COURSE OVERVIEW AND GOAL:
Participants will learn the management of pain through the administration of local anesthetic agents.

PREREQUISITE OBJECTIVES:
Prior to taking the course on local anesthetic technique, participants must:
1. Provide a copy of current CPR certification card, proof of malpractice insurance and current Dental Hygiene Licensure number. **These must accompany your registration form.**

Additionally, participants should be able to:
- Obtain and evaluate the patient’s medical history and vital signs;
- Locate and use emergency equipment in their own practice setting;
- Utilize good aseptic technique during patient treatment;
- Bring and utilize clinic safety glasses; and
- Implement SBE coverage for yourself should it be needed for clinical procedures.

PROGRAM SCHEDULE:
**Friday, April 13**
- 7:00 a.m. Registration, College of Dentistry
- 7:30 Introduction and Pretest
- 8:30 Lectures all day
- 5:15 p.m. Program concludes for the day

**Saturday, April 14**
- 8:00 a.m. Lectures and Clinical Practice all day
- 5:30 p.m. Program concludes for the day

**Sunday, April 15**
- 8:00 a.m. Clinical Practice (a.m.)
  - Clinical Competency Exam (p.m.)
- 4:00 p.m. Post-Test
- 5:15 Program concludes for the day
Local Anesthesia for Dental Hygienists — April 13–15, 2018

FEES: $895.00
CE CREDIT: 26 hours relicensure credit
PLEASE REGISTER BEFORE FEBRUARY 1, 2018

GENERAL INFORMATION

REGISTRATION OPTIONS:
Registrations will not be accepted without payment. You may register using the following methods:

- Mail your registration form and check to:
  Penni Ryan
  University of Iowa College of Dentistry and Dental Clinics
  348 DSB North
  Iowa City, IA 52242-1010

- Go online to www.dentistry.uiowa.edu/CERegistration to pay by credit card

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

The University of Iowa Nondiscrimination Statement
The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, associational preferences, or any other classification that deprives the person of consideration as an individual. The university also affirms its commitment to providing equal opportunities and equal access to university facilities. For additional information on nondiscrimination policies, contact the Director, Office of Equal Opportunity and Diversity, the University of Iowa, 202 Jessup Hall, Iowa City, IA, 52242-1316, 319-335-0705 (voice), 319-335-0697 (TDD), diversity@uiowa.edu.
LOCAL ANESTHESIA FOR DENTAL HYGIENISTS
April 13–15, 2018

For use if only paying by check

Name____________________________________________________________________________________________________

Employer's Name __________________________________________________________________________________________

Address _________________________________________________________________________________________________

Street City, State ZIP

( ______ ) ________________________ [daytime phone] Email Required ____________________________________________

TOTAL COURSE COST: $895.00

☐ PAYMENT BY CHECK (Payable to the College of Dentistry)

Please return this form by February 1, 2018 with your check to:

Penni Ryan
University of Iowa College of Dentistry and Dental Clinics
348 DSB North
Iowa City, IA 52242-1010

CANCELLATIONS/REFUNDS: Due to limited enrollment, please cancel as early as possible if this becomes necessary. For cancellations prior to March 1, fees paid will be refunded less a $100 processing fee following notice of cancellation. For cancellations after March 1, your fee will be refunded less $100 processing fee if your space can be filled with a wait-listed participant. If the space cannot be filled from the wait list, there will be no refund. For registrations charged to your credit card, the refund will be credited to your account. If insufficient enrollment necessitates canceling a course, all fees will be refunded.


ACHIEVEMENT OF COMPETENCY AND CONTINUING EDUCATION CREDIT: Upon successful completion of the course (75% or greater competency on Post Test and 80% or greater on Clinical Practicum Exam) CEU verification will be provided (by email following the program) for those completing/submitting a CEU card at the completion of the program. Credit will be appropriately adjusted for those individuals who do not attend the entire program. All attendees are encouraged to submit a CEU card, which will ensure that a letter documenting attendance will be sent following the program. If it becomes necessary for additional clinical practice, one make-up day will be scheduled during the regular work week (M-F) within one month of the original course at a fee of $200. Only one make-up session will be permitted after which the participant must re-take the full course at the full fee.

COURSE INCLUDES: Breakfast, lunch, breaks, parking, handouts, and clinical materials and supplies.