

# 8-Hour Infection Control Course

Mandatory for ALL Unlicensed Dental Assistants

**SB 1453 1750.1. Unlicensed DAs Section 1750.1. (c) — Effective 1-1-2025**

*The employer of a dental assistant shall be responsible for ensuring that the dental assistant has successfully completed a board-approved eight-hour course in infection control **prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials.***

Reference Full Version of SB1453: [https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=202320240SB1453](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1453)

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 8-Hour Infection Control course is \$695/person (minimum 2 people) and includes:**

- 4-Hour Didactic Home Study Module**
- 4-Hour Clinical Module in Your Clinic**
- Dental Practice Act Home Study Course**

**Group Rates: 3 people \$650/person, 4 people \$600/person, 5 people \$575/person, 6 people \$550/person, 7-12 people special rate of \$500/person.**



**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 for m Leslie's office may incur a reasonable travel and lodging fee.**