

## **2019 Hygiene Infiltration Anesthesia Permit Information**

A permit issued by the Board is required for a dental hygienist to administer infiltration anesthesia injections. A dental hygienist can qualify for this permit after working one year in a clinical environment and upon completion of CE requirements. The permit will not be issued until the hygienist completes proper education.

### **Qualifications for Hygiene Infiltration Permit**

1. All applicants must have practiced as a hygienist for a minimum of 12 months immediately preceding submitting your application. (ADHP does not apply)
2. **UAB Students:** Mail application and copy of Verification of Participation letter from UAB and your check or money order for \$50.00
3. **Applicants With Out-of-State Infiltration/Anesthesia Education:**
  - a. Pass a CE course with a minimum of 32 hours of hygiene infiltration (include copy of certificate of completion of education for hygiene infiltration)
  - b. Course is CODA approved (include Screenshot from CODA website)
  - c. Course must meet or exceed UAB standards – 32 hours (include Syllabus of your course)
  - d. Course must have been taken within 5 years from application date OR
  - e. You must have performed infiltration within 5 years immediately preceding your application. Include a copy of your current permit and a signed letter from the doctor stating the dates you were employed and the date you last performed infiltration. Mail all required documents and check or money order for \$50.00.



## BOARD OF DENTAL EXAMINERS OF ALABAMA

Return completed application to: **2229 Rocky Ridge Road  
Birmingham, AL 35216  
205-985-7267**

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

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: \_\_\_\_\_