

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

Certification of Successful Completion of the Injections Required for the Administration of Local Anesthesia Certification

The dental hygienist must complete all injections within ninety (90) days of issuance of the temporary permit after completion of a board approved administration of local anesthesia course. If the dental hygienist is employed by more than one dentist, then each dentist who supervised injections must initial the form for the types of injections that they supervised the dental hygienist successfully performing.

Dental Hygienist's Name:	License #:
Employer Dentist(s):	
Name:	Name:
Address:	Address:
City:, TN	City:, TN
Zip Code: Phone:	Zip Code: Phone:

Identify the patient (by initials) and the date when each of the following injections was performed. The supervising dentist(s) must confirm successful completions by initialing in the appropriate location.

Posterior Superior Alveolar						
	Date	Patient	Successful Injection			
		Initials	(Doctor's Initials)			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

	Inferior Alveolar Block						
	Date	Patient	Successful Injection				
	Bute	Initials	(Doctor's Initials)				
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Denta	al Hygienist's	Iygienist's Name: License #:						
	Midd	lle Superior	Alveolar					
	Date	Patient	Successful Injection				Long Bucc	
	Date	Initials	(Doctor's Initials)		1	Date	Patient	Successful Injection
1.							Initials	(Doctor's Initials)
2.				1.				
L				2.				
	Anter	ior Superior	Alveolar					_
	Date	Patient	Successful Injection					
	Bute	Initials	(Doctor's Initials)				M4-1 D1-	1.
1.							Mental Blo Patient	Successful Injection
2.]	Date	Initials	(Doctor's Initials)
I		1		1.			Initials	(Doctor 5 Initials)
		Nasopalati	ne					
	Date	Patient	Successful Injection	2.				
	Bute	Initials	(Doctor's Initials)					
1.								
2.							Lingual Blo	nck
						D /	Patient	Successful Injection
		Greater Pala				Date	Initials	(Doctor's Initials)
	Date	Patient	Successful Injection	1.				
	Bute	Initials	(Doctor's Initials)	2.				
1.								
2.								
I,								hereby certify that
		Name of 1 st Er	nployer Dentist				License Nun	nber
the a	bove inform	ation is true a	and correct and that all	liniections	noted	above	were successf	ully completed between
				111,000.101.10	110100	400.0	Weie Buccessi	ung completed cetween
		and		_•				
(Date	of first successful	injection) (I	Date of last successful injection)					
		Signatur	e of 1 st Employer Dentist					Date
I,								hereby certify that
		Name of 2^{nd} E	mployer Dentist				License Numb	er
the o	hove inform	ation is true	and correct and that all	Liniections	noted	above	were successf	ully completed between
uic a	OUVE HHOIIII	ation is true of	and correct and that an	injections	noted	above	were successi	any compicion octween
		and		_•				
(Date	of first successful	injection) (L	Date of last successful injection)					
		Signatur	e of 2 nd Employer Dentist					Date
		~-0	y x y =					****