

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

**CERTIFICATION IN ADMINISTRATION OF LOCAL ANESTHESIA,
NITROUS OXIDE-OXYGEN ANALGESIA, AND
PERIODONTAL SOFT TISSUE CURETTAGE**

PLEASE TYPE OR PRINT

NAME LAST FIRST MIDDLE LAST 5 DIGITS OF SOCIAL SECURITY

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ADDRESS

CITY STATE ZIP

HOME PHONE ()	CELL PHONE ()	EMAIL ADDRESS
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DENTAL HYGIENE COMMITTEE OF CALIFORNIA (DHCC) COURSE PROVIDER

DATES OF COURSE

ADDRESS

CITY STATE ZIP

PHONE
()

EMAIL ADDRESS @

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE APPLICANT ABOVE SUCCESSFULLY COMPLETED A DHCC-APPROVED COURSE AND DEMONSTRATED CLINICAL COMPETENCY IN THE ABOVE LISTED DUTIES PURSUANT TO CALIFORNIA CODE OF REGULATIONS §1108 (i) (1) AND §1108 (i) (2) AND §1108 (i) (3).

PRINTED NAME OF COURSE INSTRUCTOR OR DIRECTOR

[STAMP OR SEAL OF
COURSE PROVIDER
OR INSTITUTION]

SIGNATURE