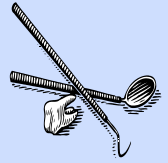


OSHA, California Dental Practice Act, and Infection Control

-by-

Diane Arns, B.S.



6 Hours Core CEU's

Friday, January 24, 2020

8:00am – 3:30pm



Papapolloni's (formerly Famiglia Bistro)
2501 McHenry Ave. Modesto

8:00am – Registration / Breakfast

8:30am to 3:30pm – Presentation

Lunch is provided



Diane Arns, BS, holds a bachelor's degree in International Business from San Francisco State University and a Clear Professional Teaching Credential from California State University, Sacramento, with over 17 years of experience in education. Diane is an accredited CE Provider with the Dental Board of California, and since 2006 a member of the California Dental Association's "Recommended Speakers Bureau". In addition, Diane is also an "Authorized Trainer" for Federal & Cal-OSHA Outreach Training.

COURSE SYNOPSIS:

You will meet all your required licensure in one day! Licensed dental professionals are required by the Dental Board of California to take an Infection Control Class and a California Dental Practice class biennially for licensure renewal. CAL-OSHA has annual training requirements for personnel who work in an environment that have a risk of occupational exposure to bloodborne pathogens and/or hazardous chemicals. CAL-OSHA requires all dental professionals to take an annual course in Bloodborne Pathogen training, plus an annual Hazard Communication Training program.

Register: Must include phone & email for handouts or in case of change/cancellation!!!
(Circle)

Name: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

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Name: _____ Degree: (DDS, RDH, RDA, etc.) Lic. _____

Office Address: _____

City: _____ Zip: _____

Telephone: _____

EMAIL REQUIRED!: _____

Tuition and Enrollment	
CDA Members.....	\$155
Auxiliary.....	\$ 85
Hygienists.....	\$105
Non-Member Dentists....	\$ 255
Post rsvp deadline fee	\$ 20
(per person)	

Due to the many last minute signups which created an undue workload on SDS office personnel, SDS institutes a late fee for registration after the posted rsvp deadline. Registration forms/checks must be in the SDS office by:

Registration deadline, Tuesday, January 21 at 5pm

Sorry, no refunds after 5:00pm Friday, January 17

Payment:

_____ Check Amount: \$ _____

_____ Credit Card (Amer. Express/VISA/MasterCard)

Name on Card: _____ CV(3-digits) _____.

CC# _____ Exp. (mm/yr) _____/_____.

Mail registration form and payment to:
Stanislaus Dental Society
2401 E. Orangeburg Ave. Ste. 675-319
Modesto, CA 95355

No registrations will be taken by phone. C/C registrations can be emailed, sdsdent@thevision.net or faxed, 522-9448. Fee must accompany the registration form.