

8 Hour Infection Control Course

Mandatory for All Unlicensed Dental Assistants*

The regulation becomes effective January 1, 2010. This course can only be given by board approved providers. 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. Unlicensed dental assistants can get started now to avoid the rush and waiting lists.

Tuition for the 8 hour course is \$495/person or \$450/person for 3 or more and includes:

- 4 hour Didactic online or 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

(Call for pricing on group training)

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

*Beginning 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*



Instructor Leslie Canham, CDA, RDA is a CA Dental board approved provider for continuing education. Hundreds of dental practices rely on Leslie to conduct training and mock inspections to ensure infection control and OSHA compliance.

Have questions? Call Leslie at 888-853-7543

To Register submit completed form (one per person) and payment. Forms may be Faxed to 209-785-4458 or mailed to: Leslie Canham, PO Box 542, Copperopolis, CA 95228

The on-site clinical module will be scheduled on a mutually agreeable date upon receipt of payment. Training conducted over 150 miles from Leslie's home may incur a reasonable travel and lodging fee.

Name of Dental Assistant	(____) _____ Home Phone
Name of Employer	(____) _____ Work Phone
Address	City State Zip
Tuition <input type="checkbox"/> \$495 Per Person (\$450 Per Person if 3 or more) Payment Type: <input type="checkbox"/> Visa/Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Check	
Credit Card Number	Expiration Date
Billing Address for Credit Card (if different than address above):	
Address	City State Zip
Print Card Holder's Name	Card Holder's Signature