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

# APPLICATION FOR ORIGINAL LICENSE—DENTAL HYGIENIST

## APPLICANT INSTRUCTIONS

**Mandatory Practice Act.** Colorado has a mandatory practice act, which means that you may not practice as a Dental Hygienist in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

**Basic Requirements.** Requirements for licensure are outlined in the Dental Practice Law, specifically C.R.S. 12-35-126 and 12-35-127; Board Rule III, Licensure of Dentists and Dental Hygienists; and the application instructions. The Dental Practice Law and Board Rules are available online at www.dora.colorado.gov/professions/dentalhygienists.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, all applicants are required to complete and maintain an online Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp.

**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 submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

**Application Expiration.** Your application will be kept on file for one (1) year from 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 resubmit a new application packet and fee 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 addresses, phone numbers and contact information up-to-date in our database. All letters, renewal notices, and licenses 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.

**License Expiration Grace Period for New Applicants.** All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between November 1, 2013 and February 28, 2014 will reflect a license expiration date of February 28, 2016. Licenses issued prior to November 1, 2013 will reflect an expiration date of February 28, 2014 and must renew in the upcoming renewal period.

- All Dental Hygienist licenses expire on the last day of February in even-numbered years and must be renewed to continue practicing.

**Checking Your Application Status.** Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application. (To check your application online, you must have a Social Security Number.)

## APPLICANT CHECKLIST

To apply for a Colorado **Dental Hygienist** license:

☐ **Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.

☐ **Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to *State of Colorado*.** All fees are **non-refundable** and subject to change every July 1.

☐ **Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S .24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.

☐ **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).

☐ **Provide evidence of having completed an accredited dental hygiene** program of at least two (2) years in length.

- Attach to your application an official transcript in its official sealed envelope showing the dental hygiene degree conferred to you and the date of conferral.

☐ **Provide evidence of having passed** the American Dental Association (ADA) National Board Dental Hygiene Examination and a clinical examination given by a regional testing service or a state examination.

- Request that the ADA (1-800-621-8099) send your scores to the Office of Licensing–Dental, 1560 Broadway, Suite 1350, Denver, CO 80202, **or** submit with your application a clear photocopy of the National Board Scorecard showing a passing score.
- Applicants who passed a state practical/clinical examination must submit a letter from a state licensure board indicating the date on which the practical/clinical test was passed. Applicants who passed a regional clinical examination must contact the testing organization and submit a copy of those scores. Colorado accepts all regional exams. Fax copies are not acceptable.

☐ **Complete and submit the Jurisprudence examination,** available online at www.dora.colorado.gov/professions/dentalhygienists. Return the answer sheet with your application.

☐ **Practice requirements**—meet and document **one** of the following:

- Graduated within 12 months from the date of application from an accredited dental hygiene school or college, which at the time of your graduation was accredited by the American Dental Association Commission on Dental Accreditation and was at least two (2) years in length; **—OR—**
- Engaged in the active clinical practice of dentistry for at least one (1) year of the five (5) years immediately preceding the date of application; **—OR—**
- Engaged in teaching dental hygiene in an accredited program for at least one (1) year of the five (5) years immediately preceding the date of application.

**If you do not meet one of the three above categories, you will be contacted following receipt and review of your application regarding how continued competency may be demonstrated.**

☐ **Request verification of health care licenses** from all states in which you are currently or have previously been licensed in any health care profession. Request that a verification of licensure be submitted to the Office of Licensing–Dental, 1560 Broadway, Suite 1350, Denver, CO 80202.

- License verifications expire six (6) months from the date of issuance. If verifications expire during processing of your application, you will be required to request that new verifications be submitted to us.

*(continued on next page)*

## APPLICANT CHECKLIST (Continued)

☐ Attest that you carry/will carry **professional liability insurance** as required per C.R.S. 12-35-127.

☐ **Complete an online Healthcare Professions Profile.** Once your application is received and entered into the Division of Professions and Occupations database, you must create a Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp. You may begin checking the Healthcare Professions Profiling Program (HPPP) website within a few days of submitting your application. If you cannot create your profile within 14 days of submitting your application, or if you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at (303) 894-5942. **Your application is not considered complete, and a license will not be issued until you have submitted the online profile.**

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

☐ **Complete the Local Anesthesia Privilege section** of the application.

☐ **Submit proof of current Basic Life Support (BLS) certification.**

☐ **Include documentation of your education/training** using the Completion of Training Verification form (LA) attached.

