

**WEST VIRGINIA BOARD OF DENTISTRY
DENTAL HYGIENE
LOCAL ANESTHESIA PRIVILEGES PERMIT
APPLICATION**

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____

1. _____ Current WV License #
2. _____ Current Health Care Provider BLS/CPR **(Must attach documentation)**
3. _____ Successful completion of WV Board of Dentistry approved course in local anesthesia administration. **(Must attach course certification, documentation may be necessary unless previously approved by the Board)**
4. _____ Passage of CDCA Dental Hygiene Local Anesthesia examination or equivalent regional or state examination. This test must be taken within 12 months of course completion or it will be necessary to repeat the course. **(Must have scores sent directly to the Board office by the examination entity)**

**OUT OF STATE HYGIENISTS WITH LOCAL ANESTHESIA PRIVILEGES
WRITTEN EXAM WAIVED**

If the applicant was licensed in local anesthesia in a different state, other than West Virginia, a written exam is not required. *In lieu of a written test*, verification of the applicant's local anesthesia permit in the other state is required.

All required points of this application with fee must be satisfied before local anesthesia privileges can be granted. Local anesthesia administration by a dental hygienist must be delegated by the supervising dentist under direct supervision.

Completion of a board approved course and examination does not authorize you to practice these privileges until your application is completed and a certificate is received from the Board office.

APPLICATION FEE \$45.00

Mail application to: WV Board of Dentistry
PO Box 1447
Crab Orchard, WV 25827