

The Commonwealth of Massachusetts
Bureau of Health Professions Licensure
Board of Registration in Dentistry
239 Causeway Street, Suite 500
Boston, MA 02114
(617) 973-0971
www.mass.gov/dph/dentalboard

Instructions for Permit L Administration of Local Anesthesia by Dental Hygienists

If you are applying for a local anesthesia permit by examination, then you must submit proof you have completed the requisite training on administering local anesthesia within the previous two years per the Board's regulations at 234 CMR 6.16; this requirement does not apply if you are applying for a local anesthesia permit by credential.

➤ Initial Application for Permit L (By Examination)

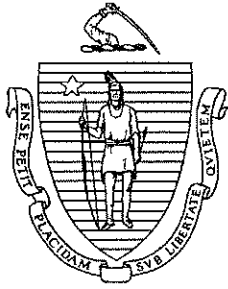
Educational and Training Qualifications:

- Proof of the successful completion of a training program or course of study in the administration of local anesthesia in accordance with 234 CMR 6.16 at a CODA-accredited dental or dental hygiene school within the previous two years; and
- Proof of the successful completion of a written examination in the administration of local anesthesia administered by the CDCA or other Board-approved examination.
- NOTE: the Board requires proof of training on the administration of local anesthesia that involved a minimum of 35 hours of instruction including no less than 12 hours of clinical training at a CODA-accredited dental or dental hygiene school.

➤ Initial Application for a Permit L (By Credential)

Educational and Training Qualifications:

- Proof of the successful completion of a training program or course of study in the administration of local anesthesia in accordance with 234 CMR 6.16 at a CODA-accredited dental or dental hygiene school;
- Proof of the successful completion of a written examination in the administration of local anesthesia administered by the CDCA or other Board-approved examination;
- Attestation from a licensed dentist who has directly supervised your administration of local anesthesia within the previous two years; and
- A letter of good standing from each state licensing board where you have held a license to practice dental hygiene and/or administer local anesthesia OR are currently licensed to practice dental hygiene and/or administer local anesthesia.
- NOTE: the Board requires proof of training on the administration of local anesthesia that involved a minimum of 35 hours of instruction including no less than 12 hours of clinical training at a CODA-accredited dental or dental hygiene school.



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BOARD USE ONLY

Receipt # _____

Fee _____

**APPLICATION FOR THE ADMINISTRATION
OF LOCAL ANESTHESIA BY A DENTAL
HYGIENIST**

1. NAME: _____ MA DH LIC #: _____
LAST FIRST MIDDLE

2. ADDRESS OF RECORD: _____
STREET CITY STATE ZIP CODE

Note: The address of record can be home or business and is public information.

3. PHONE NUMBER: DAY: _____ CELL: _____

4. EMAIL ADDRESS: _____

5. NAME OF ANESTHESIA TRAINING PROGRAM _____

DATE TRAINING COMPLETED _____ NUMBER OF COURSE HOURS _____
MM/DD/YYYY

6. QUALIFYING ANESTHESIA EXAM _____ EXAM DATE _____
MM/DD/YYYY

7. BLS CERTIFICATION: DATE ISSUED _____ EXPIRATION DATE _____
MM/DD/YYYY MM/DD/YYYY

8. **IF APPLYING BY CREDENTIALS:** PLEASE HAVE THE DENTIST WHO DIRECTLY SUPERVISED SIGN BELOW ATTESTING TO YOUR EXPERIENCE IN ADMINISTERING LOCAL ANESTHESIA WITHIN THE PREVIOUS TWO YEARS.

I HAVE DIRECTLY SUPERVISED THE APPLICANT FOR THE PREVIOUS TWO YEARS AND ATTEST THAT HE/SHE CAN SUCCESSFULLY AND SAFELY ADMINISTER LOCAL ANESTHESIA.

PRINT NAME SIGNATURE MM/DD/YYYY STATE LIC. #

Permit L Application Attachments

Attachment A: A personal check, business check or money order in the amount of \$30.00 payable to the Commonwealth of Massachusetts. This fee is nonrefundable and nontransferable. Please do not staple your payment to the application.

Attachment B: Proof of the successful completion of a training program or course of study in the administration of local anesthesia in accordance with 234 CMR 6.16 at a CODA-accredited dental or dental hygiene school;

Attachment C: Proof of the successful completion of a written examination in the administration of local anesthesia administered by the CDCA or other Board-approved examination;

Attachment D: Proof of your current certification in Basic Life Support for Healthcare Providers (please provide a copy of the front and back of your BLS certification card); and

Attachment E: If applicable, an attestation from the dentist who has directly supervised your administration of local anesthesia within the previous two years.

APPLICANT ATTESTATION FOR PERMIT L

I, _____ **HEREBY ATTEST THAT:**
Name of Applicant

- ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE;
- I HAVE READ AND UNDERSTAND THE REQUIREMENTS FOR THE ADMINISTRATION OF LOCAL ANESTHESIA PER THE BOARD'S REGULATIONS AT 234 CMR 6.16, INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:
 - I ACKNOWLEDGE I AM PERMITTED TO ADMINISTER LOCAL ANESTHESIA ONLY UNDER THE DIRECT SUPERVISION OF A LICENSED DENTIST;
 - I WILL RECORD MY ADMINISTRATION OF LOCAL ANESTHESIA IN THE PATIENT RECORD(S) AS DETAILED IN 234 CMR 6.16 (6); AND
 - ANY UNUSED PORTION OF LOCAL ANESTHETIC AND ARMAMENTARIUM SHALL BE RETURNED TO MY SUPERVISING DENTIST AND DISPOSED OF IN ACCORDANCE WITH M.G.L. c. 94C.
- I AM CURRENTLY, AND WILL CONTINUE TO BE, IN COMPLIANCE WITH ALL STATUTES, RULES, AND REGULATIONS PERTAINING TO THE PRACTICE OF DENTAL HYGIENE IN THE COMMONWEALTH OF MASSACHUSETTS AS REQUIRED BY LAW.

SIGNATURE OF APPLICANT: _____

DATE: _____

MAIL THIS APPLICATION, PAYMENT AND REQUIRED ATTACHMENTS TO:

THE MASSACHUSETTS BOARD OF REGISTRATION IN DENTISTRY

239 CAUSEWAY STREET, SUITE 500, BOSTON, MA 02114

(KEEP A COPY OF THIS APPLICATION AND ALL DOCUMENTS FOR YOUR RECORDS)