



Local Anaesthetic Declaration

Please complete the following declaration if you would like to receive recognition for Local Anaesthetic training completed and be included on the Local Anaesthetic Roster, thus allowing you to practise the skills learned. A copy of the certificate of completion from this course must accompany the declaration.

I, _____, declare that:
(Print name)

I have successfully completed the requirements of a Local Anaesthetic Module/Course for Dental Hygienists at

_____ on _____.
(Name of granting organization - College/University/Program) (Date)

I make this declaration in good faith knowing that it has the same force and effect as if taken under oath and understand that making a false declaration can result in disciplinary action.

Signature

Date