

**Application for Dental Hygiene Light Activated
Bleaching Certificate**

Applicant's Name: _____
Address: _____

Phone Number: _____
Dental Hygiene License Number: _____

- 1) Two (2) hours of didactic instruction which includes a video or demonstration of bleaching techniques and isolation.

Course Title and date: _____
Location: _____
Hours: _____
Instructor: _____

Instructor's Signature: _____
Date: _____

- 2) Upon completion of the course, the applicant must pass a written examination with a minimum score of seventy-five (75%).

Written Score: _____
Instructors Signature: _____
Date: _____

- 3) The course content must include, but not limited to the subjects listed in the bleaching course requirements document available from the West Virginia Board of Dental Examiners office or on the website www.wvdentalboard.org.

A course syllabus must be submitted with the application to determine if this requirement has been satisfied.