

# 8-Hour Infection Control Course

Mandatory for **ALL** Unlicensed Dental Assistants Hired 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. **For your convenience, Leslie will conduct the clinical portion of the course at your office.**

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

- ◆ 4-Hour Didactic Home Study Module
- ◆ 4-Hour Clinical Module in Your Office
- ◆ Dental Practice Act Home Study Course
- ◆ Flexible Schedule! Evenings and Weekends? No Problem!
- ◆ Peace of Mind in Knowing Your Practice Meets Dental Board Requirements.

*(Minimum 2 Dental Assistants taking course at the same time)*



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

**To Register**, submit the completed form (one per person) along with payment. Forms can be faxed to **209-785-4458** or mailed to:

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

The onsite clinical module will be scheduled on a mutually agreeable date upon receipt of payment.

The home study didactic infection control module must be completed prior to onsite training.

Have Questions? Call Leslie at **209-785-3903**.

\_\_\_\_\_  
Name of Dental Assistant

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Dental Assistant's Email Address (Needed for Online Dental Practice Act Course)

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address

Payment Method     Visa/Mastercard     Discover     American Express     Check

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Print Card Holder's Name

\_\_\_\_\_  
Card Holder's Signature

**Note: Training conducted over 150 miles from Leslie's office may incur a reasonable travel and lodging fee.**