

UC Blue Ash College Dental Hygiene Program Nitrous Oxide Work Experience Form

SECTION 1: Instructions for the Applicant

This pre-registration form is for applicants wishing to complete the Nitrous Oxide continuing education course at the University of Cincinnati Blue Ash College. Please follow the directions below before submitting this form with your registration

- **Registered Dental Hygienists –**
 - Need to submit a copy of your license **AND** current CPR card.
- **Dental Assistant –**
 - Need to submit a copy of current CPR card **AND**
 - You will need to show proof of 2+ years of active practice and 3000+ hours of dental experience through the completion of this form.

Section 2: To be completed by the Dentist

OFFICE INFORMATION

Name of Office: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip code: _____

APPLICANT INFORMATION

Years of active practice: _____
(Must have at least 2+ years)

Hours of dental experience: _____
(Must have at least 3000+ hours)

Dentist/Dental Hygienist Signature

Date

SECTION 3: Applicant's Information

Applicant's Name (Print Full Name)

Date

Applicant's Signature