



Dental Hygiene Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Secretary Approved Expanded Functions Education Verification

Note: this form must be submitted directly from the Dental Hygiene program.

\_\_\_\_\_ has successfully demonstrated the following at  
Name  
\_\_\_\_\_, which is a dental hygiene expanded functions  
Name of program  
education program approved by the Secretary of the Department of Health.

Please check the answers applicable to this student. Please note clinical competency means on live patients.

Yes No

- a. Didactic and clinical competency in the administration of injections of local anesthetic, which includes infiltration: ASA, MSA, Nasopalatine, greater palatine. Block: Long buccal, mental, inferior alveolar, and PSA;
- b. Didactic and clinical competency in the administration of nitrous oxide analgesia;
- c. Didactic and clinical competency in the placement of restorations into cavities prepared by a dentist; and
- d. Didactic and clinical competency in the carving, contouring, and adjusting contacts and occlusions of restorations.



\_\_\_\_\_  
Name of Dental Hygiene Expanded Functions Program Director  
(Please print or type)

\_\_\_\_\_  
Signature of Dental Hygiene Expanded Functions Program Director

\_\_\_\_\_  
Date