



Certification of Local Anesthesia Training

To obtain a permit to administer local anesthesia in Iowa, the Iowa Dental Board requires that the applicant submit evidence of having completed board-approved training. The applicant's signature below authorizes the release of any information, favorable or otherwise, directly to the Iowa Dental Board.

Forward this form to the program where the applicant completed training in local anesthesia. The completed form may be returned by email to IDB@iowa.gov.

Local Anesthesia Training

Name of Applicant: _____

Name of Board-Approved Training Program: _____

Street Address: _____

City, State, Zip: _____

Program Director: _____

Email Address: _____

Dates of Training (from): _____

Date Completed (to): _____

Was the school accredited by the Commission of Dental Accreditation (CODA) of the American Dental Association (ADA) when the training was completed? Yes No

Did the training include a clinical component requiring demonstration of clinical competence in the delivery of maxillary and mandibular injections? Yes No

With my signature, I certify that the above-named applicant has demonstrated competency in administering local anesthesia.

Program Director Signature: _____

Date: _____

Dept. Inspections, Appeals, & Licensing
Iowa Dental Board
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Des Moines, IA 50321