



# STATE OF IOWA

## IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

JILL STUECKER  
EXECUTIVE DIRECTOR

### Iowa Local Anesthesia Permit

#### Application Form and Fee

Please find enclosed the application for Iowa dental hygiene license. When completing this application, please be advised of the following:

- The application fee is non-refundable. (\$70) Do not submit payment in cash.
- For specific license requirements, please refer to the Board's rules at Iowa Administrative Code 650—Chapter 11.
- Type or legibly print all information requested in the application. Complete all questions. If not applicable, please mark sections 'N/A'.
- Permits are issued administratively following review of a completed application and all required documentation, unless the application warrants referral to the the Dental Hygiene Committee, the full Board or unless a personal appearance is required.
- Applications are valid for only 180 days from the date of receipt. If the application has not been completed within 180 days, a new application and fee will have to be submitted if you wish to obtain a local anesthesia permit in Iowa.
- **Failure to answer all questions completely or accurately, and/or omission or falsification of material facts may be cause for denial of your application, or disciplinary action if you are subsequently licensed by the Board.**
- Local anesthesia permits may only be issued to dental hygienists who hold an active license in Iowa. The application for dental hygiene license is available on the Board website at <http://www.dentalboard.iowa.gov/forms/index.html>.

#### Requirements to Administer Local Anesthesia

Iowa Administrative Code 650—Chapter 11(147,153) authorizes a dental hygienist to administer local anesthesia provided the following requirements are met:

1. The dental hygienist holds both an active dental hygiene license and local anesthesia permit issued by the Iowa Dental Board.
2. The local anesthesia is prescribed by a licensed dentist.
3. The local anesthesia is administered under the direct supervision of the dentist.
  - Direct supervision requires the supervising dentist to be present in the treatment facility, but it is not required that the dentist be physically present in the treatment room.

If you wish to administer local anesthesia in Iowa, you must meet the above requirements and make application for a local anesthesia permit. Obtaining your dental hygiene license does not automatically qualify you to administer local anesthesia. The application for a local anesthesia permit requires the following:

1. Evidence that formal training in the administration of local anesthesia has been completed within 12 months of the date of application. The formal training must be conducted by a school accredited by the American Dental Association Commission on Dental Accreditation;
2. If you currently practice local anesthesia out of state, you must submit evidence of completion of formal training in the administration of local anesthesia conducted by a school accredited by the American Dental Association Commission on Dental Accreditation and submit documented evidence of ongoing practice in the administration of local anesthesia; **OR**
3. If your permit lapsed for two years or less, you may reinstate the local anesthesia permit by documenting compliance with requirements 1 or 2.

### Application Checklist

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Application completely filled out; all questions answered.   |
| <input type="checkbox"/> | Application fee paid. (\$70)   |
| <input type="checkbox"/> | Notarized copy of marriage certificate or divorce decree (if applicant's name is different on diploma/documents)   |
| <input type="checkbox"/> | Statement of Applicant   |
| <input type="checkbox"/> | Have completed formal training in the administration of local anesthesia within 12 months; have completed formal training in the administration of local anesthesia and has provided evidence of ongoing practice in another state or jurisdiction, which authorizes a dental hygienist to administer local anesthesia; <b>OR the permit lapsed within the last two years.</b> |
| <input type="checkbox"/> | Certification of Local Anesthesia Training   |
| <input type="checkbox"/> | Certification of Local Anesthesia Administration – only required if you have provided local anesthesia in another state.   |

### Contact Us

If you have any questions, or need further assistance, please feel free to contact the Iowa Dental Board at (515) 281-5157 or [IDB@iowa.gov](mailto:IDB@iowa.gov).

Board website: [www.dentalboard.iowa.gov](http://www.dentalboard.iowa.gov).

Board rules and Iowa Code chapters: <http://dentalboard.iowa.gov/board/rules-policy/index.html>.



# APPLICATION FOR IOWA LOCAL ANESTHESIA PERMIT

## IOWA DENTAL BOARD

400 S.W. 8<sup>th</sup> Street, Suite D, Des Moines, Iowa 50309-4687

Ph. (515) 281-5157 <http://www.dentalboard.iowa.gov>

This form must be completed and returned to the Iowa Dental Board. Include the *non-refundable* application fee. Do not submit payment in cash. Complete each question on the application. If not applicable, mark "N/A."

