



Application for Entry onto the Roster of Members Authorized to Administer Local Anaesthesia

ELIGIBILITY CRITERIA

Applications may be submitted by General Members or Courtesy Members who have successfully completed one of the following:

- The CRDHA Council-approved University of Alberta (U of A) Dental Hygiene Program local anaesthesia course
- The Council-approved U of A Local Anaesthesia Continuing Education Course for Dental Hygienists
- A local anaesthesia course, program or module delivered by an out-of-province 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)

APPLICATION REQUIREMENTS

An application for entry onto the Roster of members authorized to perform procedures of a permanent nature must include:

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 notarially certified copy of the official transcript issued by the accredited diploma or degree dental hygiene program whose regular curriculum included administration of local anaesthesia, or
 - A notarially certified copy of the certificate of completion issued by the accredited dental or dental hygiene program continuing education facility/agency which delivered the local anaesthesia course.
2. Evidence of currency of practice in the administration of local anaesthesia, in the form of a letter from your employer(s) verifying that you regularly administer local anaesthesia as part of your practice of dental hygiene. (see sections B & C of the Policy).
3. Evidence of CPR certification at the Healthcare Provider Level, completed within the past 12 mos.

Applicants may be asked to submit detailed course information (course outline, course schedule, course syllabus, course workbooks or manuals) if this information is not already on file.

APPLICANT PERSONAL INFORMATION

Surname		Given Names	
Maiden/Other Name (if applicable)			
Street Address		City	
Province/State		Postal Code	
Home Phone ()	Cell Phone ()	Business Phone ()	
E-mail address		CRDHA ID #	

LOCAL ANAESTHESIA COURSE INFORMATION

Date of completion of local anaesthesia 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

Length of continuing education course: _____

List jurisdictions where you are currently or were previously authorized to administer local anaesthesia

Name and Mailing Address of Licensing Body	Expiry Date	Registration or License No.

DECLARATION

I, _____, certify to the best of my knowledge that the information provided on this form and its attachments is complete and true, and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act". I understand that making a false statement on this application could result in the rejection of the application.

I authorize the CRDHA to seek additional information from educational institutions, regulatory agencies, or other sources as necessary in order to process this application for entry onto the Roster of members authorized to administer local anaesthesia and, I also authorize all such institutions, agencies, or other sources to release such information to the CRDHA and for so doing let this be your good and sufficient authority.

Name (please print): _____

Signature: _____ Date: _____

GENERAL INFORMATION

- Additional verification of education and currency may be required.
- You **must not** administer local anaesthesia until you have been notified by the Registrar that your name has been placed on the Roster of members authorized to administer local anaesthesia.