

## Nitrous Oxide Application Course

\* Cost: \$310.00

Date	Location	Deadline
<input type="checkbox"/> February 28 & March 1, 2009	OU College of Dentistry	<i>February 9, 2009</i>
<input type="checkbox"/> May 16 & 17, 2009	OU College of Dentistry	<i>April 27, 2009</i>
<input type="checkbox"/> August 8 & 9, 2009	OU College of Dentistry	<i>July 20, 2009</i>
<input type="checkbox"/> November 7 & 8, 2009	OU College of Dentistry	<i>October 19, 2009</i>

### Mail Entire Form To:

Nitrous Course-ODF  
317 NE 13<sup>th</sup> Street  
Oklahoma City, OK 73104

Make Checks Payable To: **Oklahoma Dental Foundation**

**Amount: \$310.00**

**Check One:** \_\_\_ Dentist      \_\_\_ Dental Hygienist      \_\_\_ Dental Assistant

**DEADLINE:** *Confirmation will be sent approximately two weeks prior to the test.* All courses are subject to change or cancellation due to *Force Majeur* reasons. **NOTICE: A \$20 INCREASE WILL BE APPLIED TO ALL ENROLLMENTS SUBMITTED PAST THE DEADLINE DATE.**

**Enclose a copy of your CURRENT Health Care Provider CPR card with this enrollment**

Please Type or Print Legibly

Name \_\_\_\_\_ Home Phone\_(\_\_\_\_)\_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employing Dentist \_\_\_\_\_ Office Phone\_(\_\_\_\_)\_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Non-discriminatory Policy Statement

It is the policy of this Foundation to provide all of its services and programs to persons of any race, religion, creed, national or ethnic origin and color. The Foundation shall not discriminate on the basis of race, religion, creed, national origin or ethnic origin and color in the administration of any of its programs or services.



**ODF OFFICE USE ONLY**

Date Rcv'd \_\_\_\_\_ Check/CC-AP # \_\_\_\_\_ Amount \_\_\_\_\_ Data Entered \_\_\_\_\_

**\*\*\* (NO APPLICATIONS ACCEPTED WITHOUT YOUR CPR CARD) \*\*\***

**\*\*\*\*\*MAKE COPIES OF THIS FORM FOR YOUR RECORDS\*\*\*\*\***

# Nitrous Oxide Analgesia/Sedation

For Dentists, Dental Hygienists and Dental Assistants  
University of Oklahoma College of Dentistry  
1001 Stanton L. Young Boulevard  
Oklahoma City, OK

## COURSE DESCRIPTION

This course is designed to provide the Dentist with an update on conscious sedation. The Dental Hygienist will receive the necessary training and experience to provide nitrous oxide conscious sedation. The Dental Assistant will gain the training and experience to monitor nitrous oxide conscious sedation.

This course will present the use of nitrous oxide/oxygen analgesia as a method of eliminating fear of the dental experience and commonly associated pain and anxiety. The lecture portion will include discussion of the philosophy of psychosedation, the planes of analgesia, a review of the anatomy and physiology of respiration, medical emergencies and undesirable reactions as well as contradictions and hazards of nitrous oxide. Discussion of effective approaches to lessen occupational risk will include gas scavenging, leak testing and preventive maintenance. Contact analgesia dosages and percentages will be demonstrated followed by clinical experience administering nitrous oxide.

This course is sponsored by the Oklahoma Dental Foundation for Research and Education.

## NOTICE

Each participant will be required to receive nitrous oxide, pass a post-test and demonstrate proficiency in the use of nitrous oxide/oxygen sedation. Due to the risk factor involved, pregnant women will need a stand-in patient to receive their dosage of nitrous oxide. All courses are subject to change or cancellation due to *Force Majeur* reasons.

## REGISTRATION REQUIREMENTS

A current Health Care Provider CPR card is required before enrolling in this course. The training is available from American Heart Association and the American Red Cross. Please note that a basic CPR card is not acceptable.

Dental Assistants must have worked as a chairside assistant for more than one (1) year and be currently employed as a dental assistant. Dental Hygienists must be licensed or be currently enrolled in an accredited dental hygiene program.

**\*\*\* Enclose a copy of your current Health Care Provider CPR card \*\*\***  
**\*\*\*(NO APPLICATIONS ACCEPTED WITHOUT YOUR CPR CARD)\*\*\***

## REGISTRATION FEES AND INFORMATION

Dentists	\$310.00
Dental Hygienists	\$310.00
Dental Assistants	\$310.00

16 Hours C.E. Credit – Advanced registration required – Class size limited – Registration deadline posted on reverse side -- Course materials mailed two (2) weeks prior to the course. **NOTICE: A \$20 LATE FEE WILL BE APPLIED TO ALL ENROLLMENTS SUBMITTED PAST THE DEADLINE DATE.**

## REQUEST FOR REFUNDS

**Refunds granted on or before enrollment deadlines stated on other side (less \$25.00 administrative fee).** After this date ½ will be refunded – No shows will not receive a refund – Notice must be given by the deadline date to receive refunds No exceptions.

**Registration Form on Reverse Side**

**\*\*\*\*MAKE COPIES OF THIS FORM FOR YOUR RECORDS\*\*\*\***