THE CINCINNATI DENTAL SOCIETY’S

Infection Control and Regulatory Compliance in the Dental Office

DATE: Friday, November 6, 2015

CREDITS: Two (2) CE Credits

LOCATION: Cooper Creek at the Blue Ash Golf Course
4040 Cooper Road, 513-745-8596

TIME: 8:00 a.m. Registration & Continental Breakfast Program 9:00 to 11:00 a.m.

FEES: First Person $70 for CDS Member * * $85 for ADA Member * * $110 for Non-Member
Additional Person(s): $40 each

COURSE DESCRIPTION:
This practical seminar will help dentists and team members understand and comply with the latest state and federal regulations affecting the practice of dentistry in Ohio. The information-packed session will focus on Ohio State Dental Board (OSDB) infection control rules, Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard and Ohio Environmental Protection Agency (OEPA) infectious waste disposal rules.

At the conclusion of the course, attendees should be able to:
• Understand the OSHA Bloodborne Pathogens Standard while also fulfilling the standard's annual training requirement;
• Understand the OSDB’s infection control rules and;
• Understand the OEPA’s infectious waste disposal regulations.

SPEAKER: - Christopher A. Moore
Mr. Moore currently serves as director of dental services for the Ohio Dental Association. He has served at the ODA for nearly 30 years and currently administers the association’s third party payer, peer review, direct reimbursement, dental practice and regulatory compliance programs. Chris received a Bachelor of Arts degree from Case Western Reserve University and a Masters of Arts degree from Kent State University.
THE CINCINNATI DENTAL SOCIETY'S

Infection Control and Regulatory Compliance in the Dental Office

Registration Form for November 6, 2015

Please Note:
- One Form Per Dental Office Please.
- Registration Deadline is October 30, 2015.
- Cancellation Policy: A $25 cancellation fee will be charged if registration is cancelled after October 30, 2015.

Dentist: ___________________________________ Phone Number: _____________________

Dentist or First Person: _____________________________________________________________

Names of Additional Staff Members: __________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

FEES: First Person $70 for CDS Member * $85 for ADA Member * $110 for Non-Member

Additional Person(s): $40 each

To register for this course, please make check payable to: Cincinnati Dental Society and mail with this form to: 9200 Montgomery Road, Suite 21-A, Cincinnati, OH 45242.

Or fill out credit card information and fax to: 513-984-3047.

Credit Card #: ________________________________ Exp. Date: __________

(Visa, MasterCard or Discover)

Name on Card: ___________________________ Amount: __________ SSC#: __________

Business or Personal Card? (Please circle one.)

If personal card, please provide your complete address: _________________________

___________________________________________________________________________________