



## **CERTIFICATION OF OUT-OF-STATE DENTAL HYGIENE EDUCATION IN SOFT TISSUE CURETTAGE, LOCAL ANESTHESIA, AND NITROUS OXIDE-OXYGEN ANALGESIA (SLN)**

An out-of-state applicant for dental hygiene licensure may be certified by the Board that they have met current California SLN requirements pursuant to 16 CCR section 1107(b)(9).

In addition to all requirements required by the Board to be licensed as a dental hygienist in California, out-of-state applicants shall submit:

1. An “Application for Certification of Out-of-State Dental Hygiene Education in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)” [Form DHBC SLN-05 (New 10/2021)] completed by the applicant.
2. An SLN course syllabus (to include individual SLN requirements set forth in 16 CCR 1107(b)(9)) certified by the educational program for the RDH educational program of which the applicant is a graduate.
3. A “Certification of Completion of SLN Course Requirements” [Form DHBC SLN-06 (New 10/2021)] completed by the RDH educational program of which the applicant is a graduate.
4. Payment of a **NON-REFUNDABLE** application fee of \$500 to the Board for processing.

**ALL** required coursework must match requirements found in 16 CCR section 1107(b)(9) **EXACTLY** in order to be accepted by the Board.

Link to 16 CCR section 1107:

[https://govt.westlaw.com/calregs/Document/I165E4F92076D49DC960696747D574613?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I165E4F92076D49DC960696747D574613?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))



## Application for Certification of Out-of-State Dental Hygiene Education in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)

Business & Professions Code (BPC) Section 1909, California Code of Regulations (CCR)  
 Title 16, Sections 1105.2, 1107

**Non-Refundable Fee: \$500**  
 (Must accompany application)

DHBC USE ONLY	
Receipt	RC
Date Filed	\$
Approved	Denied

**PLEASE TYPE OR WRITE LEGIBLY**

Date		
<b>Registered Dental Hygienist (RDH) SLN Certification Applicant Information:</b>		
Name		Telephone Number
Address		Email Address
City	State	Zip
<b>Dental Hygiene Educational Program (DHEP) Information:</b>		
DHEP Name		Phone Number
Program Director		Program Director Email
SLN Course Director		SLN Course Director Email
DHEP Address		
City	State	Zip

**Requirements for SLN Course Certification Acceptance:**

An out-of-state Dental Hygiene Educational Program (DHEP) Course in Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN) must be reviewed prior to acceptance of SLN course requirements for out-of-state Registered Dental Hygienist (RDH) applicants pursuant to BPC section 1909. Applicant records shall be subject to inspection by the Dental Hygiene Board of California (Board) pursuant to 16 CCR section 1107(b)(6)(D).

<b>Please answer the following:</b>	
<p>1. Did the course provide instruction in administration of local anesthetic agents limited to the oral cavity, administration of nitrous oxide-oxygen used as an analgesic utilizing fail-safe type machines containing no other general anesthetic agents, and periodontal soft tissue curettage pursuant to 16 CCR section 1107(a)(1)?</p> <p><b>Include a copy of your SLN curriculum to include syllabi and student evaluation mechanisms (clinical skills and competency assessment forms, remediation policy and procedures). (Label as Exhibit A).</b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>2. Did the course's duration allow for the development of competence in administration of local anesthesia, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage pursuant to 16 CCR section 1107(b)(9)?</p> <p><b>Include a copy of your didactic, pre-clinical and clinical schedules. (Label as Exhibit B)</b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Periodontal Soft Tissue Curettage Requirements:</b>	
<p>3. Did instruction in periodontal soft tissue curettage include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(C)?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>4. Did instruction in periodontal soft tissue curettage include at least three (3) clinical experiences on patients, of which only one was on another student and one of which was used to determine clinical competency in the course and the competency evaluation for this procedure was achieved at a minimum of 75% pursuant to 16 CCR section 1107(b)(9)(C)?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Local Anesthesia Requirements:</b>	
<p>5. Did instruction in the administration of local anesthetic agents include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(A)?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>6. Did curriculum include maxillary and mandibular anesthesia techniques for local infiltration, field blocks and nerve blocks to include anterior superior alveolar (ASA), middle superior (MSA), anterior middle superior alveolar (AMSA), posterior superior alveolar (PSA), greater palatine, supraperiosteal, inferior alveolar (IA), lingual, and buccal injections pursuant to 16 CCR section 1107(b)(9)(A)?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Local Anesthesia Requirements:</b>	
7. Did preclinical instruction of the aforementioned injections in question six include a minimum of two (2) experiences per injection, which may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Did clinical instruction of the aforementioned injections in question six include at least four (4) clinical experiences per injection which included two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient, of which only one (1) may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Did clinical instruction for the mental and incisive injections include at least two (2) clinical experiences per injection which included one (1) experience on the right side of a patient and one (1) experience on the left side of a patient, of which only one (1) may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Did clinical instruction for the nasopalatine injection include four (4) clinical experiences, of which only one (1) may have been on another student pursuant to 16 CCR section 1107(b)(9)(A)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Nitrous Oxide-Oxygen Analgesia Requirements:</b>	
11. Did instruction in the administration of nitrous oxide-oxygen analgesia include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction pursuant to 16 CCR section 1107(b)(9)(B)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Did instruction in the administration of nitrous oxide-oxygen analgesia include at least two (2) preclinical experiences on patients, both of which may have been on another student, and at least three (3) clinical experiences on patients, of which only one may have been on another student and one of which was used to determine clinical competency in the course pursuant to 16 CCR section 1107(b)(9)(B)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Did each clinical experience include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia from the beginning of titration of nitrous oxide-oxygen to the discontinuation of nitrous oxide and beginning of final oxygenation pursuant to 16 CCR section 1107(b)(9)(B)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Specify the <b>total number of hours</b> for all three areas within the course that was taught in the categories listed below pursuant to 16 CCR section 1107(b)(9):  Didactic: _____ Pre-Clinical: _____ Clinical: _____	

