



## Nitrous Oxide Sedation Certification

Friday, September 29, 2017  
9 a.m. - 5 p.m.

### Lecture

Cumberland County Partnership for Children  
351 Wagoner Drive  
Conference Room B-Room 1259  
Fayetteville NC 28303

### Clinical

Dental Health Associates  
1031 Weiss Avenue  
Fayetteville, NC 28304

## Target Audience

Dental Assistant seeking DA II classification, Dental Hygienist, and Dental Assistants seeking certification in Nitrous Oxide Sedation.

## Program Description

This program is designed to meet the North Carolina State Board of Dental Examiners educational requirements for dental assistants or dental hygienists to monitor the administration of nitrous oxide.

## Objectives

Upon completion of this knowledge based program, the participants will be able to:

- Discuss the relationship of the patient's health to the use of inhalation anesthesia
- Describe the North Carolina educational requirements for the dental assistant and registered dental hygienist administering nitrous oxide oxygen
- Describe the physiological and psychological aspects of pain and anxiety
- Discuss the anatomy and physiology of the respiratory system
- Discuss the pharmacokinetic properties of nitrous oxide
- Describe the properties, systemic effects, contraindications, advantages and disadvantages of nitrous oxide
- List the steps in nitrous-oxide procedure
- Describe the potential for abuse

## Speaker

**Catherine Cotter, RDH, M.Ed.**, has practiced clinical dental hygiene in Virginia and North Carolina. While in Virginia, she served on the Board of Dentistry and was a dental hygiene examiner for the Southern Regional Testing Agency. She has been a dental assistant and dental hygiene educator. Catherine is currently teaching dental hygiene at Coastal Community College.

## Fee

\$189 registration fee for individuals

\$179 registration fee for group three or more from the same office. In order to receive the group discount, you must call or fax in the registration together.

\$56.70 registration fee retained after 70% refund before June 10, 2017 if participant cancels.

**Payment Policy:** SR-AHEC required 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.

## Credit

Credit Hours: 7.0

Participants must attend 100% of program time to receive credit.

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

**ADA C.E.R.P.**<sup>®</sup> | Continuing Education  
Recognition Program

The North Carolina Area Health Education Centers are an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP 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 CERP 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 at Southern Regional AHEC  
910-678-7034 / tamika.perkins@sr-ahec.org

# Registration Form

Form may be duplicated.

**Nitrous Oxide Sedation Certification**

CASCE #52020/ DN170929

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

**Online:** <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=52020>

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

Circle one: Dr. Mr. Mrs. Ms.

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 \_\_\_\_\_

*The handouts for the program will be provided online through MyCE located on the SR-AHEC website: [www.sr-ahec.org](http://www.sr-ahec.org). Early registration is encouraged, as full access instructions will be sent with registration confirmation via e-mail.*

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

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

SR-AHEC.org  
1601 Owen Drive • Fayetteville, NC 28304  
(910) 678-7226

Southern Regional  
**AHEC** | Area Health  
Education Center