

Third District Dental Society

950 New Loudon Rd, Suite 108, Latham NY 12110

518-782-1428 - fax: 518-782-7372

Email: Director@Third-District.org - www.Third-District.org

Basic Life Support for the Health Care Provider



Basic Life Support (BLS) for the Healthcare Provider Certification is required to remain current during the dental license period. This American Heart Association 2 year re-certification course provides up to date hands on training in CPR and AED. Space is limited to 16 attendees-6 attendees minimum for additional 12:30 same day course CE credit: **3 M.C.E.**

Infection Control and Bloodborne Pathogens

Dentists and Dental Hygienists are required to complete training in infection control and barrier precautions every 4 years for licensure. This up-to-date course provides all ADA, NYS, CDC, and OSHA requirements and guidelines. Open to all dental staff. This course may be used to augment OSHA training in your office. **2 M.C.E.**



Med Course is a hospital and emergency medical training provider and an American Heart Association multiregional training center. The instructors who present our courses are Paramedics and EMTs with many years of teaching experience and emergency service.

ADA C.E.R.P.® Continuing Education Recognition Program

Location: Third District Office-1st floor, far left of building-parking in rear

BLS starts at 9:00 am promptly

Infection Control 11:00 am (starts 15 minutes following BLS completion)

Tuition: *BLS: NYSDA Member Dentist and Dental Staff: \$85.00 each
Non ADA Dentist: \$175.00 each*

Infection Control: *NYSDA Member Dentist and Dental Staff: \$60.00 each
Non ADA dentist: \$120.00 each*

Dates: (Fridays)

Oct 12, Nov 2, Dec 14, 2018 / Jan 11, Feb 8, Mar 8, Apr 5, May 3, 2019

New Lower Tuition!!

NEW for 2018 — Register online and pay with credit card at www.third-district.org

Basic Life Support & Infection Control Registration Form

Mail with check to: Third District Dental Society

950 New Loudon Road, Suite 108, Latham, NY 12110

One name per box. Duplicate for additional attendees. Email for each required for BLS cards

Name: _____ Date BLS _____

Address: _____ Date Infection Control _____

Phone: _____ ADA # _____ Check Amount \$ _____

Name: _____ Date BLS _____

Address: _____ Date Infection Control _____

Phone: _____ ADA # _____ Check Amount \$ _____

Email Required: _____

Refunds only with a 48 hours prior notice unless cancelled by the 3rd. Snow dates will be scheduled and held within 2 weeks of the cancelled course. Payment must be received to hold your registration.