



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF DENTISTRY
(615) 532-3202 or 1-800-778-4123

<https://www.tn.gov/health/health-program-areas/health-professional-boards/dentistry-board.html>

APPLICATION FOR BOARD APPROVAL OF A CERTIFICATION COURSE IN ADMINISTRATION OF LOCAL ANESTHESIA

This is an application to request Board approval to conduct a certification course in administration of local anesthesia. All questions must be answered truthfully by the director of the school applying for approval. The application will be evaluated and, if approved by the Board, an approval letter will be generated for the course. Applications must be received at least 30 days prior to the next regularly scheduled board meeting. Approval of courses will only be effective for two years and expire December 31st every two years. The rules regulating administration of local anesthesia and certification courses in administration of local anesthesia are in 0460-3-.12 and 0460-5-.02(5).

Attach a copy of the course syllabus to be utilized in the course to this application for review by the Board. ADA accredited dental hygiene programs are exempt from board approval if teaching administration of local anesthesia to the level of clinical competency to the students enrolled in the associate, bachelor, or master degree programs.

Contact Information

PLEASE TYPE OR PRINT IN INK (If approved, school/program name, addresses and numbers as listed below will be posted on Board's website.)

Name of School/Program: _____

Address: _____

Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Name of Director: _____

Years Approval is Requested for: _____

Has this school/program requested and been granted approval in a previous year? Yes No

What year(s) was the approval granted? _____

Are there any changes to the curriculum? Yes No Are there changes in instructors? Yes No

NOTE: Approval granted by the Board expires on December 31st every two years.

Facilities and Instructor Information

The Board shall be notified immediately of any changes made in the operation of the certification course, such as change of location, instructors or directorship. **List the proposed location(s) of the course, dates and instructors:**

Name of School where course will be taught: _____

Address: _____

Will all courses be taught at the above location? Yes No

If no, list name and address of other school where course will be taught: _____

Date(s) of Course: _____

Name and license number of Instructor: _____

Names and license numbers of all assisting the Instructor: _____

Instructor(s) to student ratio for course: _____

Will a clinical competency examination(s) be administered to the students? Yes No

If yes, what is the passing score: _____

ATTESTATION BY DIRECTOR

I hereby certify that the information provided in this application is accurate and complete. I also certify that the certification course for which Board approval is sought will comply with all statutes and rules regulating admission, facilities, faculty, equipment, and curriculum for certification courses in administration of local anesthesia.

I understand that, if approved by the Board, the certificate of approval shall expire on December 31st every two years. I understand that failure to adhere to the rules governing the admission qualifications in Rule 0460-3-.12 and 0460-5-.02(5)(d)1, the rules for certification courses or failure to provide access to inspection, pursuant to Rule 0460-5-.02(5)(c), may subject the course to withdrawal of course approval by the Board and invalidation of students course results.

Signature of Director

Date

Name of School