Washington State Department of Health
Dental Hygiene Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

CDAC 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 Commission on Dental Accreditation of Canada (CDAC) 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.

School Seal

_____
Name of Dental Hygiene CDAC Accredited Program Director
(please print or type)

_____
Signature of Dental Hygiene CDAC Accredited Program Director

_____
Date