



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

## ADA Accredited Dental Hygiene Programs Education Verification

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

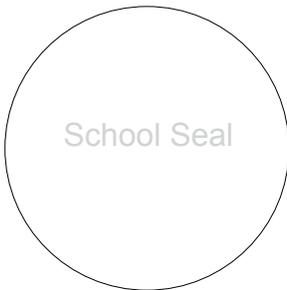
1. \_\_\_\_\_ graduated on \_\_\_\_\_  
Name mm/dd/yyyy  
 from \_\_\_\_\_ Dental Hygiene Program, which is accredited  
Name of program  
 by the American Dental Association Commission on Dental Accreditation for dental hygiene.

2. The accredited dental hygiene program named above required this student to successfully demonstrate the following: (Please check 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.
- d. Didactic and clinical competency in the carving, contouring, and adjusting contacts and occlusions of restorations.



\_\_\_\_\_  
 Name of Dental Hygiene ADA Accredited Program Director  
 (please print or type)

\_\_\_\_\_  
 Signature of Dental Hygiene ADA Accredited Program Director

\_\_\_\_\_  
 Date