



The Commonwealth of Massachusetts  
Division of Health Professions Licensure  
**Board of Registration in Dentistry**  
239 Causeway Street, 5th Floor, Suite 500  
Boston, MA 02114  
(617) 973-0971  
[www.mass.gov/dph/boards/dn](http://www.mass.gov/dph/boards/dn)

## **Instructions for Permit L**

### **Administration of Local Anesthesia by Dental Hygienists**

(See 234 CMR 6.16 Effective August 20, 2010)

This application should only be submitted after determining that the requirements in 234 CMR 6.16 Administration of Local Anesthesia by a Dental Hygienist have been met.

**Please Note:** Completion of the training program for the administration of local anesthesia shall be no earlier than two years before submission of the application for Permit L, unless applying by credentials.

#### ➤ **Initial Application for Permit L (By Examination)**

##### **Educational and Training Qualifications:**

- Successful completion of a training program or course of study in a formal program in the administration of local anesthesia in accordance with 234 CMR 6.16 (4) and accredited by the American Dental Association; and
- Successful completion of a written examination in the administration of local anesthesia administered by the Northeast Regional Board of Dental Examiners (NERB)

#### ➤ **Application for Permit L (By Credentials--If you have administered local anesthesia in another jurisdiction, you may be eligible for a permit by credentials)**

##### **Educational and Training Qualifications:**

- Proof of successful completion of a training program or course of study in a formal program in the administration of local anesthesia in accordance with 234 CMR 6.16 (4) and accredited by the American Dental Association
- Proof of successful completion of a written examination in the administration of local anesthesia administered by another jurisdiction.
- Letter from the dentist who directly supervised you attesting to your experience in administering local anesthesia within the previous two years.



## **Permit L Application Attachments**

**Attachment A:** A personal or business check or money order in the amount of \$30.00 made payable to the Commonwealth of Massachusetts. Fee is nonrefundable and nontransferable. Please do not staple to application.

**Attachment B:** Proof of current Basic Life Support (BLS) certification;

**Attachment C:** Proof of successful completion of a training program or course of study in a formal program in the administration of local anesthesia in accordance with 234 CMR 6.16 (4) and accredited by the American Dental Association; and

**Attachment D:** Proof of successful completion of a written examination in the administration of local anesthesia administered by the Northeast Regional Board of Dental Examiners (NERB)

**Attachment E:** If applicable, letter from the dentist who directly supervised you attesting to your experience in administering local anesthesia within the previous two years.

## **APPLICANT ATTESTATION FOR PERMIT L**

I \_\_\_\_\_ **HEREBY CERTIFY,**  
**Print Full Name of Applicant**

**UNDER THE PAINS AND PENALTIES OF PERJURY, THAT:**

- **ALL INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND TRUE;**
- **I HAVE READ AND UNDERSTOOD THE STANDARDS AND REQUIREMENTS FOR THE ADMINISTRATION OF LOCAL ANESTHESIA AS PROMULGATED BY THE BOARD ON AUGUST 20, 2010 AT 234.CMR 6.16, INCLUDING, BUT NOT LIMITED TO, THE REQUIREMENTS OF THIS PERMIT FOR:**
  - **ADMINISTERING LOCAL ANESTHESIA ONLY UNDER THE DIRECT SUPERVISION OF A LICENSED DENTIST AT 234 CMR 6.16 (1)**
  - **APPLICATION FOR PERMIT L BY EXAMINATION OR CREDENTIALS AT 234 CMR 6.16(2) AND (3)**
  - **REQUIREMENTS FOR COURSE OF STUDY FOR PERMIT L AT 234 CMR 6.16 (4)**
  - **RECORDING OF ANESTHESIA REQUIRED AT 234 CMR 6.16 (6)**
- **I AM CURRENTLY, AND WILL CONTINUE TO BE, IN COMPLIANCE WITH ALL STATUTES, RULES, AND REGULATIONS PERTAINING TO THE PRACTICE OF DENTAL HYGIENE IN THE COMMONWEALTH OF MASSACHUSETTS AS REQUIRED BY LAW.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGN AND SEND THIS APPLICATION AND ALL REQUIRED ATTACHMENTS TO:**

**THE MASSACHUSETTS BOARD OF REGISTRATION IN DENTISTRY**

**239 CAUSEWAY STREET-SUITE 500, BOSTON, MA 02114**

**KEEP A COPY OF THIS APPLICATION AND ALL ATTACHMENTS FOR YOUR RECORDS**