



ELIGIBILITY VERIFICATION FOR EMPLOYMENT

NITROUS OXIDE APPLICATION

Applicant's Name _____

Okla. DA Permit/RDH License# _____

Home Address _____

Home Phone () _____

Employing Dentist _____

Office Address _____

Office Phone () _____

FOR THE EMPLOYING DENTIST (Please read carefully):

I hereby certify that the dental professional named above meets the eligibility requirements for participating in the ODF Nitrous Oxide Application Course, which are set by the Board of Dentistry and listed below:

- Participant has a **MINIMUM of one year active clinical experience** as a Dental Assistant – OR – is a licensed Oklahoma Dental Hygienist.

Dental Assistant has worked chairside since _____ (mm/dd/yyyy)

*Month/Year sufficient for those working for **more** than one year.

If the dental assistant graduated from **Rose State, Moore Norman, Francis Tuttle, Metro Tech, or Western Tech** (which are the Okla. CODA approved dental assisting programs), the above requirements are waived.

CODA Approved Program _____ Graduation Date: _____

Today's Date _____

Employing Dentist Signature _____

Applicant's Signature _____