



Hygiene Infiltration Anesthesia Permit Application – Initial Application Fee **\$50.00**

Return completed application to: Board of Dental Examiners of Alabama  
5346 Stadium Trace Pkwy. Ste 112  
Hoover, Al. 35244  
205-985-7267

Supporting Documents requested must accompany this application.

Please make sure to renew this permit annually with your hygiene license.

Printed Name of Applicant: \_\_\_\_\_

Public Mailing Address: \_\_\_\_\_  
Street (Please print) City, State Zip

\_( ) \_\_\_\_\_  
Office Phone Number

\_( ) \_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_ Email Address (Please print)

- 1.) Alabama Dental Hygiene License Number - \_\_\_\_\_
  - 2.) Have you been actively engaged in the practice of dental hygiene for the 12 months immediately preceding this application? (12 months of employment does not have to be with current employer, but current employer must be able to attest to status) YES \_\_\_\_\_ NO \_\_\_\_\_
  - 3.) Have you completed the required training as required by the Board as stated in the Alabama Dental Practice Act, Section 34-9-60.1? (Please provide a copy of your completion certificate.) YES \_\_\_\_\_ NO \_\_\_\_\_
- Please select one:

A. \_\_\_ I have completed a minimum of 32 hours training in the administration of infiltration anesthesia in a course approved by the board.

Course Name	Given by	Date taken

B. \_\_\_ I have certification of training in the administration of infiltration anesthesia by an entity or organization approved by the board.

Course Name	Given by	Date taken

**Affirmation of employment by employing dentist**

I hereby certify that the above named hygienist has met the employment requirements as stated above, in that he/she has been actively engaged in the practice of dental hygiene for the 12 months immediately preceding this application for a hygiene infiltration permit.

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Dental License Number

Signature of Dentist

**Affidavit of Applicant**

I hereby certify that I am the person who executed this application for a hygiene infiltration permit. I understand that this permit must be renewed annually and failure to do so will result in the loss of the ability to perform hygiene infiltration. All statements herein contained are true and correct.

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Signature of Applicant

State of Alabama

County of: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Notary Public

SEAL

My Commission expires: \_\_\_\_\_