

Dental Sealants for the Certified Dental Assistant

EIGHT CEU'S

Approved by the Ohio Dental Board

This 8 CEU continuing education course will prepare the certified dental assistant in the proper placement of dental sealants. This course focuses on two didactic hours including dental anatomy, infection control, legalities, and placement technique. Six clinical hours concentrates on demonstration, practice and clinical competency.

Presenter: Sinclair Community College Dental Hygiene Faculty

Fee: \$400.00 includes all supplies, lunch, refreshments and parking

Location: Sinclair Community College

Date: Thursday, August 23, 2012

Registration: 8:15 a.m.

Lecture: 8:30-11:30 am

Clinical: 12:30-4:30 pm

Standardized Exam: 4:30-5:30 pm

Registration Deadline: Wednesday, August 8, 2012

Capacity is limited to 20 students on a first come first serve basis with complete eligibility.

Sinclair reserves the right to cancel the course with a full refund due to insufficient enrollment.

Eligibility for the Certification of the Dental Sealant Course at Sinclair Community requires the following items be submitted along with a completed application and full payment by the registration deadline:

1. A copy of CURRENT Certified Dental Assisting Certification (Ohio or DANB) showing expiration date
2. We require that candidates wear scrubs, lab coats; hair pulled back and off the collar, minimal jewelry, and **must bring their own safety glasses.**

For additional information call contact Judy Fronsoe, 937-512-2779 or judy.fronsoe@sinclair.edu

DENTAL SEALANTS

REGISTRATION FORM

MAIL-IN REGISTRATION FORM - ONE FORM PER PERSON PLEASE - THIS FORM MAY BE DUPLICATED.

8 / 23 / 12	COURSE TITLE Dental Sealants	FEE \$ 400 <input type="checkbox"/>	MAIL THIS FORM WITH PAYMENT TO: Sinclair Community College Dental Health Sciences Department 444 West Third Street Dayton, OH 45402-1460 Phone: 937-512-2779 FAX: 937-512-4175
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M/C VISA CARD # _____ EXP. DATE _____

C V V # _____ (THIS IS THE NUMBER ON THE BACK OF YOUR CREDIT CARD.)

CARD OWNER'S NAME IF OTHER THAN STUDENT _____

STUDENT NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ BUSINESS PHONE: _____

EMPLOYER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

WITHDRAWAL & REFUND POLICY

A handling fee, 50 percent of the total cost, will be charged when cancellations are made less than one week prior to the seminar. A handling fee, 25 percent of the total cost, will be charged when cancellations are made at least one week prior to the seminar. Full refunds will be made automatically in the event of institutional cancellations. No-shows are responsible for the entire amount.