

# Nitrous Oxide Sedation

A 9-hour CE course  
with live sedation participation appropriate for:

- Dentists
- Dental Hygienists
  - EFDAs
  - CDAs
- BQP Dental Assistants
- Business Staff

**SPONSORED BY INTERACTIVE DENTAL SEMINARS**  
*AN OSDB CE PERMANENT SPONSOR*

➤ **Background**

- The OSDB had adopted rules which allow *properly-trained* registered dental hygienists to administer nitrous oxide sedation on dental patients. Furthermore, *properly-trained* dental assistants (of all classifications) may monitor patients receiving nitrous oxide. This course fulfills and exceeds the OSDB the educational requirements for both groups. Additionally, this course is eligible for dentists & hygienists toward their 2020-21 biennial CE requirements.

➤ **Dates:** Saturday, April 18, 2020 (open to dentists, RDHs & all levels of dental assistants)

➤ **Venue:** Banquet Room at St. Mary's Church, 401 North Street, Chardon, Ohio  
(26 miles east of Cleveland)

➤ **Time:** Registration: 7:30 – 8:00 AM, Course: 8:00AM – 5:30PM

➤ **Speaker:** Larry J. Sangrik, DDS

➤ **Format**

- The course begins at St. Mary's Banquet Room. After lunch, everyone moves down the street to Dr. Sangrik's office to complete the day. Everyone will observe an actual sedation, proceed through various work stations and take the written exam. Hygienists will also practice actually sedating classmates and take a practical exam. Complete details, including learning objectives, are available at [www.interactivedentalseminars.com](http://www.interactivedentalseminars.com).

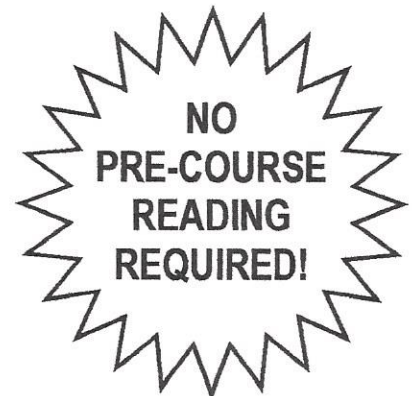
➤ **Tuition** (includes continental breakfast, luncheon, manual, study guide, lab participation, clinical supplies and exams)

- \$299 Dentists and dental hygienists
- \$199 Dental Assistants (monitoring credentials only)

➤ **Additional Information**

- Class size is limited to 30 *total* participants (first paid, first enrolled)
- Classes usually sell-out quickly. Early registration is recommended.
- Special arrangements can be made for pregnant women. Advance notice required.

**Registration form on reverse side**



# NITROUS OXIDE SEDATION

A 9 HOUR DENTAL CE COURSE

## SPONSORED BY INTERACTIVE DENTAL SEMINARS

### Registration Form

- Note: Because this is a participation course, class size is limited to 30 total participants (DDS, RDH & assts.)
- Registrations will be processed in the order payment is received
- Pregnant women may attend but we need advanced notice to plan for your needs.

**A SEPARATE REGISTRATION MUST BE COMPLETED FOR EACH PARTICIPANT**  
*This form may be copied, as needed*

<b>Participant's Information: Sat., April 18, 2020</b>	<b>PLEASE PRINT CLEARLY</b>
Participant's Title: <input type="checkbox"/> Dentist <input type="checkbox"/> RDH <input type="checkbox"/> Dental Assistant <input type="checkbox"/> EFDA <input type="checkbox"/> Oral Surgery Assistant	
Last Name: _____ First Name: _____ AGD Member's No. _____	
Address: _____ (Assistants and RDHs provide your <u>HOME</u> address. Dentists provide your <u>OFFICE</u> address.)	
City/State/Zip: _____	
Telephone including area code: ( <input type="checkbox"/> Home or <input type="checkbox"/> Cell) (____) _____ Work (____) _____	
Describe your current level of N <sub>2</sub> O experience: <input type="checkbox"/> Very experienced <input type="checkbox"/> Somewhat experienced <input type="checkbox"/> Rarely utilize it <input type="checkbox"/> Complete novice	
Does your office use a digital N <sub>2</sub> O unit? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your office use a Porter Silhouette® N <sub>2</sub> O system? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Are you <u>fully</u> competent at taking a <u>manual</u> blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you: <input type="checkbox"/> right handed <input type="checkbox"/> left handed	
Any medical conditions that prohibit fully participating in this course? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify _____	

<b>If someone <u>other than the participant</u> (e.g. dentist/employer) is paying the tuition, please complete the following:</b> (Note: registration information will be sent to the address below) <input type="checkbox"/> Self-pay (omit below) <input type="checkbox"/> Dentist/employer
Dr. _____
Office Address _____
City/State/Zip _____
Office phone with area code (____) _____ Office E-mail _____

**Questions? Call us at (440) 286-7138**

**Cancellations:** Cancellations more than 21 days prior to the date of the course shall be charged a \$75 processing fee. This course involves a great deal of preparation and hiring supplemental instructors.  
**Positively no refunds or credit shall be given for cancellations with 21 or less days.**

**Make checks payable to Interactive Dental Seminars and mail to:**

**Interactive Dental Seminars  
C/O: Larry J. Sangrik, DDS  
401 South Street, Suite 3B1  
Chardon, OH 44024**



*Tuition: \$299 Dentists & Hygienists, \$199 Assistants (monitoring only)  
All participants from one office may be paid with one check if mailed together.  
You should received notice of admission within 7 days of our receipt of application.*