



## South Dakota State Board of Dentistry

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### **Anesthesia Assisting Course Approval Request Form**

The following information is required for approval of an Anesthesia Assistant Permit course. Courses are reviewed annually.

Date of Request: \_\_\_\_\_ Date(s) of Course: \_\_\_\_\_

Name of Person Requesting Approval: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Course: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Location: \_\_\_\_\_

***Please attach the following to this application:***

1. Resume or bio of speaker.
2. Detailed course outline that includes verification of a minimum of 8 hours of instruction.