



Bureau of Professional Licensing
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VERIFICATION OF NITROUS OXIDE ANALGESIA TRAINING

Authority: 1978 PA 368

This certification form must be submitted directly to this office by the school where the didactic and clinical use of nitrous oxide analgesia 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

I certify the applicant named above has completed instruction as follows:

A course in the assisting and monitoring of the administration of nitrous oxide analgesia containing a minimum of 4 hours of didactic instruction and 4 hours of clinical experience. The course included content in all of the following: nitrous oxide analgesia medical emergencies techniques, pharmacology of nitrous oxide, nitrous oxide techniques, and a course in selection of pain control modalities (if available).

Authorized Signature

Date

Print/Type Name and Title

(Seal)