

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

DENTISTRY EXAMINING BOARD NITROUS OXIDE CERTIFICATE OF COMPLETION

DENTAL HYGIENIST APPLICANT: Complete this section and submit to the school or course provider in which you completed the education. **Form must be returned directly from the school or course provider 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/course provider's use in locating your records) - -

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

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

SCHOOL/COURSE PROVIDER: Certify completion below and return directly to DSPS. **You may fax or email the completed form with a facility cover sheet or cover letter to (608) 251-3036 or dpscredentistry@wisconsin.gov.**

Name of School/Course Provider:

Location of School/Course Provider:
(city, state)

Date of Completion: / /

The completion of this form by the instructor certifies that the certification program completed is in compliance with [Wis. Admin. Code ch. DE 15](#).

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

Title