

**For Office Use Only**

**Date Received:**

**Fee:**

**Issue Date:**



**State of Maine  
Board of Dental Examiners  
161 Capitol Street  
143 State House Station  
Augusta, ME 04333**

**Tel: (207)287-3333 / Fax: (207)287-8140**

**Payment Options**

Check Money Order Master Card Visa

Credit Card # \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_

*Checks payable to:  
Maine Board of Dental Examiners*

**Dental Hygiene Application for Permit to Administer Local Anesthesia**  
**Please return application with \$50 fee which will include 5 year anesthesia permit**  
*(Please present Photo ID prior to taking the Exam)*

**\* \* \* Please sign before mailing \* \* \***

**Required fields are indicated by an asterisk (\*)**

**\*Name** \_\_\_\_\_ **Dental Hygiene License #** \_\_\_\_\_

**\*Address** \_\_\_\_\_ **Local Anesthesia Permit #** \_\_\_\_\_

**\*Address** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**\*City/State/Zip** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Please list the dentist(s) who will be supervising you when you are administering Local Anesthesia**

1. \_\_\_\_\_ **Phone #** \_\_\_\_\_

2. \_\_\_\_\_ **Phone #** \_\_\_\_\_

3. \_\_\_\_\_ **Phone #** \_\_\_\_\_

**\*Local Anesthesia Education Program** \_\_\_\_\_ **\*Year** \_\_\_\_\_

**Please submit proof of Course completion**  
**Please submit copy of CPR Certification** (YYYY)

I have read the Rules of the Board of Dental Examiners allowing limited local anesthesia privileges to dental hygienists and understand that I may administer local anesthesia only under the direct supervision of a Maine licensed dentist.

**\*Date:** \_\_\_\_\_  
*(MM/DD/YYYY)*

**\*Signed:** \_\_\_\_\_  
*(Handwritten Please)*

**\*Type or Print:** \_\_\_\_\_

**PRIVACY:**

**Notice Regarding Public Information**

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA § 401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your credit card number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the Board's website.