

8-Hour Infection Control Course

Mandatory for **ALL** Unlicensed Dental Assistants Hire After 1-1-2010*

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

*As of 1-1-10, the supervising licensed dentist will be responsible for ensuring that each unlicensed assistant, who is in his or her employ for 120 days or more, has successfully completed board approved courses in Dental Practice Act, basic life support, and an **8-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.

Tuition for the 8-Hr Infection Control course is \$695/person* & includes:

- ◆ 4-Hour Didactic Home Study Module
- ◆ 4-Hour Clinical Module on September 2, 2021 at 8:00am—12:00pm

Location: The Practice of Dr. Victoria Lynskey
95 Montgomery Drive # 220
Santa Rosa, CA 95404

- ◆ Dental Practice Act Home Study Course
- ◆ Peace of Mind in Knowing Your Practice Meets Dental Board Requirements.

*Group Rates: \$675/person if 4-5 people, \$650/person if 6-8 people, \$625/person if 9-12 people



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

Information About Upcoming Course

Deadline to register August 30, 2021. Maximum 12 people. Late Registrants may call to see if space is available in this class. Call **209-785-3903**

Please complete the home study portion of the Infection Control and Dental Practice Act courses and submit both exams by fax (209)785-4458 or email to leslie@lesliecanham.com prior to August 30, 2021 to receive your certificates on September 2nd. If you are unable to complete the home study portion of the courses on time, your certificates will be mailed upon receipt of your exams with passing grades.

To Register: Submit the completed form (one per person) along with payment. Fax form to 209-785-4458 or mailed to:

Leslie Canham and Associates, LLC PO Box 542, Copperopolis, CA 95228

Name of Dental Assistant

Phone Number

Name of Employer

Address

Payment Method Visa/Mastercard Discover American Express Check

Credit Card Number

Expiration Date

Billing Address of Credit Card

Print Card Holder's Name

Card Holder's Signature