



Bureau of Professional Licensing
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VERIFICATION OF LOCAL ANESTHESIA ADMINISTRATION TRAINING

Authority: 1978 PA 368

This certification form must be submitted directly to this office by the school where the didactic and clinical administration of local anesthesia training was completed.

Section of Form to be Completed by Applicant:

Applicant's Name (First, Middle, Last)	Date of Birth
Name of School	Date of Completion
Applicant's Signature	Date

Remainder of Form to be Completed by School:

CERTIFICATION AND SIGNATURE	
<p>I certify the applicant named above has completed a minimum of 15 hours of didactic instruction and 14 hours of clinical experience in the local anesthesia administration where the content of the course included theory of pain control, selection of pain control modalities, anatomy, neurophysiology, pharmacology of local anesthetics, pharmacology of vasoconstrictors, psychological aspects of pain control, systemic complications, techniques of maxillary anesthesia, techniques of mandibular anesthesia, infection control, and local anesthesia medical emergencies.</p>	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Authorized Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print/Type Name and Title	(Seal)