<b>Acknowledgement:</b>	
15. Did you successfully complete the course after achievement of a minimum of 75% in each clinical competency and are deemed competent in each of the three (3) procedures pursuant to 16 CCR section 1107(b)(10)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Have you reviewed California BPC section 1909 and 16 CCR sections 1105.2 and 1107?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Do you certify that the course you completed meets all requirements of BPC section 1909 and 16 CCR sections 1105.2 and 1107?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**The Board may approve or deny acceptance of any course. If the Board denies acceptance of a course, the reasons for denial will be provided in writing within 90 days.**

**Certification:**

***I certify under the penalty of perjury under the laws of the State of California that the statements made in the application are true and correct.***

\_\_\_\_\_  
Signature of SLN Certification Applicant

\_\_\_\_\_  
Date

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with BPC, § 1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.



## CERTIFICATION OF COMPLETION OF SLN COURSE REQUIREMENTS

**PLEASE TYPE OR PRINT LEGIBLY**

Date			
<b>Registered Dental Hygienist (RDH) Applicant Information</b>			
Last Name	First Name	Middle Name	Date of Birth
Address			
City		State	Zip Code
Home Phone	Mobile Phone	Email Address	
<b>Dental Hygiene Educational Program (DHEP) Information</b>			
DHEP Name			
Dates of Attendance by RDH Applicant		Date of Graduation of RDH Applicant	
From	To		
DHEP Director		DHEP Director Email Address	
Address			
City		State	Zip Code
DHEP Phone Number		DHEP Director Phone Number	

<b>Injection</b>	<b>Required Preclinical Injections</b>  <b>Injections may be on another student</b>	<b>Required Clinical Injections:</b> <b>Injections to include two (2) experiences on the right side of a patient and two (2) experiences on the left side of a patient,</b>  <b>Only one (1) injection may be on another student.</b>	<b>DHEP Director:</b> <b>Please initial below as to the completion of each requirement</b>
Anterior Superior Alveolar (ASA)	2	4	
Middle Superior Alveolar (MSA)	2	4	
Anterior Middle Superior Alveolar (AMSA)	2	4	
Posterior Superior Alveolar (PSA)	2	4	
Greater Palatine (GP)	2	4	
Supraperiosteal	2	4	
Inferior Alveolar (IA)	2	4	
Lingual	2	4	
Buccal	2	4	
<b>Competency evaluations for each of the above injections and techniques were achieved at a minimum of 75%.</b>			

<b>Injection</b>	<b>Required Preclinical Injections</b>  <b>Injections may be on another student</b>	<b>Required Clinical Injections</b>	<b>DHEP Director:</b> <b>Please initial below as to the completion of each requirement.</b>
Nasopalatine	2	4	
Mental	2	<ol style="list-style-type: none"> <li>1. One (1) experience on the right side of a patient</li> <li>2. One (1) experience on the left side of a patient</li> <li>3. Only one (1) injection may be on another student.</li> </ol>	

Injection	Required Preclinical Injections  Injections may be on another student	Required Clinical Injections	DHEP Director: Please initial below as to the completion of each requirement.
Incisive	2	<ol style="list-style-type: none"> <li>1. One (1) experience on the right side of a patient</li> <li>2. One (1) experience on the left side of a patient</li> <li>3. Only one (1) injection may be on another student.</li> </ol>	
<b>Competency evaluations for each of the above injections and techniques were achieved at a minimum of 75%.</b>			

Nitrous Oxide-Oxygen Sedation	Required Preclinical Experiences	Required Clinical Experiences	DHEP Director: Please initial below as to the completion of each requirement.
	<ol style="list-style-type: none"> <li>1. Minimum two experiences.</li> <li>2. Both experiences may be on another student.</li> </ol>	<ol style="list-style-type: none"> <li>1. Minimum three (3) experiences.</li> <li>2. One experience may be on another student.</li> <li>3. One experience must be used to determine competency.</li> <li>4. Minimum of 20 minutes of nitrous oxide-oxygen exposure for each experience.</li> </ol>	
<b>Competency evaluation for the Nitrous Oxide-Oxygen Sedation experience was achieved at a minimum of 75%.</b>			

Soft Tissue Curettage	Required Clinical Experiences		DHEP Director: Please initial below as to the completion of each requirement.
	<ol style="list-style-type: none"> <li>1. Minimum three (3) experiences.</li> <li>2. One experience may be on another student.</li> <li>3. One experience must be used to determine competency.</li> </ol>		
<b>Competency evaluation for the Soft Tissue Curettage experience was achieved at a minimum of 75%.</b>			



**SLN CERTIFICATION:**

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE CALIFORNIA RDH APPLICANT ABOVE SUCCESSFULLY COMPLETED AND DEMONSTRATED CLINICAL COMPETENCY IN THE ABOVE LISTED DUTIES PURSUANT TO CALIFORNIA CODE OF REGULATIONS TITLE 16, DIVISION 11 §1107(b)(8-9).**



\_\_\_\_\_  
**PRINTED NAME OF PROGRAM DIRECTOR**

\_\_\_\_\_  
**SIGNATURE OF PROGRAM DIRECTOR**

\_\_\_\_\_  
**DATE**