

Certification of Anesthesia for Dental Hygienist

OZARKS TECHNICAL COMMUNITY COLLEGE
October 7th & 8th, 2011
WDH 608-01

LOCATION: Ozarks Technical Community College

Lincoln Hall Room 215

DATE: Friday, October 7th and Saturday, October 8th 2011

TIME: Friday at 5:00 pm – 9:00 pm & SATURDAY at 8:00 am – 5:00 pm

FEE: \$400

DETAILS: This course is designed to prepare licensed dental hygienists to administer block and infiltration anesthesia. The course content includes the mechanism of action, local anesthetic agents, review of essential anatomy, armamentarium, vasoconstrictors and local and systemic effects and complications.

In addition to the didactic session, participants will perform safe and effective local anesthesia administration techniques on their clinical partners under the supervision of qualified faculty.

Students must pass a written exam with 80% or better and skills assessment. This course meets the requirements of the Missouri Dental Board for certification in the administration of block and infiltration anesthesia in the practice of dental hygiene. (12 CE)

Maximum of 12 Students!

Must bring CPR card and Missouri Dental Hygiene license to class

Textbook: *Local Anesthesia for the Dental Professional: What you need to Know!* (2011). Anthony R Petito, DDS and Liza C Ward, DDS (Included in fee).

Faculty: Dr. Gary Dollens and Marge Bell, RDH

QUESTIONS: Contact Janet Sell at (417) 447-8832 or e-mail sellj@otc.edu

OZARKS TECHNICAL COMMUNITY COLLEGE CENTER FOR WORKFORCE DEVELOPMENT

REGISTRATION FORM - PLEASE PRINT OR TYPE

Name _____ SSN _____

Home Address _____ DOB _____

City _____ State _____ Zip code _____

Dentist's Name _____

Office Address _____

City _____ State _____ Zip code _____

Student's Phone (H) _____ (O) _____ (C) _____

EMAIL ADDRESS for sending confirmation: _____

1. Enclose **check** payable to OTC and mail to:
Ozarks Technical Community College, Community Enrichment Center, 1001 E Chestnut Expressway,
Springfield MO 65802.
2. Complete the credit/debit card information. Mail to address above OR fax to (417) 447-8893.
Method of Payment: Check _____ (Payable to OTC) Discover _____ MasterCard _____ Visa _____

PRINT

Card Holder's Name as it appears on card: _____

Card Holder's Address _____ Phone _____

City, State, Zip _____

CARD # _____ - _____ - _____ - _____ Exp. Date ____/____ Verification Code _____

For more information or to register BY PHONE (debit/credit card only) call (417) 447-8888. Payment must be provided at time of registration.

www.otc.edu/continuinged.