



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**APPLICATION FOR A PERMIT TO ASSIST THE ADMINISTRATION OF
 AND MONITOR NITROUS OXIDE ANALGESIA - DENTAL ASSISTANTS**

MISSOURI DENTAL BOARD
 3605 MISSOURI BOULEVARD
 PO BOX 1367
 JEFFERSON CITY, MO 65102-1367
 TELEPHONE: (573) 751-0040
 FAX: (573) 751-8216
 TTY: (800) 735-2966

FOR OFFICE USE ONLY		
FEE RECEIVED	CERTIFICATE RECEIVED	APPLICATION APPROVED

INSTRUCTIONS

- This form must be typed or printed legibly in **black** ink.
- Provide complete information (incomplete information will delay the processing of your application.)
- Enclose the **\$10.00** application fee in the form of a check or money order made payable to the Missouri Dental Board (all fees are non-refundable)
- Attach a copy of your nitrous oxide analgesia certificate that specifies information about your training and competency testing. At a minimum, information required must include the course name, sponsor, date taken and number of hours of didactic and clinical hours earned and documentation of competency testing.
- If certified by another state dental board to assist in the administration of and monitor nitrous oxide analgesia, attach one copy of your certification received from that state board.
- Return this completed form, fee and documentation to the Missouri Dental Board at the address listed in the above right-hand corner of this form.

SECTION I – APPLICANT DATA

NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)			DATE OF BIRTH	
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	FAX	PLACE OF BIRTH	
HOME STREET ADDRESS (IF PO BOX, PLEASE ALSO PROVIDE A STREET ADDRESS)		CITY	STATE	ZIP CODE
BUSINESS ADDRESS		CITY	STATE	ZIP CODE
USE AS MY MAILING ADDRESS (CHECK ONLY ONE BOX) <input type="checkbox"/> Home or <input type="checkbox"/> Business	EMAIL ADDRESS	SOCIAL SECURITY NUMBER* (SEE DISCLOSURE NOTICE ON THE BACK OF THIS FORM)		
NAME AND ADDRESS OF EMPLOYER				

SECTION II – APPLICANT TRAINING

COURSE NAME	COURSE SPONSOR	DATE(S) OF ATTENDANCE
NUMBER OF HOURS OF Didactic: Clinical:		WAS COMPETENCY TESTING REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III – SWORN AFFIDAVIT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a permit to assist the administration of and monitor nitrous oxide-oxygen anesthesia in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit in consideration this application as required by 20 CSR 2110-2.120 relating to the practice of dental assistants. I subscribe and agree to abide by all applicable laws and rules regarding the practice of dental assisting. I hereby certify that I have familiarized myself with Chapter 332 RSMo, known as the Dental Practice Act and applicable rules promulgated by the Missouri Dental Board.

Enclosed is the application fee that is non-refundable. I understand the Board may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

MUST BE SIGNED IN PRESENCE OF NOTARY ▶	SIGNATURE OF APPLICANT		
NOTARY PUBLIC EMBOSSEOR OR BLACK INK RUBBER STAMP SEAL	STATE		USE RUBBER STAMP IN CLEAR AREA BELOW.
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

SOCIAL SECURITY NUMBER DISCLOSURE NOTICE

You must provide your social security number pursuant to state and federal law. ¹

If you fail or refuse to provide your social security number, we will consider your initial application or renewal application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application and could result in the imposition of late fees, administrative revocation of your license, a lapsed license or disciplinary action against your license.

Pursuant to state and federal law, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:

- (1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
- (2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds or has applied for a professional or occupational license (under certain circumstances, a person who owes overdue child support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity for hearing in that court, suspending, withholding or restricting the person's license).

In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:

- (1) for internal identification purposes (e.g., some licensing authorities use your social security number as your license number);
- (2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (4) to verify licensure with another state's licensing authority for reciprocity licensure;
- (5) for identification purposes in national disciplinary databases (the discovery of a disciplined license in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (6) for test identification purposes.

¹Senate Bill 361, 89th General Assembly, First General Session (1997); Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193