

When to Call 911

Medical Emergencies in the Dental Office

THIS OSDB APPROVED 4 HOUR COURSE FULFILLS THE COMPLIANCE REQUIREMENT FOR THE REGISTERED DENTAL HYGIENIST, CERTIFIED DENTAL ASSISTANT, OR EFDA TO PRACTICE WITHOUT THE SUPERVISING DENTIST BEING PHYSICALLY PRESENT. CEU CREDITS: 4 HOURS

Course Description: The focus of this course, sponsored by Northeastern Ohio Dental Hygienists' Association, is prevention, recognition, and handling of common dental emergencies.

This self-study course consists of DVD and reading material via USPS mail.

Optional: Available online where participant will be sent reading material via zipfile and video via email.

Course Objectives: Upon completion of this course the participant will be able to:

- Understand the importance of the medical history
- Develop strategies to prevent, recognize, and manage the most common emergency situations.
- Assemble an emergency kit.
- Formulate an emergency office protocol for the dental team.
- Understand the guidelines in the state of Ohio to practice under general supervision.

Course Presenter: Sylvia Malcmacher Kramer, R.D.H., D.D.S. has served as a clinical and didactic instructor at the Lakeland Community College Dental Hygiene Program for the past thirty years and served on the faculty of the American Academy of Facial Esthetics. In addition, she is a clinical practitioner in private practice. The four years she practiced as a dental hygienist before entering dental school gives her a perfect vantage point for offering this course to dental hygienists today.

Tuition per participant: \$100.00 paid by check or call 216 319-5555 to make credit card arrangements

Post test can be returned via US mail, scanned via email (smkdds@ameritech.net), or texted to 216 319-5555

Certificate of completion will be sent via US mail and via email attachment.

For more information or questions call: Dr. Kramer (216) 319-5555 or smkdds@ameritech.net

REGISTRATION FORM can be sent via USPS or text picture of registration form to 216 319-5555

Name _____

RDH _____ EFDA _____ CDA _____

CHOOSE: _____ DVD via USPS mail -OR- _____ online via email

REGISTRATION via USPS mail: Send check for \$100 made out to Dr. Sylvia M. Kramer

REGISTRATION via email attachment or texting a picture of registration: call 216 319-5555 to pay by credit card

Email _____

Dental Hygiene License or Last 4 Digits of Social Security Number: _____

Your Address _____

City _____ State _____ Zip _____

Phone(Home) _____ or (cell) _____

Sylvia M. Kramer, D.D.S.
31 Lyman Circle
Shaker Heights, Ohio 44122
[\(216\) 319-5555](tel:2163195555)
smkdds@ameritech.net