

Wisconsin Department of Safety and Professional Services

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Website: <http://dspd.wi.gov>

DENTISTRY EXAMINING BOARD

CERTIFICATE OF INFERIOR ALVEOLAR INJECTION

Pursuant to [Wis. Admin. Code § DE 7.05\(3\)\(c\)](#), a dental hygienist who is employed and taking a local anesthesia program *as continuing education outside of the initial accredited dental hygiene program*, may perform the required administration of local anesthesia on a non-classmate at the place where the dental hygienist is employed.

SUPERVISING DENTIST: Certify completion for the applicant named below and return directly to DSPS. The supervising dentist may fax or email the completed form with a facility cover sheet or a cover letter to (608) 251-3036 or dpscreddentistry@wisconsin.gov.

Applicant:

Last Name First Name MI Former / Maiden Name(s)

Name of Practice:

Street Address: (street, city, state, zip)

Daytime Phone Number: - -

I certify that while under my supervision, the above-named applicant has successfully completed an inferior alveolar injection on a non-classmate individual, who was informed of the procedure and granted his/her consent to the dentist. The inferior alveolar injection was completed within six (6) weeks from the time the licensed dental hygienist completed his/her coursework; or within 6 weeks of becoming licensed as a dental hygienist in the state of Wisconsin if licensed by endorsement from another state.

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Signature of Supervising Dentist (Print and Sign Form)

Date