly printed) application.

AFFIDAVIT

If you answer "yes" to any of the seven (7) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however, they may accompany your affidavit.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.

FEE INFORMATION

Applicants must submit a twenty-five dollar (\$25.00) application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **All fees are non-refundable or non-transferable.**

OFFICIAL DIPLOMA OR CERTIFICATE

Applicants must submit a **notarized** copy of an official diploma or certificate showing completion of the educational requirements as required by 828 IAC 3-2-2.

OFFICIAL DOCUMENT FROM THE SCHOOL

Applicants must submit an official document, directly from the school or program, showing the date that the diploma was issued by the educational institution or certificate with the date the course was given.

An applicant for a dental hygiene anesthetic permit shall complete a course in local anesthesia administration in an educational program accredited by the Commission on Dental Accreditation of the American Dental Association (CODA) that includes, at a minimum, **fifteen (15) hours of didactic instruction** and **fourteen (14) hours of laboratory work** covering the following subject areas:

- (1) Theory of pain control.
- (2) Selection of pain control modalities.
- (3) Anatomy.
- (4) Neurophysiology.

- (5) Pharmacology of local anesthesia.
- (6) Pharmacology of vasoconstrictors.
- (7) Psychological aspects of pain control.
- (8) Systemic complications.
- (9) Techniques of maxillary and mandibular anesthesia.
- (10) Infection control.
- (11) Local anesthesia medical emergencies.
- (12) A demonstration of clinical competency.

Documentation from the school or program must state or list that the applicant has completed a course in anesthesia administration in an educational program that has been accredited by CODA that includes fifteen (15) hours of didactic instruction and fourteen (14) hours of laboratory work in the subject areas listed above.

CLINICAL EXAMINATION REQUIREMENT

Applicants must submit verification of an official report showing the score attained on the local anesthesia examination. **Please have your score report sent directly to the Board from one of the entities listed below:**

1. NORTH EAST REGIONAL BOARD OF REGIONAL DENTAL EXAMINERS (NERB)

8484 Georgia Avenue, Suite 900
Silver Spring, Maryland 20910
Telephone: (301) 563-3300
FAX: (301) 563-3307
Website: www.nerb.org

2. WESTERN REGIONAL EXAMINING BOARD EXAMINATION (WREB)

23460 N. 19th Avenue, Suite #210
Phoenix, Arizona 85027
Telephone: (602) 944-3315
FAX: (602) 371-8131
Website: www.wreb.org
Email: dentalinfo@wreb.org

REGIONAL OR STATE EXAMINATION

If you have not completed a local anesthesia examination administered by one of the entities listed above but have taken a substantially equivalent regional or state examination, please have the state or regional entity submit verification of the examination administered **directly to the Board**.

VERIFICATION OF STATE LICENSURE

Applicants must provide a "Verification of State Licensure and Registration" from where the applicant is now, or has been, licensed to practice any health profession in another state or Canadian province of licensure and registration to administer local anesthesia. The information must be sent by the state or province that issued the license and registration **directly to the Board**. The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. Other jurisdictions may charge a fee to verify licensure; you may wish to contact them prior to your request for verification.

NAME CHANGE

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.