

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935  
FAX #: (608) 251-3036  
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way  
Madison, WI 53705  
E-Mail: [dps@wisconsin.gov](mailto:dps@wisconsin.gov)  
Website: <http://dps.wi.gov>

## DENTISTRY EXAMINING BOARD

### LOCAL ANESTHESIA CERTIFICATE OF COMPLETION

**DENTAL HYGIENE APPLICANT:** Complete this section and submit to certifying school in which you completed the education for completion. **Form must be returned directly from the school to the Department.**

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: (number, street, city, zip code)

Date of Birth: / /

Social Security #: (voluntary-for school's use in locating your records)  -  -

I hereby authorize the school named below to provide the Department with the information requested below.

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Applicant Signature (Print and Sign Form)</b>	<b>Date</b>

**SCHOOL/INSTITUTION:** Certify completion for the applicant named above and return directly to DSPS. **School/institution may fax or email form with school/institution cover sheet or cover letter to: (608) 251-3036 or [dpscredentistry@wisconsin.gov](mailto:dpscredentistry@wisconsin.gov).**

Name of School/Institution:

Location of School/Institution: (city, state)

Name of Course:

Date of Course Completion: / /  (anticipated dates of graduation will not be accepted)

Has applicant completed an inferior alveolar injection on a non-classmate patient as part of the coursework?  
(If yes, check box)

The completion of this form by the instructor certifies that the course completed is in compliance with [Wis. Admin. Code ch. DE 7](#).

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Signature of Dean or Department Head (Print and Sign Form)</b>	<b>Date</b>

**Title**