



Coronal Polish Certification for the DA II



Saturday

February 25, 2017

9 a.m. - 5 p.m.



Lecture: 1601 Owen Drive, Fayetteville, NC 28304
Clinical: 1031 Weiss Avenue, Fayetteville NC 28304



In affiliation with Duke University Medical Center
Part of the NC AHEC Program

Target Audience

DA II seeking certification for Coronal Polish

Program Description

This program is designed to prepare the DA II for core competency in coronal polishing as mandated by the NC Dental Practice Act/ This course includes 3 hours of didactic lecture and a 4 hour clinic session.

Attendance is required for the entire program.

Each participant must complete the following forms and return to Tamika Perkins at SR-AHEC by February 17, 2017. Please email tamika.perkins@sr-ahhec.org for documents. This is required or participation in the class will not be possible

1. Proof of Professional Liability Insurance
2. Proof of meeting qualifications for DA II as determined by the NC Board of Dental Examiners
3. Patient Consent form
4. Patient Medical history

Each participant will need to complete the medical form as their own and must not have the medical need to be premedicated with an antibiotic prior to any dental procedure. A medical history of the patient must be returned to Director of Dental CE by February 17, 2017 for complete review. If all documents are not received by Director of Dental CE by February 17, 2017 the participant may not be able to admitted into the class.

The following disposable items must be provided by each participant. Each participant must bring their own disposable items:

Personal protective equipment - mask, safety glasses, lab coat - napkin chain, a box of examination gloves, floss

Objectives

Upon completion of this knowledge-based course, the participant will be able to:

1. Discuss the dental laws of N.C., as they pertain to coronal polishing
2. Describe the importance of a medical history prior to coronal polishing
3. Discuss the indications and contraindications for coronal polishing
4. Differentiate between extrinsic and intrinsic stains
5. Describe the North Carolina educational requirements for the dental assistant and registered dental hygienist administering nitrous oxide oxygen
6. Explain examples of intrinsic and extrinsic stains
7. Differentiate between the abrasive agents commonly used in coronal polishing
8. Identify the abrasive that should be used for various types and amounts of stain
9. Identify the correct armamentarium for coronal polishing
10. Describe the components for a stable fulcrum
11. Demonstrate the use of a stable fulcrum in all areas of the mouth
12. List the steps of the coronal polish procedure
13. Demonstrate the correct coronal polish technique utilizing the slow speed handpiece
14. Demonstrate the correct stroke utilized when polishing coronal surfaces of a tooth
15. Describe the importance of flossing, oral hygiene instruction, and application of topical fluoride following coronal polish
16. Describe the control measures to be utilized in order to maintain optimal patient safety
17. Demonstrate the understanding of tooth morphology required for proper identification of adult and child dentition

Agenda

8:30 - 9 a.m.	Registration
9 a.m. - 12 p.m.	Didactic Session
12 p.m. - 1 p.m.	Lunch (provided)
1 p.m. - 5 p.m.	Clinic Session

Fee

\$395 registration fee for individuals

\$296.25 registration fee retained after 70% refund (No refunds after February 17, 2017)

Payment Policy: SR-AHEC requires full payment for all registrations prior to the program date. We no longer accept purchase orders or supervisor's signatures in lieu of payment. Access to workshops materials and handouts cannot be released until payment is received. Lunch is provided

Speaker/Contact

Ethel Campbell, CDA, RDH, Assistant professor, dental hygiene and assisting, radiology instructor at Wake Technical Community College. Ethel has over twenty-five years of teaching experience in auxiliary education.

Credit

ADA: 7.0 CEU: 0.7 Contact hours: 7.0

For more information on North Carolina Dental CE requirements visit the North Carolina State Board of Dental Examiners (NCXBE) at <http://www.ncdentalboard.org>.



The North Carolina Area Health Education Centers are an ADA CER.P Recognized Provider. ADA CER.P is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CER.P does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP. The North Carolina Area Health Education Centers designates this activity for up to 7.0 hours of continuing education credits.

Disclaimer - Dental Institutions providing dental education have an obligation to disseminate new knowledge related to dental practice. In doing so, some information or presentations may include controversial materials or commercial references. The Southern Regional AHEC office acknowledges that there is potential risk to participants using limited knowledge when incorporating new techniques and procedures into their practices, especially when the continuing education program has not provided them with supervised clinical experience in the techniques or procedures to ensure that they have attained competence. Sponsorship of continuing education courses by the Southern Regional AHEC office does not imply endorsement of a particular philosophy, product or procedure by this institution.

Disclosure - In accordance with the ADA CER.P Standard V., everyone involved in planning or presenting this educational activity will be required to disclose any relevant financial relationships with commercial interests and this information will be made available to participants at the start of the activity. As a continuing education provider, the Southern Regional AHEC office is responsible for ensuring the content, quality and scientific integrity of all continuing dental education activities for which credit is provided. The Southern Regional AHEC office is also responsible for taking steps to protect against and/or disclose any conflict of interest of the faculty/instructors presenting those courses.

Substitutes/Refunds/Transfers

Participants who register for the program and are not able to attend, may:

- Send a substitute;
- Cancel 48 business hours before the program and receive a voucher for 100% of the registration fee for use at a future SR-AHEC program; or
- Cancel 48 business hours before the program and obtain a refund for 70% of the registration fee.

Cancellations less than 48 business hours before the program are non-refundable. Participants who register for a program and do not attend will forfeit the full amount of the program registration fee.

Contact

Tamika Perkins, Director of CME, Dental and Pharmacy Continuing Education
Southern Regional AHEC
910-678-7034 / tamika.perkins@sr-ahec.org

**For information on program
registration, call 910-678-7226.**

For Continuing Education References concerning inclement weather, tobacco-free campus and ADA requirements, please go to: <http://sr-ahec.org/ContinuingEd/CE.html>

Registration Form

Form may be duplicated.

Coronal Polish for the DA II
CASCE #51180 / DN170225

Phone: 910-678-7226 **Fax:** 910-323-0674

Online: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=51180>

Mail: SR-AHEC, Attention Registrar, 1601 Owen Drive, Fayetteville, NC 28304

Name Last 4 digits of SS#

Certifications/Degrees Specialty Area Are you an NCC?

Employer Job Title

Work Address City State Zip Code

Home Address City State Zip Code

Phone (work) (home)

A valid email address is needed for program communications. The secondary email will only be used if your primary email replies as "undeliverable."

Email (primary) (secondary)

Do not send email announcements of upcoming SR-AHEC programs. Do not share my information with participants and/or exhibitors.

Special Needs / Food Allergies

Payment Information

Check (Make payable to SR-AHEC)

Mastercard / Visa # Expiration Date (mm/yy)

Name on Card Signature

Office Use Only: Check Auth # _____ Date _____ From _____ Amount \$ _____

www.sr-ahec.org
1601 Owen Drive • Fayetteville, NC 28304
910-678-7226



In affiliation with Duke University Medical Center
Part of the NC AHEC Program