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When to Call 911- Medical Emergencies in the Dental Office

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

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

This course is a self-study course and consists of reading material, DVD, case scenarios, and post test.

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 Malmacher 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 serves 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

CEU Credits: 4 hours

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

REGISTRATION FORM

Name _____

RDH _____ EFDA _____ CDA _____

email _____

Ohio License or Social Security Number: _____

Address _____

City _____ State _____ Zip _____

Phone(Home) _____ or (cell) _____

Participants will receive the self study course material via US mail within 5 days of receipt of registration form and check.

Post test can be returned via US mail or scanned via email.

Certificate of completion will be sent via US mail.

Send \$100 check with this registration form payable to:

Sylvia M. Kramer, D.D.S.

31 Lyman Circle

Shaker Heights, Ohio 44122

[\(216\) 319-5555](tel:2163195555)

smkdds@ameritech.net