

Application for Nitrous Oxide Monitoring Certificate

Circle One

Applicant's Name: _____

Hygienist

Assistant

Address: _____

Phone Number: _____

Employer Dentist's Name _____

- 1) Two (2) hours of didactic instruction.

Course Title and date: _____

Location: _____

Hours: _____

Instructor's Name (printed) _____

Instructor's Signature: _____

Date: _____

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

Written Score: _____

Instructor's Signature: _____

Date: _____

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

- 4) Provide proof of current certification in health care provider CPR through the American Heart Association or the American Red Cross. **YOU MUST ATTACH A COPY OF YOUR CARD TO THIS APPLICATION.**

- 5) The fee for this application is **\$25.00**. Please attach a check made payable to the WV Board of Dental Examiners to this application.

If you have not taken a course that has been specifically approved by the Board for nitrous monitoring, a course syllabus must be submitted with the application to determine if the requirements have been satisfied.

All five points of this application must be satisfied before a nitrous oxide monitoring certificate will be issued. Nitrous Oxide monitoring by a dental hygienist/dental assistant must be delegated by the supervising dentist under direct supervision.

*******COMPLETION OF A BOARD APPROVED COURSE AND EXAMINATION DOES NOT AUTHORIZE YOU TO PRACTICE THESE PRIVILEGES UNTIL YOUR APPLICATION IS COMPLETED AND A CERTIFICATE IS RECEIVED FROM THE BOARD OFFICE.*******