



Dental Hygiene Credentialing  
 P.O. Box 47877  
 Olympia, WA 98504-7877  
 360-236-4700

## Dental Hygiene Expanded Functions Education Verification Nitrous Oxide Analgesia Form

Note: this form must be submitted directly from the Dental Hygiene program.

<b>Applicant Information:</b>			
Name	First	Middle	Last
			Date of Birth
Address			
City		State	Zip Code

**To be completed by the dental hygiene program:**

The student listed above has graduated or successfully demonstrated the following at

\_\_\_\_\_ on \_\_\_\_\_  
Name of program (mm/dd/yyyy)

which is a dental hygiene program accredited or approved by the following:

Expanded functions education program approved by the Secretary of the Department of Health.

The American Dental Association Commission on Dental Accreditation for dental hygiene.

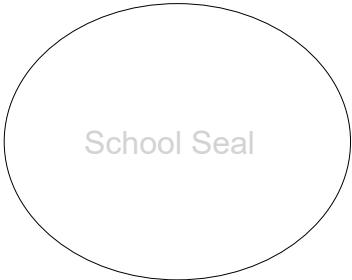
The Commission on Dental Accreditation of Canada (CDAC) for dental hygiene.

Other, please list: \_\_\_\_\_

Please note clinical competency means on live patients.

Did the student complete didactic and clinical competency in the administration of nitrous oxide analgesia?

Yes  No



School Seal

\_\_\_\_\_  
 Program Director or Instructor Name (Please print)

\_\_\_\_\_  
 Signature of Program Director or Instructor

\_\_\_\_\_  
 Date