

8 Hour Infection Control Course

Mandatory for All Unlicensed Dental Assistants*

(hired after 1-1-2010)

***California Dental Practice Act Business and Professions Code, Article 7, Section 1750 (c)**

*As of 1-1-2010, the supervising licensed dentist will be responsible for ensuring that each unlicensed dental assistant, who is in his or her continuous employ for 120 days or more, has successfully completed board approved courses in Dental Practice Act, basic life support and an **eight hour course in infection control** within one year of employment*

The didactic portion of the course (4 hours) may be taken as home study. The clinical portion of the course (4 hours) must be presented live, hands-on in a clinical setting. **For your convenience, Leslie will conduct the clinical portion of the course in your office.**

Tuition for the 8 hour Infection Control course is \$695 per person (minimum 2 people) and includes:

- 4 hour Didactic home study module
- 4 hour Clinical module in your office
- Dental Practice Act home study course
- Flexible schedule-evenings or weekends OK!
- Peace of mind, knowing your practice meets dental board requirements

(Group rates available for 4 or more dental assistants taking the course at the same time)



Leslie Canham, CDA, RDA is a Dental Board approved provider for the 8 Hour Infection Course .

Have questions? Call Leslie at **209-785-3903**. To Register submit completed form (one per person) along with payment. **Forms may be faxed 209-785-4458 or mailed to: Leslie Canham & Associates, LLC, PO Box 542, Copperopolis, CA 95228.**

The on-site clinical module will be scheduled on a mutually agreeable date upon receipt of payment.

The home study didactic infection control module must be completed prior to on-site training.

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| Name of Dental Assistant | () Home Phone | | |
| Name of Employer | () Work Phone | | |
| Address | City | State | Zip |
| Payment Method (check one): <input type="checkbox"/> Check to Leslie Canham & Associates, LLC <input type="checkbox"/> Credit Cards accepted via PayPal | | | |
| Name of person making payment | email address required (to send invoice via Paypal) | | |
| Address of Dental Practice | City | State | Zip |
| Note: Training conducted over 150 miles from Leslie's home may incur a reasonable travel and lodging fee | | | |