Colorado Division of Professions and Occupations
Office of Licensing—Dental
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / Fax: (303) 869-7693
www.dora.colorado.gov/professions

APPLICATION FOR APPROVAL TO ADMINISTER LOCAL ANESTHESIA—DENTAL HYGIENIST

APPLICANT INSTRUCTIONS

Local Anesthesia Privileges Required. Board Rule XIV requires that a dental hygienist be actively licensed and privileged in order to administer local anesthesia or a local anesthesia reversal agent, under indirect supervision of a dentist, in the state of Colorado. It is illegal for a Colorado licensed dental hygienist to administer local anesthesia prior to documenting compliance with Rule XIV and receiving approval from the Board.

Basic Requirements. All applicants must hold an active Colorado dental hygienist license. Other requirements are outlined in the Dental Practice Law of Colorado and Board Rule XIV. Both are available online at www.dora.colorado.gov/professions/dentalhygienists.

- Local anesthesia privileges will be issued once and will remain valid as long as the licensee maintains an active license to practice dental hygiene in Colorado. If you **do not** intend to administer local anesthesia, you **do not** need to complete this application.

- All Colorado-licensed dental hygienists **shall** be authorized to administer nitrous oxide/oxygen inhalation analgesia with the proper training and certification.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be received before the application may be considered. The application forms must be completed in original ink or typed. Keep a copy of the completed application and supporting documents for your records.

Application Expiration. Your application will be kept on file for one (1) year from the date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to submit a new application packet after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that one be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers and contact information up-to-date in our database. All letters, permits/privileges, licenses, and renewal notices are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

APPLICANT CHECKLIST

To apply for **approval (privilege) to administer local anesthesia:**

- ☐ **Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.
- ☐ **Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- ☐ **Submit proof of current Basic Life Support (BLS) certification.**
- ☐ **Include documentation of your education/training** using the Completion of Training Verification form attached.

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Dental
1560 Broadway, Suite 1350
Denver, CO 80202

Dora
Department of Regulatory Agencies

IMPORTANT NOTICE

TO: All Applicants

FROM: Director of the Division of Professions and Occupations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is "public protection through effective licensure and enforcement." One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn't have to disclose the criminal conduct or disciplinary actions.
- I didn't think the prior conduct had anything to do with the profession.
- I didn't think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn't think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

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Fax 303.894.7693 www.dora.state.co.us V/TDD 711

Consumer Protection

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www.dora.colorado.gov/professions

Application for Approval to Administer
LOCAL ANESTHESIA—DENTAL HYGIENIST
No fee

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Colorado Dental Hygienist License Number: _____ **Expiration Date:** _____

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	**Date of Birth:** (mm/dd/yyyy)	**Gender:** ☐ *Male* ☐ *Female*	
Place of Birth (city and state, or foreign country)**:**			
Mailing Address: *This is a* ☐ *Home* ☐ *Business*	PO Box, Street: City, State, Zip:		
Daytime Telephone Number: ( )	**E-mail Address:** *Preferred method for communication:* ☐ *Mail* ☐ *E-mail*		

PART 2—BASIC LIFE SUPPORT CERTIFICATION

List below and submit proof of current Basic Life Support (BLS) certification.

BLS certification issue or renewal date: _____ **Expiration date**: _____

* **Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY **DATE APPROVED:** _____ **DATE ISSUED:** _____

APPLICANT NAME: _____

PART 3—SCREENING QUESTIONS

Provide the following for each YES response to screening questions 1, 2, and 3:

- A personally written explanation;
- A copy of the formal complaint/pleading;
- The answer to the complaint for malpractice issues;
- A copy of the final outcome(s) and/or a report of status if judgment is pending;
- Proof of compliance if under criminal probation;
- A copy of investigative report/complaint; and
- Any further information requested by the Board in a separate communication.

1. Has your license to practice dental hygiene ever been suspended, revoked, or otherwise disciplined in any state or territory of the United States, or in any foreign country related to an anesthesia/analgesia incident? ☐ YES ☐ NO
2. Have you ever had **any** malpractice judgment, malpractice settlement, or governmental/private agency disciplinary action against you or is such an action currently pending against you? ☐ YES ☐ NO
3. Have you ever had any criminal conviction, deferred judgment or plea of *nolo contendere* entered against you or is there any criminal charge or investigation currently pending against you? This includes, but is not limited to, any judgments/charges related to sales, distribution, possession, manufacture or dispensation of any controlled or illegal substance. ☐ YES ☐ NO

Provide the following for each YES response to screening questions 4 through 6:

- A personally written explanation.

For questions 4 or 5, also give:

- Dates of onset;
- Description of treatment;
- Name and address of treating physician; and
- Your description of the current status of your condition. You may wish to submit a physician's report of the current status of your condition and any limitations which may affect your ability to safely practice dental hygiene.

4. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a dental hygienist safely and competently? ☐ YES ☐ NO
5. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a dental hygienist safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? ☐ YES ☐ NO
6. Are there any other facts concerning your background history, experience, or activities which may have a bearing on your fitness to practice dental hygiene in Colorado and which should be brought to the attention of the State Board of Dental Examiners? ☐ YES ☐ NO

ATTESTATION

I hereby certify that I have met ALL the requirements for administration of local anesthesia or a local anesthesia reversal agent in the state of Colorado as provided for in Colorado Revised Statutes section 12-35-107(1)(f) and Board Rule XIV.

Further, I attest that I shall remain in compliance during all periods of time that I administer local anesthesia or a local anesthesia reversal agent.

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503 that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

_____ _____

Applicant Signature Date

COMPLETION OF TRAINING VERIFICATION
LOCAL ANESTHESIA

Applicant Name: Last:	First:	Middle:	Suffix:
Telephone Number: ( )			
School Name:	**Date of training completion:**		

The above-named person, who is applying for a privilege to administer local anesthesia as a Dental Hygienist, has met the requirements by completing the following courses:

► **Twelve (12) hours of didactic training**, including, but not limited to:

- Anatomy;
- Pharmacology;
- Techniques;
- Physiology; and
- Medical Emergencies.

—AND—

► **Twelve (12) hours of clinical training** that includes the administration of at least six (6) infiltration and six (6) block injections.

I hereby declare under penalty of perjury under the laws of the state of Colorado that the above statements are true and correct.

_____ _____

Signature of Registrar/Director Date