

DENTAL HYGIENE NEUROMODULATOR ADMINISTRATION APPLICATION

PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK **\$10 check or money order- NO CASH**

Dental Hygienist Name _____ OK RDH # _____

Current Mailing Address _____

City _____ State _____ Zip _____ Email Address _____

(3) Neuromodulator Administration

- a. Definition: A dental hygienist authorized by the Board to perform this advanced procedure may administer neuromodulator under direct supervision of a dentist.
- b. A holder of a license to practice dental hygiene with a minimum of two (2) years of experience and holds an advanced procedure for the administration of local anesthesia may apply for an advanced procedure permit to allow them to inject a neuromodulator that is derived from Clostridium botulinum or that is biosimilar to or the bioequivalent of such a neuromodulator or who injects a dermal or soft tissue filler upon completion of a course approved by the Board that meets the minimum requirements:
- c. Each hygienist must provide a statement along with their application for this advanced procedure certifying that each neuromodulator that has been or will be injected by the holder, and each dermal or soft tissue filler that has been or will be injected by the holder is approved for the use in dentistry by the United States Food and Drug Administration and;
- d. Maintain malpractice insurance and provide proof of insurance annually.
- e. A hygienist holding this advanced procedure permit shall not administer such an injection to a person other than a patient of record;
- f. The training must be a minimum of twenty-four (24) total hours in length including a minimum of 4 hours of didactic and 4 hours of clinical training in each of the following subjects;
 - (i.) The use of neuromodulators that are derived from Clostridium botulinum or that are biosimilar to or the bioequivalent of such a neuromodulator in the treatment of temporomandibular joint disorder and myofascial pain syndrome;
 - (ii.) The use of neuromodulators that are derived from Clostridium botulinum that are biosimilar to or the bioequivalent of such a neuromodulator for dental and facial esthetics; and
 - (iii.) The use of dermal and soft tissue fillers for dental and facial esthetics;

Please attach the following documentation to this request:

- **Have you held a Dental Hygiene License for a minimum of two (2) years and hold the local anesthesia advanced procedure? Yes or No**
- **Copy of Malpractice Insurance _____**
- **Certificate of Completion of a Board Approved Course _____**

AFFIDAVIT OF DENTAL HYGIENIST

I, _____ do hereby attest that I have completed an approved Neuromodulator Administration course and that each neuromodulator or dermal or soft tissue filler being injected is approved for use in dentistry by the United States Food and Drug Administration. All information or statements made on this form(s), or any information given in connection therewith, to be true and correct. I understand and agree that this is a State of Oklahoma official document and any misrepresentation or fraudulent statement on any part of this form(s) may be grounds for disciplinary action as set forth by the Oklahoma State Dental Act 59 O.S. §Section 328.32.(A)(2), as well as other laws under the State of Oklahoma.

Dental Hygienist Signature and Oklahoma License Number

Date

Oklahoma Board of Dentistry

2920 N Lincoln Blvd., Ste B | Oklahoma City, OK 73105
(405)522-4844 | www.ok.gov/dentistry | obod.board@ok.gov