The Cincinnati Dental Society’s Dental Hygiene Medical Emergency Recognition Course

Instructor: Jimmie L. Harper, Jr., D.D.S.

Date: Wednesday, September 25, 2013  Space is limited to 25, so please register early!
Time: 11:45 am Registration, 12:00 to 4:00 pm Program
Location: The Cincinnati Dental Society’s Conference Room, 9200 Montgomery Rd., Bldg. G, Suite 20-A

Fees: $65 for CDS Members (Includes Associate Members)
      $80 for ADA Members and $95 for Non-Members

Course Description: The Dental Hygiene Medical Emergency Recognition Course covers the identification and prevention of potential medical emergencies and includes the following:

1. Medical History;
2. Recognition of common medical emergency situations;
3. Office emergency protocols;
4. Basic airway management;
5. Prevention of emergency situations during dental appointments; and

The course is four hours in length and fulfills the Ohio State Dental Board’s requirement of Dental Hygienists practicing under general supervision.

About the Instructor: Dr. Jimmie Harper, Jr., graduated with a DDS degree and a certificate in training in Oral and Maxillofacial Surgery from The Ohio State University. He has been a member of the Cincinnati Dental Society since 1989. He served as Assistant Professor of Clinical Surgery and Program Director for the Division of Oral and Maxillofacial Surgery at University of Cincinnati. Dr. Harper became board certified by the American Board of Oral & Maxillofacial Surgery in March of 1988. In July of 1999, he was approved by the Ohio State Dental Board to teach the Dental Hygiene Medical Emergency Recognition Course for the Cincinnati Dental Society.

REGISTRATION FORM for September 25, 2013 – Deadline to Register September 13, 2013

Cancellation Policy: No refunds if cancelled after September 13, 2013

Name: ___________________________  Dentist Name: ___________________________

Make check payable to: Cincinnati Dental Society

Mail this form to: 9200 Montgomery Rd., Suite 21-A, Cincinnati, OH 45242

Credit Card Information: #_____________________________  Exp. Date: __________

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