**Applications for licensure which indicate any disciplinary or malpractice case(s)**—open or closed—will be considered on a case-by-case basis after receipt of all information that the Board requests.

## 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.*

1560 Broadway, Suite 1350 Denver, Colorado 80202 Phone 303.894.7800
Fax 303.894.7693 www.dora.state.co.us V/TDD 711

Consumer Protection

**Colorado Department of Regulatory Agencies**
Division of Professions and Occupations
1560 Broadway, Suite 1350
Denver, CO 80202

**Licensee/Applicant Full Legal Name**

| Last | First | Middle | Suffix |
|---|---|---|---|
| | | | |

**Colorado Professional or Occupational License/Certification/Registration Number:** _____
(if already licensed)

**Professional or Occupational License/Certification/Registration type applying for:** _____

# AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

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

## Section A: LAWFUL PRESENCE in the United States

1. ☐ I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. ☐ I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. ☐ I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
   a. ☐ I am a U.S. citizen, not physically present or employed in the United States.
   b. ☐ I am a Foreign National, not physically present or employed in the United States.

## Section B: SECURE AND VERIFIABLE DOCUMENTS
**Select ONE document in this section if you checked 1 or 2 in Section A.**

| Government Issued Identification | Name of state agency or federal agency that issued the document | Full name as shown on driver's license or state/federal issued ID | License/ID Number | Expiration Date (mm/dd/yyyy) |
|---|---|---|---|---|
| ☐ Driver's license or permit | | | | |
| ☐ Government issued ID card | | | | |
| ☐ Valid U.S. military ID/common access card | | | | |
| ☐ Colorado Department of Corrections inmate ID | | | | |
| ☐ Tribal ID card | | | | |
| ☐ U.S. passport | | | | |
| ☐ Certificate of Naturalization | | | | |

## Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

| Government Issued Identification | Name of state agency or federal agency that issued the document | Full name as shown on driver's license or state/federal issued ID | License/ID Number | Expiration Date (mm/dd/yyyy) |
|---|---|---|---|---|
| ☐ Certificate of (U.S.) Citizenship | | | | |
| ☐ Valid Temporary Resident card | | | | |
| ☐ Valid I-94 issued by Canadian government | | | | |
| ☐ Valid I-94 with refugee/asylum stamp | | | | |

☐ Valid I-766 (Employment Authorization Card) — **Issuing federal agency:**

| Name on card | Alien Number (A#) | Card Number | Valid from (mm/dd/yyyy) | Expires (mm/dd/yyyy) |
|---|---|---|---|---|
| | | | | |

☐ Valid I-551 (Resident Alien or Permanent Resident Card) — **Issuing federal agency:**

| Name on card | Alien Number (A#) | Country of birth | Card expires (mm/dd/yyyy) | Resident since (mm/dd/yyyy) |
|---|---|---|---|---|
| | | | | |

☐ Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94

| Issuing foreign country | Passport Number | Visa Number | Visa Class (ex.: J-1, P-1, H-1B, etc.) | Date of entry (mm/dd/yyyy) | Until date (mm/dd/yyyy) |
|---|---|---|---|---|---|
| | | | | | |

☐ Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa

**Issuing foreign country:** **Passport Number:**

## Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

_____
Print Full Legal Name

_____ _____
Signature (Full Name) Date

Division of Professions and Occupations
**Office of Licensing–Dental**
(303) 894-7800 / Fax (303) 894-7693
www.dora.colorado.gov/professions

Application for Original License
**DENTAL HYGIENIST**
**Fee: $150**

**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.**

**Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.**

## 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—EDUCATION INFORMATION

| | |
|---|---|
| List the following information about the dental hygiene program from which you graduated. | |
| **Name of school:** | |
| **School location:** (city, state, and zip code; or foreign country) | |
| **Years attended:** (from/to) | **Date of graduation:** (mm/yyyy) |

## PART 3—LICENSE INFORMATION

Have you ever held a dental hygiene license or any other type of health care license in any state other than Colorado or in any other country? ☐ YES ☐ NO

► If **YES**, list all jurisdictions in which you are or have ever been licensed (if needed, attach an additional sheet using the same format):

| State/Country | License Number | Year license issued | Disciplinary action against license? | Is this license current/active? |
|---|---|---|---|---|
| | | | ☐ YES ☐ NO | ☐ YES ☐ NO |
| | | | ☐ YES ☐ NO | ☐ YES ☐ NO |
| | | | ☐ YES ☐ NO | ☐ YES ☐ NO |
| | | | ☐ YES ☐ NO | ☐ YES ☐ NO |

*** 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 National Practitioner Data Bank pursuant to 45 CFR §§ 60.1 et seq., and 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. Your social security number will not be released for any other purpose not provided for by law.

