Nitrous Oxide Monitoring Course Application

Texas State Board of Dental Examiners
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Austin, Texas 78701
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Information: TSBDE will approve a CODA-accredited dental, dental hygiene, or dental assistant program whose course of instruction meets the criteria set forth in Rule 114.4(d)(2)(C) for the approval of a dental hygienist or registered dental assistant to monitor the administration of nitrous. The Board and the Licensing Committee will approve or deny a course at a quarterly scheduled public meeting. This application will require the provider to submit course information and syllabus for review. All courses must include a mandatory competency evaluation with a minimum of 50 test items.

Part I. General Information

Name of Institution		
Address		City/State/Zip Code
The course will be offered through a: (check one) □ CODA- accredited dental, dental hygiene, ***or*** □ dental assistant program, approved by the board		
URL for the course		Website Address
Phone Number	Fax Number	Contact Person
List other Educational Programs conducted by your school (If none, put "NA")		

Part II. Information specific to the course.

Check off the anticipated teaching methods for the course:

□ Lecture □ Audiovisual □ Clinical □ Simulation □ Interactive live-time

□ Self-Study (correspondence, video, audio, and reading courses) □ Other (Please Specify)

Is the contact person named above the same person who will be teaching the course?	□ Yes	□ No
Will each instructor have education and experience within the last five years in the subject being taught?	□ Yes	□ No
Will participants completing course of study for credit be asked to provide a written evaluation of the quality of the course?	□ Yes	□ No

Part V. Agreements

In accordance with the rules adopted by the TSBDE the applicant program provider agrees to comply with the requirements for provider approval, which include but are not limited to the following in items:

a. To provide courses that are essential in the development of skills, new technologies, new protocols, rules, and laws required for the dental professionals.
b. To issue to each attendee, upon successful completion of the course, a certificate, which includes the course name, attendee's name, date of completion, number of hours of didactic education and testing in the monitoring and administration of nitrous oxide, and the name of the board approved provider.
c. To surrender to the TSBDE, the provider approval and cease representing the provider as approved if requested or instructed by the TSBDE.
d. To be responsible for the overall administration of the course including the performance of any subcontractors you employ.

_____ _____

Signature Date

_____

Printed Name

Part VI. Attestation

I certify that the information provided on this application is true and correct. I have read, understand and agree to abide by the Dental Practice Act and the rules adopted by the TSBDE. I understand that providing false information of any kind may result in the voiding of this application

_____ _____

Date Signature of Provider Applicant

The State of _____

County of _____

BEFORE ME, the undersigned authority, on this day personally appeared known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me duly sworn on oath, acknowledged that he/she had executed the same for the purposes and considerations therein expressed and that the foregoing statements are true and correct.

Given under my hand and seal of the office, this _____day of _____, 20_____.

Notary Public in and for the State of Texas or _____

_____

Signature of Notary Public

_____

Printed Name of Notary

(Seal)