NITROUS OXIDE CE COURSE
FOR DENTAL HYGIENISTS AND DENTAL ASSISTANTS
SATURDAY, DECEMBER 12, 2015

Sponsored by
The University of Cincinnati Blue Ash College
Dental Hygiene Program

Presented by
Jerome McMahon, DDS

Cost
The course fee is $200.00.

CE Credits/ Course Number
This course is approved by the OSDB for 8 hours; 6 hours is the minimum time for this course as required by the Board. You must be on time, stay for the entire instructional period and pass the course test to receive these credits. This course number is UCBA 2015.01

Registration Deadline
Complete registrations must be received by Monday November 25, 2015. Course maximum is 30 participants (minimum 15).

Location
The course will be held at the University of Cincinnati Medical Center in Clifton Ohio. Very specific directions will be sent to all registered participants.

<table>
<thead>
<tr>
<th>Times</th>
<th>Saturday, December 12, 2015</th>
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<tbody>
<tr>
<td></td>
<td>Full course time</td>
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<tr>
<td>Group A</td>
<td>6:30am-11:00am</td>
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<tr>
<td>Group B</td>
<td>8:30am-1:00pm</td>
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Only bottled water and very light snacks will be provided at registration so plan accordingly.

Please choose your group/time and we will make every effort to accommodate your request. If you want to be in a group with other participants, send in the registrations together and we will attempt to put you together. However, we cannot guarantee you will be in the group you choose. If you cannot switch groups/times, please indicate that on the registration form. That may preclude you from participating.
Withdrawal and Refund Policy
An administrative fee of $50.00 will be charged for any cancellations up to November 25, 2015. No refunds will be granted after November 25, 2015. Full refunds will be made in the event of a cancellation by UCBA. "No shows" will not be given refunds. Registrations will be processed on a first-come, first-served basis. Registration is limited to the first 30 complete/paid registrations.

Participation
You will be required to receive nitrous oxide. If you have a medical condition which contraindicates the use of nitrous oxide, please let us know PRIOR to registering. We will send you a ONE PAGE medical history form to complete and bring with you to the course.

Textbook/Reading
You MUST purchase the required text book on your own and it may be shared. It will not be available in the UC Blue Ash Bookstore. You can go to www.us.elsevierhealth.com or www.amazon.com to purchase. Handbook of Nitrous Oxide and Oxygen Sedation, 4th Edition Morris S. Clark, DDS, FACD and Ann Brunick, RDH, MS: ISBN: 9781455745470 Please plan time to read the entire text as the information is necessary to pass the test.

Course Materials
Please provide an email address so we may send certain course materials to you in a timely manner. Course participants MUST complete the required reading assignment-the entire text- prior to the course. A self-study test over the entire text will be sent to you. The open book test must be completed and the answer sheet brought to the course. We will collect them at registration. You must obtain a 75%. Retakes will be permitted.

Clinic Attire
Please wear clinic attire (uniform or street clothes and lab jacket) and clinic shoes.

Proof of Current CPR and 2015 License
Everyone must send a copy of their current CPR certification (be sure you have signed the card) and their 2015 Ohio RDH license with the completed application. Go to www.dental.ohio.gov for information on Permissible Practices Documentation for Dental Hygienists and Permissible Practices Documentation for Dental Assistants. These documents will also be sent to you at a later time.

Emergency Contact
We will provide a contact number for you closer to the time of the course. If there is a problem, you can call the number beginning the morning of the course.

If You Have Questions
Contact Susan Scott (email preferred) at scottso@ucmail.uc.edu and put “Nitrous Oxide CE” in the Subject line or call (513) 936-1585.
NITROUS OXIDE CE COURSE DECEMBER 12, 2015

Registration Form

Please complete this form and include a check for $200.00 along with documentation of current CPR and Ohio RDH licensure. Return by November 25, 2015.

CIRCLE A or B depending on whether you “prefer” or “must have”:
I prefer group A or B.  I must have group A or B.

PARTICIPANT’S NAME _________________________________________

Circle:  RDH  CDA  DA

HOME ADDRESS ___________________________________________________________

CITY __________________________  STATE ____________  ZIP CODE _____________

HOME PHONE ________________________  BUSINESS PHONE ____________________

CELL PHONE _________________________

E-MAIL ADDRESS __________________________________________________________

Registration will NOT be processed without payment in full.

Payment

___$200.00 (check made payable to UC Blue Ash College)

RDH Licensure Certification

___Copy of current license/certificate – RDH only

CPR Certification

___Copy of unexpired card with your signature (both RDH and CDA/DA)

IMPORTANT NOTE: If you did not receive pages 1 and 2 with this registration form, please email Susan at scottso@ucmail.uc.edu so that she can send you the pertinent information including course material.

Please return to:

UC Blue Ash College Dental Hygiene Program
Susan Scott
9555 Plainfield Road
Blue Ash, OH 45236-1906