Dental Hygiene Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Dental Hygiene Expanded Functions Education Verification Nitrous Oxide Analgesia Form

Note: this form must be submitted directly from the Dental Hygiene program.

Applicant Information:

Name First	Middle	Last	Date of Birth

Address

City	State	Zip Code

To be completed by the dental hygiene program:

The student listed above has graduated or successfully demonstrated the following at

______________________________ on ______________________
Name of program (mm/dd/yyyy)

which is a dental hygiene program accredited or approved by the following:

- ☐ Expanded functions education program approved by the Secretary of the Department of Health.
- ☐ The American Dental Association Commission on Dental Accreditation for dental hygiene.
- ☐ The Commission on Dental Accreditation of Canada (CDAC) for dental hygiene.
- ☐ Other, please list: ______________________________

Please note clinical competency means on live patients.

Did the student complete didactic and clinical competency in the administration of nitrous oxide analgesia?

☐ Yes ☐ No

School Seal

____
Program Director or Instructor Name (Please print)

____
Signature of Program Director or Instructor

____
Date