

THE PATUXENT DENTAL SOCIETY

proudly presents:

“I’m Glad You Asked That” Infection Control and Regulatory Compliance 2011 By: Dr. Melissa Mulreany

Program Goals:

Meeting the infection control needs of every dental practice should not be an overwhelming process. An understanding of the applicable laws, prevention techniques and a common sense approach can produce a simple effective, ongoing program that protects patient and providers alike. A review of current research will provide a scientific basis for infection control policies. The course is designed to help satisfy the annual training requirement for MOSH compliance as well as provide infection control continuing education credits required for Maryland dental relicensure.

Course Objectives:

- Understand the inspection and citation process in Maryland
- Identify areas requiring update for the written health and safety program
- Understand the Bloodborne Pathogen Regulations and CDC infection control guidelines in dental health-care settings
- List and identify recordkeeping requirements
- Identify and apply standard precautions in patient treatment settings
- Recognize current vaccination recommendations
- Identify sterilization and disinfection criteria
- Understand what constitutes medical waste in Maryland

Date: Friday, January 21, 2011 (RSVP by January 14th)

Time: 1:00 p.m. to 5:00 p.m. (4 C.E. Credits)

Place: Waldorf Jaycees Community Center

Cost: \$70.00 per PDS Member or Staff
\$90.00 per Non-PDS Member or Staff

**Members and non-members who RSVP and do not attend
will be assessed the cost of the course.**

No late registrations accepted!



Print this form and mail in if you choose to attend:



**Infection Control and
Regulatory Compliance 2011**

Date/Time:

January 21, 2011

1:00 p.m. – 5:00 p.m.

Place:

Waldorf Jaycees Community Center

Registration Fee:

\$70.00 per PDS Member or Staff

\$90.00 per Non-PDS Member or Staff

Attendee Information: (please print)

Dentist: _____ **Member: Yes or No**

Staff: _____

Staff: _____

Staff: _____

Staff: _____

Staff: _____

Staff: _____

Address: _____

Telephone: _____

Amount Enclosed: \$ _____

Return Registration with payment to:

**Patuxent Dental Society
c/o Dr. Eric Wilhelm
807 Charles Street
La Plata, MD 20646**

Payment must accompany registration