



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:

<b>CERTIFICATION AND SIGNATURE</b>	
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
_____	(Seal)
Print/Type Name and Title	