

ARKANSAS STATE BOARD OF DENTAL EXAMINERS

101 East Capitol Avenue, Suite 111

Little Rock, Arkansas 72201

Phone: 501-682-2085 Fax: 501-682-3543

Email: asbde@arkansas.gov Web: www.asbde.org

Application for a Local Anesthesia Permit

NAME:

HOME ADDRESS:

CITY, STATE & ZIP:

HOME PHONE: EMAIL ADDRESS:

ARKANSAS DENTAL LICENSE #: DATE ISSUED:

WHERE COURSE TAKEN:

WHEN COURSE TAKEN:

EMPLOYER: LICENSE #:

OFFICE ADDRESS:

CITY, STATE & ZIP:

OFFICE PHONE #:

With the application, enclose the following:

1. Proof of successful completion of a local anesthesia course sponsored by or held in an ADA accredited dental hygiene/dental school. This proof must be either a copy of a certificate from the sponsor showing course dates, your name, and transcript from the school with an official school seal affixed, or an original letter from the school. On the transcript, please highlight or circle the anesthesia course.
2. Copy of current certificate of Healthcare Provider level of basic life support.
3. Application fee of \$25 (check or money order).

Signature of Applicant

Date