

# OZARKS TECHNICAL COMMUNITY COLLEGE

## Nitrous Oxide for Dental Hygienist & Assistants

WDH 607-01  
8:00 – 5:00pm

### Nitrous Oxide Sedation Course

#### Course Description

Sedation is routinely used in dental offices to relieve tension and stress in a patient who falls in the category of an anxious individual. Therefore, one can employ inhalational anesthesia in a safe method. Nitrous oxide and oxygen inhalational anesthesia to sedate relieve certain amounts of pain will be outlined.

#### Course Structure

This one-day course contains both didactic and practical hands on participation involving the use of nitrous-oxide. Upon completion of this course, registered dental hygienists and dental assistants will be eligible to apply for certification with the Missouri Dental Board.

To meet the potential need for the dental profession, course size is limited and will be available on a first-come, first-served basis.

- Date: Saturday, September 10, 2011
- Sign-In and Registration 8:00 – 8:30
- Course begins at 8:30
- Location: Ozarks Technical Community College; Lincoln Hall 211
- Dress will be casual

#### Course Faculty:

- Gary Dollens, DDS
- Janet Sell, CDA
- Marge Bell, RDH
- Rebecca Caceres, RDH

#### Registration:

- Fee: \$225.00 per person
- Complete registration form on back

# 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](http://www.otc.edu/continuinged)