



Application: Recognition of Local Anaesthesia Credentials

Return completed form to: College of Dental Hygienists of Nova Scotia, 26- 2625 Joseph Howe Ave, Halifax, NS, B3L 4G4.

Section 1 Eligibility

Applications may be accepted from CDHNS registrants who have successfully completed one of the following:

- A local anaesthesia course, program or module delivered by a dental or dental hygiene educational program accredited by the Commission on Dental Accreditation of Canada (CDAC) or the American Dental Association Commission on Dental Accreditation (ADA/CODA)
- A local anaesthesia course, program or module delivered by an out-of-province dental or dental hygiene educational program not accredited by the CDAC or ADA/CODA

Note: Programs are reviewed to determine substantial equivalency to the “approved” local anaesthesia programs.

Section 2 Member Information

CDHNS ID # _____
Surname _____ Given Name _____
Maiden Name _____
Address _____
Postal Code _____
Home Phone _____ Work Phone _____

Section 3 Education

Date of completion of L.A. Course: _____
Name and address of educational institution which delivered the course: _____
Type of educational facility: University College Other
Type of course: Part of diploma/degree level dental hygiene program
 Continuing education course
 Other
Length of continuing education course: Didactic Study _____
Clinical Portion: _____

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Section 4 Documentation

The following documentation must be submitted with this application. Please refer to the CDHNS POLICY: Oral Anaesthetic. (www.cdhns.ca)

1. Evidence of successful completion of a course in administration of local anaesthetic agents, infiltrative and conductive (block) in one of the following forms:
 - A **certified** copy of the official transcript issued by the diploma or degree dental hygiene program whose regular curriculum included administration of local anaesthesia, or
 - A **certified** copy of the certificate of completion issued by the dental or dental hygiene program, continuing education facility which delivered the local anaesthesia program.
2. Evidence of CPR certification (cardiopulmonary resuscitation course Level C or for health care providers) within the past 12 months.
3. Applicants who have completed courses that have not been reviewed by the CDHNS and deemed substantially equivalent to the "approved" courses must also submit detailed course information (course outlines, schedules, course syllabus, and course manuals).
4. Employer verification of currency of local anaesthesia administration.

Section 5 Authorization

I authorize _____ to provide any additional information
(Name of Educational Institution)

requested by the College of Dental Hygienists of Nova Scotia in order to process my application for recognition of my Local Anaesthesia Credentials.

I, _____ certify, that to the best of my knowledge, the information
(Applicant's Name)

provided on this form is true.

(Applicant's signature)

(Date)

General Information

- The Registrar will seek verification of the information provided on this form.
- The Registrar reserves the right to request additional documentation of course content if deemed necessary. Such a request could cause delay in determining your eligibility to administer local anaesthesia.
 - Once verification and necessary additional documentation has been received and reviewed, you will be notified of the determination regarding your eligibility to administer local anaesthesia.
- You **must not** administer local anaesthesia in Nova Scotia until you have been notified of recognition of your local anaesthesia credential by the College of Dental Hygienists of Nova Scotia.