

# AFFIDAVIT

## DENTAL HYGIENE CERTIFICATION TO ADMINISTER LOCAL ANESTHETICS

*This form must be signed, notarized and submitted with the training documents. Failure to include this form may result in your documents being rejected and returned.*

For a minimum of two years immediately preceding my application for certification to administer local anesthetics, I have been practicing dental hygiene under the supervision of a licensed dentist, as defined in G.S. 90-221.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Affirmed to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Official Seal)

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, 20\_\_\_\_.