

Local Anesthesia Certification for Dental Hygienists

Approved by the Ohio Dental Board

Presenter: Sinclair Community College Dental Hygiene Faculty

Fee: \$795 includes all supplies, lunch, refreshments, parking and 29 hours of continuing education

Location: Sinclair Community College

Dates: October 19, 20, 26 & 27, 2012

Schedule:

Lecture: Fridays, October 19 & 26, 2012 8:30 am - 5:00 pm

Clinical: Saturdays, October 20 & 27, 2012 8:00 am - 5:00 pm

Registration Deadline: **September 5, 2012** (no refund after this date)

Capacity is limited to **20 students** on a first come first serve basis with proof of eligibility* and payment received.

***Eligibility for the Local Anesthesia for Dental Hygienists course at Sinclair Community College requires a valid, Ohio dental hygiene license showing date of expiration. Proof of licensure and CPR certification must be submitted with payment.**

Participants will be required to receive injections of local anesthetic. If you are pregnant or have any medical condition which forbids the use of local anesthetic, you will not be permitted to register for this course.

For additional information call Judy Fronsoe (937) 512-2779

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

REGISTRATION FORM

ONE FORM PER PERSON PLEASE – THIS FORM MAY BE DUPLICATED.

COURSE TITLE Local Anesthesia Certification for Dental Hygienists October 19, 20, 26 & 27, 2012 You will be sent a letter of confirmation	FEE \$795	MAIL/FAX THIS FORM WITH PROOF OF LICENSURE, CPR CERTIFICATION AND PAYMENT TO: Sinclair Community College Dental Health Sciences Dept. 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 3-DIGIT NUMBER ON THE BACK OF YOUR CREDIT CARD.)

CARD OWNER'S NAME IF OTHER THAN STUDENT _____
 PARTICIPANT'S NAME _____
 HOME ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 HOME PHONE _____ BUSINESS PHONE _____
 E-MAIL ADDRESS _____
 EMPLOYER'S NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____

PLEASE SEND COURSE MATERIALS TO MY: _____ E-MAIL ADDRESS _____ HOME ADDRESS _____

WITHDRAWAL & REFUND POLICY

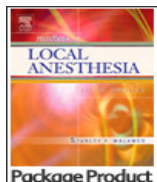
A handling fee of \$25.00 will be charged for any cancellations up to the registration deadline. No refunds will be granted after the registration deadline. Full refunds will be made automatically in the event of institutional cancellations. No-shows are responsible for the entire amount.

Your registration will NOT be processed without copies of your Ohio dental hygiene license and CPR certification.

COURSE MATERIALS:

The course director will be sending course materials to each participant prior to the seminar. It is best if materials can be e-mailed to you directly; however, if you do not have an e-mail address, a hardcopy can be sent. **Please indicate how materials should be sent to you on the registration form.** Course participants **MUST** complete the required reading assignments and pre-test prior to the course. The pretests will be turned in to the course director on the first day of class. Students must achieve 80% or higher on the pretest.

Participants **MUST** purchase the required textbook and DVD **on their own; THEY WILL NOT BE AVAILABLE IN THE SINCLAIR BOOKSTORE.** You can go to www.elsevier.com to purchase the Malamed textbook and DVD.



Handbook of Local Anesthesia - Text with Malamed's Local Anesthesia Administration DVD Package, 5th Edition
 By Stanley F. Malamed, DDS Copyright 2005
\$120.00, Package, Reference Mosby Title
 ISBN: 0323033539 ISBN-13: 9780323033534