**OFFICE USE ONLY** **LICENSE NUMBER:** _____ **DATE ISSUED:** _____

APPLICANT NAME: _____

## PART 4—REPORT OF PRACTICE HISTORY

List, as shown in the example below, your practice history for the last 5 years. Include any period during which you did not practice for more than 30 consecutive days (if needed, attach an additional sheet using the same format).

| Date From | Date To | Employer Name | Office Address | Position Held |
|---|---|---|---|---|
| 6/2002 | 7/2009 | John Doe, DDS | 235 Main St<br>Denver, CO 80202 | Dental Hygienist |
| | | | | |
| | | | | |
| | | | | |

## PART 5—ATTESTATION OF EDUCATION/EXPERIENCE

**By checking the box, I hereby attest that I (check one):**

☐ Graduated within the past 12 months from an accredited dental hygiene school or college, which at the time of my graduation was accredited by the American Dental Association Commission on Dental Accreditation and was at least two (2) years in length.

**—OR—**

☐ Engaged in the active clinical practice of dental hygiene for at least one (1) year of the five (5) years immediately preceding the date of application (must be documented in Report of Practice History).

**—OR—**

☐ Engaged in teaching dental hygiene in an accredited program for at least one (1) year of the five (5) years immediately preceding the date of application (must be documented in Report of Practice History).

☐ **I do not meet any of the requirements above. Please contact me regarding fulfillment of competency requirements.**

## PART 6—LOCAL ANESTHESIA PRIVILEGE

Do you wish to apply for approval (privilege) to administer local anesthesia? ☐ YES ☐ NO

► If **YES**, submit the following with your application:

☐ Proof of current Basic Life Support (BLS) certification;

**—AND—**

☐ The attached Completion of Local Anesthesia Training Verification (LA) form, proving successful completion of courses conducted by a school accredited by the American Dental Association Commission on Dental Accreditation.

☐ By checking this box, 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 C.R.S. 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.

APPLICANT NAME: _____

## PART 7—MILITARY QUESTIONS

| | | |
|---|---|---|
| 1. | Are you a Member of the U.S. military?<br>➢ If **YES**, provide information below: | ☐ YES ☐ NO |
| Branch: | Duty Station: | |
| 2. | Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state?<br>➢ If **YES**, refer to the *Military Spouse Exemption Form* available on our website at: www.dora.colorado.gov/professions/military. | ☐ YES ☐ NO |

## PART 8—SCREENING QUESTIONS

**Provide the following for each YES response to screening questions 1 through 5:**

- 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. | Have you ever applied for or been granted a license to practice as a dental hygienist in Colorado? | ☐ YES ☐ NO |
| 2. | Have you ever had a license to practice or a practice privilege denied by any governmental or private agency? | ☐ YES ☐ NO |
| 3. | Have you had your dental hygiene license or any dental practice privilege or license disciplined by any governmental or private agency? (Disciplinary actions include, but are not limited to, suspension, revocation, voluntary surrender, probation, practice restrictions, reprimand, admonition, censure). This also includes any pending but not yet final actions. | ☐ YES ☐ NO |
| 4. | Have you ever had **<u>any</u>** malpractice judgment or malpractice settlement entered against you, or is there any malpractice claim now pending against you? | ☐ YES ☐ NO |
| 5. | 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 substance. | ☐ YES ☐ NO |

**Provide the following for each YES response to screening questions 6, 7, and 8:**

- A personally written explanation.

**For questions 6 or 7, 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.

| | | |
|---|---|---|
| 6. | 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 |

APPLICANT NAME: _____

## PART 8—SCREENING QUESTIONS (Continued)

7. 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

8. 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

## PART 9—LIABILITY INSURANCE

☐ By checking this box, I attest that I carry and/or will carry, and maintain upon commencement of practice, professional liability insurance in an amount of not less than $50,000 (fifty thousand dollars) per claim and an aggregate liability limit for all claims during a calendar year of not less than $300,000 (three hundred thousand dollars) as required by C.R.S. 12-35-127.

## ATTESTATION

**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