### IDENTIFYING INFORMATION

|  |           |              |      |
|--|-----------|--------------|------|
| Full Legal Name: (Last, First, Middle) |           |              |      |
| Other Names Used: (e.g. Maiden Name)   |           |              |      |
| Home Address:                          |           |              |      |
| City:                                  | County:   | State:       | Zip: |
| Home Phone:                            |           | Home E-mail: |      |
| Work Address:                          |           |              |      |
| City:                                  | County:   | State:       | Zip: |
| Work Phone:                            | Work Fax: | Work E-mail: |      |

### LOCAL ANESTHESIA TRAINING

|              |  |                |              |
|--------------|--|----------------|--------------|
| Institution: | Type of Training Received:<br><input type="checkbox"/> Undergraduate<br><input type="checkbox"/> Post-graduate | From (Mo, Yr): | To (Mo, Yr): |
| Address:     |  | City, State:   |              |

|                             |          |              |                       |      |
|-----------------------------|----------|--------------|-----------------------|------|
| <b>For office use only:</b> | Permit # | Date Issued: | Dental Hygiene Lic. # | Fee: |
|-----------------------------|----------|--------------|-----------------------|------|

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

### DENTAL HYGIENE EDUCATION

|                                |                     |
|--------------------------------|---------------------|
| Name of Dental Hygiene School: |                     |
| Address:                       | Date of Graduation: |

### LOCAL ANESTHESIA ADMINISTRATION

**Do you currently administer local anesthesia in another state?**  Yes  No

If yes, please submit the Certification of Local Anesthesia Administration in addition to the Certification of Local Anesthesia Training.

### SUPERVISION

Please provide the name of the current dentist(s) who will be supervising your administration of local anesthesia, if applicable. **Current employer:** \_\_\_\_\_

**Location:** \_\_\_\_\_

### STATEMENT OF APPLICANT

I declare, under penalty of perjury, that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my dental hygiene license and/or local anesthesia permit. I also declare under penalty of perjury that if I did not personally complete the foregoing application that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

I hereby agree to abide by the laws and rules pertaining to the practice of dentistry in the state of Iowa.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION OF LOCAL ANESTHESIA TRAINING**

As part of the permit application process, the Iowa Dental Board requires that the institution at which the applicant received her/his local anesthesia training complete this form. The completed form must be mailed directly to the **IOWA DENTAL BOARD**. Any processing fees are the applicant's responsibility.

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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This portion of the form should be completed by the course instructor.

**IT IS HEREBY CERTIFIED THAT** \_\_\_\_\_  
(Name of Applicant)

**COMPLETED A COURSE IN LOCAL ANESTHESIA AT** \_\_\_\_\_  
(Name of School)

**LOCATED AT** \_\_\_\_\_  
(Full Address of School)

**THE TRAINING WAS COMPLETED ON** \_\_\_\_\_.  
(Date)

Was the school accredited by the Commission on Dental Accreditation of the American Dental Association at the time the training was completed?  **Yes**  **No**

This course included a clinical component requiring demonstration of clinical competence in delivery of maxillary and mandibular injections.  **Yes**  **No**

Signature of Course Instructor: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_

**Return Completed Form to:**  
IOWA DENTAL BOARD  
400 S.W. 8th St, Suite D  
Des Moines, IA 50309-4687  
Phone (515) 281-5157

CERTIFICATION OF LOCAL ANESTHESIA ADMINISTRATION

**STATEMENT OF MAINTAINING LOCAL ANESTHESIA SKILLS**

Please provide the information requested below concerning your administration of local anesthesia.

|   |             |
|---|-------------|
| Name of Supervising Dentist:                            |             |
| Address:  |             |
| License Number:   | Phone:      |
| Dates of Local Anesthesia Administration: From (mo/yr): | To (mo/yr): |

|   |             |
|---|-------------|
| Name of Supervising Dentist:                            |             |
| Address:  |             |
| License Number:   | Phone:      |
| Dates of Local Anesthesia Administration: From (mo/yr): | To (mo/yr): |

|   |             |
|---|-------------|
| Name of Supervising Dentist:                            |             |
| Address:  |             |
| License Number:   | Phone:      |
| Dates of Local Anesthesia Administration: From (mo/yr): | To (mo/yr): |

|   |             |
|---|-------------|
| Name of Supervising Dentist:                            |             |
| Address:  |             |
| License Number:   | Phone:      |
| Dates of Local Anesthesia Administration: From (mo/yr): | To (mo/yr): |

**I hereby certify that I have maintained my skills in the administration of local anesthesia.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return Completed Form to:**

IOWA DENTAL BOARD  
400 S.W. 8th St, Suite D  
Des Moines, IA 50309-4687  
Phone (515) 281-5157  
Fax: (515) 281-7969