

**Application Information for
Nebraska Dental Hygiene License**

Application Fee: The application fee for a Certificate to Administer Local Anesthesia is \$25.00. **Pay by check/money order (your cancelled check is your proof of receipt).**

Application Section A – Personal Information

1. Name, address, and Nebraska Dental Hygiene License number.

Application Section B – Completion of Approved Course (Provide copy of the following document)

1. Name and location of institution providing the local anesthesia course;
2. Date of successful completion of the local anesthesia course;

Please note that an approved course needs to be provided by an ADA accredited dental hygiene program.

Application Section C – Attestation

All applicants are required to complete this section.

OTHER INFORMATION:

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

Application Processing: All application will be processed in date order received. If a preliminary review shows that you are missing information, you will be contacted **by e-mail** within approximately 15 days.

TIME FRAME FOR PROCESSING:

Certificate Decision: 8-10 weeks from receipt of a complete application

Please note:

1. You have 90 days to complete an application. If your application is not completed after 90 days, your application and all supporting documents will be destroyed and a refund will be processed, less a \$25 administrative fee.
2. If an individual other than the applicant pays the application fee, refunds will be issued to that individual and their social security number will be required to process the refund.
3. If a business entity will be paying the application fee, refunds will be issued to that business entity and a copy of their W-9 is required to process the refund.

Contact Information: Licensure Unit, 301 Centennial Mall South, PO Box 94986, Lincoln NE 68509-4986
Telephone: 402-471-2118 / FAX: 402-742-8355 / E-Mail: dhhs.medicaloffice@nebraska.gov

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 License #

Division of Public Health /Licensure Unit
 P.O. Box 94986, Lincoln, Nebraska 68509-4986

CERTIFICATE FEE: \$25.00

NEBRASKA Application for Certificate to Administer Local Anesthesia

SECTION A – Personal Information

Name:			
Address:			
	City:	State:	Zip:
Nebraska Dental Hygiene License Number:			

SECTION B - COMPLETION OF APPROVED COURSE (A copy of proof of successful completion of approved local anesthesia course is required)

Name and location of the accredited dental hygiene program providing the local anesthesia course that you have successfully completed:	
Date of successful completion of your local anesthesia course: (If course was completed outside the State of Nebraska, please attach a course syllabus.)	

Have you actively practiced in Nebraska administering local anesthesia prior to this application for certification?	YES	NO
If yes, how many days have you practiced in Nebraska administering local anesthesia?	Number of days:	

SECTION C - ATTESTATION

Application Attestation and Signature: I attest that:

1. I have read the application or have had the application read to me; and
 2. All statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

Mailing Address:
 DHHS, Division of Public Health
 Licensure Unit – 1st Floor
 P.O. Box 94986
 Lincoln, Nebraska 68509-4986

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 Email: DHHS.medicaloffice@nebraska.gov

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